NEWSLETTER

June 2009

Editorial

Since three years the Care Full initiative tries to improve the identification of victims of torture and ill treatment who seek refuge in member states of the European Union. We have been focusing on what should be done to achieve this on national and international level. And we are happy to inform you that since then, the importance of medical examination and solid medico-legal reports for Refugee Status Determination (RSD) have grown considerably. The Istanbul Protocol (IP) as guidelines for such reports have been mentioned several times during meetings and in articles - as you can read later on. In a number of countries asylum authorities now accept and value a medical examination. During the French presidency of the EU a document was written in which efforts to install identification procedures in line with the Istanbul Protocol were strongly recommended. Torture treatment centres and asylum lawyers from 10 EU-member states subscribed the document. In a recent Memorandum ECRE calls on the future Swedish EU-Presidency to support 'a mechanism for the early identification of vulnerable asylum seekers as proposed by the Commission'. At all, progress has been made. But there's still a lot to do. By means of this newsletter we wish to update the organizations that have shown interest into the matter about the developments.
As was written in the 2008 Care Full newsletter the Dutch government was willing to introduce a medical check for all asylum seekers in an early stage of the asylum determination procedure (see: Care Full newsletter 2008). The members of the Care Full initiative did work last year together with other specialists and the IND (Immigration and Naturalization Department), in order to develop a proper way to examine medically those asylum seekers, who have serious health problems and who have been submitted to torture or ill treatment. In the proposals send to the parliament for approval the aim of the health assessment in an early stage of the asylum determination procedure is described. Major profit is that through the health assessment medical, psychological or psychiatric problems can be identified that may interfere with the consistency, coherence and completeness of the interview of the asylum seeker with an immigration officer
Also illnesses that impede expulsion because of medical arguments (art.3 ECHR; medically incapable of travelling) can be identified immediately instead of only at the end of the procedure. The health assessment also functions as an identification tool for asylum seekers who requires medical treatment for physical and/or mental illnesses.
Unfortunately the economical crisis is risking now delaying the introduction of the medical check. All new government plans have to be budget neutral. It is sure that the start of a new medical check will cost initially money. But there is the conviction that at the end expenses will be saved through a diminishing of appeal cases in court and subsequent asylum requests. Overall the medical check can be realized budgetary neutral.
The costs mainly depend on the extensiveness of the check. This creates the risk that the economy undermines the quality and goals of the medical check. In the autumn of 2009 the plans will be elaborate and in 2010 the medical check can be tested in a pilot project.

In the next newsletter we hope to bring you news about the first experiences with the introduction of the medical check in asylum procedures.

Evert Bloemen and Erick Vloeberghs (Pharos)
Angelina van Kampen (Amnesty International)
Bernadette Hoekstra and Myrthe Wijnkoop (Dutch Council for Refugees)

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Medical aspects and the Common European Asylum System (CEAS)

The Care Full Initiative has from the beginning acknowledged and emphasized the vital importance of the Common European Asylum System (CEAS) in the striving for more attention for medical aspects and the Istanbul protocol during the asylum procedure. Several articles in the different directives within the CEAS contain relevant provisions, such as on the use of (medical) information or documents, procedural guarantees for persons with special needs and attention for vulnerable groups: Article 4(3) and (4) Qualification Directive; article 12(3), 13(2) and (2) Procedures Directive ; article 17(1) Reception Directive. These references can be used in discussing the need for adequate identification of for vulnerable asylum seekers, and the importance of a RSD that takes into account these vulnerabilities, on a national and international level. In the future this may lead to harmonised rules and practice on the use of medical information within the asylum procedures.

Reception Directive

Recently, some of the so-called first phase instruments of the CEAS, among which the Reception Conditions Directive have been evaluated by the European Commission. In December 2008 the Commission proposed several amendments to the Reception Directive (further RCD II). Two new articles, proposed by the Commission, refer directly to the identification of persons with special needs, such as victims of torture and maltreatment. Recital 15 states that immediate identification and monitoring of persons with special needs should be a primary concern. In Article 21(2) Member States are urged to establish procedures in national legislation with a view to identifying, as soon as an application for international protection is lodged, whether the applicant has special needs and indicating the nature of such needs.

In other words, the European Commission holds the opinion that EU Member States should establish a system for identification of vulnerable persons. Fortunately the European Parliament agreed with the position of the Commission. On May 7th the European Parliament voted in favour on the Commission's proposal with only minor changes of the provisions mentioned.

