

GOOD PRACTICES WITH VICTIMS OF TORTURE



Asociación EXIL
Comissió Catalana d'Ajuda al Refugiat

British Refugee Council, Freedom from Torture, Greek Council for Refugees, ICAR Foundation,
Psychosoziales Zentrum Düsseldorf, REFUGIO München, Syn-Eirmos -Babel

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The contents of this publication do not correspond with the personal opinions
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Asociación EXIL and Comissió Catalana d'Ajuda al Refugiat

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To the people who have suffered this atrocity and struggle to recover, and to the professionals who accompany them tirelessly.

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Acknowledgements

The bases of this summary about “Good Practices with Victims of Torture” are the kindness of the professionals and beneficiaries that have contributed to it. From its implementation and pragmatism, as well as from the studies, the concept of “good practices” has been raised in the last few years as a dissemination method. Regarding the intervention with the group in question, interdisciplinary work is one of the principal tools within this epistemology, because complex and accumulative trauma affects every aspect of a person. Networking and professional monitoring are the key pieces that help draw our attention to and facilitate our work with doctors, psychiatrists, psychologists, physical therapists, art therapists, social workers, social educators, and lawyers or labor professionals, among others.

In this sense, a handbook like this illustrates the self-reflection of both positive and negative aspects of our experiences. Without this shared knowledge and participation of various fields of expertise, this proposal would simply be a reproduction of other similar works and would have a decreased transformational value. Among the entities that have made efforts to support victims of torture in their journey to resilience, improve their living conditions and their social inclusion, we would like to highlight the following as contributors to this book: Freedom from Torture (United Kingdom), British Refugee Council (United Kingdom), ICAR Foundation (Romania), REFUGIO München (Germany), Psychosoziales Zentrum Düsseldorf (Germany), Greek Council for Refugees (Greece); Syn-Eirmos - Babel (Greece), Comissió Catalana d’Ajuda al Refugiat (Spain) and Asociación EXIL (Spain).

Professionals and beneficiaries have led projects that are focused on the terrible reality that victims of torture suffer from being irregular in the host country and being socially excluded. During the implementation of these projects, from the beginning of their work as specialized centers, the organizations had to bear in mind essential elements within the intervention process such as the support and promotion of resilience, the therapeutic value

of solidarity, gender perspectives, the development of good practices, the beneficiaries' empowerment, and finally the professionals' care and self-care.

More than one hundred professionals from these centers have worked directly with victims of torture. These people are survivors of dramatic and traumatic processes and their testimonies are a necessary portion of the consensus that led to this handbook, "Good Practices with Victims of Torture". Their receptive and proactive attitude, as well as their analyses, opinions, complaints and greetings were essential in reviewing the intervention process. In this way, the 37 participants that have contributed to this handbook have spoken on behalf of a bigger group that reaches 650 beneficiaries and 100 professionals.

We would also like to mention the European Commission fund devoted to Pilot Projects regarding Victims of Torture that allowed the implementation of these projects as well as the forum funded by the European Commission that assembled the criteria leading to the consensus for this book. We appreciate their contribution to the dissemination of ideas in order to be able to eradicate inhumanity and to improve the intervention with people who have been victims of torture. As such, this work will continue to be a collective process of resilience.

Good Practices with Victims of Torture

I. Introduction and support from the European Commission

According to the United Nations Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment, the term «torture» is any act by which severe pain or suffering, whether physical or mental, is intentionally inflicted on a person for such purposes as obtaining from him or a third person information or a confession, punishing him for an act he or a third person has committed or is suspected of having committed, or intimidating or coercing him or a third person, or for any reason based on discrimination of any kind, when such pain or suffering is inflicted by or at the instigation of or with the consent or acquiescence of a public official or other person acting in an official capacity.

In the modern political and economic context, the use of force against humans has changed substantially compared with the period when these classical definitions were made. In some countries, the police and the army no longer have control over the population, and many different kinds of local “militia” and armed groups can exercise violence freely. Thus, it has become more and more common that torture is not exercised by the authorities but facilitated by their weakness.

Within this framework, we must commend the work of the European Union in implementing human rights policies aimed at the prevention and eradication of all forms of torture and maltreatment worldwide. The EU’s guidelines against torture and other cruel, inhuman or degrading treatment or punishment serve to protect and promote human rights in the countries outside the European Union. These guidelines serve to identify ways and means to effectively work towards the prevention of torture and other maltreatment within the Common Foreign and Security Policy (CFSP).

The EU also works closely with civil society. Under the European Instrument for Democracy and Human Rights (EIDHR) the EU provides considerable funding to civil society groups working to end torture or to rehabilitate the victims of torture. The International Rehabilitation Council for Torture Victims (IRCT) estimates that approximately 400,000 survivors of torture

currently live in the EU; the vast majority of them as refugees. According to the IRCT, only 4%—16,000 people—receive medical, psychological and social support on an annual basis. It is also estimated that around 20% of asylum seekers in the EU have been subjected to some form of violence or torture. The EIDHR currently helps fund torture rehabilitation activities in 41 countries worldwide, including support to 20 torture rehabilitation centres and networks in 16 EU member states: Austria, Belgium, Bulgaria, Germany, France, Greece, Hungary, Ireland, Italy, Latvia, the Netherlands, Poland, Romania, Spain, Sweden and the UK.

Alongside these policies from the European Union regarding victims of torture, we must mention the Pilot Project/Preparatory Action on Victims of Torture, whose main purpose is to help create and support rehabilitation centres and to provide multidisciplinary or interdisciplinary assistance to victims of torture. This support includes physical and psychotherapeutic treatment, psycho-social counselling, legal services and socio-economic support. It is managed entirely by the European Commission on the basis of an annual work programme and a call for proposals.

Torture and other forms of human rights violations threaten human dignity and are constituted by a traumatic process that demands a response combining therapy and other specialised treatments in order to deal with various issues like: psychological, psychiatric and social damages suffered by the victims and their relatives; the disintegration of the family and other social relationships; and other reactions brought on by suffering such as: violence inside and outside the family, conduct disorders, addictions, and mental illnesses.

It is worthwhile to highlight the article written by Dr. José Quiroga and the professional James Jaranson, in which they discuss the subject of torture. According to their experiences, the mental health consequences of torture shown by the individual are usually more persistent and extended than the physical aftereffects. The problems most often reported are psychological symptoms (anxiety, depression, irritability/aggressiveness, emotional lability, self-isolation, withdrawal); cognitive symptoms (confusion/disorientation; memory and concentration impairments); and neuro-vegetative symptoms (lack of energy, insomnia, nightmares, sexual dysfunction).

The most frequent psychiatric diagnoses are posttraumatic stress disorder (PTSD) and major depression, which have a high level of concurrence. Other anxiety disorders, such as panic disorder and generalised anxiety disorder, are frequently diagnosed. In some samples, substance abuse is a problem. Long-term effects include changes in personality or worldview, which are not adequately described in the diagnostic nomenclature (Quiroga & Jaranson, 2005).

In concluding this section, it is worthwhile to highlight the consequences of torture in a specific group: asylum seekers. Those who have been denied refugee status and now suffer from an irregular administrative situation are particularly affected. This group is very important because it constitutes the majority of beneficiaries with whom we have worked.

Moreover, we must elaborate on the connection between administrative irregularities and social vulnerability. There are several elements that lead to social vulnerability, such as: an unstable situation and resident status in the host country, a lack of financial self-sufficiency, the presence of chronic and complex trauma of the person in question, experiencing discrimination, and the language skills of the asylum seekers.

There are examples of people with no identification card from their country of origin, some of whom lack access to important documents even through their country's embassy because their governments have persecuted them. Without a passport, it is very hard to register in the local council, to access health services, and, in the case of minors, to gain access to schooling.

According to some countries, this inability to register with the local council makes administrative regularisation impossible and creates serious obstacles for the asylum seeker who cannot prove the amount of time he or she has spent in the host country, which is necessary when applying for a residence permit. There are also those who have identification documents from their countries of origin, but who at the same time are not fully aware of their rights and duties in their new environment, and are thus unable to legalise their administrative situation in the host country. For these reasons, we decided to arrange a Seminar in Barcelona (May 2015).

