

Parallel Report

Complementing the

5th Periodic Report of the Federal German Government (CAT/C/DEU/5)

**in accordance with the United Nations Convention against Torture and
Other Cruel, Inhuman or Degrading Treatment or Punishment**

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Preface:

This Parallel Report is a critical annotation and an up-to-date supplement to the Fifth Periodic State Report of the Federal German Government relating to the situation of refugees and torture survivors. The report is structured along our main issues of concern and refers to related articles of the Convention.

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1. Introduction

The submitting organisations are non-governmental and one church bound organisation that work with asylum seekers or torture survivors, offering legal and social counselling, and treatment and rehabilitation for torture survivors and traumatised war victims. IPPNW is an umbrella organisation, working on a broad range of human rights issues¹. Three of the submitting organisations (bzfo, Refugio, IPPNW) are members of Forum Menschenrechte (an umbrella Organisation for German human rights NGOs), which campaigns for the comprehensive implementation of the UN Convention Against Torture.² Furthermore, information about the situation in the custody pending deportation was obtained through interviews and written statements conducted with counsellors, volunteers, lawyers and pastoral workers that have access to the detention centres.

2. Detention pending deportation

Detention of third-country nationals continues to be a disquieting issue in Germany.

According to the response to a parliamentary request in 2008,³ at least 26,138 people were detained in the 16 federal states (“Bundesländer”) in the years 2005 - 07, an average of 8,712 persons every year.⁴ Duration of the detention varied between a few days and lasted up to almost 18 months.⁵ Even if a decline both in numbers and duration may have recently been observed in some federal states⁶, detention facilities in the federal states continue to accommodate hundreds of detainees, among them a relatively high number of so-called “Dublin cases”.

Germany’s geographic position in the centre of Europe makes it a transit country for refugees travelling across the continent. Many of them are captured either at the borders or airports or *en route*. They are then frequently detained as they await transfer to the state responsible for their asylum application under the Dublin II regulation⁷. Between January and August 2011, Germany sent requests to other member states to accept responsibility for a migrant’s asylum application in 5,945 cases, equivalent to 743 cases per month.⁸

The high quota of Dublin cases in detention is of particular concern, as this group includes a larger percentage of vulnerable persons, e.g. unaccompanied minors or traumatized refugees. To date, many federal states still lack a procedure for identification of vulnerable asylum seekers. In particular the medical checks carried out at the beginning of detention

¹ For more detailed information please visit the homepages of the organizations: <http://www.bzfo.de/>; <http://www.refugio-aktuelles.de/1/aktuelles/aktuelles-start.html>;

² <http://www.forum-menschenrechte.de/1/aktuelles/aktuelles-start.html>;

³ Response of the German Federal Government to the request (Große Anfrage) of the faction of BÜNDNIS 90/DIE GRÜNEN, „Situation in deutschen Abschiebehaftanstalten“, BT-Drucksache 16/9142, available for download at dipbt.bundestag.de/dip21/btd/16/113/1611384.pdf.

⁴ The actual numbers are higher, as Bavaria and Hamburg did not contribute to this statistic.

⁵ More recent requests are on the way, but data will not be available before spring 2012.

⁶ This may be linked to the fact that in recent years, several Central European states entered the European Union, thus reducing the potential numbers of illegal immigration.

⁷ Council Regulation (EC) No 343/2003 of 18 February 2003, establishing the criteria and mechanisms for determining the Member State responsible for examining an asylum application lodged in one of the Member States by a third-country national.

⁸ “Aktuelle Zahlen zu Asyl”, edition August 2011, p. 7, available for download at www.bamf.de.

are designed to detect severe infections like HIV or tuberculosis rather than mental illnesses.

A study on detention conditions and their influence on the individual, recently carried out by Jesuit Refugee Service Europe in 22 EU member states⁹, highlights the negative effects of administrative detention throughout Europe, but also specifically in Germany. Data collected in detention centres in Berlin and Munich shows that both the physical and mental health of detainees deteriorates quickly during detention, with measurable adverse effects present already after one month¹⁰ and three quarters of detainees being affected mentally after three months behind bars.¹¹ Detainees suffer from uncertainty about their future; isolation from friends, family and the outside world; lack of information about their procedures; and the conditions inside the detention centres.¹² They describe symptoms including lack of sleep, sadness, feelings of anger, feelings of tension and stress, confusion, and suicidal thoughts.¹³

Therefore, custody pending deportation poses a risk on the detained persons to become mentally ill, depressed, and suicidal. Especially for torture victims and traumatised persons, trauma-related psychological symptoms intensify on a massive scale. For traumatised persons the custody situation presents a high density of trauma related triggers and thus re-actualises the traumatic memories and associated feelings. These vulnerable detainees are likely to respond with acute and even long-lasting deterioration of their health condition (re-traumatisation).

In 2010, three persons committed suicide during custody pending deportation¹⁴. During 1993 and 2010 sixty-two persons committed suicide, at an average 3 - 4 persons per annum¹⁵.

Case examples¹⁶:

- *On June 28th, 2010, Slawik C., member of the Armenian minority in Azerbaijan, was arrested in Winsen / Luhe, Lower Saxony, and brought to the detention centre in Hannover-Langenhagen. There, the 58-year-old man hanged himself with the power cord of an electric kettle. He had lived in Germany with his wife and son for almost 11 years. Slawik C. was arrested as he went to the aliens authority to extend his "toleration" status (Duldung). To prepare for his deportation, the immigration office had obtained a temporary travel certificate for him, using identity documents which, as the Federal Office of Criminal Investigation had pointed out earlier, obviously referred to a namesake. Slawik C.'s deportation was to be carried out*

⁹ „Becoming Vulnerable in Detention“, Civil Society Report on the Detention of Vulnerable Asylum Seekers and Irregular Migrants in the European Union (The DEVAS Project), Jesuit Refugee Service Europe, Brussels 2010, available for download at www.jrseurope.net; in the following referred to as “DEVAS 2010”.

¹⁰ DEVAS 2010, p. 200.

¹¹ DEVAS 2010, p. 201.

¹² DEVAS 2010, p. 199 f.

¹³ DEVAS 2010, p. 197.

¹⁴ Kai Weber „Suizid in Abschiebehaft“ in Pro Asyl e.V magazine: „Europas Außengrenzen, Mauern verletzen Flüchtlingsrechte“ Tag des Flüchtlings 2011, p. 36.

