

The SPIRASI Centre for the Care of Survivors of Torture (CCST)

Past, Present and Future

It is significant perhaps that as the third millennium *Anno Domini* dawned in Ireland, this country was no longer an isolated landmass off Western Europe. Ireland has a rich heritage of saints and scholars from which many set out to bring the Christian message of hope and healing to many distant lands. Then a little over one hundred and fifty years ago, an entire population was threatened with extinction by plague and famine, resulting in death and forced mass emigration, but taking with them some of the teaching and faith instilled by those same religious leaders who had kept alive Christian ideals. As a result of this, Irish people became immigrants in Australia and America, in Africa and Asia and in Britain, and there all strove to develop a better existence for themselves and their families by integrating in new lands and cultures.

Towards the end of the 20th Century economies in the West began to burgeon, yet developing countries struggled increasingly with disease and poverty, famine and drought and the inevitable political unrest. The result is that Ireland and the West are now witnessing the incredible phenomenon of mass migratory movements of some of these victims, reaching our insular shores for many reasons, by air, in ships, overland concealed in trucks for weeks, but always motivated by hope. At the beginning of this decade the Harvard University Programme in Refugee Trauma stated that one billion people worldwide were victims of both manmade and natural disasters, with its consequent physical and psychological impact on each and every person. Do we really understand the extent of the suffering of these, our fellow human beings? And equally relevant, how should we respond as a caring, humanitarian

society with a long history of emigration and suffering and yet a respected tradition of overseas involvement in assisting others?

The foundation of the Centre

The Spiritan fathers, formerly known as the Holy Ghost Fathers, themselves missionaries of long experience, came forward in the dawning of this new millennium to develop the asylum seekers initiative, under the title *Spirasi*. A range of services to vulnerable asylum seekers, refugees and migrants with special concern for survivors of torture in order to promote the well being of the human person, and encourage self-reliance and integration into Ireland.

SPIRASI has three core programmes:

- The Centre for the Care of Survivors of Torture (CCST);
- The Health Information and Promotion Programme (CHIP);
- The Centre for the Education and Integration of vulnerable Migrants (CEIM).

On the occasion of the United Nations Day in Support of Victims of Torture, I will focus on the work of the Centre for the Care of Survivors of Torture. The Centre provides care and assistance to survivors of torture promoting their physical, mental and social well-being and integration into Irish society. SIPRASI is the only centre in the island of Ireland working with this vulnerable group of asylum seekers and refugees.

Since its inception in 2001 the Centre has offered care and rehabilitation to over 2, 800 survivors of torture. This equates to about 10% of the asylum seeking population in Ireland. International evidence demonstrates that up to 30% of any given asylum population will be

victims of torture, thus it can be seen that SPIRASI's numbers are at the lower end of the spectrum. At the time of the Centre's inception the majority of asylum seekers lived in and around the Dublin area.

Following the Justice Department's dispersal policy asylum seekers are now to be found in 25 of the 26 counties of the State.

The growth and development of the Centre was rapid; in 2001 it was staffed by volunteers; by 2003 it had a core team of paid staff supported by volunteers. The early volunteers laid down the foundations for the multi-disciplinary holistic services that are now offered in 2009.

Modelled on international best practice the Centre has evolved into a specialist rehabilitation centre becoming a full member of the International Rehabilitation Council for Torture Victims (IRCT) in 2003.

The IRCT is an independent, international health professional organisation that promotes and supports the rehabilitation of torture victims and works for the prevention of torture worldwide.

The Centre today

Today, in 2009, the Centre has a highly skilled team of doctors and therapists offering a comprehensive range of services which support survivors of torture in their healing journeys and integration into Irish society.

Professor O'Neil has referred to the various international instruments relating to torture in her paper. The Centre uses the definition of torture found in the United Nations Convention against Torture (UNCAT) as the selection criteria underpinning the work of the Centre.

When we consider this definition, it is then not surprising that many asylum seekers who attend the Centre express fear and have no trust in people who are in authority and in uniform. Many of them tell us that

they have real difficulties in recounting their story accurately to the Authorities.

There are two main services offered by the Centre:

The production of medico-legal reports, in accordance with the Istanbul protocol, as part of the legal asylum process; and the holistic/multidisciplinary therapeutic care service.

At the end of 2008 the Centre in collaboration with the CEIM and CHIP programmes provided a short training programme for the Kilkenny Community Partnership to support them in their work with refugees who come to Ireland under the auspices of the UNHCR resettlement programme.

Medical Services

The Centre has a small team of physicians who have received specialist training in working with and caring for survivors of torture. They carry out two types of assessment. A medical assessment as part of a holistic assessment to ascertain if the Centre can provide services to support an individual in their recovery and a more in-depth assessment which objectively examines and assesses if the individual's physical and psychological symptoms are the result of torture. By relating her/his story, the individual embarks on the road to healing.

Referrals to the Centre come from General Practitioners and a range of health-care professionals including local mental health teams. Requests for medico-legal reports come from solicitors.

