Standing up for survivors of torture and ensuring that they are unreservedly supported in their efforts to rebuild their lives has always been one of our guiding principles at the Medical Foundation.

And yet we continue to see the rights of torture survivors sidelined, despite international and domestic standards that could not be clearer in obligating states to protect the human rights of people fleeing persecution.

Historically, denial has always surrounded the issue of torture - from the perpetrator’s denial of an individual’s human rights, to the state’s denial of the practice of torture, and finally, the denials of countries where torture survivors seek asylum and where they are often refused refuge.

Coupled with a lack of accountability for the inhumane, immoral and illegal act of torture, those who fall victim are subsequently denied the chance of a full remedy for what they suffered, either by seeing the perpetrators brought to justice, or by finding the means to build a new life in exile.

Acknowledging the suffering of those in fear of their lives is essential to the healing process. It is equally important in reflecting the core principles of combating torture and seeking justice for survivors as we support them on their journey to rehabilitate and advocate for change.

The resounding message from the survivors who we work with on a daily basis is that they need to be supported and deserve to be heard while reclaiming control of their lives. This recognition of an otherwise hidden ordeal can be one of the most powerful vindications of the past.

At the Medical Foundation, we have seen this transformation take place most powerfully among clients and former clients who are now participating in advocacy work. It is one of the great joys of working with this group of people to see them reach that stage where they can help other survivors like themselves.

However, too many victims remain invisible, part of an underground population that is ignored by society and disregarded by the authorities that should care for them, leaving it to organisations like ourselves to provide help that would otherwise be lacking.

Many of the men, women and children we see remain trapped for years in what can feel like an interminable state of limbo, caught between a past they want to move on from and a present in which they have no certainty as they await a decision on their bid for refugee protection that will determine their fate.

Sadly, they represent only a small part of a bigger picture. The Government has yet to determine hundreds of thousands of asylum claims, some dating back years. Yet more, including children and young people, are likely to be in detention. Countless among those will be people fleeing violence whose stories go undetected or untold.

The past year has seen a number of regressive steps that threaten to further marginalise torture survivors and undermine rehabilitation. The House of Lords redefined the parameters of a level of local government support which can be the last remaining hope for people who might otherwise face destitution as a result of being ineligible for any other help. We are taking active steps to ensure that torture survivors do not fall victim to this counterproductive move.

The Home Office continues to pursue plans to remove people to countries such as Sudan, the Democratic Republic of Congo and Afghanistan, which reputable human rights organisations do not consider safe, least of all for people who were targeted by state-supported actors in those very same countries. Again, we continue to make the case against returns of torture survivors to these countries.

It should be of enormous concern to us all that the UK government has now been implicated in allegations that security services played an active role in directing the interrogation of terrorism suspects, including British nationals, who were subsequently tortured. Throughout, senior officials have stood firm in their increasingly questionable assertions that the UK government
does not ever condone torture.

Not so long ago we heard the same refrain from the previous US administration. Under the new administration in 2009 with the welcome decision to close Guantánamo Bay, the world watches to see if the promises of a new approach will be delivered. In another and long overdue move, UK Prime Minister Gordon Brown has ordered the publication of the rules which govern how suspects are treated by intelligence services, including strict guidance against the use of torture.

While these events can be greeted with cautious optimism, it should be remembered that they do not propose anything new – the absolute prohibition against torture has never allowed for any exceptions. They do however, symbolise an important first step in returning to fundamental principles of societies governed by the rule of law.

Much more remains to be done to reverse the global impact of years of disregard for the prohibition against torture. More pressure needs to be placed on countries across the world where torture continues to take place and from where so many of our clients are forced into exile.

The fight against torture must necessarily start with an unreserved acknowledgment of what we, and the survivors we see, know to be true – that torture continues to be used on a widespread, global scale.

Torture is a deliberate attack on the defenceless, the manipulation of people rendered vulnerable and powerless by those in control. To those who survive, we have a collective duty to continue fighting the secrecy, the denials and the impunity that allow torture to take place. It is for speaking out in that same fight for human rights that thousands of people are detained and tortured worldwide. Not to act would be a betrayal of principles so hard won.

Simon Carruth, Chief Executive Officer

”The Medical Foundation seeks a world where torture and organised violence have been vanquished and where their lasting consequences are recognised and redressed”
Premises were secured for a new Medical Foundation centre to cover the West Midlands. The opening of the organisation’s fourth national centre outside London follows years of ground work in the region, where a growing number of asylum-seeking torture survivors and refugees are being accommodated.

The core focus of the centre, based in central Birmingham, is to provide training and clinical supervision to existing voluntary and statutory organisations. An important part of the training work is based on a guide on how to work therapeutically with torture survivors. The guide will be used by practitioners, nurses, social workers and mental health workers in the secondary mental health sector of Birmingham and Solihull Mental Health Foundation Trust who were consulted in the production of the document.

The manager of the West Midlands centre, Maria Downs, said: “We want to work in partnership with all the local services so that we can enable them to develop good care pathways. People are often worried that they lack the knowledge to work with torture survivors. Our aim is to give them something practical that shows them that they do have the skills and they can use their resources in this area.”

MF health workers are also introducing guidelines for identifying and assessing torture survivors when they first arrive in the UK in initial accommodation centres across the country, to ensure that torture survivors are referred to an appropriate service as soon as possible.

A decade after the historic arrest of Augusto Pinochet, the Medical Foundation, which played a key role in attempts to see justice done for victims of the Chilean dictatorship, warned that there was still some way to go in securing a remedy for torture survivors.

Speaking at an event in October 2008 to mark the tenth anniversary of the arrest of Pinochet, CEO Simon Carruth applauded the efforts of the international community in challenging the former dictator’s immunity from prosecution for human rights violations.

“When we, with others, were granted leave to intervene in the case against Pinochet it was a tremendously significant milestone in many ways, not least because the victims of his government were afforded the chance to have their voices heard in the judicial process,” said Mr Carruth.

Sixty clients of the MF who were tortured under Pinochet’s orders in the 1970s and 1980s were able to provide their testimonies in 1998 and again in 2000 to Spanish courts investigating the former president.

“It is important to remember that legal efforts to enforce the absolute prohibition against torture need to be coupled with a form of justice that enables survivors to reintegrate into society, to rebuild a normal and secure life where they can meaningfully take part, and where they do not feel the threat of return to the countries they have fled,” added Mr Carruth.

The MF worked alongside other leading organisations including Redress and Amnesty International.

In a remarkable new series of books called Refugee Diaries, which give a unique insight into the devastating consequences of violence on children’s lives, two young clients from the Medical Foundation describe the journeys that brought them to the UK.

Mohammed was six years old when he and his mother fled Iraq, battling hunger and destitution, before they found help with the MF. They were forced to leave their country after soldiers broke into their home, attacking the entire family and seizing Mohammed’s father, who has not been seen since.

Hamzat grew up in Grozny when fighting was at its peak between Chechnya and Russia. Fear permeated family life. In 2000, Hamzat’s life changed forever when he stepped on a landmine and lost his right leg. He and his family, who had suffered years of persecution because of their ethnicity, eventually found help in England.

Both Mohammed’s and Hamzat’s journeys were written in close conjunction between the writers Annemarie Young and Anthony Robinson and children’s therapists at the MF.

The Refugee Diaries series is published by Frances Lincoln.
A woman who fled torture and rape months before her arrival in the UK was awarded compensation after being unlawfully detained in the UK. A High Court judge identified serious shortcomings in the way she was treated by Government authorities.

The 36-year-old woman fled Cameroon after being detained and tortured twice by gendarmes. Doctors at the MF documented the injuries she had sustained as a result of being beaten and raped.

Home Office guidelines and agreements held with the MF categorically state that individuals should be given a physical and psychological examination within 24 hours of being detained. They also state that torture survivors should never be detained other than in exceptional circumstances.

These standards were not followed in the case of the woman, identified only as PB, who was ultimately released for a medico-legal assessment at the MF to provide evidence of her torture. She received £32,000 and a further £6,000 aggravated damages as compensation.

