

Disability and Asylum

Recovery needs and international protection

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Overview

- Trauma and PTSD
- Problems with credibility and disclosure
- ‘Complex PTSD’
- Treatment needs for Complex PTSD/PTSD
- Relationship with disability-based international protection claims

HBF works with survivors of torture, trafficking and abuse

Commonalities between these groups can be:

- Complex, repeated and prolonged trauma
- Vulnerability to further trauma
- A clinical presentation of 'PTSD+' including
 - Issues of trust
 - Loss of 'agency'
 - Inability to imagine a personal future
 - Inappropriate risk-taking
 - Somatization
 - Neurological abnormalities

Common perpetuating factors

- Separation from country and family
- Immigration uncertainty
- Deskilling
- Destitution
- Criminalization
- Lack of support network
- Rejection and disbelief
- Alcohol and/or substance misuse and dependence
- ‘Real’ continuing persecution
- Difficulty accessing
 - Medical care
 - Legal protection
- Treatment/care

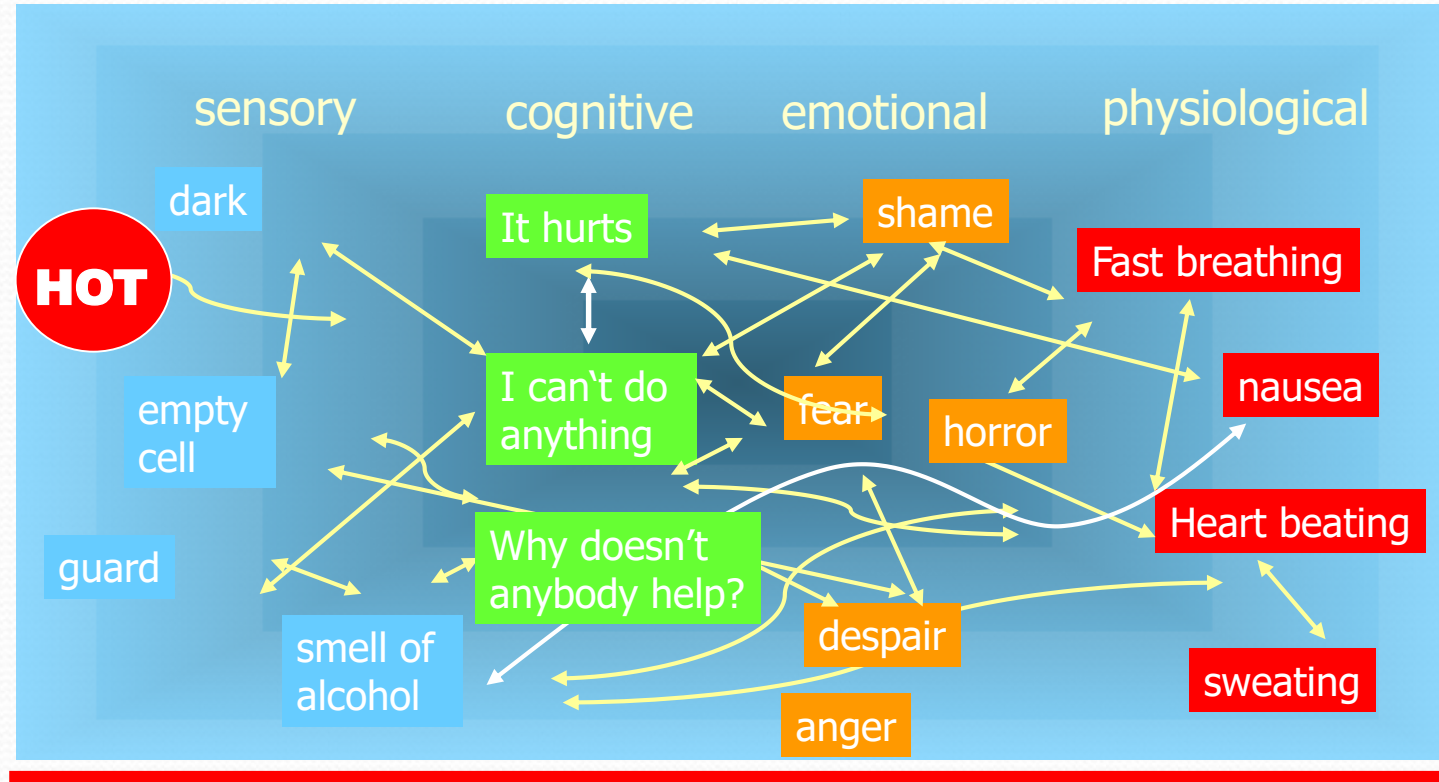
Key concepts

- Response to trauma may include
 - Loss
 - Pain/somatization
 - Existential crisis
- Betrayal (by and of others)
- Sexual violence particularly associated with
 - Shame
 - Dissociative behaviour