2. The Seminar

To complement the commitment of the European Union to victims of torture, the centre arranged a Seminar in Barcelona in May 2015 to gather seven European Projects within the framework of the Pilot Project/Preparatory Action on Victims of Torture by the European Commission. In total, 37 professionals and beneficiaries participated in the Seminar on behalf of 13 entities invited in order to share their experiences in this field. The purpose of this Seminar was to discuss good practices in therapeutic intervention with victims of torture as well as to draw some conclusions that will help to improve our work with this vulnerable group. These are the projects and the entities that implemented them:

INTEGRA: specialised and comprehensive therapeutic programme for victims of torture suffering from complex and accumulative trauma in risk of social exclusion.

Coordinator: Asociación EXIL: medical, psychological and social care for victims of violence, torture and Human Rights violations.

Partners: Comissió Catalana d'Ajuda al Refugiat (Spain)

Implementation period: INTEGRA I (from 15 April 2013 to 14 October 2014)
INTEGRA II (from 15 October 2014 to 15 April 2016)

Asociación EXIL and Comissió Catalana d'Ajuda al Refugiat have developed a program funded by the European Commission called INTEGRA Project (2012-2016), specifically designed to address victims of torture that are in a situation of social vulnerability.

The INTEGRA Project constitutes a boost by the European Commission to elaborate, describe and assess our way of helping victims of torture. Interventions are based on the "Attachment Theory", resilience, trauma neurobiology and medical anthropology. Moreover, the project has used individual and group psychotherapy, psycho-corporal approaches, art-therapies, social-therapies, pharmacological therapies; bringing the work from different specialists all together: psychologists, social workers, psychiatrists, art-therapists, somatic-therapists, and lawyers.

The first aim is to reinforce the social relationships and resources that the patient builds during the therapeutic intervention. This approach highlights the importance of the standard of living of this group, and consequently, our comprehensive approach is based on the theories of social exclusion, psycho-traumatology and the impact caused by migration. These theories are rooted in different disciplines such as: sociology, anthropology, psychology, psychiatry and neurosciences.



Casework Counselling Partnership Project for Torture Survivors in the West Midlands (UK)

Coordinator: Freedom from Torture (UK)

Partners: British Refugee Council (UK)

Implementation period: from April 2013 to September 2014

This project aimed to respond to the specific needs of torture survivors who have been dispersed to the West Midlands region of the UK. The project provided rehabilitation services, improved referral pathways and gave direct clinical and casework support required for their complete rehabilitation and reintegration. Freedom from Torture, working in partnership with the British Refugee Council, has assisted up to 295 torture survivors during this project in addressing their practical needs, enabling them to access welfare benefits, appropriate housing and legal advice. Through the provision of specialised psychological and complementary therapies, up to 20 torture survivors presenting complex psychological trauma and chronic pain experienced a reduction in the psychological consequences of torture during the partnership project.

Refugee Council and Freedom from Torture offer their services free of charge. Refugee Council provides a range of therapeutic, legal and welfare advice services for asylum seekers and refugees, a significant proportion of whom have experienced torture and/or organised violence. Freedom from Torture, on the other hand, provides specialist therapeutic, legal and welfare advice services for torture survivors only, with a focus on those experiencing the most severe psychological consequences of torture.

Protection and Health for Survivors of Torture in undersupplied areas – ProHealth Regio

Coordinator: REFUGIO München (Germany)

Partners: Psychosoziales Zentrum Düsseldorf (PSZ) and Diakonie Mark-Ruhr Hagen (DMR) (Germany)

Implementation period: From June 2013 to September 2013.

The goal of the project was to provide torture victims with special focus on undersupplied regions, access to the necessary and suitable treatment services to improve their psychological, social and legal situation. The project was built on the following three pillars: first, interdisciplinary treatment of victims of torture, which comprises social counselling and psychotherapy (individual and group therapy); second, training for other professionals in the health system, decision makers and administrative officers in the asylum system and social workers in refugee camps and related social institutions, so that they are better equipped to deal with victims of torture, and traumatised refugees; and third, lobbying in politics and related systems to improve the situation for asylum seekers. REFUGIO München has a brochure available for the victims themselves as well as non-specialized professionals that aids in their understanding of symptoms and normalizes their recovery.

Interdisciplinary Care and Assistance for Romanians and Exiles – Victims of torture (iCARE)

Coordinator: ICAR Foundation, Romania

Partners: Medical Rehabilitation Centre for Torture Victims – Craiova (Romania) and Dignity – Danish Institute against Torture (Denmark)

Implementation period: from 1st December 2012 to 30th November 2013

The 12 month project aimed to contribute to the implementation of torture victims' rights in Romania and address their specific needs in a comprehensive way by continuing the rehabilitation activities in the two rehabilitation centres in Bucharest and Craiova and the resumption of rehabilitation services provided to victims of torture in all six refugee reception and accommodation centres of the General Inspectorate for Immigration.

The project consisted of multidisciplinary rehabilitation activities targeting Victims of torture among Romanian former political prisoners, asylum seekers, and refugees in Romania, comprising the following:

- Medical care: In Bucharest and Craiova centres that provide in-house medical rehabilitation services (e.g. general medicine, psychiatry, physiotherapy, cardiology, and urology) by health professionals working in the two centres.
- Psychological assistance: Psychological evaluation, psychological counselling, individual and group therapy.
- Social services: programs developed in all eight project locations comprising: social needs assessments, social counselling, referrals to partner NGOs and public institutions for other services (e.g. shelters, social canteens) and social activities.
- Legal counselling and assistance for victims of torture among asylum seekers and refugees provided at Bucharest centre and for associates of the immigration authorities.

Prometheus: Identification and Rehabilitation of Torture Victims in Greece

Coordinator: Greek Council for Refugees (Greece)

Partners: Dignity Danish Institute against Torture (Denmark) and Syn-Eirmos (Greece)

Implementation period: from February 2013 to September 2014

The project aimed to enhance the capacity to identify and assess victims of torture and improve their access to treatment, psycho-social counselling, and legal services in Greece. Its specific objectives were: to train professionals in identifying and assisting torture victims; to establish a rehabilitation network; and to enhance stakeholders' awareness of the need for rehabilitation services for torture victims. A group of professionals were trained on the identification of victims of torture and on provision of psychological support, legal counselling and rehabilitation.

A support and rehabilitation unit (legal, medical and psycho-social) was established and made operational, and a database for recording cases was created. Awareness raising activities were carried out (informational material, meetings, web page). By the end of the project, at least 40 professionals were trained, 100 victims assisted, and a permanent network of professionals was established.

3. Good practices. What does this mean?

There is a general consensus that "good practices" constitute an action or series of actions that, resulting from the identification of needs, are systematic, effective, efficient, sustainable, and flexible; therefore they are planned and executed by all members of an organization and its beneficiaries with the help

of the management board.

These actions, apart from satisfying most needs and expectations of the beneficiaries and professionals in question, represent a clear improvement of the service's standards, always taken in accordance with the ethical and technical criteria of the entity or service that they represent, as well as its mission, point of view and values. These good practices must have documented evidence so that they may serve as a reference point for others and facilitate the improvement of their performance.

A good practice refers to provable facts, not to hypotheses. The facts could be of different natures, but they are characterized by the ability to be exposed to others, provability, and relevance in relation to the mission.

The good practice will be the result of the detection and assessment of an improved condition with the expectation that this improvement would appear. This expectation may be implicit or explicit. The assessment or detection may be accomplished through the systems or proceedings encouraged by the entity, or it could be the result of thorough, well-developed research in the area.

This is not a one-time action, on the contrary, it should be developed continuously, controlling its efficacy (the ability to obtain the desired result), but with an expectation of efficiency (to obtain what is longed for, with the best "used resources-obtained outcomes" relation). It is sustainable because it has the economic, organisational and technical structure that makes its implementation possible in a systematic and flexible way, because it adapts to its clients' needs and/ or to changes in context. They are planned and executed by the members and beneficiaries of an organisation. They represent the basic action of the internal agents, experts and non-experts.

The quality of the good practice is a matter that concerns all of us, but the management team (the legal representation of the entity or its management body) has to lead these proceedings, as well as encourage and support them continuously from their example and involvement. The good practice is an action with a positive impact on the intended beneficiaries. This impact could be more direct or indirect, but it is essential that the improved actions serve the organisation's objectives; specifically: to fulfil the clients' needs and wishes. The good practice represents a clear improvement of the service's standards. A good practice implies more than the services that have to comply with the legal and administrative issues. In this sense, it has to involve significant progress. The organisation's good practices must be coherent and in accordance with their mission, point of view and values. These good practices must have documented evidence in order to serve as a point of reference for others and help them improve their proceedings. This is a key element within a good practice that must be carried out so it may be transmitted to another organisation.

