



ABOUT REFUGEES, ASYLUM SEEKERS, IDPs AND TORTURE

Every year war and conflict, together with ethnic, religious and cultural persecution, force millions of people to flee their home country. Today there are approximately 11.4 million refugees worldwide of concern to the UN High Commissioner for Refugees (UNHCR).¹ Roughly 26 million persons are displaced internally within their own borders.² For the vast majority, fleeing their homes is not a choice but a matter of survival. Yet in most countries that receive refugees and asylum seekers, there is little compassion or understanding for the reasons why ordinary men, women, and children flee their homes for a life of uncertainty.

Who are today's refugees?

The 1951 UN Convention relating to the Status of Refugees states that a refugee is a person who: *"owing to a well-founded fear of being persecuted for reasons of race, religion, nationality, membership of a particular social group, or political opinion, is outside the country of his nationality, and is unable to or, owing to such fear, is unwilling to avail himself of the protection of that country..."*

Refugees come from every continent and in recent years have included people from Iraq, Afghanistan, Sudan, the Democratic Republic of Congo, Burundi, Rwanda and the Caucasus. Many refugees want to return to their home when it is considered safe to do so. Many, however, cannot return.

Torture and the plight of the displaced

Because torture is a covert practice and its victims are often unable to report the crime, no comprehensive statistics exist on the extent to which refugees and other displaced persons have experienced torture. However, health professionals and researchers commonly estimate that between 4-35% of refugees worldwide have been subjected to torture.³ These figures demonstrate that this is not a marginal problem of a marginal community, but a substantial problem that must be duly addressed.

¹ According to the UN High Commissioner for Refugees Statistical Yearbook 2007.

² According to the Internal Displacement Monitoring Centre of the Norwegian Refugee Council.

³ See, for example, B Sørensen. 1998. Torture and asylum in *Torture*, Vol 8. No. 2.



Over the past several years, the IRCT and its member centres have undertaken interventions in support of victims of torture and trauma among refugee and internally displaced populations. For example, we have trained doctors in Kosovo and Pakistan, some of whom were themselves refugees, to offer rehabilitation services to torture survivors in refugee camps. Following conflicts in East Timor and Georgia, the IRCT assisted local health professionals to conduct psychosocial needs assessments of internally displaced persons, which fed into targeted rehabilitation efforts.

Additionally, the IRCT takes an active role in influencing policy and practice related to the identification and protection of refugee torture survivors. As a member of the European Council on Refugees and Exiles (ECRE), the IRCT collaborates with other organisations working on behalf of refugees' rights in Europe. Through our Liaison Office in Brussels, we engage in dialogue with key EU institutions to influence relevant legislation, such as the EU Reception Directive, develop training activities for asylum authorities and promote the use of the internationally recognised guidelines for torture documentation (i.e. the Istanbul Protocol) in the asylum process.

The documentation of incidences of torture and trauma among refugee and internally displaced populations has proven to be an important instrument for promoting the rebuilding and reconciliation of a post-conflict society, and for understanding the special needs of asylum seekers and refugees from conflict areas. The fact remains, however, that not all refugees can return to their country of origin and millions of internally displaced persons live under appalling conditions.

Terrorism and the prohibition on *refoulement*

The situation for refugees and asylum seekers has been of further concern in the light of global counter-terrorism strategies developed in response to terrorist attacks over the last decade. Asylum seekers and refugees have been stigmatised in many societies. Despite the fact that many have fled their homes to escape persecution and repression, they are at times regarded as potential terrorists because of their country of origin. In several countries, the policies and conditions for the granting of asylum have been severely restricted, and many men, women and children have been held in detention under circumstances that are inhumane.



Refoulement, or the forcible return of refugees and asylum seekers to places where it is known their life or freedom are in danger and they may be subject to torture or other inhumane treatment, is explicitly prohibited under the UN Refugee Convention. There are no exceptions to this rule; it is the right of all refugees and asylum seekers.

Recommended action

In many cases, public officials in charge of assessing asylum cases and recommending humanitarian residence permits lack training in understanding or recognising the sequelae of torture and trauma among individuals. Torture victims rarely present their cases to public officials. Often their torturers were also public officials, and torture victims may feel intimidated by the environment in which they are being assessed for asylum. The IRCT strongly recommends that all governments ensure that every refugee and asylum seeker is interviewed and assessed by medical doctors trained in the investigation and documentation of torture and other cruel, inhuman or degrading treatment or punishment.

Further, the IRCT strongly recommends that all governments implement the Istanbul Protocol, which represents international standards in the effective investigation and documentation of torture. It is critical that thorough assessments are made of those seeking refuge in other countries to ensure that no individual is forcibly returned to face imprisonment, torture or death. It is essential that all refugees and asylum seekers in need of medical and psychosocial treatment and support are offered the necessary service by health professionals in a safe environment.