¹⁵ Ibid.; see also Antirassistische Initiative e.V., 17th Documentation from 17.03.2010.

¹⁶ Kai Weber, Erstveröffentlichung Grundrechtebericht 2011, und Broschüre Tag des Flüchtlings 2011, Pro Asyl, p. 36-37.

separately from his wife, for whom until now no passport is available. Their son holds a permanent residence permit (Niederlassungserlaubnis) and lives in Germany with his wife and a child.

- *On March 7th, 2010, 25-year-old David M. from Georgia hung himself in the central prison hospital in Hamburg while awaiting his transfer to Poland. Even though his cell was under constant video surveillance, nobody saw his death or noticed his attempt in time to intervene. The detention centre's psychological staff had previously pointed out possible suicidal tendencies after interviewing him.*
- *On April 16th, 2010, after eight weeks in detention, 34-year-old Indonesian national Yeni P. hanged herself in the women's prison Hahnöfersand in Hamburg. She had been living in Germany intermittently since 1994.*
- *On February 8th, 2011, an Iranian man committed suicide in his cell on the floor for detainees pending deportation in the prison of Munich. Two months after he had been arrested, he was supposed to be returned to Bulgaria, where he had been rejected as an asylum seeker.*

While these fatalities may mark the extreme negative aspects of detention, the general adverse effect is widespread, as mentioned above. It is especially members of vulnerable groups who fall victim of it, including first and foremost people who already suffering from mental illnesses prior to being detained.

In the view of the submitting parties the presented shortcomings in the custodies pending deportation amount to a breach of the Convention's Article 16.

The signatories have different views on the institute of detention pending deportation. Nevertheless, there is the unanimous opinion that the principle of proportionality is not respected in many ways.¹⁷

The conditions in the detention centres hardly differ from those in normal jails. However, the detention has no penal or correctional character, but is rather a measure to secure an administrative act. Therefore the conditions of the detention should reflect this character and allow for better conditions than correctional facilities and of imprisonment on remand.

As custody pending deportation may present a risk to the health of detainees it is necessary to implement a proceeding in all Bundesländern, to ensure that psychological disorders are detected right at the beginning of imprisonment.

In Germany detention is a matter for the federal states. As a consequence, conditions in

¹⁷ According to JRS-statistics a release rate of about one third of the persons concerned underlines the question of proportionality.

detention centers vary considerably. Some federal states such as Berlin or Rhineland-Palatinate run separate detention facilities, while others, like Bavaria, accommodate detainees in standard correctional facilities, mostly, but not always, separated from normal prisoners. However, shortcomings can be found in all mentioned detention centers, especially in regard of the health status of the detained persons.

This report will particularly refer to the situation of deportation custody in

1. the State of Bavaria,
2. the State of Berlin,
3. the airport proceeding in Frankfurt am Main in the State of Hesse
4. followed by general comments.

2.1. Detention pending deportation in the prison of Munich (JVA Stadelheim)

Detention and duration

Custody pending deportation is supposed to be the last resort according to the EU Directive 2008/115/EC of the European Parliament and of the Council of 16 December on common standards and procedures in member states for returning illegally staying third-country nationals. This is currently never the case regarding return procedures to other EU-states in the context of the Dublin proceedings¹⁸. In cases where the responsibility of another member state is presumed, asylum seekers are in the majority of cases immediately detained for the period of the Dublin proceeding. Border police regularly detain women, minors or other vulnerable refugees, without checking the proportionality of detention and thus without opportunities for finding alternatives.

Detention in Dublin cases lasts on average 51 days, according to the statistics presented by JRS at a hearing at the Bavarian Landtag.¹⁹ It has been criticized by the German Federal Court (Bundesgerichtshof) in several decisions since 2009, that immigration offices and the Federal Agency for Migration and Refugees (Bundesamt für Migration und Flüchtlinge) have not pursued the transfer procedures at due speed, thus unnecessarily prolonging detention.

For detention pending deportation to countries of origin, JRS statistics show an average of 69 days. Faster action of the authorities would be preferable in any case.

¹⁸ Council Regulation (EC) No 343/2003 of 18 February 2003 establishing the criteria and mechanisms for determining the Member State responsible for examining an asylum application lodged in one of the Member States by a third-country national

¹⁹ Hearing at the Bavarian Landtag from 24.3.2011 regarding the EU return directive „Konsequenzen der EU-Rückführungsrichtlinie auf die Rückkehrpolitik in Bayern“ (Vollzug Drs. 16/6373).

The responsible authorities are often lacking awareness of the fact that every single day of detention means a severe infringement in fundamental rights and that there is an acceleration order for action.

Case examples:

- *The local district court of Munich found that the duration of detention of a person unlawfully in deportation custody has been for the period of sixty-two days. The person was taken into custody in order to return him to Austria under the Dublin proceeding. Although Austria declared its responsibility within days, the person was detained from January until April 2010. According to the decision of the Court the return to Austria could have been carried out already after 3 weeks of detention, therefore the detention was unlawful starting from February 2010.²⁰*
- *In January 2011, a 15-years-old and a 16-years-old **minor** were detained in the context of a Dublin-II procedure²¹. The Federal Police did not deem it necessary to order a legal guardian, which meant that the 15-years-old detainee was not able to submit an application for asylum. Only after the involvement of a lawyer, the Federal Police began to respond.*

The authorities do not provide sufficient **information** for the justification for and duration of detention. Often detainees do not understand the reasons for detention.

Circumstances that lead to the lack of information and **communication** include:

- lack of translators (some improvement since “coming home “ program²²)
- no chance of getting in contact with relatives, friends or NGOs due to confiscation of mobile phones, detainees have to apply for phone calls, phone calls are restricted
- lower chance to proper defence and assistance through phone calls
- restricted visiting times: 4 hours per month (since 2011, before that it was only 1 hour per month)

Material conditions are also humiliating:

²⁰ Local district court (AG) München; Decision of 31.5.2010, file number (Aktenzeichen): 8710 XIV B 28/10.

²¹ Article 37 (b) UN CRC provides that detainment of children is only permitted as last measure.

²² Coming Home is a project of the City of Munich, which supports the voluntary return of migrants and rejected asylum seekers through counselling and finances. It also supports the social situation of detained persons by financing interpreters for NGOs during their visit in detention.