This promising development should be seen in the light of joint long term and intensive lobby efforts of the Carefull Initiative in cooperation with ECRE and IRCT to influence EU policy rules.

The Care Full initiative adheres to the results and believes that the proposed changes can significantly affect the quality of the decision-making process in a positive way. 'This newly proposed provisions provide for a higher standard of procedure and protection as it acknowledges that vulnerable asylum seekers have special needs,' says Edwin Huizing, director of the Dutch Council for Refugees. 'They are entitled to an effective and considerate assessment of their protection needs.'

According to ECRE, early identification of persons with special needs is crucial for various reasons. 'Identification of persons with special needs is crucial, since they cannot profit from the reception conditions designed to meet their special needs in the Directive if they are not identified as 'persons with special needs' explains Annette Bombeke, ECRE advocacy officer. 'Furthermore early identification can prevent medical issues to be raised in a later stage of the asylum procedure. Moreover it is very important for the person concerned: early identification can lead to early medical intervention and treatment and can prevent loss of health.' instruments or improving the minimum standards, which they agreed upon in the first phase. The Care Full Initiative hereby calls upon all signatories to the Care Full Recommendations to urge their national government to uphold these amendments to the Reception Directive during the Council negotiations and to work towards a harmonised process of early identification of persons with special needs within the asylum procedure on the basis of the EU Directives. In this light, reference should be made to the Stockholm Programme Position Paper of the Benelux Ministers responsible for asylum and migration (p. 3.) as it express the intention of the Benelux countries to promote implementation of practical cooperation projects on further harmonisation of EU asylum policy. Hereby they explicitly mention as an example 'a project related to PTSS practices'.

Other Directives

In September 2009 the proposals of the Commission for amendments of the Qualification and Procedures Directive are expected to be published. In the preparatory phase the Care Full Initiative and ECRE joined forces and provided input during expert meetings and through position papers. Currently these Directives do not sufficiently accommodate the special needs of vulnerable groups in the asylum process. Procedures that are not sensitive to special needs could prevent asylum seekers from receiving a fair and equal assessment of their claim. The aim here is to improve amongst others the provisions on information and preparation of the asylum procedure, interviews, assessment of the asylum claims, sufficient procedural safeguards and the role of medico-legal reports within the asylum procedure.

In this perspective it would be highly appreciated if we were able to have an inventory of existing practices of medical examinations within identifying procedures used on a national level. Such a collection of (good) practices amongst EU Member States would be a valuable asset and support the ECRE-network in their efforts and lobby-activities towards the European Parliament and Council.

We therefore request you / your organisation to inform us about the practice in your country.

Please send your contribution by mail to: Myrthe Wijnkoop or Erick Vloeberghs

In the next Care Full newsletter we will provide you with an update of all relevant developments within CEAS.

Training of Immigration officers in The Netherlands

The awareness in the Dutch Immigration and Naturalisation Department (IND) about the importance of medical and psychological problems of asylum seekers is rising. The immigration officer of the IND has the difficult task of collecting information from someone with a different cultural background, a different language and often an inconsistent life story. Knowledge about health may be helpful, especially in the case of possible torture or sexual violence.
Working professionally, but not therapeutically, with victims of trauma, requires specific skills and knowledge. There is a demand for training on psychological health and trauma related subjects.
Pharos gives training to the IND together with MAPP and Foundation Centrum 45 (the national institute for treatment of psycho trauma resulting from persecution and war). Topics in this training are among others: knowledge of mental health and psycho trauma, its manifestations and its consequences; influence of trauma on memory and recovery; triggers for re-traumatisation; cultural factors involved; dealing with emotions of the other; dealing with own emotions & reactions. It is essential to cover the dilemma's the legal workers are faced with, for instance truth finding versus memory deficits due to PTSS. So role-playing with actors in the setting of an asylum interview and supervision over real cases are important elements of these trainings. There should be a safe atmosphere in the training group, because the trainees must not feel too ashamed to disclose their acquired doubts and distrust against the story told by the asylum seeker.
When information about mental health related aspects is available andworked through, there can be a need to adapt the asylum determination process. Training also focuses on medical and psychological information as additional and complementary source. This information can explain behaviour, gaps in information, incoherency and inconsistency of stories. It can be used as 'counterbalance' against the risk of 'tunnel vision' in case of vulnerable asylum seekers.
The main question that has to be taken into account is: Can the outcome of the interview be explained by medical or psychological problems…? This is a difficult task for immigration officers. Therefore training is essential. Reviewing properly both legal arguments as health related information might help to find the balance needed for qualitative good decision making about asylum requests from vulnerable asylum seekers.