With regard to this, we have to highlight the European Commission's commitment to these "Good practices" which is enshrined in the "Pilot Project/ Preparatory Action on Victims of Torture". Their main objectives are to help create and support rehabilitation centres and to provide multidisciplinary assistance to victims of torture, including physical and psychotherapeutic treatment, psycho-social counselling, legal services and socio-economic support.

Therefore, this fund has the following purposes:

- To provide victims with access to holistic rehabilitation, support, and counselling, including: physical and psychotherapeutic treatment, legal services, and socio-economic support by providing funds for the costs of rehabilitation centres for victims of torture (new or existing);
- To support the development of rehabilitation centres established in the European Union via networking activities (in and outside the EU), research, training, the development of common tools, exchange of good practices, and peer supervision as a prevention of vicarious trauma;
- To support activities aimed at the self-empowerment of torture victims and, in general, at supporting the capacity of torture victims to integrate into their respective member states.

This Pilot Project reinforces the need for implementing this type of funding within the European Union, as well as giving these centres the opportunity to share their points of view regarding good practices with victims of torture. This last point is very important because the European centres that develop these projects share many common purposes, and therefore the exchange of good practices is beneficial for all projects funded by the European Commission Fund for Victims of Torture.

4. European legal framework

In this section we will describe the European legal framework in relation to the projects carried out by the different centres. This legal framework is essential in order to understand the rights of refugees and victims of torture within the European Union, and any relevant domestic law from each member state regarding this group.

First of all, we will begin with the "European Pact on Immigration and Asylum" (2008). According to this pact, legal immigration should be organised in a way that takes the priorities, needs and reception capacities of EU countries into account and encourages the integration of migrants. Broadly, this requires the EU to:

- Implement policies for labour migration that take the needs of the labour market of each country into account;
- Increase the attractiveness of the EU for highly skilled workers and take new measures to further facilitate the reception and mobility of students and researchers;

- Ensure that these policies do not aggravate “brain drain” by encouraging circular migration;
- Regulate family migration more effectively;
- Further strengthen the exchange of mutual information on migration;
- Improve information on the possibilities and conditions of legal migration;
- Establish ambitious policies to promote the harmonious integration of migrants;
- Promote the exchange of best practices in reception and integration and on EU measures to support national integration policies.

However, what matters most for our work is the area entitled, “A Common European Asylum System”. Even though EU countries have progressed in the application of the common minimum standards for asylum, certain disparities continue to exist. Consequently, further work is needed in order to fully achieve a common European asylum system. Broadly, this requires the EU to:

- Set up a European Asylum Support Office;
- Present proposals for a single asylum procedure and a uniform status for refugees and beneficiaries of subsidiary protection;
- Establish procedures for crisis situations to assist any EU country facing a massive influx of asylum seekers and to promote reallocation of beneficiaries of international protection to assist EU countries facing disproportionate pressures on their asylum systems due to their geographic or demographic situation;
- Strengthen collaboration with the United Nations High Commissioner for Refugees to better protect asylum seekers outside the EU;

This pact forms the basis for immigration and asylum policies common to the European Union (EU) and its countries. In a spirit of mutual responsibility and solidarity between EU countries and of partnership with other countries of the world, it gives a new impetus to the continued development of a common immigration and asylum policy that will take both the collective interest of the EU and the specific needs of its countries into account.

Furthermore, this pact was highly important in the development of new legislation in the European Member States regarding immigration and asylum policies. Therefore, we are going to mention some of the Immigration and Asylum Laws of several European Member States.

Spanish legislation

The “*Ley 12/2009, de 30 de octubre, reguladora del derecho de asilo y de la protección subsidiaria*” (Spanish Act 12/2009 that regulates the right of asylum and subsidiary protection) explains the Right of Asylum: the protection provided to people that are not from the European Union or to stateless people who have obtained refugee status.

Refugee status is provided to any person that, because of a well-founded fear for reasons of race, religion, nationality, political opinion, or being part of a specific social, gender or sexual orientation group, is outside their country of

origin and cannot be protected by said country; or, in the case of a stateless person, is outside their country of origin and is unable or unwilling to return.

Moreover, according to Spanish legislation, there is subsidiary protection for people from other countries or for stateless people who do not meet the requirements to obtain asylum or refugee status, but whose lives will be in danger if they return to their countries of origin.

Secondary clarification can be found in the "*Ley Orgánica 4/2000, del 11 de enero, sobre los derechos y libertades de los extranjeros en España y su integración social*" (Spanish Organic Act 4/2000 about the rights and freedoms of immigrants in Spain and their social inclusion). Section 2 describes the Spanish immigration policy and clarifies the means by which the government will address the following points:

- a) The coordination with the policies established by the European Union;
- b) The organisation of the labour migratory flows, according to the national labour needs;
- c) The social inclusion of immigrants through policies that specifically address good citizenship;
- d) Equality of the sexes;
- e) Application of the principle of non-discrimination and the consequent acknowledgment of equal rights and duties for all people who legally live or work in Spain;
- f) Safeguarding the rights afforded to all who are protected under the Spanish Constitution and international treaties;
- g) The fight against illegal immigration and the prosecution of illicit human trafficking;
- h) Equality in the fields of labour and social security;

British Legislation

In this section, the focus is on the "Nationality, Immigration and Asylum Act 2002". According to this law, a person is an "asylum-seeker" if:

- a) He/she is at least 18 years old.
- b) He/she is in the United Kingdom.
- c) He/she has made a claim for asylum at a place designated by the Secretary of State.
- d) The Secretary of State has recorded the claim, and the claim has not been determined.

The "Immigration, Asylum and Nationality Act 2006" is also relevant. This Act introduced a number of changes to the immigration appeals process, most notably restricting the right of appeal for refusal of entry clearance in cases where the subject intends to enter the country as a dependent, a visitor or a student. The only grounds for appeal now open to these categories of migrants are those of human rights and race discrimination. Appeals launched within the United Kingdom can be for asylum cases only.

French Legislation

Within the French legal framework, we have to emphasise all changes brought by “The Immigration and Integration Law 2006”. This Law restructured existing French legislation concerning immigrants and their integration. It promotes a strategy consisting of ‘selective immigration’, mandatory integration for long-term residents, and ‘co-development’.

German Legislation

“The Immigration Act (2005)” came into force in January 2005 and fundamentally reformed German law regarding asylum. Some new regulations were introduced for asylum-seekers, as well as for the Federal Office itself. As the government department responsible for foreign affairs, the Federal Office took on an even greater responsibility by implementing asylum proceedings: It now uses internal management tools to ensure that uniform decisions are made in asylum proceedings in all branch offices. This was regulated differently before the Immigration Act came into force: The individual decision-makers at the Federal Office worked independent of any instruction. In order to ensure uniform ruling and decision-making practice on the part of the Federal Office and of the courts, the office of the Federal Commissioner for Asylum-Related Matters was abolished by the new Act.

Greek Legislation

With regard to Greek legislation, the “Law 3386/2005 on Entry, Residence and Social Integration of third-country nationals in the Greek Territory” is extremely important, as amended by several laws and “Law 4018/2011” on the establishment of “one-stop shop” services, competent for issuing residence permits to third country nationals (under gradual establishment).

The legal framework includes EU Regulations and various Presidential Decrees transposing EU Directives in parallel with “Law 3907/2011 on the Establishment of an Asylum Service and a First Reception Service”, as well as on the transposition into Greek legislation of Directive 2008/115/EU.

Romanian Legislation

Romanian migration policy has been modelled to conform to European legislation. The legal status of aliens in Romania is presently regulated by “Emergency Ordinance 194/2002”, which has been modified various times since its adoption. Very recently, the Government adopted two emergency ordinances, changing important aspects of immigration policy. The two ordinances were published in the Official Journal of Romania on 26 June 2007, and came into force on the same day. Emergency ordinance 55/2007 established the Romanian Immigration Office, reorganising the three authorities responsible for dealing with immigration issues prior to the new legislation: the Authority for Aliens, the National Office for Refugees, and the Office for Labour Force Migration. Emergency ordinance 56/2007 deals

with the employment of aliens, work authorisation, and the temporary transfer of the workforce.

