



**THE WAY FORWARD: IMPROVING THE PROTECTION OF TORTURE VICTIMS IN  
LAW AND IN PRACTICE**

# **Time for Needs Final Conference**

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OF THE WORLD منظمة أطباء العالم LÄKARE I VÄRLDEN MEDICI DEL MONDO ΓΙΤΡΟΙ ΤΟΥ ΚΟΣΜΟΥ DOKTERS VAN DE WERELD MÉDICOS DO MUNDO MÉDICOS  
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« Access to health care for people facing multiple health vulnerabilities in 26 cities across 11 countries »

- 32 towns in 13 countries: report 2016 (2015 data)  
16 countries collected data in 2016
- More than 30 500 patients
- 94,2% foreigners, 24,7% EU mobile citizens.



# Violence and migration routes

**9.8% report having been victims of violence after arrival in Europe**  
(Observatory report 2015)

**21.1% of the reported rapes took place after the victim's arrival in the host country**

**17.7% of sexual assaults**

**19% from law enforcements and army bodies (Observatory report 2016)**

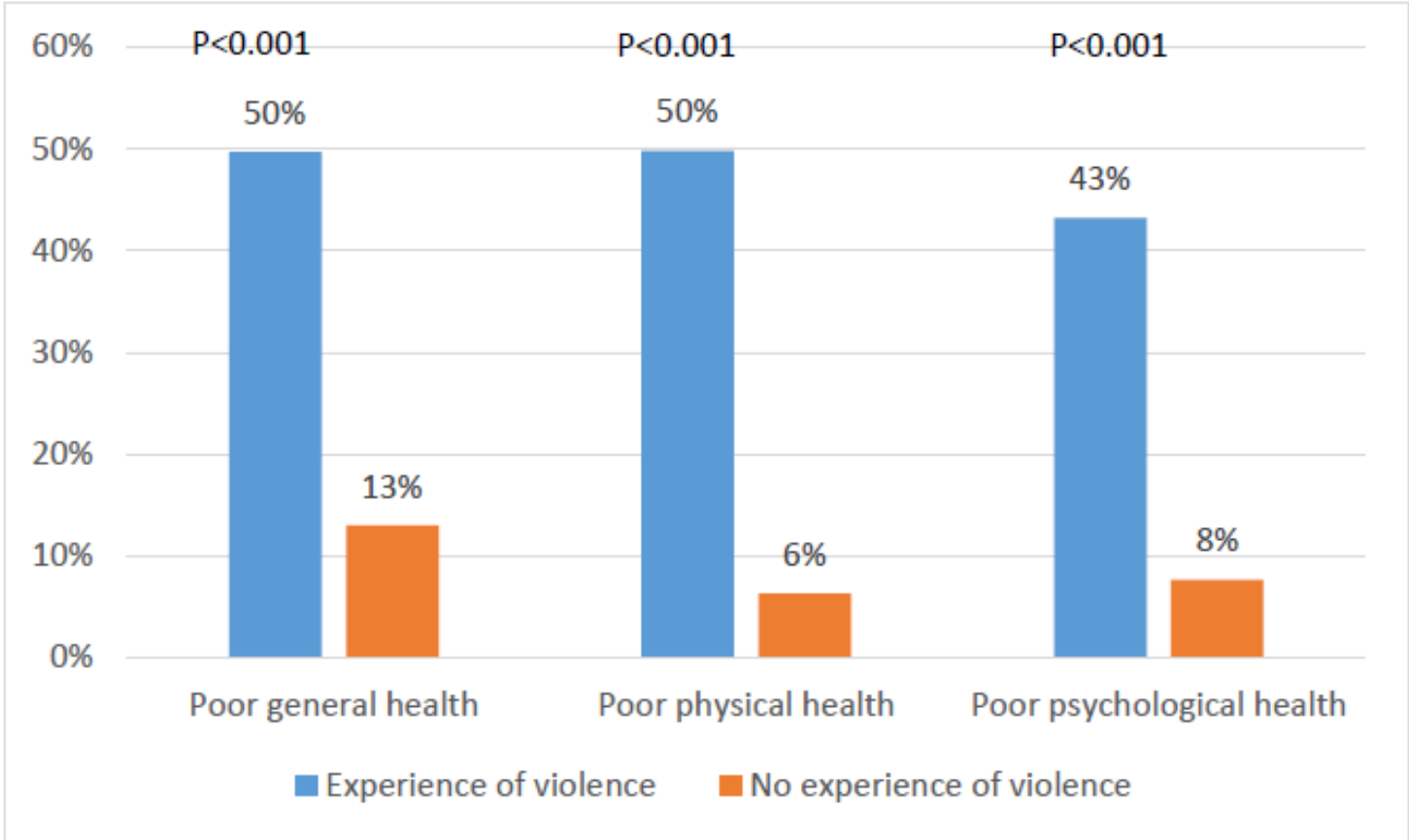
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# Violence caseload in MdM/partners clinics. 8 NGOs 11 countries project

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*Patient's own perceived state of health among people reporting experience of violence compared to people not reporting experience of violence*







# SOCIAL FORM 2016

Please inform about: patient rights, anonymized data capture, possibility to refuse to answer with no impact on service provided by MDM

Name of support/social worker: .....