“This case brings to light the human cost of such avoidable procedural failures and is regretfully symptomatic of a wider problem,” said CEO Simon Carruth.

The MF called on the UK government to show a greater commitment to its assurances that it will abide by international human rights standards and its own detention centre rules through a more rigorous enforcement of instructions to Immigration Removal Centre staff. It also called upon the Government to introduce pre-screening medical checks to identify torture survivors before they are detained.

RULING LEAVES TORTURE SURVIVORS VULNERABLE TO DESTITUTION

The Medical Foundation moved swiftly to protect torture survivors who could lose their accommodation as a result of a House of Lords ruling that redefined the eligibility criteria for community care support.

Accommodation under section 21 of the National Assistance Act 1948 is available to people who because of age, illness, disability or any other circumstances are in need of “care and attention”.

For asylum-seeking torture survivors who are ineligible for support from the Home Office, this support is often all that stands between them and destitution. However, the House of Lords ruled that “care and attention” should now be understood to mean that a person requires “looking after” in caring for themselves in ways that they could not or should not be expected to do independently.

Early indications suggested that some local authorities had already sought to remove this support from torture survivors.

Nathalie Huegler, senior social worker at the MF, said: “For our clients, who are very vulnerable and may already have experienced destitution, hearing that their situation is being reviewed could raise fears that they will be back on the streets.”

The MF believes that some local authorities are guided by a misunderstanding of the House of Lords’ ruling, and a failure to appreciate that psychological health needs associated with torture can give rise to a need for “looking after”.

With the benefit of pro bono legal assistance from John Finlay of Fisher Meredith, and Stephen Knafler of Garden Court Chambers, the MF is preparing to put expert evidence to the courts on the care needs of torture survivors.

MF CALLS FOR PUBLIC INQUIRY INTO ALLEGATIONS OF UK’S ROLE IN TORTURE

The Medical Foundation joined calls for an urgent public inquiry into a growing body of evidence that suggests UK authorities played a role in the torture of terror suspects during the “war on terror”. According to a report by United Nations Special Rapporteur Martin Scheinin, UK intelligence personnel are alleged to have conducted or witnessed more than 2,000 interviews in Afghanistan, Guantánamo Bay and Iraq.

The report to the UN Human Rights Council said that the US had only been able to render terror suspects to foreign jails where they faced interrogation and torture because of the co-operation of countries including the UK.

It followed accusations that MI5, the British intelligence service, may have played a part in the interrogation of British resident Binyam Mohamed, who was released after being detained in Morocco, Afghanistan and Guantánamo Bay. The report came in the wake of earlier allegations that MI5 colluded in the torture of suspects arrested in Pakistan.

“It is not enough for the Government to say that it condemns torture when mounting evidence suggests otherwise,” said CEO Simon Carruth.

“Renewing the commitment to the absolute and unqualified ban on torture requires a visible and meaningful acknowledgment of any violations of that ban. An inquiry, where the information is subject to the scrutiny of the court and the public, is vital in securing justice for the alleged victims and in sending a signal to the rest of the world that we will not turn a blind eye to torture under any circumstances.”

THESE CASE BRINGS TO LIGHT THE HUMAN COST OF AVOIDABLE PROCEDURAL FAILURES AND IS REGRETTABLY SYMPTOMATIC OF A WIDER PROBLEM

A woman who fled torture and rape in 2008 was awarded compensation for individual casework and counselling. She received £32,000 and a further £6,000 to provide evidence of her torture. She was awarded compensation after a medico-legal assessment at the MF in the case of the woman, identified only as PB, and was released from detention in the UK. The House of Lords ruled in 2008 that “care and attention” should now be understood to mean that a person requires “looking after”. For asylum-seeking torture survivors who are ineligible for support from the Home Office, this support is often all that stands between them and destitution. However, the House of Lords ruled that “care and attention” should now be understood to mean that a person requires “looking after” in caring for themselves in ways that they could not or should not be expected to do independently. The MF believes that some local authorities are guided by a misunderstanding of the House of Lords’ ruling, and a failure to appreciate that psychological health needs associated with torture can give rise to a need for “looking after”. With the benefit of pro bono legal assistance from John Finlay of Fisher Meredith, and Stephen Knafler of Garden Court Chambers, the MF is preparing to put expert evidence to the courts on the care needs of torture survivors.
US PRESIDENT URGED TO ACT ON PLEDGES TO END TORTURE

The Medical Foundation wrote to President Barack Obama urging him to act immediately on his pledges to end torture and close Guantánamo Bay and other CIA-run detention centres where torture is known to have been used.

"It is well known that the previous administration sought to reinterpret the definition of torture in order to justify the use of extreme interrogation techniques in the 'war on terror'," wrote CEO Simon Carruth and Chair of Trustees Alison Wetherfield.

"Unquestionably, this has undermined the international reputation of the US. We strongly believe that steps taken by the previous administration to repudiate these problematic interpretations of the torture ban have been insufficient and unconvincing. Further action is urgently required in order to defeat perceptions across the world that the US has legitimised torture."

Senior US personnel admitted that interrogation practices used at Guantánamo amounted to torture, including those used against Mohammed al-Qahtani, whose case was examined by MF psychiatrist Dr Abigail Seltzer in Philippe Sands’ enquiry into the US administration’s recourse to illegal interrogation methods, in his groundbreaking book Torture Team.

"Obama has indicated that under his administration, the US ‘does not torture’ and will abide by the Geneva Conventions.

"Reinforcing these gestures with a firm commitment that is binding on all agencies is important now more than ever," added Mr Carruth.

IN TRIBUTE

The Medical Foundation was saddened by the death of Dr Jack Piachaud, a voluntary consultant psychiatrist, who devoted many years to the organisation.

Since 2000, Dr Piachaud provided individual and group therapy to clients at the MF, and documented cases of torture survivors as a doctor with the medico-legal reports team.

"Whatever he did, he did it with commitment, thoughtfulness and energy. All of us are richer for having known him," says the MF’s Dr Angela Burnett.

Dr Piachaud’s career reflected a concern with the ethical responsibility of health professionals in relation to war, violence and human rights abuses.

For more than 20 years, he worked at consultant level on the psychiatry of learning disabilities, in both community and hospital settings. He was also the editor of the international journal Medicine, Conflict and Survival, and was active with the global health charity Medact. He was a senior lecturer at Imperial College of Medicine, in the Department of Psychiatry.

Dr Piachaud is recalled by colleagues at the MF as a person of integrity with immense experience and an ability to listen. He will be missed for the wisdom he brought to the organisation.

*The death of the celebrated playwright Harold Pinter, who had been a patron of the Medical Foundation since 1998, was a loss to the organisation. He became a supporter of the charity in 1987 and attended many events including the launch of the London headquarters’ new premises in Finsbury Park in 2000.

FILMS SHOW THE REALITY OF SURVIVAL AND EXILE

Clients from the Medical Foundation’s North West centre are contributing to two films that will be used as part of the centre’s outreach work to inform those working with people fleeing persecution about the impact of escaping torture and the harshness of the UK asylum process.

The films feature the testimonies of ten men and women torture survivors who describe the circumstances that shaped their lives, and explain what it really means to be asylum seekers and refugees, often living in isolation.

Jude Boyles, manager of the Manchester-based centre, said: “We wanted to develop something that was more survivor-led as part of the training we offer to other organisations. As trainers, we can try to explain to people what it means to be a torture survivor, but it really comes alive if a client can tell that story themselves.

“People are rendered so powerless by the asylum process that there are very few ways in which they can express their frustration. They want people to know what has gone on and still goes on in their countries, and they also want to voice their fury about how they’ve been treated in this country.”

DEVELOPING THE BASIS FOR CLAIMING TORTURE SURVIVORS’ RIGHTS

For years the Medical Foundation has strenuously advocated for survivors’ human rights and to ensure that they are protected from forced return to the countries they have fled. "We rely on the full force of human rights law to ensure that torture survivors in the UK get all the protection and assistance they deserve," said Leanne MacMillan, Director of Policy and External Affairs.