Portuguese Legislation

“Act 23/2007” replaced a complicated legal framework for residence consisting of eight types of permits (including four types of work permits, a study permit, a temporary residence permit with work authorisation, residence authorisation, and authorisation for indefinite leave to remain) with a two-tiered system that includes a temporary residence permit and a permanent residence permit. As a general rule, multiple different types of immigration status, such as employment, self-employment, family reunification, research, and studies, are contained within this dual permit system.

Italian Legislation

“Law 39/1990”, 28 February 1990, Regulations on the matter of asylum (Conversion into law, with amendments, of Decree-Law 416 of 30 December 1989) (L 39/1990); as well as the “Legislative Decree 286/1998”, 25 July 1998, Comprehensive text on immigration law; and the “Law 189/2002”, 30 July 2002 (Changes in regulations on the matter of immigration and asylum) (L 189/2002) are two key governing texts surrounding immigration in Italian Law.

Moreover, the “Legislative Decree 5/2007”, dated 8 January 2007, which implements the European Directive on Family reunification, reinforces the desire of the Italian Government to harmonise relevant legislation on immigration and asylum with European Union Law.

5. The need to develop different therapeutic projects in Europe with victims of torture

Because of the economic crisis in Europe, there are few resources available to vulnerable people. Within this group, we find victims of torture that are not European Union citizens. These people do not have the essential support and protection to solve the problems that developed as a result of torture. Thus, the need for development of legal, social, medical, and therapeutic services for this group is clear.

Attention must also be focused on helping people in this vulnerable group fit into their respective European Union countries. At times, victims of torture and refugees do not feel as if they are members of our society, which can lead to feelings of isolation and social exclusion.

We must reiterate that members of this group cannot prove their status as a victim of torture, or their status as a refugee deserving protection. Spain undertakes the most restrictive asylum policies of any of the European Union member states, and consequently, these results in feelings of rejection, which are augmented by the sensation of helplessness that develops as a result of torture.



Unfortunately, little research has been done to study the effects of trauma, but the studies that we do have illustrate the need to develop specialised programmes for victims of torture. During our sessions with these patients, we have undertaken classical types of verbal therapy, but also have complementary, non-verbal approaches to therapies (according to current ...) based on current scientific research (for example, body or art therapies), which highlight the importance of using non-verbal approaches and have garnered positive outcomes in the beneficiaries of these therapies.

In this context, we must reference two works that address the topic of the trauma derived from torture: Herman, Judith Lewis (1997) *Trauma and recovery: The Aftermath of Violence - from Domestic Abuse to Political Terror*; Gerrity, E. T., et al. (2001) *The Mental Health Consequences of Torture*. These two references show us the importance of undertaking specialised programmes for victims of torture, as well as the need to carry out an individual approach alongside group interventions.

Moreover, we would like to highlight the work undertaken by many European countries related to these patients, which offer them therapeutic, legal, and social attention. Because of these networks, different organisations throughout Europe are able to share their experiences and projects with victims of torture.

Regarding petitions for asylum and granting refugee status, the 38 countries in Europe recorded 264,000 asylum applications during the first six months of 2014. This is an increase of 24% compared to the corresponding period of 2013 (212,200) but 2% fewer than during the second semester of 2013 (270,600 claims). Europe accounted for four-fifths (80%) of all claims lodged in the 44 industrialised countries in the first half of 2014.

Additionally, the 28 Member States of the European Union registered 216,300 asylum claims during the first half of 2014, a 23% increase compared to the corresponding period of 2013 (176,200). These 28 States together accounted for 82% of all new asylum claims registered in Europe.

Among the European regions, the largest relative increase in midyear asylum levels was reported by countries in Southern Europe. These countries received 60,800 asylum requests during the first half of 2014, a 73% increase compared to the first six months of 2013 (35,200 claims). This growth was mostly due to the number of individuals who requested international protection in Italy and Turkey. With 65,700 new asylum applications registered during the first half of 2014, Germany was the largest single recipient of new asylum claims among the group of industrialised countries.

We have to bear in mind that, while a small country such as Lebanon, sheltered a million people in April 2014 who escaped from Syria, the 28 Member States of the European Union sheltered just 50,000 last year from the same country. In addition, Spain sheltered only 725 people.

The biggest obstacle faced by asylum seekers is passage across the external borders of the European Union, which is required before they are able to apply for international protection. These hurdles have been denounced by many organisations such as the “European Council on Refugees and Exiles”, “Amnesty International”, “Comisión Española de Ayuda al Refugiado” (CEAR) and “ProAsyl”.

In the following section, we will elaborate on statistics regarding asylum applications in the countries that have been represented at our Seminar in Barcelona (May 2015). As we have mentioned before, Germany is the country with the highest number of asylum applications: 65,659. Next, is United Kingdom with 14,283; Greece with 4,668; Denmark with 3,870; and finally Spain with 2,174.

However, we have to examine these figures carefully because sometimes the number of asylum seekers is much bigger than it first appears. This is the case in Spain, where the aforementioned figure of 2,174 asylum applications does not accurately depict the current situation of the country. There are many elements that stand in the way of asylum seekers and make this figure lower than those of the other European Member States.

Spain

We find many barriers to asylum in Spain, such as the reduced period allocated during which people may apply for asylum; insufficient experience in the civil service in dealing with asylum seekers; and the long integration process that this group faces as a result of their traumas due to various, internal and external difficulties.

The imposition of visa requirements for those seeking asylum due to suffering human rights violations in their own countries impedes their efforts to obtain protection. The requirement of a visa represents the first obstacle that refugees face when they flee their country of origin. People from 134 states and territories, including all of those in Africa (a total of 53), must have a visa in order to enter Spanish territory. This, along with the fact that the new Asylum Act has eliminated the possibility of seeking diplomatic asylum,

further reduces the resources available to people who are seeking access to international protection. It is important to underline the tragic situation in Ceuta, where there have been recurring violations of immigration and asylum legislation (not only Spanish but also European Union Law). Ceuta and Melilla have, in effect, become large internment centres, since many people cannot leave these cities while their expulsions are being processed. Moreover, we must reiterate the difficulties resulting from the closed-border policy implemented with Morocco's collaboration. The dividing fence, surveillance around the perimeter of the area, and the obstacles to accessing information regarding protection procedures have hampered any improvement in the situation of those currently in these cities.

During the year 2013, 59.67% of the asylum requests in the CIES (Spain's Internment Centres for Aliens) were denied. Before the implementation of the Asylum Act 12/2009, an asylum request at the border could be either accepted or rejected according to the criteria established by Section 5.6 of the previous Asylum Act. Since 2009, this possibility no longer exists and all such requests are automatically rejected.

This trend must be emphasised in relation to the current obsession with policies that tighten security and fight irregular immigration. Europe has externalised its borders through an extensive military and police presence that make it difficult for the people who need international protection to reach the region, and have turned flight from one's country into a new form of violence.

In this atmosphere, Spain has developed a system of migration flow control that extends its jurisdiction beyond its borders, acting in international waters and transit countries. The Spanish Government has also established agreements with countries of origin in which they agree to control the departure of people from their own territories.

Amnesty International have suggested some measures in order to ameliorate the situation of asylum seekers in Spain, such as: stopping the forced return of people who suffer from human rights violations and ensuring that immigration control measures do not prevent asylum seekers from arriving to Spain so that they may gain access to legitimate asylum-seeking processes.

Romania

More than 20 years after the fall of the communist dictatorship, Romania still has a heavy legacy of unsolved past human rights abuses: torture and cruel and inhuman treatments were widespread and systematically used against political opponents. There were more than 100,000 torture survivors in 1990, but no torturer was ever held responsible for any crime. Efforts to come to terms with the past – such as the establishment of the Presidential Commission for the Study of the Communist Dictatorship, the Declaration of Condemnation of Communism (Dec. 2006), the Institute for Investigation of Communism Crimes, and the Reparation Law 221/2009- are made continuously, but thus far, the reconciliation process has been long and painful.

Rehabilitation services for victims of torture have never been financed or supported by the Romanian state. The externally financed rehabilitation centres in Bucharest, Iasi and Craiova are the only institutions that have offered this type of assistance in Romania during the last 20 years, all of which depend on external assistance, mainly from the UNVFVT and the EU. Lately, the centre in Iasi was forced to close due to lack of funding.