1. Service user's number: ..... 2. Consultation date:     /     /      
                                  
di / mm / yyyy

New information to be captured in database

## GENERAL INFORMATION

Name: ..... 3. Sex:  Male

Surname: .....  Female

Nationality: ..... 4. Date of birth:     /     /    

Ethnicity (if declared): ..... mm / yyyy  
if month unknown use 07

5. Unaccompanied minor  YES  NO

6. Interpreter:  No need  YES - Present  YES - By phone  NO

If interpreter necessary -> what language

## PERCEIVED HEALTH



13. How is your **GENERAL** health? <sub>1</sub> Very good <sub>2</sub> Good <sub>3</sub> Fair <sub>4</sub> Bad <sub>5</sub> Very bad

14. How is your **PHYSICAL** health? <sub>1</sub> Very good <sub>2</sub> Good <sub>3</sub> Fair <sub>4</sub> Bad <sub>5</sub> Very bad

15. How is your **PSYCHOLOGICAL + EMOTIONAL** health? <sub>1</sub> Very good <sub>2</sub> Good <sub>3</sub> Fair <sub>4</sub> Bad <sub>5</sub> Very bad

IF YES please see why for action

11. Do you have children under 18 years old?  YES  NO

12. If YES -> you live with how many  All  None  
 Some

# Self perception of health status

vs

# Experience of violence



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Out of 31,838 individual health assessments on international migrants, 11,649 (36.6%) answered the question about the experience of violence, of which 16.0% answered positively.

People victim of violence were more likely to report a poorer general, physical, and psychological health.



# Identifying violence

**Not asking about history of violence runs the risk of missing psychological problems (depression, chronic anxiety, PTSD).**

**It also entails the risk of misdiagnosis or diagnostic errors when faced with unexplained physical disorders.**

**Detection of STIs.**

**Referrals - Specific extra medical needs (protection, social environment, justice ...) can be associated with healing process.**



# Creating an enabling environment

- Patients met at MdM rarely raised experiences of violence spontaneously during their consultation.
- Patients are open to such a line of questioning in the systematic examination of past violent experiences (if adequate time and environment are allocated). They understand, accept and are very supportive of routine questions about these issues.
- Reluctance to ask these questions comes mostly from the doctors because of lack of information, lack of time.
- Teams sensitization training on violence screening is essential. Building networks with organizations dedicated to support victims of violence in order to refer the concerned patients, sometimes including providing specific care.
- Working towards integration in the HC system.





# MEDICAL FORM 2016

Please inform about: patient rights, anonymized data capture, possibility to refuse to answer with no impact on service provided by MDM

Name of doctor/nurse: .....

1. Service user's number: ..... 2. Consultation date:    /    /   

## GENERAL INFORMATION

Name: .....

Surname: ..... 3. Sex:  Male  Female

Nationality: .....

Ethnicity (if declared): ..... 4. Date of birth:    /    /     
mm / yy / yyyy if month unknown use 07

5. Interpreter:  No need  Present  By phone  No  
If interpreter necessary – what language: .....

**PLEASE READ THE SOCIAL FORM**

## CHILDREN

	6. ALREADY Vaccinated		7. Vaccinated TODAY	Brand, batch, booster #
Tetanus	<input type="checkbox"/> YES-documented <input type="checkbox"/> Probably	<input type="checkbox"/> Unknown <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Hepatitis B <small>If not all doses received - tick NO</small>	<input type="checkbox"/> YES-documented <input type="checkbox"/> Probably	<input type="checkbox"/> Unknown <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	
MMR	<input type="checkbox"/> YES-documented <input type="checkbox"/> Probably	<input type="checkbox"/> Unknown <input type="checkbox"/> NO	<input type="checkbox"/> YES <small>*Do NOT vaccinate if immunodeficient</small> <input type="checkbox"/> NO	
Whooping cough	<input type="checkbox"/> YES-documented <input type="checkbox"/> Probably	<input type="checkbox"/> Unknown <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	

