

## **Submission of Evidence to the Commission on the Integration of Refugees – 29.03.23**

### **1. TortureID : the service to identify and document international human rights abuses – our key message**

A significant proportion of refugees have experienced human rights abuses in their home countries. Many also experience abuse on their journeys to the UK at the hands of people-traffickers. At TortureID we believe that identifying human rights abuses and documenting physical and psychological evidence of them, is a vital step in survivors' rehabilitation. In our view, if refugee survivors are not given such support to rehabilitate, they will not be able to successfully integrate into UK society. We also recognise that integration into society is a vital part of refugee survivors' rehabilitation. Rehabilitation and Integration are intrinsically linked.

### **2. TortureID - who we are and why services like ours are needed to assist refugees to integrate into UK society**

TortureID was founded by a group of clinicians and lawyers in 2018 to explore ways to deliver early, timely and effective health assessments to refugees who have survived international human rights abuses and applied for asylum in the UK, and to produce documentary evidence of the clinician's findings in a concise report.

Our founders, through their clinical and legal work in the asylum field, had seen significant numbers of refugees who had reported torture or extreme forms of abuse but had never had access to a health assessment to identify it or to document its' effects, meaning survivors' experiences were going unidentified, undocumented and ignored.

Further in the founders' experiences, refugee survivors' unsupported accounts of torture or extreme forms of abuse were disbelieved by decision-makers in the Home Office and in the courts, resulting in them being denied protection in the UK.

The founders of TortureID share a common concern that the failure to identify and document refugee survivors of torture and/or severe ill-treatment further contributes to their dehumanisation. They believe that unless the physical, psychological and social consequences of torture and/or severe ill-treatment are recognised, survivors' right to rehabilitation is obstructed. Rehabilitation should enable survivors to restore their human dignity and to rebuild their lives. Rehabilitation should include medical and psychological care as well as legal and social services.

If refugee survivors don't have an effective right to rehabilitation this impacts on their ability to successfully integrate into UK society.

### **3. Article 14 of the UN Convention Against Torture – the right to rehabilitation and what that comprises**

**This recognises that survivors of torture have a right to rehabilitation. It states that this rehabilitation should include, as far as possible, "the restoration of their independence, physical, mental, social and vocational ability; and full inclusion and participation in society."**

**\* See General Comment No.3 at the end of this submission for further details of the meaning of rehabilitation.**

#### **4. TortureID – recommends access to specialist health assessments for all refugees soon after they have applied for asylum in the UK**

Based on the work TortureID has conducted to date, as well as the past work experience of the founders and volunteer clinicians, we would say that all refugees when they apply for asylum in the UK should be offered an early health assessment conducted by a clinician with specialist knowledge of the physical and psychological consequences of torture and/or severe forms of ill-treatment like modern slavery, female genital mutilation, gender based violence (domestic violence, forced marriage, honour crimes), child abuse.

The purpose of this assessment would be to identify whether a refugee has experienced serious harm, and if they have, to document their account of it in a concise medical report, detailing any physical and/or psychological evidence that exists and making recommendations as to the refugee's future treatment and social care needs.

It is estimated that a third of people seeking asylum are survivors of torture. Refugees seeking asylum and those granted protection, have high levels of health problems, and face numerous barriers to having their needs identified (not being asked about past experiences; post-traumatic symptoms; difficulties disclosing their experiences due to culture, language, mistrust of authorities, lack of understanding of services and health professionals' roles, shame and embarrassment). The NHS is under pressure and very few NHS services offer any tailored care to consider international human rights abuses and their effects. If refugees do not have access to adequate health assessments their unmet needs may not be identified and they will not be able to access appropriate treatment. This contributes to psychological and physical ill-health and can lead to avoidable deterioration in health, increased risk of suicide, and this can have a negative impact on family members too.

TortureID believes that unless physical, psychological and social consequences of human rights abuse are recognised, refugees who have experienced such severe ill-treatment are unlikely to be rehabilitated. This affects their ability to integrate into UK society.

TortureID highlights the fact that refugees not having access to an early health assessment, means that very few refugees have the opportunity to present clinical evidence in support of their asylum claims. Without this evidence, decision-makers often reject refugees' accounts of human rights abuses and this leads to them being inappropriately refused asylum. This in turn is a frequent cause of adverse mental health consequences, especially if a refugee becomes destitute as a result of having no pending asylum claim or appeal. It is near impossible for a refugee with mental illness, no right to accommodation, no access to welfare support, no right to work and an uncertain future in the UK, to integrate into society.