- **Asylum seekers**

- Early identification: National legislation does not set out who is in charge of identifying victims of torture; therefore, no identification training is given to immigration personnel and in most cases, Romanian Immigration authorities (IGI) will learn that an asylum seeker is a victim of torture during an in-depth interview. This affects both the victims of torture (who do not receive proper medical, psychological, and legal assistance, leaving them at risk of re-traumatisation during the interview) and the immigration authorities (the effectiveness of the interview could be altered because of the poor psychological condition of the victims of torture).
- Lack of medical and psychological assistance: National legislation only provides asylum seekers with emergency medical treatment and no psychological assistance; therefore, an asylum seeker will not benefit from a psychological evaluation immediately after his or her reception in the Accommodation Centre, severely reducing their chances of being identified as a victim of torture. Even if early identification does occur, the immigration authorities will not offer the victim of torture any complementary assistance during the rest of the asylum procedure (including medical or psychological care) and will inform them that it is their responsibility to provide evidence of torture or ill treatment (including psychological, medical, and legal reports, all at the victim's own expense). The immigration authorities do not ask for somatic reports or for psychological reports to improve the quality of the decision-making process.
- IGI (Romanian Inspectorate for Immigration) medical staff are not trained to identify victims of torture, assess their needs, or provide proper assistance - the medical examination conducted immediately after the arrival of the asylum seeker in the Reception Centre is superficial and mainly focused on identifying symptoms of severe illness or of contagious disease. The medical staff are not trained to look for signs of torture, and when such signs are noticed, there is no real encouragement to talk about them and usually no referral to a psychologist is made.
- IGI interview officers (and IGI interpreters) are not qualified to properly conduct interviews with victims of torture: IGI interview officers do not adapt their methods to vulnerable groups (they conduct the interview in an aggressive or constantly suspicious manner, ridicule the affirmations of the victim of torture, constantly interrupt their narration, dismiss "unimportant details", don't allow sufficient breaks during the interview,

and don't allow victims of torture to stand in a comfortable position. IGI interpreters make similar mistakes, with the effect of altering the victim of torture's capacity to relate the story of his or her persecution in a coherent manner and without altering his or her psychological condition.

- **Refugees**

- Host-community intolerance: While Romanians are generally tolerant, refugees may face discriminatory treatment in schools and in the labour market, as well as in situations when they need public assistance (marriage, birth registration, accessing medical care, etc.). This can delay progress in rehabilitation for victims of torture.
- Social and financial issues: The same effect on the rehabilitation of victims of torture can be produced by poor language skills, cultural adjustment skills, employment situation, and hygiene.
- Lack of free, specific, medical and psychological support: As mentioned before, national legislation does not provide free rehabilitation services to victims of torture.
- Major difficulties in reuniting with close family members left in their home-country or lost during the journey: This can generate feelings of guilt, in addition to other psycho-somatic symptoms of trauma experienced by victims of torture. Additionally, not being able to benefit from the support of friends and family members is a major obstacle in the process of rehabilitation.

United Kingdom

There has been a large increase in the number of asylum seekers in the region, with increased dispersal to the West Midlands over the last several years, and in the first quarter of 2014 the region hosted 3,254 asylum seekers in dispersed accommodation. It is estimated that as many as 30% of all asylum seekers have experienced torture, and so there is a significant need to ensure the availability of specialised assistance for this group. This is particularly important in this region, as the West Midlands is under-resourced in terms of the number of voluntary agencies equipped to deal with this vulnerable group.

It is difficult for torture survivors to access appropriate support to overcome their multiple and complex difficulties, particularly in dispersal areas. In addition to reluctance to disclose torture due to feelings of shame, asylum seekers have to deal with the challenges of being in a new country with an unfamiliar culture that can make it difficult for them to understand the routes through which they can seek assistance.

Germany

The German health system understands the importance of general psychotherapeutic support. Nearly every legal resident of Germany has the right to access psychotherapeutic treatment if necessary. This treatment is financed by the national health system.

Asylum seekers in Germany don't have general health insurance, but rather a reduced access to the health system. In theory, they can also access psychotherapeutic support. However, because of several factors (administrative barriers, language problems, little willingness of psychotherapists to treat victims of torture), they often have nearly no access to psychotherapy. If they are successful in acquiring "leave to remain", they will receive general health insurance, thus removing the administrative barriers. However, language problems and the lack of motivation among psychotherapists to treat victims of torture remain an issue.

Unfortunately, the asylum procedure doesn't take note of a victim of torture's inability to express their story and their needs because of psychological problems. Therefore, extensive social and legal support is needed to obtain all rights for them. This specialised social/legal support for traumatised refugees is not yet offered. Thus, a narrow collaboration between psychological treatment and social counselling aims to guarantee the best global support for victims of torture. According to our experience, as a result of this collaboration, victims of torture are often successful in getting asylum and are integrated quickly and successfully in society.

Greece

Greece has experienced an unprecedented influx of migrations. In the period between 2005 and 2010, 92,500 people applied for asylum (Source: Eurostat) and the Greek authorities are trying to process a backlog of asylum applications of approximately 55,000 cases. A great number of these applicants belong to particular vulnerable groups, including asylum seekers who have been exposed to torture in their homeland. It is estimated that several hundred asylum seekers present a claim of torture but no official statistics exist that can verify this.

In addition to claims of torture incurred in third countries, incidents of torture or other mistreatment have also occurred inside the borders of Greece, most often in connection with police brutality and excessive use of force (Source: Amnesty International, Annual Report 2011).

At the moment of implementation of the Prometheus project, victims of torture received services ad hoc according to availability and capacity at various non-governmental organisations. There were neither reliable statistics on the number nor a coordinated effort among the various stakeholders to address this gap. Furthermore, there was only one medical professional with extensive experience in providing clinical diagnosis of torture victims.

6. Definition of the target group's profile and the beneficiaries' cases

As we have mentioned in previous sections, the different projects funded by the European Commission have been implemented for victims of torture and their family members, with the intent to give them comprehensive support

that will lead to their physical and mental rehabilitation. These people manifest traumas derived from their past experiences related to torture. Furthermore, this group suffers from social exclusion, and consequently the different projects also seek to improve their inclusion.



From the point of view of the INTEGRA Project, (a specialised and comprehensive therapeutic programme for victims of torture suffering from complex and accumulative trauma in risk of social exclusion) by Asociación EXIL and Comissió Catalana d'Ajuda al Refugiat, the required criteria to be part of this project as a beneficiary are the following: victims of torture and their families at risk of exclusion (social, administrative or economic) who have been subject to forced migration and voluntary participation in the Project.

Regarding secondary criteria, we have to highlight the following: the risk of being in an irregular situation, the lack of resident status, a lack of financial independence, the possibility of having chronic and complex trauma, having been a victim of discrimination, and the person's language skills.

Within this target group, there are some special cases like people without an identity card from their country of origin (some of them even lack access to documents from their country's embassy because they have been persecuted by their countries). With no passport it is extremely difficult to register in the local council, to access health services, and schooling in the case of minors. This inability to register in the local council makes administrative regularisation impossible, as they cannot prove that they have been living in the host country for long enough to apply for a residence permit.

There is another special case of people who have an identity document from their country of origin, but who at the same time are not fully aware of their rights and duties in the host country, and they do not know how to legalise their administrative situation in the host country. Finally, within the victims of torture group there are people who are in a legal situation in the host country but who are extremely vulnerable from the social point of view.

The rest of the projects that we have mentioned in the first section share this same target group (victims of torture who suffer from a complex trauma and who are at risk of social exclusion).

In the case of the project Casework Counselling Partnership Project for Torture Survivors in the West Midlands (UK), as this target group is composed of torture survivors who have been dispersed to the West Midlands region of the UK. This group of 20 torture survivors present complex psychological trauma and chronic pain as their main symptoms.

Freedom from Torture works within the following remit to identify survivors of torture - "Freedom from Torture's remit is to provide services to persons who have been tortured, where that term means any act by which severe pain or suffering, whether physical or mental, is intentionally inflicted on a person for such purposes as obtaining from him or a third person information or a confession, punishing him for an act he or a third person has committed or is suspected of having committed, or intimidating or coercing him or a third person, or for any reason based on discrimination of any kind, when such pain or suffering is inflicted by or at the instigation of or with the consent or acquiescence of a public official or other person acting in an official capacity or a member of a defined group with a common political, ideological or religious purpose or ethnic identity and exercising effective power".

All asylum seekers in the West Midlands are initially housed in the Initial Accommodation Centre, before the government seeks to disperse them elsewhere. This leaves only a short time period for Refugee Council to identify torture survivors, offer support, and make appropriate referrals to ensure that those with multiple and complex needs are able to access appropriate treatment; this includes ensuring that they are not dispersed to areas with no treatment services.