One right that has received scant attention is the right to rehabilitation, provided for in the Convention against Torture. The MF is undertaking a major research project in this area to ensure that torture survivors are not left to recover from torture unaided.

A multi-disciplinary team of researchers drawn from the organisation’s legal and clinical teams is investigating what states intended as the content of the right to rehabilitation when creating the Convention over 25 years ago. Understanding a state’s responsibilities and survivors’ rights is vital in enabling the MF to advocate for the care and treatment that survivors should get in the UK, particularly in the current climate where access to basic health provision is being contested.

The asylum system sometimes fails torture survivors, who are forced to return home because it has been determined that there is no future risk of torture, even though it may be well accepted that they have survived torture in the past.

However, little attention is paid to what assistance a survivor will receive to ensure they rehabilitate from the torture they survived. In doing this research the MF is looking for ways to ensure that a torture survivor is never returned to a country where they will not be able to realise their right to rehabilitation.
On the eve of International Human Rights Day in December 2008, some of the UK literary world’s best selling writers joined the Medical Foundation to celebrate a basic freedom denied to so many men and women whose voices have been silenced through torture – the freedom to express their views.

Novelist and MF patron Nick Hornby credited the work of the organisation as “groundbreaking and profound”, saying that he had been inspired by the moving and forgiving accounts of fellow MF patron John McCarthy and former Japanese prisoner of war Eric Lomax, whose own experiences of detention and torture brought them into direct contact with the organisation.

Novelist Monica Ali and poet Wendy Cope also spoke at the event and gave guests an insight into their favoured works of literature. More than £9,000 was raised through ticket sales and donations.

Fast Fact:
1,717 survivors continued to receive treatment in 2008

A new code of practice governing the treatment of children in the UK’s immigration system was welcomed by the Medical Foundation as a sign of initial progress in holding Government agencies and contractors to account.

The code, introduced by the UK Border Agency (UKBA), signals a first step towards establishing a full statutory duty. The code applies to all aspects of the UKBA’s work, including contractors and subcontractors involved in the care of children. It sets out standards for the conditions in which children are accommodated, how they are treated in detention centres and also their treatment during procedures to remove families and children from the country.

Crucially, it empowers NGOs and other agencies working on behalf of children to hold the UKBA to account if it fails to keep a child safe from harm. The true test will be in how quickly the requirements of the code are turned into good practice.

As one of the member organisations of the Refugee Children’s Consortium, the MF has long called for a more child-friendly approach in the UKBA’s work with children. The MF has also sought assurances from the UKBA that all those involved in implementing the code will be appropriately trained to understand their duties to all children within their area of responsibility.

Nimisha Patel, Consultant Lead Clinical Psychologist and Head of Audit & Evaluation, said: “In order to assess whether any particular clinical approach is effective, the tools for assessment need to be meaningful to survivors themselves.

“That means taking account of the survivor’s social and cultural context, so that when clients are asked whether they felt something ‘worked’, or helped, we can measure that in a way that is valid and meaningful to them.”

An appropriate and valid outcome tool will allow the MF to monitor an individual’s progress and to collect aggregate data on clients from similar backgrounds.

Nimisha added: “This will help us to understand how we can best provide an effective clinical service that has a positive impact on clients’ overall health and well-being.”
THE REHABILITATION PATH

Thousands of people every year are forced to abandon homes and families torn apart by governments that actively condone or turn a blind eye to torture. By 2008, the Medical Foundation for the Care of Victims of Torture, in over two decades of work, had received almost 50,000 requests for help from individuals, families, and separated children struggling to come to terms with the trauma of torture and the instability of living in exile. Responding to their many and complex needs involves caring for their emotional and psychological welfare, and ensuring that their practical and legal needs are addressed in helping them to rebuild their lives. The starting point on the rehabilitation path is to understand what torture is and the impact it has on an individual, their family and communities.

WHAT IS TORTURE?
Torture is used the world over as a method of oppression, a way in which those with power seek to control individuals and populations through violence and fear. It is used by many countries as a method of interrogation and evidence gathering. It is a calculated attempt to cause extreme physical and mental distress to the defenceless. For those who escape with their lives, the physical scars are not necessarily the hardest to bear – psychologically, the wounds can run far deeper.

WHO ARE THE VICTIMS?
Torture is used to humiliate and intimidate people because of their religious, political or ethnic background. They may be caught up in a conflict in which they play no role, but in which they become the target of armies and militant groups. Women are targeted because of their gender, children because of their age. Human rights defenders, political activists and journalists commonly come under attack, but so do the husbands, wives and children of people who are barely affiliated with the causes they are accused of promoting. People are targeted arbitrarily, detained without charge and tortured, making it even harder for them to make sense of their past when they are released. And it is not only the victims who suffer; their families, who may have witnessed or been subjected to torture, must also learn to overcome the trauma of their ordeal.

WHO ARE THE PERPETRATORS?
Torture persists in countries around the globe. It is perpetrated by those with power and authority, such as the police and military in some societies that use torture as a part of the “administration of justice”. Its perpetrators flourish in fragmented, hostile climates, during times of war or in the aftermath of conflict, where military, security services, agents of de facto states and armed groups enforce their will, abusing the power of their authority. Survivors describe being incarcerated in cramped, dirty prisons, detention centres, police stations, army camps, “ghost houses” and other clandestine locations.

01 A path leading up the mountain towards a sunny peak signifies hope and a longing for a familiar home scene, but the tiny, fragmented pieces of stone are a reminder of a shattered life.
02 The red represents bloodshed; the inner circle represents family; the blue represents the eyes of a lost loved one.
03 The tree is held up by pink pillars, symbolising the support of the Medical Foundation. A lectern marks the memory of a past and an attachment to faith as a continual source of strength.
08 | www.torturecare.org.uk
To provide excellent care, treatment and protection services to survivors of torture and organised violence

How are people affected by torture?

With the right kind of support, survivors show tremendous resilience in escaping the circumstances that entrapped them. However, while some learn to control the physical pain, they are often left psychologically scarred and must learn how to manage the flashbacks, nightmares and panic attacks that are induced by sights, sounds or smells that can unexpectedly remind them of what they suffered. As well as contending with a pervasive sense of loss, having fled their homeland, their culture and their family, survivors must also contend with the uncertainty of life in a new country where until their refugee status is decided, they can struggle to find a sense of belonging in communities that are often not receptive to them.

How do people reach the MF?

Before a survivor begins their journey with the MF, they will have gone through the pain of disclosing what happened to make them flee their country of origin. That information is then communicated to the MF’s intake panel in the form of a referral. Referrals come from GPs, schools, refugee community organisations, solicitors, statutory health bodies, voluntary organisations, or the survivors themselves, sometimes from immigration removal centres where they have been detained. Agencies working with newly arrived asylum seekers, such as Migrant Helpline and Refugee Council also direct people to the MF. A major part of the MF’s work is to train and build the capacity of those who have an early interaction with survivors to identify them and be able to assess them. The MF works closely with legal representatives seeking forensic documentation of a survivor’s injuries in the form of medico-legal reports (MLRs), which can be used as evidence in a court of law to support a person’s claim for protection as a UN Convention refugee. MLRs detail physical and psychological evidence of torture and are produced by doctors and other clinicians in accordance with internationally recognised standards of documentation.

What abuses are people subjected to?

From physical abuse to the psychological – or “no touch” – techniques, torture can take many forms. As well as physical assaults, people are beaten with heavy implements, rifle butts, electric cable, wooden batons, truncheons, leather belts; they are hung up by their limbs in contorted positions that leave them irreparably damaged and they are cut and burnt in ways that leave scars that will not let them forget. The mental torture can be far crueler; death threats to loved ones, staged executions, and the constant refrain that no one knows what is happening. Long periods of isolation and solitary confinement, the sight and sound of others being tortured and the constant threat of torture are common. The deprivation of sensory stimulation, coupled with a lack of sleep, is used in a calculated attempt to diminish the victim’s sense of reality and induce a fear of insanity.
HOW DOES THE MF HELP SURVIVORS?