Call for Contributions by Odysseus
The Odysseus Network, academic network for legal studies on immigration and asylum in Europe, calls upon EU-Ngo's to contribute to its study carried out with support of the European Refugee Fund.

The **Odysseus** network in close partnership with ENARO (The European Network of Asylum Reception Organizations), the UNHCR (The UN Refugee Agency) and FEDASIL (Federal Agency for Reception Conditions in Belgium) is conducting a study to be finished end of November 2009, on the issue of the identification of vulnerable asylum seekers with special needs.
In 2/3 of the Member States of the EU no procedure of identification does exist. This crucial problem derives from the fact that article 17 of the Directive on Reception Conditions is not so clear regarding the obligation of Member States to put in place a procedure of identification.
If no specific procedure of identification of vulnerable asylum seekers takes place, the concerned people might not be identified and therefore their special needs remain unsatisfied.
The project intends to analyze the existing legal and/or practical procedures in six Member States that are more advanced such as: Belgium, Finland, Malta, Netherlands, Poland, Norway and Spain. In order to gain a full perspective, a practitioner is working closely with a legal expert in each of the concerned countries. The appointed practitioners will complete analytical legal and practical questionnaires and legal experts and a synthesis report will be drafted. The aim of the report is to address the key questions as well to formulate recommendations. The report will contribute to the debate which will take place between the Council and the Parliament on the basis of the Proposal for a Directive of the European Parliament and of the Council laying down minimum standards for the reception of asylum seekers that will be put forward in 2008 in view of the adoption of the Common European Asylum System in 2012. We hope that the results and recommendations of this study will help the EU legislators to adopt relevant provisions on the issue and help Members States to put in place an efficient procedure of identification of vulnerable asylum seekers. An open conference will be organized in Brussels on 19 November 2009 to present the findings of the study. We are pleased to announce that the results of this study will be published at a later phase.
All interested parties involved in migration and refugees matters can find the legal and the practical questionnaires, and other documents on the Odysseus website (call for contributions). All are kindly invited to complete them partially or entirely and send it back to us before 31 August 2009. You may also send us your constructive input apart of the questionnaires.

Continuation Odysseus

Relevant contributions will be reflected in the synthesis report. We also thank you in advance for helping us with any relevant updated literature/reports published in your country. In addition, if you would like to get the results of this study, please send your request to the indicated email with your relevant data: name, function, organisation and personal details.
We hope to benefit from your experience. This is a unique opportunity to reinforce networking between Ngo's and other stakeholders protecting the rights of asylum seekers in EU.

The Odysseus team thank you in advance for sending your contribution to ebokshi@skynet.be. by indicating: "Study on Asylum Seekers with Special Needs".

The MAPP-pilot (2006-2009); a good practice in The Netherlands
From the MAPP Report *Properly heard? Three years MAPP (Project Asylum seekers with Psychiatric Problems* (2009)

In order to provide asylum seekers with mental health problems with due care and protection it is of great importance that their complaints be reported early in the procedure. The MAPP therefore started organizing early detection and a psychological examination of asylum seekers in June 2006.

Employees of the Dutch Council for Refugees (VWN) and asylum lawyers play a crucial role in the first step of identification of psychological symptoms in their clients as soon as they arrive in The Netherlands. They learned to use the Observable Behaviour and Health Problem Checklist, a questionnaire developed by MAPP and Pharos. If an employee of VWN or a lawyer suspects that someone might have psychological complaints, they contact the MAPP.
The MAPP then organizes a psychological examination in the asylum centre. This is done by experienced psychologists and psychiatrists who use a specially designed research protocol. These psychologists and psychiatrists work as volunteers for the MAPP and are specifically trained to carry out this examination. The MAPP regularly organizes training and supervision for them.

The main target of the MAPP examination is: checking the mental health condition of asylum seekers by means of checklists and examinations and in doing so identifying mental health problems that may intervene during the asylum interview. The examination is therefore about the inhibiting effects that health complaints may have on the capacity to give a complete, consistent and coherent asylum story.
The examination takes two hours. The applicant is asked whether there are psychological or physical complaints and about what he or she has experienced in the country of origin and during flight. Then a test and two questionnaires are conducted: a non-language test checking the ability to focus and concentrate, the second part of the Harvard Trauma Questionnaire (HTQ) and the Brief Symptom Inventory (BSI).