8. Knows where to get vaccinations - before you tell them  YES  NO

## WOMEN

9. Are you using contraception today	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Not applicable
10. If NO -> would you like contraceptives	<input type="checkbox"/> YES <input type="checkbox"/> NO
11. Have you been excised or other FGM	<input type="checkbox"/> YES <input type="checkbox"/> NO
12. Are you pregnant	<input type="checkbox"/> YES (CISP W78) <input type="checkbox"/> NO
12.1 Weeks of pregnancy: _____	
12.2 Do you want this pregnancy	<input type="checkbox"/> YES <input type="checkbox"/> NO
12.3 Wants an abortion	<input type="checkbox"/> YES (CISP W79) <input type="checkbox"/> NO
12.4 Tested for HIV AFTER becoming pregnant	<input type="checkbox"/> YES <input type="checkbox"/> NO
12.5 Accessed antenatal care (other than Mdm TODAY)	<input type="checkbox"/> YES <input type="checkbox"/> NO
12.6 Weeks of pregnancy at FIRST antenatal visit: _____	
12.7 If NO -> reasons for non-access: _____	

## VIOLENCE

Start by asking about violence the person may have witnessed, **do not directly ask the following questions**, but rather give each person the opportunity to speak freely about the violence they have been victim of or witnessed

15. Violence discussed during consultation  YES  NO If NO -> skip to question 16

MULTIPLE ANSWERS POSSIBLE	IF YES ->	BEFORE arrival	DURING journey	HERE	NO
15.01 Lived in a country in armed conflict / war	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15.02 Physically threatened or imprisoned for ideas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15.03 Tortured	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15.04 Violence by police or army forces	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15.05 Beaten up or injured - domestic violence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15.06 Beaten up or injured - NOT domestic violence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15.07 Sexually assaulted or molested	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15.08 Raped	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15.09 Psychological violence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15.10 Earned money / identity documents confiscated	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15.11 Suffered from hunger	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15.12 Experienced violence not described above	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments: .....

## NOTES FOR MEDICAL TEAM

.....

16. Is this patient's case urgent  YES – urgent  YES – fairly urgent  NO – not urgent

17. Patient requires close follow-up e.g. accompaniment or further contact  YES  NO

## INFECTIOUS DISEASE TESTING

18. HIV / HBV / HCV and TB discussed during consultation  YES  NO If NO -> skip to question 21

	19. Tested BEFORE TODAY:	20. If YES -> test result	DATE of last test:
HCV <small>ICPC-072c</small>	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> Positive* <input type="checkbox"/> Negative <input type="checkbox"/> Unknown	
HBV <small>ICPC-072b</small>	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> Positive* <input type="checkbox"/> Negative <input type="checkbox"/> Unknown	
HIV <small>ICPC-890</small>	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Unknown	

If HCV, HBV, and/or HIV seropositive -> please indicate ICPC codes in Results section  
\* the doctor said you have hepatitis B or C

21. Do you wish to have one or all of these tests (HIV, HBV, HCV)  YES  NO

22. Do you know where to go to get tested  YES  NO

23. Do you wish to be tested for Tuberculosis  YES  NO

**REMEMBER** to Inform why to get tested and where to get tested or pulmonary Xrays



# Challenges of mainstreaming healthcare for survivors of violence

**Low entitlements for migrants: Fear of arrest link with status (2015: 40% of patients).**

**Administrative barriers:**

- 14.2% reported administrative problems, During the previous 12 months (2016),
- 21.5% had given up seeking medical care or treatment (Observatory report 2016)

**A fragmented and congested 1st line in Mental Health**

**Reaching out communities?**

**First line PHC does not provide solutions that are required to divers medical, social, administrative situations**

**Lack of knowledge of vulnerability factors of the migration population amongst the health care professionals**



# Towards short term solutions

- **Community support reinforcement**
- **Reference centre for survivors care and rehabilitation**
- **Reinforce 1st line of care with integrated services (social/medical/MHPSS)**
- **Invest in the recruitment and training of cultural mediator inside health services**
- **Develop outreach policies of mobile units to increase coverage at community level in order to access the most vulnerable**
- **Training of Health professional on specific module on migrants in precarious health population**



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# Longer term solutions

End administrative barriers and increase legal entitlements towards UHC.

Migration policies free of violence.... Vulnerability is not acquired at birth. You become vulnerable.

The inclusion of a new “0,5 line” in the HC system,

1. between Communities of people in precarious situation facing multiple vulnerabilities with specific needs facing barriers and excluded from HC

Classical 1 st line of care that cannot provide specific assistance

2. Provision of multidisciplinary, flexible, proactive, temporary and affordable assistance and reintegrate in the HC system



# Solidarity instead of fences

Thank you!

[www.mdmeuroblog.wordpress.com](http://www.mdmeuroblog.wordpress.com)