Torture survivors face a range of complex, interrelated problems as a result of their experience of torture and their struggles to gain protection in the UK. In order to bring about improvements in torture survivors' wellbeing, it is necessary to provide a holistic package of care and support that meets their real needs. Freedom from Torture and Refugee Council are able to provide different support packages for the varying needs of torture survivors in the region to ensure that each torture survivor is able to receive the most appropriate support. Refugee Council offers short-term therapeutic, legal, and welfare support, including crisis intervention to address client's immediate psychosocial needs as well as offering 'holding sessions' to torture survivors while they wait for specialist long-term therapy with Freedom from Torture. Freedom from Torture provides specialist therapeutic, legal and welfare advice services for torture survivors with the most severe and complex problems.

With regard to the case of the Interdisciplinary Care and Assistance for Romanians and Exiles – Victims of torture (Romania), the target group is mainly composed of victims of torture among both Romanian former political prisoners (Bucharest and Craiova/ 250 beneficiaries) and asylum seekers/

refugees (Bucharest, Galati, Giurgiu, Radauti, Somcuta Mare and Timisoara/ 100 beneficiaries).

The main group assisted through the iCARE Project consists of asylum-seeking victims of torture living in the six Reception Centres managed by the Romanian Immigration authorities (IGI). The project was able to identify and assist 193 victims of torture (asylum seekers and refugees) during the year-long implementation of the iCARE Project (01.01.2013-01.01.2014). Most beneficiaries were young males (26-35 years old) who crossed the Romanian border illegally hidden in lorries (although there has been a significant increase of the number of irregular entry attempts by migrants through the Black Sea coast, since «Arab Spring» uprisings triggered unrest across North Africa and civil war in Syria).

In terms of numbers, during the implementation of iCARE Project, most asylum-seeker victims of torture came from Pakistan (34), Afghanistan (29), the Syrian Arab Republic (27) and Palestine (11), but in terms of the gravity of the torture or ill treatment suffered, severely traumatised victims of torture from other countries like Nigeria, Cameroon, Libya, Guinea and Sudan were identified. The most common psycho-somatic problems reported by the beneficiaries were: headaches, back pain, pain in the body parts subjected to physical torture, sleep problems, chest pain, concentration and/or memory problems, loss of energy, loss of interest in daily activities, and guilt.

The main challenges faced when offering assistance to this group of beneficiaries were cultural and communication barriers, both requiring adapted methods of intervention.

The victims of torture among former political prisoners are also a substantial group of beneficiaries. They are Romanian nationals severely persecuted by the communist regime for their political beliefs. The group comprises both men and women with different professional backgrounds and religions. Torture, harsh interrogations, long time imprisonment, deportation, lack of basic facilities, exploitation in labour camps, and starvation were only a few examples of the severe human rights violations the group was subjected to.

In the project Protection and Health for Survivors of Torture in undersupplied areas – ProHealth Regio (Germany) the target group who received interdisciplinary treatment were adults from Afghanistan and unaccompanied minors from Afghanistan and Somalia. Afghan people are respected in Germany because they are regarded as polite and hard-working. In particular, the unaccompanied minors are able to integrate thoroughly into the economic system, especially in the south of Germany, which suffers from a lack of qualified workers. These unaccompanied minors are often willing to learn a profession and accept most of the professions that Germans are not willing to do.

Victims of torture from these nations are often anxious to work and not to attract any attention because of their problems, which are also often depreciated by their compatriots. One of the main difficulties is, therefore, to reach these people early and to offer a sort of treatment that will not leave them feeling as if they are “mad” or a “fool”.

In relation with the Prometheus project: Identification and Rehabilitation of Torture Victims in Greece (Greece), the largest percentage of the beneficiaries were male (approximately 90%), and the most frequent legal status was that of an asylum seeker (approximately 25% were granted refugee status during our cooperation).

Most of our clients came from the Democratic Republic of the Congo (approximately 30 people), followed by those from Turkey, Iran, Afghanistan, Sudan, Ivory Coast, Syria, Somalia, Eritrea, Ethiopia, Senegal, etc.

The main demands of the beneficiaries had to do with medical aid, legal support concerning the asylum procedure, psychological support, facilitation concerning access to work and the issue of a work permit, placement in accommodation facilities for asylum seekers and refugees.

7. Outcomes and future challenges

In this section we are going to describe some of the outcomes achieved by the projects as well as the future challenges.

INTEGRA I: specialised and comprehensive therapeutic programme for victims of torture suffering from complex and accumulative trauma in risk of social exclusion. (Spain)

The outputs and short-term results regarding the project are the following:

A total of 66 torture survivors (or a family member) from 29 countries received comprehensive attention (psychological, psychiatric, social, legal and economic attention). 57 beneficiaries have received personal psychotherapeutic attention; 66 victims of torture received legal support; 66 victims of torture had access to social and labour insertion; 27 people have received pharmacological treatment; 44 people have carried out a physical therapy, individually and in groups; 44 people have carried out an art-therapy, individually and in groups; 28 people had access to a social fund for urgencies (comprising transportation, meals and the dentist's fares).

46 victims of torture have taken part in 4 therapeutic sessions as well. This helped to create a bond and a social network between the beneficiaries. In these sessions, the professionals and beneficiaries from EXIL and CCAR participated together.

Regarding the legal perspective, 66 beneficiaries were assessed with regard to their administrative situation. Afterwards, there was legal support for 59 people regarding international protection because the petition was rejected or their residence was denied. An analysis has been done in order to know the causes of this rejection or the denial of international protection, and an investigation was conducted in order to search for other possibilities.

There was an implementation of personalized itineraries regarding labour insertion for 66 beneficiaries. 29 people also received training before and after having a job. Therefore, 89 people took part in the following activities: 9 Spanish courses, 6 sessions of digital literacy, 4 sessions of active search for employment, 1 job interview, 2 labour contracts, and 1 session about time management.

Related to the professional field, there were 4 collaboration agreements with several companies, 12 people who had job interviews, and 8 people who got a job.

Moreover, there were 5 shelters to which 9 people had access, and who, at the same time, received financial support. In addition, an emergency social fund was created in order to meet the needs of 28 beneficiaries (funding for transportation, meals and dentist's fares).

In addition, audiovisual materials were produced in Spanish with English subtitles. These materials show the project, its activities and outcomes, as well as the testimonies of the beneficiaries and the professionals together with the therapeutic sessions. The DVD has been sent to 100 European and Spanish centres that work with torture survivors.

We have encountered various future challenges related to our work, including: the improvement of psychological, social and legal aspects that will lead to a process of inclusion within the victims' new society; the recovery of the victims' mental and physical health; the reinforcement of their resilience and empowerment resources; the acquisition of literacy and technical skills related to their professional profile; and finally a better incorporation in the labour market.

Finally, we would like to repeat the future challenges that we will continue to face because of the current situation in Spain, and primarily, the scarcity of social, legal and health resources for victims of torture. It is important that this situation changes in the upcoming years in order to provide these people with the warm welcome they need after the horrific situations they have experienced.



Casework Counselling Partnership Project for Torture Survivors in the West Midlands (UK)

Freedom from Torture used an externally validated Outcome Tool to measure client progress. This Tool was developed through extensive piloting across Freedom from Torture to ensure that it was able to measure client wellbeing in a meaningful way. Clients and therapists fill out the tool, which measures symptoms such as intrusive memories and flashbacks, depression, trouble sleeping, and lack of social connectedness at the beginning of therapy to provide a benchmark for treatment. The Tool is then used at six-month intervals to measure progress towards rehabilitation.

In addition to measuring psychological symptoms, the Tool also takes practical issues into account such as unsafe housing, poverty, and unresolved status in terms of asylum, to understand how practical problems interact with mental health. The Tool is completed collaboratively, giving clients a structure and space to describe their symptoms. We know that progress towards rehabilitation can be uneven, with some regression, as practical problems impact health, or as clients confront traumatic events from their past.

Freedom from Torture recorded client outcomes using the Outcome Tool, which, as described above, is collaboratively filled out by the Psychological Therapists and clients, and uses a range of indicators to measure change in mental health and overall wellbeing. The Outcome Tool is used as a benchmark at the start of therapy to understand the pathology of each client, and is then used to measure progress or regression at regular intervals in therapy. Of the clients who received therapy at Freedom from Torture, 85% reported improved mental health. The four clients who did not included one who was unable to engage in therapy, and one who was not able to receive further therapy due to risk. For many clients, therapy to overcome the mental health problems arising from torture is a long process, and progress is often not straightforward. Sometimes, despite the quality of the therapeutic intervention, the trauma is so great that clients are unable to experience improved mental health for some time.

