The refugee crisis means nurses in the UK are likely to be caring for victims of systematic violence, writes Alison Whyte

As a nurse, you learn to cope with seeing suffering on a daily basis. But imagine if all the physical and psychological pain caused to your patients was inflicted by other human beings.

This issue faces Susan Munroe, nurse and chief executive officer of Freedom from Torture (FFT), a UK-based organisation dedicated to the treatment and support of torture survivors. In its 30 years, more than 50,000 clients have been referred for help.

Ms Munroe says all nurses, but particularly those in sexual health, might encounter a patient who has been tortured. Many of FFT’s clients – men, women and children – have been raped or sexually abused, so might have HIV, unwanted pregnancy, sexually transmitted infections, pelvic inflammatory conditions or anal fissures.

She says people who have been tortured often feel ashamed. ‘They don’t come along and say “This symptom is a result of my torture”,’ she explains. ‘Men find it particularly difficult to admit they have been raped but it is very, very common. If nurses encounter a patient with unexplained anal pain, they may try to explore the issue a little further with them.’

Other common forms of torture include burning, beating on the soles of the feet, hanging by the arms or being made to sit or stand in contorted positions. This can result in badly healed fractures, lacerations and burns, damaged ligaments or chronic bone infection.

Some people have been forced to witness acts of extreme violence and 40% of FFT’s clients have severe post-traumatic stress disorder (PTSD), with symptoms including disassociation, sleeplessness and flashbacks. Ms Munroe says: ‘They can be scared of things that we would regard as part of everyday life.’

For this reason,

Freedom from Torture is a UK-based organisation that treats and supports torture survivors. Since its inception, more than 50,000 people have been referred for help. Its chief executive Susan Munroe says nurses in any specialty may encounter patients who have been tortured.

SUMMARY

Author
Alison Whyte is a freelance journalist
she believes some survivors may have been wrongly diagnosed as psychotic.

After training in Glasgow, Ms Munroe worked in older people’s care and as a community nurse. In 1986, she and her husband went to Uganda with Voluntary Service Overseas in a time of civil war. She recalls: ‘People were coming in with gunshot wounds and stabblings.

People were coming in with gunshot wounds and stabblings.

WE SAVE THE NHS MONEY BY REDUCING THE NUMBER OF SUICIDE ATTEMPTS

There were drunk soldiers and eight-year-olds toting guns. We heard of people who ‘disappeared’ and rivers full of bodies.’

According to the Office for National Statistics there were 29,024 asylum applications in the year to September 2015. The largest number were from Eritrea, Iran, Sudan and Syria. This is an increase of almost 19% on the previous year.

FFT estimates that 10%-30% of asylum seekers have been tortured. The organisation says a number of Syrians shortly to arrive in the UK will have been tortured by government security forces, or by opposition groups and terrorists.

The charity provides medical consultation, psychological therapies and practical support. To those in pain, it offers physiotherapy and massage, graduated exercise and relaxation techniques.

However, staff are only able to treat one in three of the people referred to them.

Ms Munroe says nurses who come across torture survivors should refer them to FFT’s centres in London, Manchester, Newcastle, Glasgow or Birmingham, or to a specialist trauma, PTSD service or pain clinic.

As well as protecting and rehabilitating clients, staff document evidence of torture in order to hold states to account. Ms Munroe is particularly proud that the charity’s report Rape as torture in the Democratic Republic of Congo contributed to the closure of two detention centres there. She says: ‘Our clients were overwhelmed that their evidence had helped to stop others being tortured.’

The charity receives no government money. Ms Munroe says: ‘All of our clients have been badly treated by their own governments and they are suspicious of ours. They have had to recount horrors over and over again in order to secure refugee status, while terrified of being returned to their torturers. If we were government-funded we wouldn’t be able to advocate for them.’

However, she would like to develop partnerships with the NHS and other charities to provide services throughout the UK. Ms Munroe explains: ‘We know we save the NHS money by reducing the number of suicide attempts, the amount of time spent with GPs, dependency on antidepressants and health problems arising from homelessness.’

Ms Munroe says people who have been tortured are sometimes sent to detention centres despite a Home Office ruling to prevent this from happening. ‘People who don’t speak English can’t describe what has happened to them, and others are too ashamed to disclose it.’

Ms Munroe has regular contact with clients who are involved in planning and developing services.

Distressing cases

Shedding light on how she copes with such unbearable suffering, she says: ‘I’m used to working with high levels of distress. With cancer care – especially when it’s a young person – it’s upsetting because it’s so unfair.

‘But with torture, someone chose to inflict this on another human being and even a member of their own community. That’s what I find so hard.’

She cites a particularly upsetting case. ‘A young woman had to watch while her 13-year-old sister, her mother and her brother were raped by a group of men,’ she recalls. ‘Her father and her brother were then killed in front of her.

She managed to escape with another brother, but he died on the way to the UK. She has no idea whether any family members are still alive, but she lives in hope.’

Those who receive treatment from FFT are the lucky ones. They are cared for by dedicated people who restore their belief that they are still complete and valued human beings, with lives worth living.

Freedom from Torture helps with high levels of distress.

Ms Munroe has regular contact with clients who are involved in planning and developing services.

Distressing cases

Shedding light on how she copes with such unbearable suffering, she says: ‘I’m used to working with high levels of distress. With cancer care – especially when it’s a young person – it’s upsetting because it’s so unfair.

‘But with torture, someone chose to inflict this on another human being and even a member of their own community. That’s what I find so hard.’

She cites a particularly upsetting case. ‘A young woman had to watch while her 13-year-old sister, her mother and her brother were raped by a group of men,’ she recalls. ‘Her father and her brother were then killed in front of her.

She managed to escape with another brother, but he died on the way to the UK. She has no idea whether any family members are still alive, but she lives in hope.’

Those who receive treatment from FFT are the lucky ones. They are cared for by dedicated people who restore their belief that they are still complete and valued human beings, with lives worth living.

Why people need Freedom from Torture’s help

Thamer was a successful lawyer in Syria who had a comfortable life. In 2000, he began to work on human rights and founded an organisation to support prisoners. This led him to face pressure from the security forces.

When the Syrian uprising began in 2011, he supported young people who were involved, advised them on their rights and documented their ill-treatment. He spoke to the media and became a target himself.

Thamer was arrested and detained three times. He was tortured and saw others being tortured, including children. At the beginning of 2013, he took his family out of the country and made his way to the UK. He was granted asylum and his wife and children were able to join him in Glasgow in 2014.

Freedom from Torture helped Thamer and his family to overcome their memories and fears and begin a new life in Scotland.