Services are provided by the MF across its five centres in London, Scotland (Glasgow), the North West (Manchester), the North East (Newcastle) and the West Midlands (Birmingham). A sixth centre is planned for Yorkshire and Humberside. MF doctors, many of them volunteers, conduct health checks and liaise with a client’s GP to ensure the specific symptoms of torture are fully understood. Counsellors, psychologists, psychotherapists, psychiatrists, a physiotherapist and therapists specialising in working with children, young people and families, work on an individual basis with clients. Interpreters help ensure linguistic and cultural accuracy. Group work supports the changing psychological and social needs of survivors, helping them through the process of arrival, integration and settlement in the UK. Different media are employed to connect with psychological issues, including talking, art, drama and movement therapies. For clients who cannot immediately talk about their experiences, a unique combination of horticulture and psychotherapy is used. Advice about housing, education and financial benefits is provided by welfare officers, while lawyers oversee the documentation process and support clinicians dealing with a client’s asylum and immigration concerns. An emergency relief committee provides discretionary financial help to newly arrived torture survivors and those facing destitution.

WHAT IS THE MF’S ROLE AS A HUMAN RIGHTS ORGANISATION?

A vital part of the MF’s goal in protecting survivors and preventing torture is policy, advocacy and communications work. A small team provides advice on immigration and refugee law and a broad range of human rights law. Key to the MF’s work in advocating for change is a program of research and communication aimed at audiences who can help to instigate change.

The MF is an active participant in a number of stakeholder groups, advisory boards and working parties that lobby for the rights of asylum-seeking torture survivors. As part of a coalition of NGOs on the Still Human Still Here Campaign, the MF has contributed to efforts to improve access to healthcare and prevent destitution. This year, the MF signed up to the Charter on the Rights of Women Seeking Asylum, aimed at persuading the UK Border Agency to take a strategic approach to the needs of female asylum seekers and to overcome the discriminatory barriers they currently face in accessing services. As the UK prepared to report to the UN Human Rights Committee this year, the MF called on the Government to demonstrate how it will ensure the rights of torture survivors to rehabilitation, as part of its obligation under the UN Convention against Torture. As a member of the Coalition for the International Criminal Court, the MF has emphasised the need for support and advice for people providing evidence to the court or when pursuing a claim. In advocating for the rights of children and young people, the MF is a member of the Refugee Children’s Consortium, leading on issues of protection. It also maintains a strategic role with the Children’s Commissioner for England’s Advisory Board on Asylum and Trafficking, the Strategic Litigation for the Rights of Children Steering Group and the UK Border Agency’s National Asylum Stakeholders’ Forum Children’s Sub-Group.

FAST FACT

75% of income generated in 2008 went straight back into client services
WHAT NEXT FOR CLIENTS?
The most compelling way to help people understand the reality faced by survivors of torture is through the stories of those survivors themselves. An advocacy institute is being set up at the MF to empower clients to influence policy makers and the public about the consequences of torture. The aim is to give survivors the opportunity to have a direct voice in influencing change in order to stop torture and provide treatment for people fleeing persecution. The institute will provide survivors with training in human rights law, advocacy and communications. Following on from this, survivors will be given a platform from which they can, with confidence, be part of the debate in seeking to prevent and ultimately stop torture.

HOW DOES THE MF MONITOR THE PROCESS OF CARE AND TREATMENT?
Providing evidence of torture survivors’ experiences through thorough, accurate documentation lies at the heart of the MF’s work. Over the past 24 years, information from the testimonies of survivors has been collected, forming the basis of a powerful argument in torture prevention and a key resource in holding perpetrators to account. The MF continues to look for resources to conduct research and analysis. Analysing the data from the thousands of cases that reach the MF every year is central to clinical audit and evaluation. The resulting data reveals important trends regarding which countries survivors are coming from; who is being targeted in terms of age, gender or ethnicity; the torture practices that prevail in any given country; and the psychological and physical needs of those seeking treatment. Detailed qualitative and quantitative feedback from clients is a key component in assessing how effectively services are being delivered and their impact in view of an individual’s changing needs and circumstances. Additionally, in-depth research is conducted to evaluate the organisation’s clinical services on an ongoing basis in order to enhance the quality of its work.

WHO ARE THE MF’S CLIENTS?
More than 2,000 people requested help from the Medical Foundation in 2008. Men formed the majority of those referred (62%), most commonly aged between 25 and 34, followed by women (32%) and then children (6%).

The countries from which people fled included Iran, Sri Lanka, the Democratic Republic of Congo, Afghanistan, Zimbabwe, Iraq, Eritrea, Somalia, Nigeria and Pakistan. The major religious backgrounds reported by clients included Christian, Muslim and Hindu. The majority of calls for languages to be interpreted included Tamil, Farsi, Turkish, French and Arabic.

The occupational backgrounds of clients included a significant number of students, manual labourers, skilled non-graduate workers and professionals.

HOW IS THE MF FUNDED?
The Medical Foundation is an independent and impartial charity that relies largely on donations. Our income is generated independently of any state support, except for funds from the Department of Health for the training of health practitioners to identify and assess survivors of torture placed in initial accommodation centres when they arrive in the UK.

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there is no typical journey made by an individual or family in escaping the human rights abuses that forced them to flee to seek protection in the UK. The common thread that binds the stories of the thousands of people seen at the Medical Foundation is the brutality of torture damages the lives of thousands of people who find their way to the Medical Foundation. Their testimony lets us challenge this abhorrent disregard for humanity.

Examining the testimonies of clients from ten of those countries, profiled here, reveals how with tragic predictability, torture and ill-treatment continue unabated. Torture damages the lives of thousands of people who find their way to the Medical Foundation. Their testimony lets us challenge this abhorrent disregard for humanity.

**APGAFNANIA**
127 new referrals (99 men, 3 women, 25 children). 30 cases analysed:
67% detained or imprisoned;
53% whipped or beaten;
27% bound, tied up or handcuffed;
20% solitary confinement;
17% deprived of sleep;
10% mock executions.

The Afghan intelligence services and police were responsible for incidents of torture and ill-treatment against people detained and interrogated on the grounds of threatening national security. Restrictions remained on freedom of religion, movement and association. Human Rights Watch said the country experienced its worst violence since the fall of the Taleban, with justice and security seriously undermined. According to UN reports, 2,100 civilians were killed in 2008 as a result of armed conflict, representing a 40% increase since 2007.

**DEMOCRATIC REPUBLIC OF CONGO**
130 new referrals (48 men, 75 women, 7 children). 42 cases analysed:
64% detained or imprisoned;
52% raped;
50% whipped or beaten;
17% bound, tied up or handcuffed;
14% solitary confinement;
10% deprived of sleep;
5% mock executions.

Rape and sexual violence were rife in a country where conflict has claimed the lives of millions of people in ten years. Perpetrators were protected in an environment of impunity while female victims were rejected by society. Children continued to be recruited for military service and state authorities were responsible for widespread human rights abuses. The UK government resumed returns to the DRC after the Court of Appeal ruled that rejected asylum seekers were not at risk of persecution merely because they had claimed asylum in the UK.

**IRAN**
247 new referrals (205 men, 34 women, 8 children). 54 cases analysed:
70% detained or imprisoned;
7% raped;
41% whipped or beaten;
43% bound, tied or handcuffed;
37% solitary confinement;
20% deprived of sleep.

The violation of people’s human rights continued unabated with those practising non-sanctioned religions detained and tortured. Human rights organisations reported that more than 3,000 people were incarcerated, beaten and made to renounce their faith. There were numerous reports of political detainees held incommunicado and of prisoners held in overcrowded, unsanitary conditions.

**IRAQ**
105 new referrals (79 men, 14 women, 12 children). 26 cases analysed.

70% detained or imprisoned;
8% raped;
31% whipped or beaten;
35% bound, tied up or handcuffed;
31% solitary confinement;
23% deprived of sleep;
8% mock executions.

Sectarian violence continued, with all sides to the conflict committing human rights violations, resulting in an increasing number of civilians fleeing the country. The UN High Commissioner for Refugees (UNHCR) said that Baghdad remained the most violent area in the country, with government employees, journalists and members of religious minorities coming under attack. Torture was used by Iraqi police, security forces, militias including Kurdish militia and soldiers, most commonly in prisons, police stations and in detention.

