MEMORY, DISCLOSURE AND CREDIBILITY
implications for the forensic assessment of asylum seekers

Dr Stuart Turner
University College London
and
Dr Jane Herlihy
Traumatic Stress Clinic, London

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Introduction
The credibility of an asylum seeker has become a central question in determining asylum status. Under the Geneva Convention, there is a need to demonstrate a (future) well-founded fear of persecution; a (past) history of persecution, such as torture, can help to ground this fear. However, typically there is no documentary evidence of past persecution. Success or failure often appears to depend on the degree to which their account is believed. If the information they give is not consistent, then this may be interpreted as indicating that the events being described never took place. Of course this may be correct but, as will be demonstrated here, it is wrong to assume that inconsistency always implies a lack of credibility. In the interests of justice it is always essential to consider other common explanations. Central to these is the accuracy of memory and recall although there are other potential barriers to consistent disclosure.

Barriers to Disclosure
Although some people fabricate some or all of their accounts, many others are falsely thought to be fabricating. Barriers to disclosure include:

- When the interview is conducted poorly, especially if there has been insensitivity to gender and cultural issues.
- When the applicant has background emotional and physical difficulties as a consequence of posttraumatic stress disorder (PTSD), depression or the consequences of head injuries, there may be impairment of concentration and an impact on memory.
- There may have been, and continue to be, episodes of dissociation.
- The person might be ashamed to disclose some events, especially to a person in authority, for example if there has been sexual trauma (including rape).
• He or she might have learned to avoid thinking about traumatic events to minimise fear and other emotional responses (typical in PTSD).
• Finally, the normal processes of recall may lead to inconsistencies.

Refugee mental health
Refugees have typically had complex experiences including those to do with persecution and trauma. As a consequence, although many escape psychological injury, as a group they are at increased risk of emotional difficulties. There are four common psychological themes, describing these reactions:

• PTSD, related to direct exposure to (often malicious) violence;
• depression, related to bereavement and loss;
• somatisation, for example where physical violence has been used to force psychological change;
• the ‘existential dilemma’ of the refugee whose core beliefs about the world have been seriously challenged.

Pre- and post-traumatic events are important in this context. For example, the risk of PTSD is affected by the quality of social support and by concurrent life stresses. Similarly, in a group of refugees from Iraq, poor social support was a stronger predictor of depression than past trauma factors.

PTSD and depression
Both in PTSD and depression, impairment of concentration is a common symptom. The DSM-IV diagnostic manual lists “inability to recall an important aspect of the trauma” and “difficulty concentrating” as two of the characteristic elements of PTSD. Similarly, it identifies a “diminished ability to think or concentrate, or indecisiveness” as a characteristic of depression (Major Depressive Disorder). There are obvious implications for the assessment of memories.

Dissociation
Dissociation is a disruption in the usually integrated functions of consciousness, identity, memory and perception. This is a psychological condition that may be evident during severe stress (perhaps as a psychological protection mechanism). It may recur with memories of the incident, especially at times of high arousal. It may present in a range of ways. Dissociation
at the time of trauma may be described, for example, as being in a daze, or as if the event were not really happening. Afterwards, there may be psychogenic amnesia for aspects of the event. Dissociation may also occur during the retelling of an account. This may manifest itself as the person appearing blank and unresponsive. There may be a large impact on performance in spite of the fact that often these phenomena are relatively subtle (unlike the very obvious disturbances of consciousness associated with post-traumatic epilepsy).

**Shame**

PTSD is typically associated with the strong emotion of fear but there are other dominant emotional reactions including guilt, anger and shame. Where there is a history of sexual assault (including rape) there is a characteristic reaction\(^8\) with more avoidance symptoms (e.g. trying not to think about the event, avoiding triggers, emotional numbing, psychogenic amnesia) than in other forms of torture. This means that the nature of the response may be different; the event is one that sometimes simply cannot be shared with anyone. Sexual assault is often associated with shame (in which avoidance is typical) and strong cultural taboos. Until there is a feeling of sufficient safety and a willingness to trust, there may be a prolonged delay in disclosure of this type of incident.

**Inconsistent recall**

In normal life, memories are sometimes unreliable. It might be assumed that memories of trauma would be especially likely to be completely and accurately retained (and recalled). In fact, the picture is much more complicated. In an empirical investigation of memory in refugees, asked on two occasions a series of standard questions about a trauma and a non-trauma memory, discrepancies were common\(^9\). This was a research investigation in people who had come to the United Kingdom under a UN sponsored programme. There was no obvious motivation to deceive. The mean (overall) discrepancy rate, however, showed differences in about one-third of the answers. Detailed analyses highlighted degree of traumatisation and delay between the interviews as important factors. For the memories of the traumatic event, peripheral detail appeared more vulnerable to inconsistent recall than the central gist of the traumatic experience. This is consistent with other research into traumatic memory. To rely on inconsistency as a proof of fabrication is simply not supported by the evidence.
This research is supported by some recent experimental work from the USA in which Morgan III et al.\textsuperscript{10} studied over 500 military personnel going through so-called "survival schools" (mock prisoner of war camps run by the US military). These were fit volunteers. They knew that ultimately they would be safe. They were exposed to a simulation of wilderness evasion, followed by mock captivity in the POW camp. The details of the training are described as “classified” but included interrogations and stressors “modelled from the experience of actual military personnel who have been prisoners of war”. There were high and low stress interrogations starting after 12 hours of captivity. These interrogations involved either one or two people in well-lit room (different people for the high and low stress conditions). All participants had been exposed to the stress of uniform sleep and food deprivation for about 48 hours prior to being subjected to interrogation stress. Upon release, they were given access to food and rest. Twenty-four hours after release, they were tested for recognition of their interrogator. The best result for recognition of the high stress interrogator (using photographs of interrogators in the identical clothes to improve performance) was a 66% correct positive identification.

If fit young military personnel exposed to much less trauma than many refugees and tested only 24 hours afterwards make mistakes like this, it is certain that very many asylum seekers asked questions months or years later about their traumas will have unreliable memories. The authors conclude that “all professionals would do well to remember that a large number of healthy individuals may not be able to correctly identify suspects associated with highly stressful, compared to moderately stressful, events. Furthermore, these data raise the possibility that other types of stress-induced memory deficits (such as narrative memory) may also exist in healthy individuals.” This research fundamentally challenges the assumptions about consistency of memory commonly made in asylum determinations.

**Conclusions**

There are very many reasons why people who have been persecuted and tortured may have poor recall of their experiences. There can be great variation between accounts told to different people at different times. This short report has considered some of these factors. Many of these discrepancies can be explained from an understanding of the relevant
psychological processes. There is an urgent need for more research and a much more informed debate between specialists in these areas and those making these decisions.

References

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