The high success rates of clients reporting improved mental health shows that Freedom from Torture's work on this project with those with multiple and the most complex needs, has helped severely traumatised torture survivors in the West Midlands to overcome some of their mental health issues and begin the journey to full rehabilitation. Even though the project has now ended, Freedom from Torture is committed to continuing to work with these clients to help them improve their mental health further and fully rehabilitate.

Protection and Health for Survivors of Torture in undersupplied areas – ProHealth Regio (Germany)

Together in all three centres we reached 512 victims of torture during the project. Mainly, were able to improve their psychological, social and legal situations. We established these statistics not by a questionnaire but by qualitative interviews with our clients. The following are the statistical results of the centres in detail:

Regarding the Refugio München:

258 victims of torture benefitted from clearing, counselling, expert opinions and/or psychotherapy (individual and group therapy). 28 of them came newly to Germany. 11 lived through physical torture, 18 of them psychological torture, 13 of them sexual torture.

The health and/or psychological situation of 34 victims of torture has been improved by rehabilitation activities, the social situation (accommodation, work, income, school) has improved for 16 victims of torture, the legal situation, the resident status has been improved for five victims.

The average age of the victims of torture at the Munich centre was 17 years (38 victims of torture within the project). Many of them were victims of sexual torture (18 victims of torture), the others were victims of either physical or psychological torture. Due to our new project in Rosenheim, the rate of victims of torture receiving services here is very high.

Concerning PSZ Düsseldorf:

212 victims of torture (approximately 50% of PSZ's clients) profited from clearing, counselling, expert opinions and / or psychotherapy. 83 of those were assisted by the project staff directly. The other cases profited from cooperation and advice and by additional assistance from the project staff, while their main therapist / counsellor was employed with another project.

The health and/or psychological situation of 49 victims of torture has been improved by rehabilitation activities, the social situation (accommodation, work, income, school) has improved for 67 victims of torture, the legal situation and residence status has been improved for 40 victims.

In order to improve the intake procedure and to reduce waiting times for victims of torture, starting in January 2014 PSZ Düsseldorf offered psychological clearing as a first step for all new arrivals. Thus, for every request a first session could be arranged within approximately six weeks. 59 cases of torture experiences have been identified in these clearings. 10 of these victims were treated in local therapy sessions in an undersupplied region. The 3 main countries of origin were the Russian Federation (mainly from Chechnya), Afghanistan and the Democratic Republic of the Congo.

In relation to DMR Hagen:

42 victims of torture received psychological, therapeutic and social support in Hagen. All of them received this support thanks to the project. 28 of them were new arrivals in Germany. 11 lived through physical torture, 18 of them psychological torture, and 13 of them sexual torture.

The health and/or psychological situation of 34 victims of torture has been improved by rehabilitation activities, the social situation (accommodation, work, income, school) has improved for 16 victims of torture, and the legal situation/ residence status has been improved for 5 victims.

We reached about 800 stakeholders in trainings, presentations and seminars. These stakeholders are representatives of the health and social system for asylum seekers, teachers working specifically with asylum seekers, volunteers in the asylum system or decision makers (national asylum administration, judges). In all these activities, we explained the special needs of victims of torture and how to deal with them.

Prometheus project: Identification and Rehabilitation of Torture Victims in Greece (Greece)

Regarding the project's outcomes, it is worth highlighting the following:

An efficient dissemination and awareness scheme was launched and a body of professionals specialised in the rehabilitation of victims of torture was fully formed. A comprehensive Rehabilitation Network complying with international standards was set into motion and is now operational.

Furthermore, a database management system has been created, as well as a reliable coordination mechanism and means for the monitoring and evaluation of the procedures of the Rehabilitation Network's performance.

Regarding future challenges, first of all, we would like to reinforce the lack of consensus related to good practices with victims of torture. Whilst there have been many important theoretical contributions over the years, a lack of clarity persists, and consensus on how rehabilitation is conceptualised, what the intended outcomes of rehabilitation are and why, and which differences may be dependent on diverse national contexts (e.g. economic, political, and cultural). In short, the diversity in rehabilitation approaches poses an important research challenge.

As such, we face the challenge of addressing the somewhat unique social, legal and cultural context in which torture survivors present for health and other related services and the complexity of the interventions (invariably involving multiple interventions offered simultaneously, specific to each patient). At this point, we have considered a few questions related to future challenges in this field:

- Can there ever be a shared conceptualisation of what rehabilitation for torture survivors is and what it aims to change?
- Is there a possibility that we can arrive at a minimum set of shared desired outcomes in this field?
- Must there be only one approach to outcome evaluation, drawing on only particular epistemologies and research methods from natural sciences, or can we encourage and value a range of epistemologies and methodologies (including mixed methods), and therefore what we value as 'evidence'?

These theoretical challenges are connected to more practical future challenges such as: the improvement of the psychological, social and legal aspects that will lead to a process of inclusion within the victims' new society;

the recovery of the victims' mental and physical health; the reinforcement of their resilience and empowerment resources; the acquisition of literacy and technical skills related to their professional profile; and finally a better incorporation into the labour market.

Interdisciplinary Care and Assistance for Romanians and Exiles –Victims of torture (iCARE)

The following results of this project should be highlighted: earlier identification of torture victims; reduced risk of long term trauma damages; increased capacity to cope with aftereffects of torture; reduced social marginalisation and increased self-respect; increased capability of asylum seekers and refugees to adapt to new cultural, social and economic environments; increased chances of successful integration; and facilitated access to justice for former political prisoners in an attempt to break impunity

Several future challenges to be addressed also appeared during the course of the project: rehabilitation services for victims of torture have never been financed or supported by the Romanian state; the needs and rights of torture victims are theoretically acknowledged by the immigration authorities in Romania but practically ignored or underestimated; no mechanisms are currently in place for the identification of victims of torture among asylum seekers; lack of medical and psychological assistance- national legislation only provides asylum seekers with emergency medical treatment and no psychological support; even when they have been identified as victims of torture, specialised services are not provided.

Finally, it is worth highlighting these three challenges because they are relevant regarding our work with victims of torture: specific professional knowledge to deal with this group is missing in the public health sector and is low amongst immigration staff; IGI medical staff are not trained to identify victims of torture, assess their needs, or provide proper assistance; they are mainly focused on identifying symptoms of severe illness or of contagious disease; and there is no referral system to other specialised service providers.

8. Good Practices: conclusions that have been agreed on by the entities

During the development of the seminar mentioned in the above sections, all of the professionals and beneficiaries from different European centres were divided in three focus groups in order to discuss various topics and agree on conclusions related to good practices with victims of torture. The focus groups were the following:

1. Torture, exile and social exclusion
2. Torture and family
3. Torture, fundraising and specialised project management

The overarching theme of “Torture, exile and social exclusion” dealt with how best to integrate victims of torture into their host societies. As people who have been subject to both inhuman atrocities and forced migrations as a result, it can be difficult for them to connect on a human level with those they encounter in their country of refuge. Although there were many common points of consensus, the practices of centres across the European Union varied greatly. With the input from the European centres, as well as project beneficiaries, several conclusions were reached concerning how NGOs can best promote the engagement of victims of torture with their new societies based on previous experience from specific organisations around the EU.

Regarding the focus group “Torture and family”, all of the professionals and beneficiaries shared their ideas regarding family. Each person explained where their families were and how they felt about their relatives. This preliminary discussion was very important in order to establish the framework to discuss good practices in therapeutic intervention with victims of torture and their family members. There were some interesting ideas raised that were fundamental in order to agree on these good practices. For instance, the idea of having your family far from you, the importance of traditions, the decision to begin a new life in the host country, the different notion of family that each person could have depending on cultural backgrounds, the feeling of being within a family again, the asylum-seeking procedure that does not correspond with the utopic vision of helping people, and the importance of language regarding trauma.

Finally, in the focus group “Torture, fundraising and specialised project management”, the good practices were based on ideas regarding fundraising and project management within the context of victims of torture. Within this field, there has been a common view regarding the suitability of implementing partnerships and networking, transnational seminars, and lobbying.