- all personal belongings are taken away, including also private clothing (except the detainee has the possibility to organise the washing of his/her clothes outside of the detention centre)

Visitors are not allowed to bring private belongings or objects for activities such as books and magazines etc. (however since January 2011 pastoral workers and NGOs workers who have access to the detention facilities are allowed to bring books, magazines and other small items of every-day-life.)

Deportation detainees are **not strictly separately accommodated from remand prisoners.**²³ This practice is not in line with the EU Return Directive as expressed by the European Commission in its letter from 11. May 2011 to the Jesuit Refugee Service and to the European Council's "20 Guidelines on Forced Return".

According to the response by the Bavarian Government to a plenary request from 29.3.2011, since December 2010 detainees pending deportation have to be accommodated separately from convicted prisoners in Bavaria, unless the detainees pending deportation wishes so in order to be together with fellow countrymen.

Situation of women in the prison in Munich

Due to the limited number of women awaiting deportation, there are no separate detention facilities for women in deportation custody. Rather, the women are detained with women prisoners on remand on shared premises. Thus, the situation in deportation custody in Munich offers a particular hardship for the detained women.

As a result of regular meetings with the responsible staff of the prison and joint efforts to improve the conditions, some **improvements** have been achieved since June 2011:

- Volunteers with an official access (but not „ordinary“ visitors) are now allowed to bring newspapers/magazines, dictionaries and sometimes sweets to detained women.
- The Social Service closely co-operates with the volunteer services to facilitate communication and information between refugees and their families as well as between refugees and volunteers; the Social Service, upon request, also transmits urgent matters with relevance for asylum or forced returns etc. to the concerned office or service.

However, there is still an urgent need in overcoming the **following shortcomings** for women in detention pending deportation:

²³ Male detainees are accommodated on a separate floor inside the prison. However, it is not strictly closed towards the rest of the house, as remand prisoners pass through it several times a day. Minors awaiting deportation are generally detained in the youth department of the prison. The youth department offers more activities. However the minors are in constant contact with young prisoners on remand. This is not in line with Guideline 10 of the European Council's "20 Guidelines on Forced Return", which states: "Persons detained pending their removal from the territory should not normally be held together with ordinary prisoners, whether convicted or on remand." The Guidelines are referred to in Recital 3 of the EU Returns Directive and thus to be seen as a benchmark for detention in all EU member states.

Communication and Information:

- a. There is still no (timely) information in a foreign language about the reason and the likely duration of detention, nor about general procedures in detention (e.g. obligatory tests for communicable diseases, interview by the custodial judge; except in the court), nor about rights in detention (e.g. timely information of family members about the detention, the right of refusing an anticipated apply for a provisional passport even during the asylum procedure). The municipality of Munich should provide multi-language information, but until now this is not even in preparation.
- b. Usually, there is no access to interpreters (except for asylum or police interviews and the court proceeding) which puts an enormous stress on women in detention and leaves volunteers with the burden of financing and organising interpreters to obtain relevant information within the short visiting time (which is now a maximum of 4 hours/month)
- c. Mobile phones are confiscated by the police and are often not timely accessible or not accessible at all to find the most important telephone numbers of family members or third persons. Access to a telephone is only possible during the opening hours of a part time social worker in the social office and often takes several days or even weeks to organise. This puts most women under extreme stress, as they are afraid about their situation and their family members. To receive their mobile phone back after the police check relies heavily on the support of volunteers (translation of the request to get it back etc.).

Accommodation:

- d. There is no floor/department corresponding to the conditions of detention as defined in the European Return Directive. Even though the prison staff tries to consider the rights of detained women, and are also sensitive with regards to social/ psychological needs of the women, the crowded prison does not allow an adequate application of the Return Directive.

Case Example:

- *End of July 2011, five women were kept in a cell equipped with four beds. One woman had to sleep on a mattress on the floor – an enormous stress also for one of the five women who was being interrogated by police as victim of human trafficking during that time. The only alternative was to put one woman in a solitary cell, which was considered unacceptable for the concerned women (possible risk of an attempt of committing suicide);*
- e. Women in custody detention are kept in arrest conditions with female prisoners in remand unless an adequate cell is available. The allocation of women depends on criteria like being smoker or non-smoker, needing medical or psychological support, being entitled to work (which is sometimes possible for young women). There is only one floor where women in detention have better conditions, such as walking freely in the corridor during morning hours, and wearing their own clothes instead of prison suits.

2.2. Detention pending deportation in Berlin Köpenick:

After being arrested, everyone is initially taken to a central **Prisoners Collecting Point** at Tempelhofer Damm, where persons are held temporarily on grounds of danger prevention (Gefahrenabwehr) or criminal prosecution. According to several accounts by detainees, especially those who suffer from traumas etc., the first night there resembles a nightmare. The individual cells are very narrow and especially for women from Muslim traditions for example, the isolation is torment. Sanitary provisions are not available in the cells, and detainees must call for the police or guards to be able to go to the toilet.

Also to attend the hearing at the local court before the decision whether to extend detention, detainees are brought back to the Prisoners Collecting Point, since the local court is located there. Even for short appointments the detainees are usually held there again for one whole day in a solitary cell with the aforementioned hardships (lack of food, unfriendly treatment, isolation).

Women are often in need of special protection, especially if they have been victims of human trafficking or other forms of violence. Detention is likely to cause re-traumatization²⁴ because in these cases they feel not treated as victims, but as criminals. Furthermore, women suffer **isolation** due to their small numbers and the language barriers that hinder communication with the other women.

Transportation to court or doctor appointments is carried out in a prisoner van with very small cells that restrict detainees and sometimes leads to claustrophobic panic attacks.

There are almost no opportunities to work and **too few activities** in the detention centre. From time to time, NGOs, a local sports club or individual people offer activities; the pastoral workers offer religious services on a regular basis. The lack of activities and the uncertainty about the future are often severe psychological burdens.

There are **no duty solicitors** for the detainees. However, in many cases detainees that have been accompanied by lawyers were finally released from the detention centre or even received a residence permit for Germany (e.g. for reasons of persecution, human trafficking, children etc.). The Jesuit Refugee Service supports legal aid through funds. Of those detainees whose cases were supported by the funds, on average two thirds have been released during the last five years.

Medical situation

Medical checks on arrival in detention are not mandatory, except for a check on tuberculosis (which is sometimes carried out delayed). There are no systematic checks for mental illnesses or traumatisations. Thus, the institution sometimes misses valuable information that indicates whether the person concerned is actually in a state of mental and physical health that allows for his/her detention and deportation.

