



Asylum seekers alleging torture in their countries: Evaluation of a French center



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ARTICLE INFO

Article history:

Received 19 February 2016

Received in revised form

20 December 2016

Accepted 22 December 2016

Available online 27 December 2016

Keywords:

Asylum seekers

Tortures

Scars

Physical assessment

ABSTRACT

Materials and methods: Over a 6-year period, 570 survivors gave consent to this study and were examined by forensic medical doctors in academic French hospital. They evaluated with the aim of cataloguing the physical evidence of torture. Sociological data, declared violence (single physical altercation, repeated physical violence less than one year or more than one year, incarceration not more than one week or more than 1 week), and method of violence (blows by blunt object, crushing, burns, electrical shocks, attempted drowning, smothering, incision, or gunshot) were studied. An association between victims' statements and physical evidence of torture was determined.

Results: 70% were male with an average age of 31.9 years and ages between 1 and 70 years old. Dagestan, Guinea-Conakry and Guinea-Bissau were the countries most represented among asylum seekers. Beatings were reported by 27.89%, confinement was reported by 40.22%, and repeated violence by 30.16% of refugees. The average time interval between the first assault and forensic evaluation was 53 months. Forms of torture reported included: blunt force trauma (82.51%) truncheon blows (27.50%), arm incision (30%), and burns (16.3%). Statistically, truncheon blows were experienced more often by males in confinement due to political conflict. The use of crushing methods and electrical shocks also were experienced more often by males during confinement. Victims who had received incision wounds were significantly younger. Gunshots were statistically associated with male survivors of political conflict. Men experienced drowning and electrical shocks while in confinement in the Balkans, Asia, and Russia. Electrical shocks were reported by males during confinement and in northern Caucasus countries. The association was significant between assertions of burns and the presence of cutaneous scars ($p = 0.0105$); similarly, assertions of incision wounds were significantly corroborated by evidence of scars ($p = 0.0009$).

Discussion: Asylum seekers assessed were usually young men. Beatings with blunt objects were the most often reported form of torture used during episodes of repeated violence and during confinement. Assertions of burns were not associated with any particular circumstances. Electrical shocks were reported during confinement and most often in countries of the northern Caucasus. Attempted drowning, smothering, and shocking were noted, but these methods typically do not leave physical evidence. Wounds resulting from burns and incisions usually leave scars that corroborate refugee statements. Torture by crushing and gunshot were reported by asylum seekers for the first time.

Conclusion: Investigation of the types of torture and circumstances under which torture occurs is critical for efficient forensic evaluation of claims of torture experienced by asylum seekers.

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1. Introduction

Approximately 866,000 asylum seekers around the world sought protection by a state other than their own in 2014¹ The

United States received the largest number of requests for asylum, approximately 134,600 in 2014¹ In 2014, European countries recorded 332,000 asylum requests¹ Germany received the most requests for asylum among European countries, and France was third with almost 60,000 new applications for asylum. Adverse effects of torture experiences, such as physical injuries, pain, disability and psychopathology, were documented in literature^{2–4} The psychological effects of torture, such as Post Traumatic Stress

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Disorders, on asylum seekers who declare they have been tortured in their home countries, are relatively well described in the international literature^{5–7} Psychiatric and/or medical late after-effects could be useful in asylum proceedings. But the history of torture remains largely reliant upon asylum seekers' self-reporting. In support of an application for asylum to the French Office of Protection of Refugees and Stateless Persons, some individuals must produce a medical certificate that documents physical evidence of torture.

But studies about late physical after-effects of torture experienced by asylum seekers are limited. In this particular field, scientific knowledge about the physical outcomes of torture and effects on the health of the asylum seeker are recent⁸ and publications on this subject are scarce. For example, there have been no studies published in France. As a Western academic hospital in France, we proposed to investigate claims of torture by forensic evaluation. For this purpose, our study was initiated to describe the physical evidence presented by these asylum seekers who consulted our unit. The results of this research will increase the capability of forensic examiners and comply with the state's obligation to conduct in-depth medical examinations of alleged torture survivors.

2. Materials and methods

Medical evaluation performed in the Unit of Forensic Medicine of the Academic Hospital of Nantes follows the United Nations' "Istanbul Protocol". It provides international legal standards on protection against torture and specific guidelines on how effective legal and medical investigations into allegations of torture should be conducted² All asylum seekers who consulted our unit between September 1, 2008 and August 31, 2014 could be included in this study.