Consequently, and in accordance with these main ideas, the entities reached the following good practices:

1. NGOs should create partnerships with different organisations that

- represent the host culture so as to enable and encourage the participation of asylum seekers and other people who have been victims of torture in daily life. This will facilitate cultural integration and allow asylum seekers to transplant themselves directly into their new societies.
2. Promote possibilities that allow victims of torture (among them asylum seekers) to represent themselves to the host population in a positive light – present both their background and what they have to offer to the host society. This will destigmatise the asylum seekers and generate sympathy from the host society, leading them to feel accepted in their new home.
 3. Offer specific knowledge to different areas of the public to increase the visibility of the organisation(s) and generate name recognition for the NGO. This will allow the organisation to build up resources, thus enabling it to exercise more power in the asylum seeking process, rendering it legitimate with competent authorities and the public.
 4. Work with the government and build awareness within relevant departments (immigration, welfare services, etc.) so that officials know how to properly respond to those who have been affected by torture and trauma. This will prevent the re-traumatisation of victims of torture and allow the government bureaucracy to process asylum requests more effectively.
 5. Generate continuous dialogue between service providers and beneficiaries to ensure proper feedback and help improve services offered to victims of torture and asylum seekers. This will facilitate the constant improvement and expansion of services and help offered as necessary.
 6. Work and co-ordinate in ensuring that the basic needs of victims of torture and asylum seekers are fulfilled so that they can fully engage in therapy to adapt to their new environments. It is very difficult for a victim of torture to recover from trauma and integrate into their new society unless they have stable housing, food, and the basic necessities of life.
 7. To raise awareness in the administration about the intricacy regarding the comprehensive work with victims from complex traumas, and to adapt the host structures to the needs of this vulnerable group.
 8. Work with different professionals across many fields – for example, NGOs should collaborate with solicitors to ensure that victims of torture and asylum seekers are aware of the laws and their rights in their new country. Several beneficiaries explained that it would help to be more fully aware of their rights so that they are able to avoid harassment by the authorities while they are in an irregular situation.
 9. Manage expectations of what beneficiaries can expect versus what NGOs and similar services are able to offer. This will prevent the generation of feelings of disappointment and distrust in the asylum seekers with those who seek to help them.
 10. Sharing things with others has therapeutic benefits. A good practice may be to meet new people. At first, the beneficiaries often do not trust the

professionals so this point is of the utmost importance. It helps to get to know more people, to respect new cultures and to learn how to work with them. There are activities such as cooking together or playing football that have been proven to generate good results.

11. We have to be aware of cultural differences. In our NGO professionals, as well as beneficiaries, have different cultural and ethnic backgrounds. This variety of cultural knowledge and traditions can be helpful in therapeutic processes when it is used consciously. Mixing different cultural sensitivities instead of keeping them apart in homogenous religious or cultural groups, promotes not only growing cultural awareness but also potentiates therapeutic and social activities.
12. Bearing in mind some issues such as contracting, confidentiality and the limitations of our service, we must be clear about what we can and cannot offer and provide the beneficiaries with the essential explanations behind this.
13. Checking and assessing the beneficiaries in order to monitor the quality of services and improvement in their condition: in summation, to give feedback to evaluate the whole process. This is a tool or a template that could help the beneficiaries. This also helps the therapists to see improvements with respect to the patients.
14. Being careful, competent and sensitive of what happens in other countries. This mandates the implementation of an individualistic and personalised approach. Sometimes, people who come from countries in conflict do not want to have an interpreter from their country of origin, and that is why the professional has to be aware of what is happening in other countries and not involve an interpreter that will be rejected by the beneficiary.
15. Giving priority to the moment of welcome, as this has been proven to be essential. The smile, offering them a coffee, the living room style, the colours, etc., are all crucial as it is this moment that is the first point of therapy.
16. Dedicating time to the beneficiaries, and reminding them that the door is always open to them, even after therapy has finished. It would be a good practice to stay in contact with previous patients, for example, using new technologies. Additionally, regarding the idea of "time", lawyers and therapists should work together in order to not stress the beneficiaries with all the procedures.
17. Using symbols. There are symbols that help us to get to know a person well; important ones being .symbols that represent "the family". Using metaphors and analysis, as many concepts will differ from one culture to another.
18. Developing human compassion, as this can touch a person and heal their loss and grieving. With human connection, the therapist is able to give acceptance, resulting in the patient's return to therapy and a deepened trust for the therapist. A good practice would be to explain to them that

what happened was not their choice. In addition, a good idea would be to give the patient the opportunity to choose what to talk about. The therapist has to be there to share what they want to share. Therefore, it is important to listen actively, not only paying attention to the suffering and the trauma, but also to the answers about what could minimise their suffering (music, relaxation, art, dance, etc.)

19. To explain that the aftereffects of trauma (such as eating and sleep disorders, fears, etc.) are normal and that they are not going insane. Then, the therapists can placate them after they reiterate that the symptoms are connected with the survivors' torturers and not with mental instability.
20. Helping professionals in order to prevent burn-out.
21. Giving the beneficiaries all of the explanations during the first sessions. At first the beneficiaries do not know why the therapists ask them to do some things because they do not have information about what "therapy" entails. First of all, therapists should explain to the patients how treatment is going to heal them. This information will build trust. The beneficiaries should not make too many decisions at first, and therefore the therapists should provide ample information. Initially, most beneficiaries feel weak and dependant when they arrive at a treatment centre. They have to accept that the centre supports them, and when they will feel more secure and empowered, they will depend less on us and be more secure to make their decisions
22. Giving importance to the codes of communication and making sure that the beneficiaries understand instructions (for example with medication). The therapists are a bridge between the past and the new context, and therefore they have to answer questions such as "What does this mean?" and "Why did this happen to me?" The beneficiaries benefit from learning about the codes of communication in their new cultural context as well (such as having eye contact).
23. To empower these beneficiaries in order for them to be able to expose themselves to others. This is essential for them to begin their journey to integration. One way that will be useful, connected to empowerment, is to train the beneficiaries for the interview that they will have to complete in order to gain asylum in their new country. Additionally, promotion of self-acceptance will help them see things more clearly.
24. Integrate partnerships and networking where international organisations can focus on each other's strengths and maximise the resources they have. How can we design torture fundraising best? These ideas culminate in the importance of focusing on a multidisciplinary approach that includes a partnership with other groups, in order to facilitate collaboration among multiple organisations.
25. Implement transnational seminars and informal collaboration to share good practices and gain information regarding challenges. Transnational service delivery seems to be an ineffective use of resources and fails to

benefit the client because of different national conditions and international operational logistics. The experience from the Seminar in Barcelona (May 2015) is a brilliant example of how this type of seminar can work, provided the necessary time, resources and people willing to work together are all present.

26. Self-organisational reflection to respond to the volatile environment and drastic changes that are happening.
27. Work with stakeholders and influence policies for the benefit of the clients. Specifically, with the work done by organisations directly connected to government immigration authorities.
28. Facilitate the participation of beneficiaries through regular focus groups. Analyse project design, implementation and evaluation. It would be a good practice to ask the beneficiaries to give their feedback.
29. Implement clinical supervision and self-care to create a safe space of interaction for staff and volunteers where they can self-reflect and share frustrations.
30. Maintain, increase and stabilise the budget line (Rehabilitation for Torture Victims in the EU) and clarify the necessity for operational grants.
31. Help increase project sustainability not only by helping with start-up funding, but also by facilitating project maintenance.
32. Keep logistics of the beneficiaries in mind. If they do not have their basic needs covered, like shelter, food, transportation, it will be harder for them to benefit from therapy.

Beneficiaries and professionals have led projects funded by European Commission which have been focused on the terrible reality that victims of torture suffer from as a result of their irregular situations and the social exclusion they face in their host countries. Throughout the implementation of these projects, the organisations and specialised institutions for the treatment of victims of torture had to bear in mind the following elements for their intervention processes: the support and promotion of resilience, the therapeutic value of solidarity, gender perspectives, the development of good practices, the beneficiaries' empowerment, and finally the professionals' care and self-care.

As complex and accumulative trauma affects every single aspect of the life those who had to survive it, the need for an interdisciplinary approach is one of the principal concepts. Networking and professional monitoring are some of the keys elements that we seek to emphasise and facilitate through our work with doctors, psychiatrists, psychologists, physical therapists, art therapists, social workers, social educators, lawyers, and labour professionals, among others.

Sharing conclusions about Good Practices with Victims of Torture has emerged as an emotionally powerful new tool in our collective task.



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