During the time in detention, Police Medical Service provides detainees with doctors during daytime on weekdays, including a psychiatrist once a week. Doctors can be called

²⁴ Wenk-Ansohn, M. & Schock, K. (2008). Verlauf chronischer Traumafolgen - zum Begriff „Retraumatisierung“. ZPPM, 6.Jg. Heft 4. 59-72.

at all other times (on call duty). An independent psychiatric/psychological examination is usually not granted. According to the experience of pastoral workers, the police psychiatrist does carry out examinations, but does not reveal to detainees the basis for his diagnosis. His findings about whether a person is fit to be detained or to travel by air have sometimes been challenged even by the court. Detainees often report that they do not trust the doctors of the police service and that they do not want to expose their psychological complaints and their personal anamnesis to them.

In case detainees want to be examined by an **independent doctor**, the Police Medical Service has to give its approval and will be present during the medical examination, so independent doctors cannot see detained persons alone. Furthermore, detainees have to cover the costs for an independent examination themselves, as well as costs for an independent interpreter. Thus, there is in practice no free choice of doctors and it is nearly impossible to conduct independent medical/psychological examinations in the detention center.

Case examples:

- *In August 2011 the Berlin Center for the Treatment of Victims of Torture (bzfo) was asked by a lawyer to examine his client who was detained at the time. The detainee reported psychological problems, which indicated possible traumatic incidents in his personal history, and a former medical record (by a public medical officer) had already described a posttraumatic stress disorder. A request for an independent, confidential, unsupervised anamnestic interview and medical examination of the detainee by the psychotherapists of bzfo was rejected by the detention centre management. The Berlin Detention Order (“Gewahrsamsordnung Berlin”) allows only for a medical examination by an independent professional, if the examination takes place in the presence of the doctor provided by Police Medical Service (“polizeiärztlicher Dienst”). The bzfo staff did not agree on these conditions as the situation for a psychological examination has to be in a confidential setting²⁵.*
- *In another recent case in 2011, a judge at the local court challenged the assessment of a detainee’s state of health by Police Medical Service. The judge pointed out that it is not sufficient to simply state that a person is “fit to be detained and fit to fly” if there is evidence for physical and mental problems. Instead, it would have been necessary to state in detail why the person concerned might still have been detained and deported.*

²⁵ As to the need of confidentiality for medical / psychological examines see e.g. the guideline of the Swiss Academy of Medical Science. Guideline 10 of the medical – ethical guidelines provides in regard of confidentiality: the doctors duty to maintain confidentiality has to be maintained in any case under the same legal regulations, which apply for persons in liberty.

In detention, psychological problems are frequently only noticed when suicidal attempts occur. Detainees are then referred to one particular psychiatric hospital. Every year the Berlin Center for the Treatment of Victims of Torture (bzfo) receives several requests from this hospital for follow-up treatment for patients that have been diagnosed with severe trauma-related symptomatology resulting from torture or war violence in their home countries and whose mental health has now deteriorated after detention and the threat of being deported.

Communication of medical test results to the patients is insufficient. Copies of test results are generally not handed out. Diagnoses are communicated only orally, however, there is no or inadequate translation and no detailed clarification of the meaning of the results.

The **medication** provided is often not transparent for the patients - they don't know which medication is given to them and for what purpose. Only upon request the instruction/package leaflet will sometimes be handed out to the detainee, usually written in a language incomprehensible to the detainee.

Detainees never receive a **medical letter** about test results during their time in detention. Even if they authorize doctors to reveal confidential information to their lawyers or to a pastoral worker, doctors refuse to do so. There is an on-going debate on whether lawyers or pastoral workers can get access to the patients' files and medical reports of detainees.

2.3. Airport proceeding Frankfurt a. M.²⁶

Until now the situation for possibly traumatized asylum-seekers who only pass the airport-asylum procedures is especially insufficient. During the airport proceeding there is no screening of psychological health problems.

Asylum seekers who arrive at Frankfurt International Airport and make a request for asylum to the border control, but travelled without a valid passport or with a falsified one, or who have entered Germany via a safe third country will be taken to the refugee accommodation inside the transit area at the airport (Procedure in case of Entry by Air, Section 18a of the Asylum Procedure Act (AsylVfG)). Those asylum seekers have to stay at the refugee accommodation until they are allowed to enter Germany or – in case of a negative asylum decision – until they will be sent back to the country they have come from (refoulement). The refugee accommodation at Frankfurt airport is a closed facility. The outside of the building is guarded by the federal police, and the inside is guarded by a private security company on behalf of the German state of Hesse.

The Church Refugee Service together with other NGOs have been discussing the situation of asylum seekers at Frankfurt airport since October 2009 with the responsible authorities from the refugee accommodation. The discussions have led to an improvement of certain circumstances at the refugee accommodation. In certain problematic cases the NGOs are searching for an appropriate solution with the responsible authorities.

Some of the asylum seekers are vulnerable. For those who are traumatized or are

²⁶ Refugee Service of the Church at the airport at Frankfurt a. M..

unaccompanied and underage the airport procedure is very tough and stressful.

- **Traumatized refugees**

Particularly traumatized asylum seekers suffer from the complicated airport procedure. After arrival refugees are interrogated a couple of times and need to prepare the interviews. Traumatized asylum seekers, though, are often not able to explain their reasons for requesting asylum due to the emotional and mental stress the trauma is causing. They would need more time to prepare for the interrogations. Also, there is still no systematic way of identifying a traumatized asylum seeker. Those asylum seekers need professional support in order to be able to talk about the incidents that caused the trauma. However, this is impossible because of the short time available in the airport procedure. Therefore, asylum seekers with any signs of traumatization should be allowed to enter Germany straight after the interrogation by the federal police in order to receive adequate support and then to proceed with their asylum interviews.

- **Unaccompanied minor refugees**

Unaccompanied minor refugees are also placed at the refugee accommodation at Frankfurt airport during the airport procedure. Even though the European Council Directive 2003/9/EG, states that unaccompanied minors under the age of 16 should not stay at a refugee accommodation that also accommodates adults. They should be brought to a children's home or a foster family. Additionally, they are placed together with detainees awaiting deportation. The negative atmosphere that is caused by this environment has harmful effects on the unaccompanied minors.

- **Internet access for asylum seekers**

There is no internet access for asylum seekers at the refugee accommodation at Frankfurt airport. As a result, it is impossible for the refugees to get information about the situation in their home country and to obtain documents and means of evidence which could support their claim for asylum. At the moment there is only an email address provided for refugees to have certain documents sent to. But an email address is not enough. Reports and articles from newspapers and other media about events and incidences in the home country may provide important evidence in the asylum case.