Therapeutic services

A range of therapy services are now available. They range from one to one psychotherapy, group psychotherapy, art and music therapy, stress

management and capacitar groups (the international culturally sensitive wellness programme) as well as a range of complementary therapy including Chinese Medicine, Reflexology, Physiotherapy and individual Capacitar work.

The therapy or combination of therapy offered is always in response to assessed needs of the individual. The healing journey for survivors of torture has three key stages; 1 establishing safety, resourcing and stabilising the individual; 2 working through the trauma including remembering and mourning the losses; 3 supporting the individual with the integration of the trauma. Completion of these stages may take many years of intervention before the individual is able to function in society. Every hour of medical assessment requires a minimum of 8 hours of therapeutic intervention. The Centre needs a three fold increase in therapy hours to maintain the current level of service provision.

Psychosocial support

The medical and therapy teams are supported by a psychosocial support worker whose role is to support the service users in the practical day-to-day life issues and activities. This can range from putting the individual in touch with information services, to explaining the legal process in relation to their asylum claim, to making contact with local support networks.

Interpreters

Interpretation in the service user's mother tongue is an essential component of the work of the Centre. In 2008 the Centre's service users came from 58 different countries and required interpretation in 40 different languages. The Centre now trains and recruits its own

interpreters and is self-sufficient in the main languages used by its service users, using agencies for some of the more obscure languages.

Spiritual

In the course of interactions with clients the issue of that person's faith base often arises. For many this is seen to be very important and supportive. In these instances the client is encouraged to make contacts with the members of their religious affiliation so that s/he may have more community support in the process of their integration.

Torture

The next slide shows the most common forms of torture described to the examining physicians in 2008. I have already referred to the definition of torture but what is its purpose?

Torture is the intentional infliction of severe pain or suffering for a specific purpose. Torture has been commonly used to obtain information or a confession; to punish, or to take revenge, it is also used to create terror and fear within a population. The aim of torture is not to kill the victim, but to destroy the identity of the individual, to humiliate, weaken and destroy the personality. The broken individual, having been instilled with fear, may then be used to control society through debility, dependency and dread.

When survivors arrive at SPIRASI they tell us that as they cross our threshold they feel safe, often for the first time since arriving in Ireland. This is the first step.

The second is the establishing of trust. Can they tell their stories, will they be believed, is the information secure?

I will now briefly present just two examples, with due recourse to anonymity, change of names etc, from asylum seekers who have trusted us in sharing their stories so that we may walk with them in their recovery journey. These stories may also serve to consolidate the examples of torture already mentioned and the common sequelae of the torture which our service users describe.

1. Maria....

Maria arrived in Ireland seeking asylum on the basis of fears for her safety in her home country. Maria's fears are based on her reported experiences of her father being taken by the government party. In one incident the soldiers came to her home and killed her three brothers and took her father captive.

She then lived for two years in a Red Cross camp in a neighbouring country, during which time she married. In '96 soldiers entered the camps shooting indiscriminately. Maria and her husband hid and after this event they decided to return to their home country. At this time she lost contact with her remaining family members.

Two years later ex army men who had been in exile, came in to her country and started trying to take power back from occupying forces. Maria and her husband were harassed on a daily basis. One day, five soldiers came to their house, kicked and beat her, tied up her husband and three of them raped her in the presence of her husband.

Maria and her husband then returned to their country of exile. In 2002, following more harassment, they returned again to their home country.

In 2003 police and local defence personnel came to their house, handcuffed them and beat them, and put them separately into containers. Since then

she does not know the whereabouts of her husband. Maria was held for three months in the container and interrogated daily. Then she was taken to the police station and held there for two months. She was beaten severely in their effort to get her to talk. She eventually fainted, thought she was going to die and said she would agree. She was taken to a room and given food and a bed and was told that they would show her what she had to sign the next day. During the night she managed to escape.

When I saw Maria she reported being weak and lethargic with a poor appetite. She had nightmares every night and was easily frightened, always thinking about her experiences. I found that she was suffering from severe depression, anxiety, with a sense of worthlessness and hopelessness. She also had numerous scars which were consistent with a knife injury, being burnt with a hot iron and being beaten with a belt.

These findings are common; however many of the survivors of torture that we worked with do not have physical scars or symptoms; modern day torture treatment is carried out in such a way as not to leave scars. The vast majority suffer from a complex form of post-traumatic stress disorder.

One such person is Michel:

SLIDE 9

Michel....is a man from a Muslim state. He gave a detailed account of his conversion initially to Christianity. He described being taken prisoner by the secret security people, imprisoned, detained, interrogated and terrified for a period of 10 days. This is a summary of his experience:

He was pushed inside and directed down a stairs, along a narrow dark corridor and pushed into a filthy dark room where even in the darkness he noticed splashes of blood on the walls and floor. One guard was particularly rough and kept pushing him and saying “You are going to

die, you are Christian.” After some time he was brought out, along the corridor and up the two flights of stairs, into a room. The guard told him he knew everything about him. Michel was interrogated for long periods over the subsequent 10 days. Then he was told he was being released and told to go to his home, but should report to the nearest police station every morning confirming where he was. After ten days he would be taken to court where he would be sentenced for conversion to Christianity. Michel was terrified as he knew the punishment for apostasy was death.