Continuation of MAPP

Complaints related to ptss and other types of psychopathological symptoms are measured, including anxiety, depression, somatic symptoms, distrust and sleeping problems.
The results of the tests and clinical observations lead to an assessment of the psychiatric condition and answer the research question. After authorization by the asylum seeker, the results are handed over to the legal adviser.

Research findings
Between June 2006 and December 2008 the MAPP received 782 early warnings detected through the Observable Behaviour and Health Problem Checklist. From this group, the MAPP was able to carry out a psychological examination among 306 people. For the remaining 476 reportings, the MAPP unfortunately was not able to organize an examination because of their limited capacity. The MAPP is working with a small group of voluntary diagnostics that does the on-demand examination. The examination has to take place within a few days only and often at locations that are not at all centrally located. There is not always an interpreter available nor a suitable space. In addition, asylum seekers are often transferred to other locations in the period before the asylum procedure starts.

Gender: Of the 306 cases studied 143 were female and 163 male
Age: 122 cases were 25 years or less; 139 were between 25-40 years: 45 were older than 40 years

Of the 306 asylum seekers examined 35 applicants (11 percent) were not able to fully complete the examination. They had such mental problems that full investigation did not succeed or was irresponsible. It was common for these applicants to be so upset that talking about a traumatic event was hardly possible. Some asylum seekers had hallucinations and / or delusions. A small number of applicants suffered from diminished intellectual faculties. Also for these people the completion of the examination was not possible due to their slow information processing, while it was self-evident that these problems interfere with the ability to provide for a coherent and consistent asylum story.

The outcome of the tests in combination with the clinical observations provides answer to the question about the existence of psychological problems that interfere with a coherent and consistent asylum story.

The **MAPP** conclusions may be divided into four categories:

1. In 54 per cent of the cases psychological problems *certainly* interfere with the ability to tell coherent and consistent;
2. In 21 percent of the cases the problems *very likely* interfere;
3. In 17 percent such interference was *possible*;
4. In 8 percent of the cases their problems did *not interfere* with the ability to tell coherent and consistent.

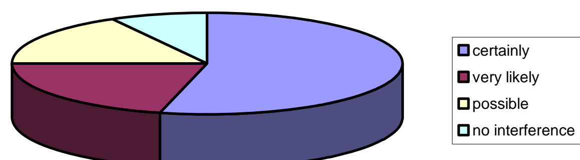

Figure 1 Interference with ability to tell coherent & consistent

At all seventy-three percent of the research population (N= 271) had such severe symptoms that further investigation and treatment was strongly indicated in the short term.

Unobserved complaints
On the basis of these data the MAPP strongly suggest that this group is only the tip of the iceberg. In the period from June 2006 to December 2008 a total of 23.464 asylum seekers arrived in the Netherlands. The 782 asylum seekers who were reported at MAPP represent 3.3 percent of the total group. The 306 asylum seekers who were examined by the MAPP represent only 1.3 percent of the total number of asylum seekers in that period. Among three quarters of those surveyed by the MAPP their psychological symptoms are likely or very likely to affect the ability to tell their asylum story. This is 1 per cent of asylum seekers in this period applying for the first time.

The fact that so many among the research population presented severe symptoms indicate the need for a more general approach, that is a medical examination for all asylum seekers.

British psychiatrists comment upon asylum judges

In a press release the British Royal College of Psychiatrists states that judges often make poor decisions about the stories asylum seekers tell them because their decisions are based on false assumptions. Dr Stuart Turner, a psychiatrist who runs the Trauma Clinic in London and is Immediate Past President of the International Society for Traumatic Stress Studies, told the Annual Meeting of the Royal College of Psychiatrists.