<table>
<thead>
<tr>
<th>Country</th>
<th>New Referrals</th>
<th>Detained or Imprisoned</th>
<th>Raped</th>
<th>Whipped or Beaten</th>
<th>Bound, Tied up or Handcuffed</th>
<th>Solitary Confinement</th>
<th>Deprived of Sleep</th>
<th>Mock Executions</th>
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</thead>
<tbody>
<tr>
<td>Afghanistan</td>
<td>127</td>
<td>52%</td>
<td>17%</td>
<td>50%</td>
<td>27%</td>
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<td>10%</td>
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<td>Guinea</td>
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**REFERRALS 2008**
SOMALIA
92 new referrals (35 men, 48 women, 9 children). 21 cases analysed: 67% detained or imprisoned; 43% raped; 48% whipped or beaten; 24% bound, tied up or handcuffed; 5% solitary confinement; 5% mock executions.

Fighting intensified in Mogadishu while the country remained without effective central government. Human rights abuses were perpetrated by police, military and militias. Human rights defenders and journalists came under increasing attack, and women were specifically targeted. Human rights organisations reported that more than three million people were in need of humanitarian assistance, with those attempting to flee attacked by militias. The UK Foreign and Commonwealth Office noted that people were largely without state protection or access to security.

<table>
<thead>
<tr>
<th>Country</th>
<th>Total New Referrals</th>
<th>Detention Status</th>
<th>Solitary Confinement</th>
<th>Mock Executions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Somalia</td>
<td>92</td>
<td>67%</td>
<td>5%</td>
<td>5%</td>
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<tr>
<td>SRI LANKA</td>
<td>187 new referrals</td>
<td>70%</td>
<td>11%</td>
<td>10%</td>
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<td></td>
<td>(123 men, 60 women, 4 children)</td>
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<td></td>
<td>84 cases analysed</td>
<td>30%</td>
<td>11%</td>
<td>10%</td>
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<td></td>
<td>50%</td>
<td>42%</td>
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<td>47%</td>
<td>38%</td>
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<td></td>
<td>11%</td>
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<td>10%</td>
<td>30%</td>
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Conditions deteriorated seriously when the already fractured ceasefire was officially broken by the government and rival forces. Civilians were targeted, as well as people with any political allegiances. The MF documented an increasing number of cases of people arriving with more prominent scars as a result of torture.

TURKEY
92 new referrals (66 men, 24 women, 2 children). 49 cases analysed: 60% detained or imprisoned; 29% raped; 37% whipped or beaten; 25% bound, tied up or handcuffed; 29% solitary confinement; 8% deprived of sleep; 2% mock executions.

The longstanding conflict between Kurdish separatist groups and the Turkish military continued. Human rights organisations recorded an increasing number of human rights abuses, including torture. Police and security forces continued to operate with impunity, torturing political dissidents, people of Kurdish ethnicity and human rights defenders. Arbitrary arrest, torture and ill-treatment occurred in unofficial detention centres and prisons, with no independent monitoring of conditions.

<table>
<thead>
<tr>
<th>Country</th>
<th>Total New Referrals</th>
<th>Detention Status</th>
<th>Solitary Confinement</th>
<th>Mock Executions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Turkey</td>
<td>92</td>
<td>65%</td>
<td>30%</td>
<td>4%</td>
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<td></td>
<td>53%</td>
<td>29%</td>
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<td>30%</td>
<td>25%</td>
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<td>25%</td>
<td>29%</td>
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</tbody>
</table>

SRI LANKA
187 new referrals (123 men, 60 women, 4 children). 84 cases analysed: 70% detained or imprisoned; 30% raped; 50% whipped or beaten; 47% bound, tied up or handcuffed; 38% solitary confinement; 11% deprived of sleep; 10% mock executions.

The UN Special Rapporteur on torture concluded that torture was widespread throughout Sri Lanka. Conditions deteriorated seriously when the already fractured ceasefire was officially broken by the government and rival forces. Civilians were targeted, as well as people with any political allegiances. The MF documented an increasing number of cases of people arriving with more prominent scars as a result of torture.

UGANDA
46 new referrals (17 men, 25 women, 4 children). 17 cases analysed: 65% detained or imprisoned; 53% raped; 30% whipped or beaten; 30% bound, tied up or handcuffed; 29% solitary confinement; 8% deprived of sleep; 2% mock executions.

The 20-year conflict between the government and the armed group, the Lord’s Resistance Army (LRA), continued, despite peace talks in 2008. According to the Coalition to Stop the Use of Child Soldiers, 25,000 children had been abducted by the LRA since the beginning of the conflict. Children were also recruited by the army and auxiliary defence units. Human rights abuses persisted in northern Uganda in particular, torture and unlawful detention continued and violence against women was widespread.

ZIMBABWE
108 new referrals (39 men, 66 women, 3 children). 26 cases analysed: 73% detained or imprisoned; 42% raped; 44% whipped or beaten; 23% bound, tied up or handcuffed; 15% solitary confinement; 4% mock executions.

Torture continued to be used systematically as a method of suppressing political dissent. New country guidance issued as a result of a UK Asylum and Immigration Tribunal ruling concluded that unsuccessful asylum applicants from Zimbabwe would be at risk if returned, particularly where they could not demonstrate support for or loyalty to Zanu PF. It added that the power sharing agreement between the Movement for Democratic Change and Zanu PF was no guarantee of a reduced risk.
scaping torture invariably means enlisting the help of a stranger, entrusted with finding a route to safety. Arriving in the UK, which many people are not even aware is their destination, can be a daunting experience. At these early stages of flight and arriving in another land, the survivor’s life is in somebody else’s hands.

Finding some level of stability in their home and community is essential if those fleeing torture are to feel safe enough to confront their trauma, supported by people and services that can aid their rehabilitation.

When the policy of dispersing people to communities across the UK was first introduced with the 1999 Immigration and Asylum Act, many survivors were moved to areas that lacked the infrastructure to support their particular needs.

At the same time, asylum seekers were withdrawn from the mainstream benefits system and reduced to living on vouchers.

Ten years on, dispersal remains a mainstay of the asylum process. Rather than avoiding social exclusion, through placing asylum seekers in smaller communities, the policy of dispersal risks creating pockets of isolation in areas throughout the UK.

Before 2000, 85% of refugees and asylum seekers lived in London. Now, it is estimated that 150,000 are located outside London, in more than 100 cities and towns across the UK.

Jude Boyles manages the Medical Foundation centre in the North West, a region where by September 2008, the Home Office had registered 6,020 asylum seekers as either living on subsistence only support or in Government supported accommodation, making it the largest area of dispersal in the UK.

Since the MF opened a centre in Manchester in 2003, a lengthy program of building contacts and partnerships with other groups has seen the region adapt to the needs of torture survivors. Many survivors have been able to establish new lives in supportive communities.

Yet services remain limited by funds and resources – there is still an undercurrent of instability. Referring people to other care providers when the MF does not have the capacity to treat them is a constant challenge.

“Many survivors we have worked with have faced both destitution and removal. We work hard to stabilise their social situations as well as offering ongoing therapeutic care,” says Jude.

“Equally, we work hard to train staff in other organisations working with survivors to ensure that people have access to services and support across the region. Many services are overstretched and it can be hard for them to see how they can cope with a greater demand on their time, but with training and supervision, they can do great work, and many do.”

Engendering this level of care and understanding is one of the key priorities for the MF’s national development program. It has become increasingly important as the Government continues with dispersal, with estimates of the proportion of torture survivors dispersed varying between 10 and 40% of newly arriving asylum seekers.
“To ensure that torture survivors throughout the UK have access to treatment and are supported in gaining protection”

According to UK Home Office records until September 2008, after the North West, the second highest concentration of dispersed asylum seekers is in Yorkshire and Humberside, where 4,680 are registered; followed by 4,355 in the West Midlands; 2,760 in Scotland and 2,425 in the North East.