He felt that he would never be safe again, and succeeded in contacting an agent who helped him by stealth to get out of the country. His account of the terror he experienced whilst waiting at the airport check out was graphic.

When I saw Michel I found that he had many of the symptoms of Severe Complex Post Traumatic Stress Disorder. Sleep disturbance, flashbacks, terrifying dreams, emotional lability, and vivid mental pictures. I also found him to be very depressed.

People like Maria and Michel require specialised help to aid them on their recovery. Recovery from Torture is a slow process that takes place over a number of years. Complex post traumatic stress disorder is not a mental illness but rather a normal reaction to a very, very abnormal event. What we do know is that if survivors of torture do not get the specialised care they require they may become mentally unwell. We are already noticing an increase in referrals from mental health teams throughout the country.

Challenges

Although the number of asylum seekers coming into Ireland is falling it can be anticipated that the need for the specialist services offered by SPIRASI will remain at its current levels.

2008 and now 2009 have been very difficult financial years for the Centre. SPIRASI was unsuccessful in securing replacement funds when funding from Europe came to an end in 2007. The allocation of funding has been changed from EU torture care centres to Centres in developing countries. This reflects the European Commission (EC) understanding that EU member Governments had agreed to fulfil their responsibilities to fund torture care and rehabilitation services in their own States.

At the time of writing this paper the Centre the funding received from the HSE only covers 50% of our costs. Money received from other sources including the United Nations Voluntary Fund, the Family Support Agency, the World Mercy Fund, donations in kind such as our accommodation from the SPIRITANs, the SMA Fathers in Cork, the Scared Heart Fathers in Galway and small donations, together with the hours worked by volunteers, has enabled us to continue working with survivors of torture already in our care at the beginning of 2008. The commitment of professionals who work as volunteers at the Centre is significant. Volunteers gave over 4,000 hours to the Centre, the equivalent to 118 weeks of work.

The reduction in funding has come at a time when the judicial system has begun to challenge the hierarchy of terms defined and agreed in the Istanbul protocol, and at the same time is questioning the credibility of asylum seekers. The judiciary seems to be looking for all scars and injuries to be objectively classified as diagnostic. Many clients may have endured torture for months or years before being seen and changes would

often inevitably have occurred in scars or they may have even have disappeared altogether making it impossible to be definitive in their regard. Additionally in several countries methods used are designed specifically so that no physical sign remains.

An important aspect to be remembered in history-taking is that frequently clients suffer from a total lack of trust and are filled with fears for their safety. This often includes fear of uniforms or of persons thought to be in authority. Additionally people suffering from post traumatic stress syndrome frequently provide a confused history owing to disturbance of their thought processes How many of you in the audience can remember specific details in your past with very precise dates and times?

Future

As time passes, inevitably survivors of torture will very likely require further therapy and already we are encountering trans-generational instances of the effects of torture in offspring of refugees who need to integrate as citizens into Irish society.

Our hope for the future is that CCST will continue to develop and become a National Centre of Excellence for survivors of torture, at the same time seeking to develop more local services in conjunction with the local primary care and mental health teams alongside other local service providers. Towards this end during 2008 two pilot satellite clinics for medico-legal assessments were set up in Cork and Galway.

Given the worldwide economic pressures at this point in time, *Spirasi* has continued a care and rehabilitation programme which has depended very much on a genuine volunteer effort, where sheer humanitarian goodwill is trying to find its way around the costs. However, it cannot be denied that until Governments can adapt to a realistic view of humanity

and the needs of the developing World, putting aside political agendas for self gain, problems such as forced migration will become a permanent global phenomenon, with all the consequences of instability and possible war and mass suffering. In reviewing at least one possible consequence of politically related violence, it is for each and every one to pay attention and to take positive action towards creating a better society.

The distinguished linguist and philosopher Noam Chomsky¹ has spoken of the assassinated Archbishop Romero of El Salvador, who was known as a 'voice for the voiceless', and it is within that spirit that people who would cherish and defend human rights must raise their own concerns, to defend the 'voiceless' who suffer persecution of mind and body due to harsh government regimes and indifference to harmful practices.

We, in Ireland now have the real opportunity to be that 'voice of the voiceless', not just in word but also in deed by actively participating in rebuilding broken lives of the survivors of torture who are now living in our country.

This paper has been produced jointly by Dr. John Good, Dr. Susan Smith and myself on behalf of the SPIRASI Centre for the Care of Survivors of Torture.

Thank you.

Dr Eileen Keane

¹ What we Know, On the universals of language and rights, Chomsky, Noam; Boston Review- A political and literary forum.