- **Families with children**

Refugees who are waiting for deportation have to stay at the refugee accommodation at Frankfurt International airport. In certain cases refugees have to wait for a couple of months before they are taken back. The overall atmosphere at the refugee accommodation is negatively affected by this situation. For the asylum seekers this is mentally strenuous, especially for families with small children. Furthermore the refugee accommodation as a closed facility is not appropriate for children. Therefore, children and their parents should not be placed there for prolonged periods.

2.4. General remarks

(a) Missing identification of victims of torture and psychological disorders as underlying problem

Among rejected asylum seekers who shall be deported there are also traumatized and ill persons, who were not identified as persons with special needs as provided by Art. 17 paragraph 2 of the EU directive laying down the minimum standards for the reception of asylum seekers²⁷ and whose asylum cases have been rejected. Germany has so far not implemented a proceeding to identify asylum seekers with special needs in all the Bundesländer (federal states).²⁸

Upon their arrival asylum seekers often do not find access to diagnostics with a psychiatrist or psychotherapist specialized on trauma related issues and intercultural diagnostics. Access to specialized psychiatrist and psychotherapists is restricted due to the limited number of trained professionals in the regular health system and the limited number and resources of centres for the treatment of traumatized refugees.

Also, if asylum seekers have the chance to be in diagnostics and treatment, the medical/psychological reports of health professionals are in many cases not recognized to give enough detailed evidence by the authorities for asylum or the judges.

A psychological study²⁹ showed that decision makers of the Federal Office for Migration and Refugees (Bundesamt für Migrations und Flüchtlinge; BAMF) in the asylum proceedings are not able to detect traumatization even after some training. In case of any signs of torture or traumatization the decision makers of BAMF have the possibility to request an expert opinion (Gutachten) either from the treating therapists of the asylum seeker or from independent medical/psychological professionals, who are trained according to the Istanbul Protocol and accordingly the German standards for the assessment of traumatised persons („Standards zur Begutachtung psychisch traumatisierter Menschen“(SBPM-Standards)).³⁰ To the knowledge of treatment centres an expert opinion is very rarely requested. This chance for identification of traumatized persons and thus amelioration of the asylum procedure is not used sufficiently. In Berlin there has been an improvement since 2007: the outpost of the BAMF sometimes asks questions to the psychotherapist of bzfo when a report has been handed in.

Thus it is not unlikely that an asylum seeker who was traumatized by torture or inhuman or degrading treatment in his/ her country of origin will be taken to deportation custody after his asylum case has been rejected. Also, when persons are taken into deportation custody

²⁷ Council Directive 2003/9/EC of 27 January 2003.

²⁸ Report from the Commission to the Council and to the European Parliament on the application of the directive 2003/9/EG of 27 January 2003 laying down minimum standards for the reception of asylum seekers. Brussels, 26.11.2007. KOM (2007) 745. final.

²⁹ „Prävalenz der Posttraumatischen Belastungsstörung (PTSD) und Möglichkeiten der Ermittlung in der Asylverfahrenspraxis“, Gaebel, Ulrike ; Ruf, Martina ; Schauer, Maggie ; Odenwald, Michael ; Neuner, Frank. – in: Zeitschrift für klinische Psychologie und Psychotherapie, 35 (1), 2006. pp. 12-20.

³⁰ Members of the SBPM-working group: H. W. Gierlichs, F. Haenel, F. Hennigsen, E. v. Keuck , H. Spranger , M. Wenk-Ansohn, W. Wirtgen. Litature: „Begutachtung psychisch reaktiver Traumafolgen in aufenthaltsrechtlichen Verfahren“, Haenel, F. / Wenk-Ansohn, M. (Hrsg), 2004; see also www.sbp.de .

on grounds of entering the country illegally without having the chance to initiate the asylum proceedings first, some might be victims of torture or persons with psychological disorders.

Case Example³¹:

The asylum case of an applicant was rejected after an interview at the airport-proceeding in Duesseldorf. After his asylum case was rejected he decompensated and became suicidal. The medical / psychological examination was undertaken in October 2010 in the closed section of a clinic nearby the airport. The asylum seeker reported credibly, to have been tortured throughout years in his home country. However he was not able to disclose that fact in his asylum interview, because he has been too nervous and too afraid. The examination by the doctor showed scars caused by torture as well as a serious posttraumatic stress disorder. After the examination the person was granted asylum according to Article 16 a German Basic Law (Grundgesetz).

Recommendation:

- The Federal Government has to ensure that **asylum seekers with special medical needs or a preceding trauma will be identified at an early stage** of their stay in Germany. The early identification should be carried out in all the Laender by independent and specially qualified health professionals.
- When signs of torture or traumatisation are noticed at any time during the asylum proceedings a medical / psychological examination and report by a specially trained independent health expert should be granted in addition to the personal interview by the asylum authorities.

(b) Duration of deportation custody

In accordance with § 62 of the German Law of Residence (Aufenthaltsgesetz) custody pending detention is possible for up to 18 months. Also the draft of the German government to implement the EU directive on common standards and procedures in Member States for returning illegally staying third-country nationals (Directive 2008/115/EC) allows for custody for up to 18 months.³²

However, from a human rights perspective the duration is not proportional. The freedom of a person is a high standing legal right, state's intervention is only allowed for important reasons. Deportation custody is no criminal custody. It only enables the state to implement

³¹The case was presented by Dr. med. Hans Wolfgang Gierlichs, Internist, Psychotherapist, certified medico-psychological expert and supervisor of the Chamber of Doctors NRW for expert opinions in asylum procedures.

Remark: In some of the Laender there exist lists of specially trained experts (SBPM/Istanbul Protocol) in the chambers of doctors or psychotherapists.

³² See Article 15 para. 5 and 6.

deportation; therefore it is only applicable as an *ultima ratio* instrument where less far-reaching means (e.g. notification requirement or bail) are not sufficient. The imprisonment of a person for 18 months for the purpose of deportation is not covered by the principle of maximizing the degree of the acceleration of the procedure, which arises from the principle of proportionality.³³

A comparison with the criminal procedural law shows that investigative custody is generally allowed for a period of up to 6 months. A longer detention has to be ordered by the higher courts (higher regional court (OLG), federal court of justice (BGH)). The principle of proportionality has to be preserved both by the EU and the German legislator. The duration of 18 months in custody pending deportation is disproportionate.