Problems with credibility and disclosure

- Clinicians assess the ‘clinical plausibility’ of their clients’ presentation. This includes not just the content of what they say but consideration of their:
 - appearance
 - demeanour
 - behaviour
- Although individual symptoms can be feigned relatively easily, the full clinical picture of a mental illness is much harder (even for professional actors) to feign convincingly
- People with PTSD experience particular difficulty in dealing with direct interviewing, especially in contexts which seem to them adversarial. The research evidence suggests that such difficulties should not be seen as evidence of reduced credibility
- People whose PTSD arises in the context of sexual trauma have particular difficulty in fully and clearly disclosing what has happened to them.
- This difficulty has been shown in the specific context of Home Office interviews

Example of account



COLD

I had just left the house

It was shortly after midnight

At that time I was living in Jaffna

'Complex' PTSD

- DSMIV
 - Disorders of Extreme Stress Not Otherwise Specified (DESNOS)
 - Concept stems from work on survivors of childhood sexual/domestic abuse (NOT torture victims)
 - Usually associated with prolonged, early trauma
 - May usefully be conceptualised as a disorder of **disrupted attachment**

ISTSS Definition of Complex PTSD

- Core symptoms of PTSD
 - Re-experiencing
 - Avoidance/numbing
 - Hyper-arousal
- Disturbances in self-regulation
 - Emotion regulation difficulties
 - Disturbances in relational capacities
 - Alterations in attention and consciousness
 - Altered belief systems
 - Somatic distress

(International Society for Traumatic Stress Studies 2012)

Relevant changes in DSM-5

- Now 4 clusters rather than 3 and 3 new symptoms
 - Intrusion
 - Avoidance
 - Alterations in arousal and activity
 - Reckless or destructive behaviour
 - Negative alterations in cognition and mood
 - Persistent and distorted blame of self or others
 - Persistent negative emotional state
- Diagnosis requires at least one avoidance symptom
- New clinical subtype “with dissociative symptoms”

Complex PTSD in ICD-11

Formerly: Enduring personality change after catastrophic experiences

Symptom pattern

- core symptoms of PTSD (re-experiencing in the present, avoidance, hyperarousal)

plus

- persistent and pervasive Disorders of Self-Organization (DSO)
 - **affective functioning:** Affect dysregulation, heightened emotional reactivity, violent outbursts, tendency towards dissociative states when under stress
 - **self functioning:** Persistent beliefs about oneself as diminished, defeated or worthless; pervasive feelings of shame, guilt
 - **relational functioning:** Difficulties in sustaining relationships or feeling close to others.

Treating Complex PTSD

(ISTSS Consensus Recommendations)

- Identify individual's hierarchy of treatment needs
- Provide sequential treatment
 - Phase 1
 - Stabilization and skills strengthening to achieve safety and strengthen emotional awareness and expression
 - May include medication, psychoeducation and basic self-management skills
 - Phase 2
 - Review and re-appraisal of trauma memories
 - 'Organised recounting'
 - Phase 3
 - Consolidation of gains in emotional social and relational competencies
 - Increased community engagement

Absence of treatment on return

- Will this only be relevant to the Article 3 ECHR issues of AM (Zimbabwe) [2020] UKSC 17 (“serious, rapid and irreversible decline in his or her state of health resulting in intense suffering or to a significant reduction in life expectancy”)
- Or can denial of treatment be relevant to international protection?

Can denial of treatment be persecutory?

- When does poor medical care become ill-treatment?
- Consider:
 - Where the 'treatment' is harmful and dangerous (e.g. shackling, arbitrary deprivations of liberty, exorcism, forced sterilisation)
 - Where denial of care is deliberate (to punish, due to discrimination, or due to stigma of a condition)
 - Where actions within a clinical setting may place a person at risk (e.g. lack of confidentiality/data sharing which may create a risk from third parties)
 - Where denial of treatment is linked to other inhumane conditions (e.g. in a prison context where there is a very high duty of care or in a residential facility where there may be other risks such as food shortage or of sexual abuse)
 - Where a person is forced to endure unacceptable conditions to avoid persecution (HJ (Iran)[2010] UKSC 31)

Recovering from torture

- Even if a torture survivor will not face the same torture again, the **deliberate failure to provide for their care and rehabilitation can be a lasting form of discrimination and complicity.**
- Where as a result of the discriminatory denial of care, or the discriminatory failure to establish care pathways, a person would face very serious harm, then **this can be a basis for international protection** – *MP (Sri Lanka) v UK* [2016] C-353/16.

Conclusions

- The diagnostic concept of PTSD has broadened to incorporate ‘complex’ responses to complex/interpersonal trauma in adult life as well as childhood
- Complex PTSD
 - should be suspected/assessed in victims of human rights abuses such as torture
 - requires comprehensive evaluation of needs and individualised treatment
 - can have a profound effect on affected individuals’ ability to recall and recount their traumatic experiences
- Denial of care for trauma survivors can be a basis of international protection