Yet the official figures only tell half the story. They do not take account of the untold number of torture survivors held in initial accommodation centres across the country, nor do they include some 4,600 unaccompanied asylum-seeking children who are supported by local authorities, or the 10,220 asylum seekers whose claims have been refused and for whom social assistance support is limited strictly to accommodation and food vouchers.

Of even greater concern is that the UK Home Office figures fail to acknowledge the number of people who are destitute and completely unsupported.

In a bid to respond to this growing need, the MF has had to extend its reach beyond London. With centres already in Scotland, the North West, the North East, and now the West Midlands, there are plans to open a sixth in Yorkshire and Humberside in 2010.

The core focus of the MF’s outreach work is to develop a model that is by no means a substitute for the lack of state-supported services, but does provide support to other organisations to ensure that the needs of torture survivors are not neglected.

Alex Sklan, Director of National Development, says: “Our challenge is to try to identify people as early as possible. But we should never lose sight of the bigger picture. There’s an invisible group of people who we are not getting to hear about, survivors who are unable to express themselves and unable to access any help or support.”

MF clinicians engage with professionals through a program of study visits and training days to provide advice and support to help them better understand how to work with torture survivors who find themselves in the mainstream health care system. In London, the MF is looking for opportunities to work with other agencies as part of ongoing work to improve access to care and support within the capital.

“Good services have been developed in many places across the UK,” adds Alex. “The MF has certainly played its part in that, but we all have a responsibility to improve access to those services to which torture survivors are entitled. That requires resources and awareness in order that those services are sustained.”
Finding somewhere to belong is an important step for those made to abandon the people and places that once formed the basis of their lives. Some clients have therefore described the Medical Foundation as “home”, representing an environment in which they feel secure and understood.

Education and counselling specialist Sheila Kasabova works with clients aged between 15 and 23 who have often been brought to the UK by agents, having been separated from parents they may have seen killed or raped. They are left to live independently when psychologically they may be less advanced than their resilience suggests.

“For them, the Medical Foundation becomes somewhere safe, and safety is a prerequisite for doing any therapeutic work,” says Sheila.

After a year of counselling Sheila had to find a way of helping a girl to talk about her past in preparation for an immigration appeal against the Home Office’s refusal to grant refugee protection. This was particularly difficult given the fact that the girl’s sense of reality was still so dislocated by what she had suffered.

Therese was 16 when she was taken from her home by military officers, who claimed they had arrested her mother and that Therese was wanted for questioning. She was detained for three weeks, raped daily and kept as a servant, until she found an opportunity to escape. With her mother disappeared and her own life in danger, Therese was sent from the Democratic Republic of Congo to the UK.

When Therese’s lawyer asked the MF to prepare a counselling report to substantiate her testimony, a process began that required Sheila and Therese to probe the very memories Therese had avoided for so long.

“Therese was in a very bad state and had not said a great deal about her history up until then,” explains Sheila. “With children and young people in particular, their lives can be split into so many parts. Our role is to find a way of helping them to live with their history, to accept it as part of their lives in such a way that they can move forward without being dominated by the past.”

Sheila accompanied Therese throughout the appeal process, in which Therese had to recount her ordeal once again, something she felt safe enough to do with the reassuring presence of her counsellor.

“It’s an extremely distressing process for the clients and as a counsellor, because you realise that you can only help clients to manage the terror, but you don’t have the power to make everything right,” says Sheila. “What we can do is offer continuity, which is so important for young people whose feelings are so uncontained, whose identities are so fragmented.”

The sense of home that the MF establishes goes beyond the walls themselves. It is a network of individuals and teams who foster supportive relationships between clinicians and clients, and also between staff members.

Sheila adds: “Clients feel that they are known, believed and respected here – all things which they are generally without everywhere else. For staff, we are all part of a team, which is just as important in providing us with a place of safety and support.”
To ensure that staff and volunteers are supported in providing excellent services to survivors of torture and organised violence

A SURVIVOR’S STORY

For Nuurto and Muday, the idea of talking about the past was at once terrifying and incomprehensible, for they had been persecuted in a country where everyone was a potential enemy.

In Mogadishu, aged 16, Muday had seen his mother raped and his father beaten when a gang of armed men broke into the house and opened fire on the family.

Nuurto had seen her father shot dead and her siblings abducted. She too was captured and raped. Muday later tried to protect her from a further sexual assault, but had a gun held to his head and was told neither would be spared if he tried to intervene.

Fleeing Somalia, the couple witnessed such suffering, murder and inhumanity that even now, eight years later, it haunts them still.

With their two children, Nuurto and Muday were referred to the Medical Foundation for family therapy. Initially, they were too scared to talk. Yet they were overwhelmed by the secrets they had buried so deep, and desperate to safeguard themselves against future psychological harm.

“I feared people would consider me less than human,” says Nuurto. “I was so angry because I felt I hadn’t been able to protect myself or my family.”

“Then I began telling my husband that we had an opportunity and a responsibility to try to get better.”

Muday compares the process to building a house – therapy helped them to accept their past as part of the foundations, which they could move on from as they built their future.

“Day by day, week by week, we started to go forward,” he says. “Once, it was like we were in a hole; the MF helped to take us out of that hole. Talking became a way of cleansing ourselves, of purging the memories.”

One of the most powerful effects of therapy for Nuurto and Muday has been the confidence it has given them to rediscover their independence and resourcefulness.

Nuurto adds: “All we wanted was the help to care for ourselves. We discovered that there are good people who can help us to become what we want to become.

“I might never feel free of the past, I’m not the same person as I was before, and there will always be something that reminds me. But I feel that I can now go forward.”

*Some of the details in these stories, including the names of the survivors, have been changed to protect the identities of those involved.

OUR STAFF:
The Medical Foundation employs a total of 160 people across the five centres in London, Manchester, Newcastle, Glasgow and Birmingham, including interpreters, clinical psychologists, counsellor-caseworkers, psychiatrists, family therapists, psychotherapists, group workers, a music therapist, a child psychotherapist, an education counsellor, a social worker, doctors, fundraisers, trainers, a librarian, legal advisors, journalists, and a human rights research officer.

In addition, more than 200 volunteers dedicate their time to the organisation, including doctors, physiotherapists, legal volunteers, an art therapist, a massage therapist, and more than 20 others who support young clients as part of a befriending scheme.

OUR SERVICES:
Referrals for help continue to come into the Medical Foundation at a rate consistent with previous years, with more than 2,000 requests for help received in 2008.

A total of 27,072 appointments were offered across 22 services. The majority of appointments (36.6%) related to casework and counselling, followed by group therapy (25.8%).

There were 27 adult groups running in 2008, including groups in the North West and Scotland centres. Other sought-after services included family and couple therapy, complementary therapy and psychotherapy.

610 medico-legal reports (MLRs) were completed in 2008, detailing the physical and psychological injuries sustained under torture.

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www.torturecare.org.uk
From the moment they enter the UK asylum and immigration process, torture survivors face a catalogue of obstacles in a complex system meant to identify those in need of international protection. Having already lost the communities and networks that once made sense of their world, they find themselves in a system that is fundamentally disempowering.

The Universal Declaration of Human Rights states that “everyone has the right to seek and enjoy in other countries asylum from persecution”. Every state has a responsibility to ensure that when a person seeks haven in their country, it provides them with protection on behalf of the international community.

But, that right can only be delivered if countries have fair systems for determining who needs protection. Many governments fail in upholding the right to seek asylum, given the emphasis on controlling borders. For many torture survivors, who are often the least able to negotiate their way in the asylum system, this can mean a struggle to gain protection.

According to a National Audit Office review of how asylum applications are managed by the UK Border Agency, full screening interviews are not taking place in more than a quarter of cases at the point when people claim asylum. People fleeing torture and persecution are then denied a chance to disclose their history at a stage when it could make a decisive difference to their future. Many are subsequently detained unjustly and deprived of appropriate mental health services.

Torture survivors who are identified and referred to organisations like the Medical Foundation are only the tip of the iceberg. Many more are thought to be caught up in the backlog of thousands of cases that the Home Office has yet to resolve, with some people’s cases delayed for years.