(c) Imprisonment of unaccompanied minors

The practice to detain unaccompanied minors in deportation custody varies from Bundesland to Bundesland in Germany. Some Laender practice the detention very strictly, some detain minors older than 14, some detain minors older than 16 years.³⁴ In Berlin e.g. minors have not been detained in deportation custody within the last months.

In its draft of the implementation of the EU Directive on returning third country nationals the German government does not exclude the deportation of unaccompanied minors. Also the EU directive does not absolutely exclude deportation custody of unaccompanied minors. However the UN Convention on the Right of the Child binds Germany, since June 2010 without reservation. Following the definition of a child (Art. 1 of the Convention) a child is every person below the age of eighteen regardless of nationality and the residence title/status. The Convention provides in several articles for the signatory state's obligation to act in the best interest of the child and this is an underlying principle of the Convention (inter alia Art. 3 para. 1). Thus the criterion of the best interest of the child has to be taken into account when national laws are drafted.³⁵

In situations where a child is deprived of its family environment the child is entitled to obtain special protection and assistance by the state in accordance with the national laws (Art. 20). The Child Rights Convention explicitly provides that this obligation applies also to minors in asylum proceedings (Article 22). Thus the German "Child and Juvenile Aid" (Kinder- und Jugendhilfe) under the social law book VIII (Sozialgesetzbuch VIII) is applicable, which regulates the means of accommodation of children and juveniles in cases of the absence of parental care. Following the regulations of the Child Rights Convention the imprisonment of an unaccompanied minor is not allowed. Rather the child has to be accommodated in accordance with the Child and Juvenile Aid regulations.³⁶ Following the underlying concept of "best interest of the child" and Article 20 of the Convention deportation custody of unaccompanied minors is a clear violation.³⁷

³³ Deutsches Institut für Menschenrechte, Policy Paper, Hendrik Cremer, "Abschiebungshaft und Menschenrechte", pp. 5,6.

³⁴ Deutsches Institut für Menschenrechte, Policy Paper, Hendrik Cremer, "Abschiebungshaft und Menschenrechte", p. 7.

³⁵ Ibid. p 8.

³⁶ Ibid. p. 9.

³⁷ Ibid. pp. 9-10.

Recommendations:

The Federal Government should be called upon:

(detention decision)

- **Not to detain torture Survivors, unaccompanied minors, and other vulnerable groups and traumatized persons** in deportation centres even for a short period of time, because of their high risk of retraumatization/ serious worsening of their psychological health conditions
- For persons not mentioned in above, to ensure that custody pending deportation is used as an **exceptional measure of last resort** only,

(basic safeguards)

- To notify about the detainees about the reasons of detention pending deportation, the length of detention and the procedures in detention and the rights of the detained persons
- To ensure free **interpreter's** service in regard of all relevant procedural information's, as well as on all medical care issues
- To ensure access to **legal advice** immediately after detention.
- To provide an medical **examination immediately** after a person is brought to deportation custody **including a thorough psychological examination** in order to check whether the health condition allows for detention. The examination has to be carried out by health professionals who are trained in trauma related psychological symptomatologies and intercultural assessment, in order to prevent re-traumatization and deterioration of depression, anxiety and suicidal attempts during custody.
- To ensure the detainee's **right to communication** with family, relatives, friends and NGOs

(conditions of detention)

- Has to provide **detention conditions** that reflect the the administrative character of the detention pending deportation and maintain the health of the detainees, especially of vulnerable groups (e.g. clothing, activities)
- That the **maximum duration** of 18 months detention pending deportations is **decreased significantly**
- That deportation detainees are **accommodated separately** from ordinary prisoners whether they are convicted or on remand in all the Laender

- Has to grant access to an **independent physician, psychologists** or a specialized center for the treatment for torture victims in order to receive adequate diagnostics and treatment, without personal presence from the custody center or the police medical services.

(Training)

- To ensure **regular training** of prison officials, physicians, psychologists and social workers on adequate attendance and treatment of deportation detainees and persons with psychological problems or trauma-related syndroms in support of the Convention Against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment

(Monitoring)

- To guarantee the **national prevention mechanisms** of the Federal Body against Torture (Bundesstelle zur Verhütung von Folter) and the Commission of the *Laender* (Länderkommission zur Verhütung von Folter) by providing the necessary financial means in order to allow for inspections of deportations custodies as well as the airport detention facilities³⁸.

3. Deportation

Introduction

The type of actions taken to enforce the deportation are often disproportionate and likely to risk (re-) traumatization and thus deterioration of the psychological health especially when rejected asylum seekers are in poor psychological health and thus especially vulnerable.

Examples of such actions are:

- Being taken away by several policemen early in the morning, sometimes by masked officers;
- Being handcuffed;
- Children witnessing a sometimes violent arrest of their parents, which exposes the children to feelings of helplessness and panic, making them at risk of traumatization;
- Being given only 30 minutes to pack their belongings; not being allowed to change clothes for the transport;

³⁸ According to the general principles of Article 1 and Articles 17 and 18 on the national preventive mechanisms of the ratified Optional Protocol to the Convention against Torture and other Cruel, Inhuman or degrading Treatment or Punishment.

- Denial of assistance by the accompanying physician.

The above mentioned sorts of disproportionate violent or humiliating measures put especially traumatized victims of torture or war violence as well as children at a high risk of being (re) traumatized. However, also for any other person the circumstances under which deportation practice take place amount to an inhuman and degrading treatment. Germany is bound by the EU Return Directive to secure the dignity and physical integrity of the person. Article 8 paragraph 4 of the Directive states: *“Where Member States use — as a last resort — coercive measures to carry out the removal of a third-country national who resists removal, such measures shall be proportionate and shall not exceed reasonable force. They shall be implemented as provided for in national legislation in accordance with fundamental rights and with due respect for the dignity and physical integrity of the third-country national concerned.”*

Missing medical examination before repatriation by air

As already stated in the Concluding Observations of the Committee against Torture (CAT/C/CR/32/7, 11.06.2004) to the third periodic report of Germany, under D Recommendations, 5 (g) Germany should “offer, as a routine practice, medical examinations both before all forced removals by air and, in the event that they fail, thereafter”.³⁹ But until today there is still no qualified psychological, psychiatric examination prior to the deportation.