Continuation British psychiatrists

in Liverpool that judges often had little information on which to base their decisions
Few asylum seekers had passports or records of their abuse and so the judges relied on their stories. He told the Annual Meeting there was a "positive bias" against asylum seekers, based on a judicial belief that if a story were true then the details would remain consistent with each telling. "It's a common lay assumption that if the details of a story remain the same then the story is true," said Dr Turner. "But with trauma memories the focus is on the central event, not the peripheral detail. If consistency is used as the gold standard test of credibility, then the most traumatised will be disadvantaged."
He said an average of 24,250 asylum seekers a year arrived in Britain between 2005 and 2007. In 2006, 79 per cent were refused entry; but 22 per cent of these decisions were subsequently overturned. Some 7,795 of those whose cases were not overturned applied for further review and 2,845 applied for judicial review. The fact that a fifth of the initial decisions were overturned indicates that judges were making erroneous decisions. Dr Turner: "judges are mirroring their own assumptions" about the world and how people would behave. "They are applying things from their own experience and that may not be relevant to trafficked women, asylum seekers or torture survivors, or people who have been sexually violated. Judges many not have a clue about how people in those situations may behave."
Asylum seekers as a group had an increased risk of emotional disturbance because of the trauma that they have endured, Dr Turner told delegates. In an analysis of a large group of Kosovan and Albanian refugees arriving in the UK after the NATO bombing of Serbia in 1999, 21 per cent reported feelings of anxiety and 17 per cent were worried about their family and friends. Some were suffering from post-traumatic stress disorder (PTSD).

However, such emotional trauma and its impact on behaviour was not fully grasped by some judges, Dr Turner: "For instance, one asylum seeker said that he had been tortured every day for three months by the authorities of his country about the whereabouts of his brother. The judge concluded that the man was a liar on the basis that the authorities would not continue to torture every day." Another judge failed to understand why a woman had not immediately reported to the British authorities that she had been raped.
Dr Turner emphasised that he was not criticising decisions the judges made, as they had little evidence on which to base them. It was, he said, "an extraordinarily difficult job", and it was natural that they should base their decisions on their common sense. "However, there may be a gap between their commonsense and empirical information and I am questioning whether the assumptions they make about the behaviour of asylum seekers are well-founded assumptions."

Continuation British psychiatrists

Dr Turner and his colleagues set up the Centre for the Study of Emotions and Law, a year ago. Their research shows that consistency in the re-telling of stories is a poor way of assessing credibility – around 30 per cent of asylum seekers change the details in their stories. Moreover, those suffering from PTSD are even more inconsistent in recalling detail. "What we want is to give the judiciary empirical information to help work out what the right assumptions might be," he concluded. "We want science to inform their decisions. There are a lot of areas where there is no empirical information – what happens when you've been sexually assaulted? Do you stay in your village? Do you run away? Judge A might make one assumption and Judge B another." (Download Article Stuart Turner)

Medico-legal reports and supportive evidence

Amnesty International, The Dutch Council for Refugee and the Pharos Knowledge Centre on Refugees and Health each have their own practical experience in supporting individual cases of victims of torture in the Dutch asylum procedure. Within this context the Medical Examination Group of the Dutch Section of Amnesty International (MOG), which was founded in 1977, has over 30 years of practical experience in carrying out medical examinations in asylum cases. According to Amnesty International medical examination of conditions and symptoms possibly related to torture/ill-treatment or other traumatic events can help to assess the credibility of an asylum claim. The goal of the MOG is to examine the symptoms and to answer the question whether the medical findings are consistent with the alleged torture/ill-treatment or traumatic event. The medical examinations by the MOG are carried out in cases in which the Dutch immigration authorities intend to reject or have rejected the asylum claim. When conducting medical examination physicians follow the guidelines of the MOG, which are based on the Istanbul Protocol.

Unfortunately, current Dutch policy, specifically the Aliens Circular 2000 (Vreemdelingencirculaire 2000) is ambiguous regarding the role medical aspects play in the assessment of asylum claims. On the one hand the Aliens Circular states that in principle the IND does not take medical aspects into account when assessing an asylum claim, since, according to the Dutch government, from a medical point of view the real cause of a medical complaint or scar cannot be determined. On the other hand in the same paragraph of the Aliens Circular it is stated that when an asylum seeker supports his claim with a medico-legal report carried out by the MOG, this report will be submitted to the Medical Advisor of the IND

This ambiguity within Dutch legal practice shows that the IND does not always take into account the medico-legal reports when assessing asylum claims. But in these cases where the IND does take the medical examinations carried out by the MOG into account, in 60 to 70 % of the cases the asylum seeker – according to information of Amnesty International - is granted status (i.e. refugee status or subsidiary protection).