Medical reports issued after health assessments can provide evidence to support a refugees' asylum claim, assisting decision-makers to reach early decisions, avoiding long delays on asylum claims which again are a frequent cause of adverse mental health consequences. Delay in the asylum process is a significant barrier to refugees being able to successfully integrate into UK society as their futures are uncertain for so long.

TotureID has delivered a project for unaccompanied asylum-seeking children in the care of Social Services, providing specialist health assessments and producing reports, informing social workers of children's past experiences and their medical and social care needs. In our experience, paediatricians who normally assess children who enter care, do not ask about international human rights abuses and do not recognise the physical and psychological consequences of such abuses and make recommendations for the child's health and social care. Again, refugee children's experiences go unidentified, undocumented and ignored. They are more likely to integrate in society, thriving in education, training and employment, if their needs are understood and they are referred to appropriate services/support.

### **\*Further details**

#### **General Comment No.3: Implementation of Article 14 of the Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment**

##### *Rehabilitation*

11. *The Committee affirms that the provision of means for as full rehabilitation as possible for anyone who has suffered harm as a result of a violation of the Convention should be holistic and include medical and psychological care as well as legal and social services. Rehabilitation, for the purposes of this general comment, refers to the restoration of function or the acquisition of new skills required as a result of the changed circumstances of a victim in the aftermath of torture or ill-treatment. It seeks to enable the maximum possible self-sufficiency and function for the individual concerned, and may involve adjustments to the person's physical and social environment. Rehabilitation for victims should aim to restore, as far as possible, their independence, physical, mental, social and vocational ability; and full inclusion and participation in society.*

12. *The Committee emphasizes that the obligation of States parties to provide the means for "as full rehabilitation as possible" refers to the need to restore and repair the harm suffered by a victim whose life situation, including dignity, health and self-sufficiency may never be fully recovered as a result of the pervasive effect of torture. The obligation does not relate to the available resources of States parties and may not be postponed.*

13. *In order to fulfil its obligations to provide a victim of torture or ill-treatment with the means for as full rehabilitation as possible, each State party should adopt a long-term, integrated approach and ensure that specialist services for victims of torture or ill-treatment are available, appropriate and readily accessible. These should include: a procedure for the assessment and evaluation of individuals' therapeutic and other needs, based on, inter alia, the Manual on the Effective Investigation and Documentation of Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment (The Istanbul Protocol); and may include a wide range of inter-disciplinary measures, such as medical, physical and psychological rehabilitative services; re-integrative and social services; community and family-oriented assistance and services; vocational training; education etc. A holistic approach to rehabilitation which also takes into consideration the strength and resilience of the victim is of utmost importance. Furthermore, victims may be at risk of re-traumatization and have a valid fear of acts which remind them of the torture or ill-treatment they have endured. Consequently, a high priority should be placed on the need to create a context of confidence and trust in which assistance can be provided. Confidential services should be provided as required.*

14. *The requirement in the Convention to provide these forms of rehabilitative services does not extinguish the need to provide medical and psychosocial services for victims in the direct aftermath of*

*torture, nor does such initial care represent the fulfilment of the obligation to provide the means for as full rehabilitation as possible.*

*15. States parties shall ensure that effective rehabilitation services and programmes are established in the State, taking into account a victim's culture, personality, history and background and are accessible to all victims without discrimination and regardless of a victim's identity or status within a marginalized or vulnerable group, as illustrated in paragraph 32, including asylum seekers and refugees. States parties' legislation should establish concrete mechanisms and programmes for providing rehabilitation to victims of torture or ill-treatment. Torture victims should be provided access to rehabilitation programmes as soon as possible following an assessment by qualified independent medical professionals. Access to rehabilitation programmes should not depend on the victim pursuing judicial remedies. The obligation in article 14 to provide for the means for as full rehabilitation as possible can be fulfilled through the direct provision of rehabilitative services by the State, or through the funding of private medical, legal and other facilities, including those administered by non-governmental organizations (NGOs), in which case the State shall ensure that no reprisals or intimidation are directed at them. The victim's participation in the selection of the service provider is essential. Services should be available in relevant languages. States parties are encouraged to establish systems for assessing the effective implementation of rehabilitation programmes and services, including by using appropriate indicators and benchmarks.*