Anqa Butt, Asylum and Immigration Legal Advisor at the MF, says: “The biggest issue our clients face is when they are shunted into a process where everything slows down and they are left in limbo. That’s the point at which they begin to get frustrated and need the support of clinicians here at the MF and our legal advice to advocate on their behalf.”

The UN Convention against Torture obliges governments to provide victims of torture with “the means for as full rehabilitation as possible”. But little has been done to understand what this right means in practice, and as a result, it is not fulfilled.

The reality is that the MF continues to provide rehabilitation and support services that would otherwise be lacking. Assisting clients to secure their housing and welfare rights is a major part of that work.

The threat of poverty and destitution is a constant concern. Survivors who are overwhelmed by the practical daily challenges of life are not always able to effectively address the trauma of their past, stunting their efforts to move forward in life.

Despite guidelines which entitle asylum-seeking torture survivors to health care, many still struggle to access vital services.
Torture survivors are accommodated in places that do not meet basic requirements for an adequate standard of living, with some housed in properties infested by pests, where doors do not lock and windows do not shut.

People who would ordinarily receive support from local authorities under section 21 of the National Assistance Act 1948 because they need “care and attention” are now being turned away, often to destitution, because many authorities deny that these needs can arise because of mental health difficulties.

From the outset, a compressed, target driven system militates against the best interests of the child: a lack of resources for children’s casework on the part of the UK Border Agency; a process that prioritises speed and does not allow the time required for proper disclosure; inappropriate cross examination by the Home Office during judicial proceedings; and an inadequate understanding of what constitutes serious harm to a child.

However, there are indications of positive change. The Government has withdrawn the reservation it entered when it ratified the UN Children’s Convention, which for 17 years had allowed it to bypass asylum-seeking children’s welfare rights in the interests of immigration control. And a new code of practice has made it incumbent on the UK Border Agency to ensure that the best interests of the child remain paramount.

Through a series of joint initiatives with other NGOs, the MF has lobbied the Government to report to UN treaty bodies, including the Committee on Economic, Social and Cultural Rights, on how it is addressing problems of destitution and meeting its obligations to provide adequate standards of living as defined by international human rights and refugee standards.

Crucially, defending the rights of torture survivors means empowering survivors themselves as well as those who represent them. The MF continues to foster relations with legal representatives who can defend those who might otherwise fall through the net.

Ensuring the voices of survivors are heard in the determination process is even more urgent in the cases of children who continue to be wrongly assessed as adults or who go unnoticed because they arrive with families. The consequences of this can be dire, with adolescents placed in adult detention facilities, an environment where they are extremely vulnerable.

The risk of removal becomes much higher where a child deemed an adult is liable to detention, or where attempts are made to forcibly remove the family. In both cases, the right to psychological recovery, as contained in Article 39 of the UN Convention on the Rights of the Child, is not suitably met.

Many older adolescents who arrived in this country as separated children still do not have permanent status which can leave them in constant fear of removal. Where children are treated as adults, they then receive adult services and enter a process where they do not receive leaving care support and cannot access further education, and so can never properly integrate.

“To respond to the changing needs and circumstances of those seeking help after fleeing torture and organised violence”
or many torture survivors, pursuing justice is an essential part of their rehabilitation. But it is not uncommon for victims of human rights abuses to feel silenced and that they have no voice.

A crucial part of the work of the Medical Foundation is to provide opportunities for torture survivors to have a direct say in the care and treatment services they receive. It is equally important to build the capacity of survivors to become advocates in exposing the crime of torture and claiming all of their rights in the UK.

The immediate concern for those forced from their homelands, however, is often to find support in coming to terms with the trauma. As time goes on, many survivors want to claim all of their rights, from rehabilitation to recognition as a refugee, to gaining secure legal status in the UK in order to live without fear of being forcibly returned to the very places they fled. Many also want help in accessing the social and welfare rights that will enable them to rebuild a life where they can take part in employment, education and society.

Mahmet, now a member of the Medical Foundation’s Service Users’ Group, fled Chad three years ago: “My first thoughts were about what I was going to do, how I was going to do it, if I was even going to carry on. When somebody hurts you, your first feeling as a human being is anger. I thought that there was no justice in the world.

“My vision is quite different now. Those organisations that say they are fighting for human causes need to educate people about what human rights mean. Then people could question the governments of their countries and really fight for human rights.”

For John, the biggest injustice was not the abuse he suffered at the hands of the Eritrean
To increase the involvement of clients in our thinking and decision-making processes and to empower them to be active in society.

WHERE IS THE JUSTICE?

Ahmed, 37, fled to the UK from Sudan after being detained and tortured. He is the only surviving member of his immediate family; his father, mother, two brothers and two sisters were killed in a series of attacks by militia. The whereabouts of his wife and two children are unknown to him. His experiences have been documented by the Medical Foundation. He receives psychotherapy at the Scotland centre.

"I am not asking for things that other people cannot have. I would simply like to see all people having some peace, justice and security. “The main problem is a system which is not reflective of human rights. The way it plays
With a recession looming and growing demands for our services, 2008 looked like a very difficult year. Yet despite the fear of an economic down-turn our supporters continued to stand by us, recognising the urgency of our cause and the ongoing plight of those fleeing torture and organised violence.

Looking forward to 2009 we face the same challenges, and while we are fully prepared to meet those challenges, we remain realistic about what can be achieved. Throughout our history, we have been fortunate to rely on an intensely loyal group of people who make our work possible. Now more than ever, we hope that those same people will continue to lend us their support.

In return, we promise to make the most of every penny in providing care and treatment for survivors, and striving for a world without torture.

**INDIVIDUALS:**
Our supporters come from many backgrounds, but all are an integral part of the Medical Foundation family. Over two thirds of the organisation’s income is generated by individual donors, people who respond to appeals and newsletters, who buy raffle tickets, and who raise money in many ways, often going to extraordinary lengths. Journeys taken by supporters in 2008 spanned the entire globe, including a cycle ride across Vietnam and dog sledding in the Arctic Circle.

**EVENTS & APPEALS:**
During 2008 we held a number of events that raised funds and brought supporters together. For our supporters’ reception in June, members of Write to Life, a therapeutic writing group, gave readings of their work; while cutting edge musicians headlined a concert at Shepherds Bush Empire in London to celebrate the 60th anniversary of the Universal Declaration of Human Rights.
For our 2008 Christmas appeal we told the story of Hassan, a young client who was separated from his family as they fled violence in Afghanistan. His experiences were horrific; he had been forced to flee Afghanistan after his family were targeted by the Taliban, leaving him very damaged by what he had suffered and troubled by what had become of his family. We asked supporters to send their messages of support to Hassan. We were touched by the tremendous response. Every year, our appeals help to show survivors that they are not alone and that in the face of the hostility and disbelief they so often face, there are people who genuinely care and want to help however they can.

**GROUP SUPPORT:**
Our local supporters’ groups are made up of inspiring, committed people who take the work of the Medical Foundation into their local communities, alerting people to the important work we do and raising the money that makes it possible. From Glasgow to Cornwall, from South Wales to Kent, they give their time to ensure the MF has a presence across the UK.

www.torturecare.org.uk
CORPORATES:

2008 saw us develop existing and new partnerships with companies. We were delighted that 2008 marked the fourth year of working with the Co-operative Bank and Triodos Bank. We were equally thrilled to build on a new relationship with Investing Ethically, as well as on the established 14-year relationship with the Ethical Investors Group. Our thanks extend to all of the other companies with whom we have worked and all the employees too numerous to mention whose dedication makes a difference to the important work of the Medical Foundation.

