

The Swedish Red Cross Centre for the rehabilitation of tortured refugees

by **Britt Wikberg**

One tortured refugee often refers to "that special room". He means the torture clinic in the jail. He tries to describe how to get there, he walks and he walks to get there but he mixes it up with other walks — he never arrives. I asked him to describe "that special room". He drew an empty square. "It's empty", he said, "there is nothing".

At home, there are too many shadows behind him and he can't see their faces. "I have to get out for a walk", he says, "I walk and I walk, until the pain in my legs returns".

*(Lars Odefors, psychologist
Extract from the 1988 Evaluation Report)*

In 1985 the Swedish Red Cross opened a Centre for the Rehabilitation of Tortured Refugees in Stockholm. It did so on the bases of a thorough study of what had been done elsewhere in the world, especially in Denmark where the first centre of this kind was established.

Sweden accepts about 15,000 refugees each year. The largest groups come from Chile, Iran, Iraq, Lebanon, Ethiopia, Turkey. Many of them have been exposed to different forms of torture. Hospitals, the social welfare system, lawyers, immigration officers — none of these has any experience in dealing with the consequences. Now all sectors of Swedish society have to meet the needs of these new citizens. Lack of knowledge and understanding can, unintentionally, lead to callous treatment. It was therefore natural for the Swedish Red Cross to start collecting and developing existing knowledge on how to deal with the effects of torture.

The Centre is intended primarily for refugees living in the greater Stockholm area. Its main goals are:

- to reduce the suffering of torture victims by treating their mental and physical injuries;
- to strengthen, where necessary, their self-respect and help them regain their dignity;
- to give them and their families the possibility of leading a normal life, physically, mentally and socially.

The Centre also has a teaching function, the knowledge and experience earned being passed on to the Swedish medical and social welfare services.

The Centre offers medical, psychological/psychiatric and social rehabilitation for the tortured person and medical/psychosocial support for his or her family. It is open to refugees who have been tortured, who have work and residence permits in Sweden and who live within the area administered by the Stockholm County Council.

The Centre decided to take only those with work and residence permits because applicants for asylum live in such anxiety and are socially so insecure while waiting for permits—a period that often lasts far too long in Sweden—that it would be very difficult for them to concentrate on their torture experience and the reasons they sought rehabilitation. However, so as not to leave those in need of help to what are often fruitless and therefore frustrating contacts with primary or emergency health care services, the Swedish Red Cross has started a subsidiary project, where voluntary professionals give time to the applicant for asylum, helping him or her deal with most immediate needs and finding appropriate temporary resources outside the Swedish Red Cross.

Capacity is also a problem. The Centre planned to accept and treat 100-120 refugees, with or without families, between 1985 and 1987. However, the number of applications during that period was 527. At present, a little over 200 people apply for treatment and 50-60 rehabilitations are completed each year. Once an applicant “qualifies”, he or she has to wait about one more year before the rehabilitation process can start.

The Centre is located at the Red Cross Hospital in Stockholm, but it is not very “hospital-like”. Staff at the Centre keep the atmosphere open and friendly, so that the refugees do not get the feeling they are in an institution. Most of the refugees come to the Centre on their own initiative, others are referred to it by hospitals, health clinics, immigration offices, and so on. Most of the applicants are 20-40 years old, and the majority are men. Out of every 200 applicants, about 170 are

married and have children, but not all of them have been able to bring their families with them to Sweden.

The refugees' symptoms are both physical and psychological: pain, headache, depression, insomnia, nightmares, feelings of aggression, all leading to social and emotional difficulties.

At the Centre, the needs of each applicant are first identified during two or three interviews. If the problem can be solved elsewhere, he or she is helped to make the necessary contacts. If the problem requires treatment at the Centre, a team of professionals works out a rehabilitation programme which, depending on the nature of the problem, is carried out by one or more of them. The Centre does not have a universal approach. Each applicant is treated individually and is consulted about the aims of his or her programme. Once started, the rehabilitation programme is regularly followed up by the team of professionals which set it.

Rehabilitation usually takes one year, but it is not considered complete until the aims agreed on by the tortured refugee and the Centre have been met.

The Centre offers different combinations of medical, psychiatric, social, physio- and psychotherapeutic treatment. For expert advice, fruitful co-operation has been established with child psychiatrists, surgeons, dentists, gynaecologists, etc.

The work at the Centre has undergone continuous assessment since 1985 and a summary thereof was published in December 1988.

The results are on the whole positive. For example, riding and art therapy, in groups or individually, has proved successful in restoring the identity that existed before "that special room". Working with interpreters in a therapy situation can be frustrating, but the Centre has overcome this problem.

Another Red Cross Centre was opened in Malmö, a city in southern Sweden, in autumn 1988, but there are no plans to open any other regional centres. Instead, according to the assessment, the Centre's teaching function should be enhanced. Traditional social and health services have shown a genuine interest in learning how to deal with the effects of torture. The assessment also shows that the Centre has earned a very good reputation for the respectful way it handles the patients, but the fact that it accepts only tortured refugees permitted to stay and work in Sweden has caused problems. The needs for qualified treatment are not limited to this group.

Besides running the Centre, the Swedish Red Cross has taken charge of about 1,000 asylum seekers in four camps, trying to give more

meaning to the long period of waiting for a permit to stay, to find work and permanent housing—all of which is a problem. In spring 1989, therefore, the Swedish Red Cross will conduct an information campaign in all communities in Sweden.

Sweden receives few refugees compared to other countries. Yet, even in Sweden there is prejudice, alienation, despair, indignity, practical problems to be dealt with. It is natural for the Swedish Red Cross to try to find lasting solutions to these problems in its part of the world.

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