Even if the concerned person has been in psychiatric or psychotherapeutic treatment or if a mental disorder has been medically certificated, the physicians only check the ability to fly in the sense of a physical examination on the ability to travel. The doctors responsible for the assessment of the ability to travel do not have the knowledge to consider psychological impairments. In this way severe deterioration of psychological diseases are at risk.

The submitting organization and the German Medical Association demand instead the professional assessment by an independent psychotherapists or psychiatrists trained in intercultural assessment of trauma reactive disorders and psychological disorders in general.

An “information and criteria catalogue” on the involvement of physicians in deportations was elaborated by members of the Ministries of Interior of the Laender and a working group of the German Medical Association in 2004. The Regulations on the deportation of foreign citizens by air (“Bestimmungen über die Rückführung ausländischer

³⁹ “158 In the Federal Government's opinion, the current regulation contained in the internal instructions of the Federal Police on the forced removal of foreign nationals by air largely complies with the Committee's wishes. According to the regulation, the Federation expects the Land authority to carry out a renewed medical examination before handing over a person to be forcibly removed to the Federal Police in order to establish that the individual in question is fit to travel by air whenever there are actual indications to suggest that the person concerned has health problems or there are risks which could influence the success of the forced removal by air.”

Staatsangehöriger auf dem Luftweg", BestRückLuft) provide inter alia the criteria for the examination of ill asylum-seekers obliged to leave the country. The regulations state that the examination has to include an extensive and detailed assessment of the state of health, considering the available medical records. The medical / psychological staff has to examine in particular the danger of re-traumatisation. The catalogue provides for a special training of the psychotherapists according to SBPM / Istanbul Protocol Standards.

Unfortunately, due to decisions of the ministries of the interior of the *Laender*, this catalogue 2004 has not been implemented. Whereas medical associations in various *Laender* offer doctors and psychotherapists the necessary specialized training.

Another important issue is the monitoring of forced returns in all of the *Laender*. A monitoring system was introduced at the airports of Düsseldorf, Frankfurt and Hamburg. The existing experience of the monitoring sites led to fruitful discussions between governmental and non-governmental institutions.⁴⁰ To secure the fundamental rights of the persons facing removals it is necessary to establish a monitoring system throughout Germany. Germany is obliged to implement a monitoring system by Article 8 (6) of the EU Return Directive.

Recommendations:

The Federal Government has to ensure:

- A responsible treatment of refugees prior and during deportation, preserving the inviolability of human dignity as guaranteed in the German constitution (Article 1 and 2) and the Universal Declaration of Human Rights (Article 5).
- A qualified medical / psychological examination prior to deportation, performed by an independent psychotherapists or psychiatrists trained in the intercultural assessment of trauma reactive syndromes and psychological disorders in general. The medical assessment has to include the special vulnerability of traumatized persons, especially the danger of re-traumatisation through the compulsory measures or the involuntary confrontation with trauma-associated stimuli and situations during deportation or after arriving the countries of origin.
- An effective monitoring system on forced returns in every Bundesland and at the airports.

⁴⁰For a description of the existing monitoring systems and their work see: paper from EKD "Monitoring forced returns" from April 2010.

4. Repatriation to countries where torture is practiced

Germany has signed about 30 bilateral readmission agreements to return individuals, who are found to be obliged to depart⁴¹.

In 2008, Germany has signed a readmission agreement with Syria that is in force since January 2009. Despite the political tensions and the aggrieved human rights situation in Syria it was only in April 2011 that the German Ministry of Interior issued a statement to stop deportation to Syria. However, it was already on 28.12.2009 that the Ministry for Foreign Affairs explicitly referred to the situation of returned persons and the danger of facing detention and torture in Syria. Between January and March 2011, 19 Syrian citizens were deported to Syria.⁴² The practices of readmission to Syria thus constituted a breach of Article 3 of the Convention.

Case example:⁴³

A Kurd from Syria has been deported to Syria in February 2006 after an unsuccessful asylum procedure and arrest on the charge of illegal entry. Upon arrival in Damascus he was held by Airport Security and taken to the Directorate General of Immigration and Passports the next day. Since the bureau was closed they were taken to a jail in Bab Musalla, and detained there for two days.

After two days he was taken to the Directorate General of Immigration and Passports again, where his personal data was recorded and he was asked about his activities in Germany. Afterwards he was taken away by the Political Security Directorate (Idarat al-Amn al-Siyasi) and interrogated.

He was accused of having applied for asylum, and thus “to talk bad about the government” and decry the Syrian regime abroad. He was also accused of having participated in demonstrations and protests against the regime abroad. He reported that following torture and interrogation methods were practiced: verbal indignation and derision, obligation to kneel at the feet of the interrogator repeatedly, being completely unclothed, beaten on the soles of the feet with cables (falanga) and on other parts of the body, waterboarding, being blindfolded for a long period, resulting in severe disorientation; hearing simulated human screams, beaten on the head with a bamboo-cane.

He was tortured until he signed a protocol. He was then taken to a military prison where he was remanded in civil custody by judicial order. He spent 10 days in the Adra Prison in Damascus. He was released with the help of an attorney and sentenced to 3 months of

⁴¹http://www.bmi.bund.de/DE/Themen/MigrationIntegration/Recht_EU/EU_III_Migration/Bekaempfung_der_illegalen_migration.html

⁴² Tageszeitung 29.04.2011 "Pakt mit den Unrechtsstaat", www.taz.de/!69906/

⁴³ The case has been presented by a Center for the treatment of Torture victims at Refugio Villingen- Schwenningen. The case is an anonymized documentation of the anamnestic interview.

imprisonment by a civil court on the charge of defaming and slandering the government. Thereupon he fled back to Germany in 2006 and applied for asylum at the Federal Office for Migration and Refugees again. His asylum case was rejected in March 2009, on account of lack of credibility. Finally, he was granted asylum on as a political refugee in April 2011 before the Administrative Court of Freiburg.

From June 2009 until today, he is receiving psychological treatment for post traumatic stress disorder and secondary disorders.

For more cases of detention and torture after deportation to Syria see: Decision Administrative Court Cologne 20 K 6194/10.A from 21. June 2011.

To secure the scope following from Article 3 of the Convention the Federal State of Germany has to refrain from deporting persons to states where torture is *de facto* not abolished even if is prohibited by national law⁴⁴ or to sign readmission agreements with such states.