TRUSTS & GRANTS:

Thanks go to a wide range of trusts and grant makers who contributed to our work in 2008. While we are unable to name all of those who have supported us, we would like to acknowledge the following, who have had a particularly significant impact on our work:

- A&S Burton Charitable Trust
- Aim Foundation
- BBC Children in Need
- Beatrice Laing Trust
- Big Lottery
- City Parochial Foundation
- Col. WW Pilkington Will Trust
- Department of Health
- DG Charitable Trust
- GC Gibson Charitable Trust
- Drapers Charitable Trust
- Economist Trust
- Eleanor Rathbone Charitable Trust
- Gunter Charitable Trust
- Indigo Trust
- Jack Petchey Foundation
- Lambert Charitable Trust
- Lloyds TSB for Scotland
- Man Group plc Charitable Trust
- Miss K M Harbinson’s Charitable Trust
- Mirianog Trust
- Newby Charitable Trust Limited
- New Philanthropy Capital
- Richard and Betty Lawes Foundation
- Richard Cloudesley Charity
- Robertson Trust
- Rufford Maurice Laing Foundation
- Samuel Sebba Charitable Trust
- Scottish Executive
- Sharegift
- Stanley Thomas Johnson
- Tolkien Trust
- UN Voluntary Fund for Victims of Torture
- William A Cadbury

“Generating Funds”

2008 saw us develop existing and new partnerships with companies. We were delighted that 2008 marked the fourth year of working with the Co-operative Bank and Triodos Bank. We were equally thrilled to build on a new relationship with Investing Ethically, as well as on the established 14-year relationship with the Ethical Investors Group. Our thanks extend to all of the other companies with whom we have worked and all the employees too numerous to mention whose dedication makes a difference to the important work of the Medical Foundation.

To attract sufficient sustainable funding from a wide variety of sources."
This place is very helpful to me. I feel safe here. I am so thankful for the support.

I was really depressed and wanted to die. But thanks to the Medical Foundation, I got my willingness to live and the medical report helped me to obtain the status to live in the UK.

It was like a door had been opened to me and every time I came here it was a relief. It was like being covered and protected by a shell.

Counselling helped to break the solitude but it also helped me to come back to life again.
# Financial Overview of 2008

**Consolidated Income and Expenditure Account for the Year Ended 31 December**

<table>
<thead>
<tr>
<th></th>
<th>2008 £’000</th>
<th>2007 £’000</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Incoming resources</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Voluntary income from:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Individuals</td>
<td>4,785</td>
<td>5,720</td>
</tr>
<tr>
<td>Trusts &amp; foundations</td>
<td>612</td>
<td>705</td>
</tr>
<tr>
<td>Government and public bodies</td>
<td>480</td>
<td>803</td>
</tr>
<tr>
<td>Legacies</td>
<td>1,027</td>
<td>588</td>
</tr>
<tr>
<td>Companies</td>
<td>39</td>
<td>23</td>
</tr>
<tr>
<td>Income from charitable activities</td>
<td>233</td>
<td>175</td>
</tr>
<tr>
<td>Activities for generating funds</td>
<td>138</td>
<td>151</td>
</tr>
<tr>
<td>Investment income</td>
<td>68</td>
<td>24</td>
</tr>
<tr>
<td><strong>Total incoming resources</strong></td>
<td><strong>7,382</strong></td>
<td><strong>8,189</strong></td>
</tr>
<tr>
<td><strong>Resources used</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Direct charitable expenditure:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Medical, therapeutic and casework</td>
<td>4,306</td>
<td>4,132</td>
</tr>
<tr>
<td>Education, training and information</td>
<td>723</td>
<td>676</td>
</tr>
<tr>
<td>Human rights work</td>
<td>371</td>
<td>355</td>
</tr>
<tr>
<td>Overseas projects expenditure</td>
<td>-</td>
<td>24</td>
</tr>
<tr>
<td>Relief grants to individuals and families</td>
<td>125</td>
<td>128</td>
</tr>
<tr>
<td>Management and administration</td>
<td>25</td>
<td>31</td>
</tr>
<tr>
<td><strong>Sub-total direct charitable expenditure</strong></td>
<td><strong>5,550</strong></td>
<td><strong>5,346</strong></td>
</tr>
<tr>
<td>Cost of generating funds</td>
<td>1,975</td>
<td>1,868</td>
</tr>
<tr>
<td><strong>Total resources used</strong></td>
<td><strong>7,525</strong></td>
<td><strong>7,214</strong></td>
</tr>
<tr>
<td><strong>Net Income/(expenditure)</strong></td>
<td><strong>(143)</strong></td>
<td><strong>975</strong></td>
</tr>
<tr>
<td><strong>Gains/(losses)on investments</strong></td>
<td><strong>(3)</strong></td>
<td><strong>2</strong></td>
</tr>
<tr>
<td><strong>Net movement in funds - surplus/(deficit)</strong></td>
<td><strong>(146)</strong></td>
<td><strong>977</strong></td>
</tr>
<tr>
<td>Balance b/f 1 January</td>
<td>6,302</td>
<td>5,325</td>
</tr>
<tr>
<td>Balance c/f 31 December</td>
<td><strong>6,156</strong></td>
<td><strong>6,302</strong></td>
</tr>
</tbody>
</table>

These are summary accounts prepared by our Finance Director. Full audited accounts showing the split between restricted and unrestricted funds and accompanied by detailed notes are available from our Finance Department on 020 7697 7752 or can be downloaded from our website www.torturecare.org.uk

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**The John McCarthy Fund for the Future**

John McCarthy set up his “Fund for the Future” in 2005 to mark the Medical Foundation’s 20th anniversary year. His own experience of kidnap in Beirut led him to set up the fund to appeal for legacy pledges, so that the Medical Foundation will be able to plan ahead, confident that the services so seriously needed by torture survivors will be there in the years to come.

A gift for the Medical Foundation in your will is a powerful statement that torture is wrong and always will be.

A gift in your will demonstrates your belief that torture is never acceptable. It is a declaration of your values that will live beyond your own lifetime and give hope and care long into the future.

---

**Please complete the form and return it in an envelope addressed to:**

Fund for the Future, The Medical Foundation, FREEPOST WD4196, London N7 7BR

- I would like to receive more information about the work of the Medical Foundation and how I can help torture survivors.
- I would like to receive more information about making or changing a will.
- I have already included the Medical Foundation in my will.
**FINANCIAL OVERVIEW OF 2008**

**CONSOLIDATED BALANCE SHEET AS AT 31 DECEMBER**

<table>
<thead>
<tr>
<th></th>
<th>2008</th>
<th>2007</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>£’000</td>
<td>£’000</td>
</tr>
<tr>
<td>Fixed Assets:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tangible fixed assets</td>
<td>5,140</td>
<td>5,094</td>
</tr>
<tr>
<td>Investments</td>
<td>7</td>
<td>10</td>
</tr>
<tr>
<td>Current Assets:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Debtors and prepayments</td>
<td>743</td>
<td>803</td>
</tr>
<tr>
<td>Cash at hand, in bank and short-term deposit</td>
<td>1,440</td>
<td>1,552</td>
</tr>
<tr>
<td></td>
<td>2,183</td>
<td>2,355</td>
</tr>
<tr>
<td>Creditors: amounts falling due within one year</td>
<td>(404)</td>
<td>(535)</td>
</tr>
<tr>
<td>Net current assets</td>
<td>1,780</td>
<td>1,820</td>
</tr>
<tr>
<td>Total assets less current liabilities</td>
<td>6,926</td>
<td>6,923</td>
</tr>
<tr>
<td>Creditors: amounts falling due after one year</td>
<td>(770)</td>
<td>(621)</td>
</tr>
<tr>
<td>Net assets</td>
<td>6,156</td>
<td>6,302</td>
</tr>
<tr>
<td>Funds</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Unrestricted Funds</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fixed Assets Reserve</td>
<td>4,079</td>
<td>4,132</td>
</tr>
<tr>
<td>General Reserve</td>
<td>1,493</td>
<td>1,517</td>
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<tr>
<td>Trading company funds</td>
<td>−</td>
<td>−</td>
</tr>
<tr>
<td></td>
<td>5,572</td>
<td>5,649</td>
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<tr>
<td>Restricted Funds:</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>584</td>
<td>653</td>
</tr>
<tr>
<td></td>
<td>6,156</td>
<td>6,302</td>
</tr>
</tbody>
</table>

This is a summary Balance Sheet prepared by our Finance Director. Full audited accounts accompanied by detailed notes are available from our Finance Department on 020 7697 7752 or can be downloaded from our website www.torturecare.org.uk.