As such medico-legal reports can help identifying victims of torture/ ill treatment or traumatic events and play an instrumental role in the assessment of asylum claims, serving as additional supporting evidence. Therefore Amnesty International strongly recommends that Dutch authorities amend the current policy so that medico-legal reports from MOG, which are submitted in asylum procedures, are always fully taken into account. This support the findings in the US since according to S.Lustig e.a. - See the abstract of the article on next page - it is arguable that medical evaluations make a difference in a significant number of cases.

Currently, the Dutch asylum procedure is being amended. Amnesty International has, in cooperation with MAPP, the Dutch Council for Refugees and Pharos, been advocating the implementation of medical examinations into the new asylum procedure. At this moment, it is still not clear whether a medical examination as described above will be incorporated in the new Dutch asylum procedure. In the proposal the Dutch asylum authorities are not willing to accept medical reports as full supportive evidence, as is stated that the relationship between after-effects (medical symptoms, scars) and the causes (torture and ill treatment) can only be given in weak probability. Indeed, it is never completely sure that the after-effects are not caused by other, non-asylum related, events. As a gesture of willingness to look at medical aspects there will be a change in regulations so that medical information is taken into account as a relevant source of information, whereas in regulations till now there was a denial of the use of medical information.

Again, the Care Full initiative continue to strive for acceptance of the Istanbul Protocol as guidelines, which include the acceptance of medical examination as supportive as well as evidential information.

Care Full related interesting publications

New book by the IRCT

Shedding Light on a Dark Practice – Using the Istanbul Protocol to document torture.

Since 2001 the International Rehabilitation Council for Torture Victims (IRCT) has trained a total of 800 lawyers, doctors and psychologists in ten countries (Ecuador, Egypt, Georgia, Kenya, Mexico, Morocco, Philippines, Serbia, Sri Lanka and Uganda) on how to document allegations of torture in accordance with the Manual on the Effective Investigation and Documentation of Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment – commonly known as the Istanbul Protocol. This work, implemented through a multi-year, partly EU-funded project, forms a vital part of the IRCT's efforts to prevent torture, to counter impunity, and to promote reparations for survivors of torture.

In celebration of the 10th anniversary of the Istanbul Protocol the IRCT has published the book *Shedding light on a dark practice – Using the Istanbul Protocol to document torture.* The book comprises 16 articles by health and legal experts working with the Istanbul Protocol and prevention of torture. The book is primarily intended for health and legal professionals who work with or are likely to come into contact with torture survivors. But anyone with an interest in the question of torture will find useful insights. The short and concise articles provide an array of illuminating and readable perspectives on different aspects of a complicated subject.
Together they comprise an excellent introduction to the many challenges and opportunities associated with the task of establishing medical evidence in cases of alleged torture.

The book is divided into two main sections. The first discusses the status and role of the Istanbul Protocol and outlines key observations and challenges that must be taken into account in the process of documenting cases of alleged torture. The second section comprises hands-on perspectives from IRCT member organisations in nine countries.

In the coming years the IRCT will continue to reinforce its efforts to build capacity internationally to investigate and document cases of alleged torture. Recently the IRCT has thus initiated a new three-year project to promote the use of forensic evidence of torture before domestic, regional and international tribunals.

To order a copy of the book, please contact Ms Tehneyat Waseem, twa@irct.org, tel. +45 33 93 87 29. To learn more about the IRCT's work, visit www.irct.org and www.preventingtorture.org

Asylum Grant Rates Following Medical Evaluations of Maltreatment among Political Asylum Applicants in the United States.

Stuart L.Lustig, Sarah Kureshi, et all.
Journal Immigrant Minority Health (2008) 10: 7-15
Journal Immigrant Minority Health (a preview is downloadable)

This study compares the asylum grant rate among US asylum seekers who received medical evaluations from Physicians for Human Rights (PHR), with rates among asylum seekers who did not receive medical evaluations. Between 2000 and 2004, 1663 asylum seekers received medical evaluation from PHR. The adjudication status (either granted or denied) was determined in 746 cases at the time of the study. Of these cases, 89% were granted asylum, compared to the national average of 37,5% among asylum seekers who did not receive PHR evaluations. Although there is no way to know what the grant rate among PHR's clientele would be without these medical evaluations, given the robustness of these findings, it is arguable that medical evaluations made a difference in a significant number of cases. This finding is important for both the individual cases as the asylum process as a whole. It raises the question of whether medical evaluation should be standard, or if all seekers should have the right to a medical evaluation during the adjudication process. Health professionals can often provide critical documentation of maltreatment that may be crucial in an asylum proceeding. Medical-legal documentation of maltreatment requires a careful clinical history and examination by a health professional that is sensitive to cross-cultural issues and interpersonal dynamics between traumatized individuals and persons in positions of authority. The examiner should also be knowledgeable about the medical and psychosocial consequences of maltreatment and torture and the established guidelines for effective documentation.