This forensic medical unit is specialized in assessing violence against victims. More than other medical doctors, forensic practitioners are experienced in injury evaluations, which are the main functions of the unit. Of their own accord, some forensic medical doctors agreed to assess asylum seekers' late physical after-effects.

2.1. Ethics

This forensic evaluation was performed without any regulations. In that way, asylum seekers referred themselves in order to be considered for certification to progress their asylum claims. Explanations were made that personal and medical variables remained anonymous and confidential. Medical interviews and examinations were based on following the ethical protocol described in the United Nations' "Istanbul Protocol"² All asylum seekers could speak openly about what has occurred. During medical evaluation, asylum seekers were in control and had the right to limit it entirely or partially. Tortured people could give their consent or not to this study. If necessary, a translator was used to explain once again the aim of the medical evaluation and collect consent to this study in the mother tongue. The forensic report was generally picked up by the asylum seeker.

This research was non-interventional, prospective and descriptive. The study population consisted of 570 asylum seekers who were evaluated and gave consent during this time period. Only eleven asylum seekers refused. We excluded sexual assault on women and men in this study because in this case, we perform a particular evaluation (more than one medical visit) and specific research is in progress.

We compiled and studied forensic medical reports. Three main groups of variables were established. The first group concerned the demographic data of the asylum seekers: age, gender, country of

origin according to geographic region attributed by the United Nations Organization⁹: Western Africa, Eastern Africa, Northern Africa, central Africa, Northern Caucasus (Ingushetia, Chechnya and Dagestan), southern Caucasus (Georgia, Armenia and Azerbaijan), the Balkans (Albania, Kosovo and Serbia), Asia (Mongolia, China, Bangladesh and Sri Lanka), and countries within the Federation of Russia.

2.2. Sample

The mean age of asylum seekers was 31.9 years; the youngest was 1 year old and the oldest was 70. Seventy-one percent of all the examined individuals were between 21 and 40 years old. 68.6% were men and 31.4% were women (Table 1). The conflicts in countries of origin were mainly political (78.29%), ethnic (12.00%), or religious (8.19%). Within all countries, political conflicts were predominant, except in North Africa, where religious and ethnic conflicts were the majority (50%). Among 55 different nationalities that comprised the asylum seeker population, 90 individuals were natives of Dagestan (16%); 81 were natives of Guinea-Conakry (14.4%) and of Guinea-Bissau (14.4%), respectively; 65 were from Congo Brazzaville (11.5%); 64 were from the Democratic Republic of Congo (11.5%); and 51 were from Chechnya (9%). Countries of the Caucasus accounted for 254 individuals (45.35%) and Africa accounted for 250 (44.64%).

The second group of variables described the type of conflict (political, ethnic, religious, or economic); the circumstances of the torture, taking into account the nature of the violence (a single physical altercation, repeated physical violence, or incarceration); and the methods of physical torture alleged by the survivors, in the accordance of the "Istanbul Protocol"² Because it is widely recognized by the United Nations, the "Istanbul Protocol" has been applied to evaluations in our forensic unit. In this medical context,

Table 1
Demographic characteristics of asylum seekers.

Years of age	Min – max	1.00–70.00
	Average ± standard deviation	31.93 ± 10.37
	Median	31.00
	Missing data	7
Gender	Male	391 (68.60%)
	female	179 (31.40%)
Countries	Dagestan	90 (16.04%)
	Guinea-Bissau	81 (14.43%)
	Congo	65 (11.58%)
	Chechnya	51 (9.09%)
	Guinea-Conakry	43 (7.66%)
	Russia	23 (4.10%)
	Ingushetia	19 (3.39%)
	Nigeria	16 (2.85%)
	Kosovo	12 (2.14%)
	Angola and Soudan	10 (1.78%) each
	Tchad	8 (1.40%)
	Erythrea	7 (1.25%)
	Central Africa	6 (1.07%)
	Georgia, Ethioia, Rwanda, Sri Lanka	5 (0.89%) each
	Cameroon, Mongolia	4 (0.71%) each
	Afganistán, China, Kazakhstan,	3 (0.53%) each
	Somalia, Turkey	
	Mauritania, Serbia, Sierra	2 (0.36%) each
	Leone, Yezid	
	Benin, Burkina Fasso, Darfur,	1 (0.18%)
	Djibouti, Equator, Gabon, Mauritius	
	Island, India, Iraq, Kalmykia,	
	Kurdistan, Tunisia, Madagascar,	
	Morocco, Republic of Caucasus,	
	Senegal, Tambacounda, Syria, Ukraine	
	Missing data	9

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