Recommendations:

The Federal Government should be called upon:

- Not to deport persons to countries where torture is per law or *de facto* not abolished or where the state cannot protect persons from being tortured/maltreated by officials and not sign readmission agreements with such countries.
- To implement mechanism to secure that readmission agreements will be abolished immediately where due to changed political circumstances the risk of torture or maltreatment of returnees occurs.

5. Right to rehabilitation

According to Article 14 of the Convention against Torture each State Party shall ensure in its legal system that the victim of an act of torture obtains redress and has an enforceable

⁴⁴ An example where torture is per law prohibited but de facto still practiced is Turkey. As to the still existing risk of incarceration, torture or ill treatment in Turkey see e.g. cases documented by amnesty international: Mehmet Desde (former migrant worker, arrest in Turkey in 2002, no permission to leave the country until 10/2008) and Dogan Akhanli (former political refugee), who even were German citizens when they returned for a visit to Turkey and were arrested.

right to fair and adequate compensation including the means for as full rehabilitation as possible.

For minor refugees that experienced torture and inhuman and degrading treatment or any other form of abuse Article 18 paragraph 2 of the EU reception directive (2003/9/EC) provides explicitly the right to rehabilitation in the receiving country.⁴⁵

Many victims of torture have to leave the country where they were tortured because of ongoing threat of persecution. This makes it practically impossible for them to obtain redress and rehabilitation in the perpetrator State. However, the right to redress and rehabilitation is a right attached to a person's status as a victim and not the person's geographical location. Thus, the right to redress and rehabilitation should be interpreted as a free standing right linked to an universal duty to every state, to secure the right to rehabilitation to all victims of torture, regardless whether the state is responsible for the torture or not. This view is also put forward by the Committee itself in the Working Document on Article 14.⁴⁶

Torture victims show a high prevalence of complex psychological and psychosomatic traumareactive symptomatology⁴⁷ and need complex multidisciplinary diagnostics and adequate treatment - and rehabilitation – measures, including communication via interpreters. Adequate rehabilitation-services to the victims and their families include the whole range of assistance needed such as medical and psychotherapeutical treatment, social support, legal assistance and re-integrative measures as well as vocational and educational options. The rehabilitation services must be accessible, appropriate, and take place in a safe and stable context.

Also torture victims who so far did not develop posttraumatic psychological syndromes need specialised diagnostics and counselling and have special needs as to the social and material living conditions. They are at risk to develop post traumatic syndromes; especially

⁴⁵ “ Member States shall ensure access to rehabilitation services for minors who have been victims of any form of abuse, neglect, exploitation, torture or cruel, inhuman and degrading treatment, or who have suffered from armed conflicts, and ensure that appropriate mental health care is developed and qualified counseling is provided when needed.”

⁴⁶ Committee Against Torture, Forty-sixth session, 9 May- 3 June 2011, “Working Document on Article 14 for comments”, p. 5.

⁴⁷ Epidemiological studies have shown rates from 40 – 70 % of Posttraumatic Stress Disorder under asylum seekers. See i.g. Silove, D., Sinnerbrink, I., Field, A., Manicavasagar, V. & Steel, Z. (1997). Anxiety, depression and PTSD in asylum-seekers: Association with pre-migration trauma and post-migration stressors. *British Journal of Psychiatry*, 170, 351–357; Gäbel, U., Ruf, M., Schauer, M., Odenwald, M. & Neuner, F. (2006); Prävalenz der posttraumatischen Belastungsstörung (PTSD) und Möglichkeiten der Ermittlung in der Asylverfahrenspraxis. *Zeitschrift für klinische Psychologie und Psychotherapie*, 35, 12–20; Kessler, J.L., Sonnega, A., Bromet, E., Hughes, M., Nelson, C.B. & Breslau, N., (1995). Post-traumatic stress disorder in the National Comorbidity Survey. *Archives of General Psychiatry*, 52, 1048-1060; Gurrus, N.F. & Wenk-Ansohn, M. (2009, 3. edition). *Folteropfer und Opfer politischer Gewalt*. In: Maercker, A. (Ed.), *Posttraumatischen Belastungsstörungen*, pp 477-499.

adverse living conditions may promote the psychological deterioration.⁴⁸

In Germany the right to rehabilitation has not been realized until to now for all torture victims who want treatment of their damages. As mentioned above no identification of vulnerable persons is carried out on a regular basis during the asylum proceeding. These persons very often have no possibility to be identified by specialised trained health professionals at an early stage of their stay in exile. The longer they do not receive adequate treatment the higher is the risk of chronification of the posttraumatic syndromes. According to § 4 Asylum Seeker-Benefit-Act (Asylbewerberleistungsgesetz) medical treatment of asylum seekers is limited only to acute or painful disorders. According to § 6 further treatment may be provided on a discretionary basis. The provision is interpreted by the authorities to include only benefits that are absolutely necessary to maintain the health.

The expenses of the necessary treatment are only partly covered by the regular health system. Furthermore the possibilities for specialised psycho-social, medical, psychological counselling and treatment are very rare, especially in rural areas in the eastern part of Germany. In some larger cities of Germany there are special treatment centres for torture victims and traumatized war-victims run by NGOs. However with too little financial and thus limited personal capacities, many of them depend on a large scale of their work on financial means of the EU (especially the EIDHR Programme, which is phased out at the moment). So far there is no sufficient financing through any ministry of the Federal Republic of Germany. There is a current risk that some of the few centres have to diminish their programs even more or close down.

Even for German victims of the “Staatssicherheit” repression in the former German Democratic Republic there are not enough specialized capacities for treatment and rehabilitation. In 2010 thirteen persons of this group asked for treatment in bzfo and could not be offered treatment due to capacity limits. The persons had not found an adequate possibility for treatment with psychologists and psychiatrist which work in the regular health system or through the support of “Gegenwind” (a specialized counselling organization for the target group).

Recommendation:

- The Federal Government should be called upon to ensure that torture victims and asylum seekers receive the necessary rehabilitation including medical and psycho-therapeutic treatment, including interpreters and social support by qualified staff.

⁴⁸ see Keilson, H., Sequentielle Traumatisierung bei Kindern. Stuttgart: Enke, 1979, 58-60 and Laban, C.J., Gernaat, H., Komproe, I., Schreuders, B. & De Jong, J., Impact of a long Asylum Procedures of the Prevalence of Psychiatric Disorders in Iraqi Asylum Seekers in the Netherlands, Journal of Mental Disease, 2004, 192 (12), 843-851.