Where to download

Those organizations and individuals that want to know more about the targets and activities of the Care Full Initiative, please go to: Care Full documents and surf to the next pages 2,3 and 4. The Istanbul Protocol (IP) can be downloaded on page 1.

If you want to read (and preferably!) subscribe to the Carefull Principles & Recommendations , go to: Download Principles & Recommendations

Psychological evaluation of asylum seekers as a therapeutic process

David Gangsei, Ana C. Deutsch
Torture (2007), 17, 2: 79-87.
Torture 2007 (download)

Torture survivors are often reluctant to tell their stories. They typically make every effort to forget this painful, traumatic experience. Often they do not share with family, friends or healthcare professionals the fact that they have been beaten, raped or subjected to electrical shocks and other terrors. Talking means retrieving memories, triggering the feelings and emotions that accompanied the torture itself.
Furthermore, refugee torture survivors feel that people won't understand or believe their experiences.
However, survivors who escape their country may need to reveal their torture experience as they apply for asylum in the host country. When they prepare for the asylum process, it may well be the first time that they talk about the torture. Mental health professionals are often called upon to evaluate survivors and prepare affidavits for the asylum process, documenting the effects of torture. This creates a unique and privileged opportunity to help survivors to address the devastating consequences of torture.
Granting asylum is essential to recovery for a torture survivor in a country of refuge. Psychological evaluations of the consequences of torture can present information and evidence to asylum adjudicators, which significantly increase understanding of the survivors'
background and experiences as well as their manner of self-presentation in the courtroom or interview.
They can empower the torture survivor to present his/her experiences more fully and confidently. Even apart from winning asylum, the process of the evaluation has many potential benefits for the survivor's emotional well being. This includes helping the survivor understand the necessity of telling the story, illuminating the often poorly perceived link between current emotional suffering and past torture, facilitating the development of cognitive and emotional control, and healing the wounds of mistrust, humiliation, marginalization and fear.

Asylum seekers in Denmark
A study of health status and grade of traumatization of newly arrived asylum seekers.

Tania Nicole Masmas, Eva Moller, et all
Torture (2008), 18, 2: 77-86.
Torture 2008 (download)

The health of traumatised asylum seekers, both physically and mentally, is affected upon arrival to Denmark, and time in asylum centres leads to further deterioration in health.
In this study 142 newly arrived asylum seekers were examined by Amnesty International Danish Medical Group in September - December 2007.
The asylum seekers came from 33 different countries, primarily representing Afghanistan, Iraq, Iran, Syria, and Chechnya. Of the asylum seekers, 45% had been exposed to torture – approximately one-third within the year of arrival to Denmark.
Unsystematic blows, personal threats or threats to family, degrading treatment, isolation, and witnessing torture of others were the main torture methods reported. The majority of the asylum seekers had witnessed armed conflict, persecution, and imprisonment. The study showed that physical symptoms were approximately twice as frequent and psychological symptoms were approximately two to three times as frequent among torture survivors as among non-tortured asylum seekers.
However, even the health of non-tortured asylum seekers was affected. Among the torture survivors, 63% fulfilled the criteria for post-traumatic stress disorder, and 30-40% of the torture survivors were depressed, in anguish, anxious, and tearful in comparison to 5-10% of the non-tortured asylum seekers. Further, 42% of torture survivors had torture-related scars.
This outcome shows that torture survivors amid newly arrived asylum seekers are an extremely vulnerable group, hence examination and inquiry about the torture history is extremely important in order to identify this population to initiate the necessary medical treatment and social assistance.
Amnesty International Danish Medical group is currently planning a follow-up study of the present population which will focus on changes in health status during their time in Denmark.

Whom to address

If you have questions or want to share information about the situation in your country, contact:

Pharos: Erick Vloeberghs or Evert Bloemen
Amnesty International / Dutch section: Angelina van Kampen
Dutch Council for Refugees: Bernadette Hoekstra or Myrthe Wijnkoop

Kind regards from the CareFull team