
E36 The Effect of the Medicolegal Evaluation on Asylum Seekers: The Proposal for a New Operating Model

Antonietta Lanzarone*, University of Palermo, Palermo 90127, ITALY; Stefania Zerbo, MD, Palermo 90100, ITALY; Francesca Korte, Watertown, MA 02472; Valeria Tullio, Department of Psychology, Educational Science, Palermo 90128, ITALY; Elvira Ventura Spagnolo, MD, University of Palermo, Palermo 90127, ITALY; Antonina Argo, PhD, University of Palermo, Palermo 90100, ITALY

Learning Overview: The goals of this presentation are: (1) to record the physical and mental consequents in migrant people (asylum seekers) that are victims of mistreatment and torture, distinguishing between consequents of mistreatments suffered in their own country, consequents of mistreatments suffered in Libya, scars of accidental injuries, and scars of tribal rites; (2) to focus attention on severe human rights violations in Libya, taking into account the data collection of medical visits performed; (3) to point out the need to increase the collaboration between forensic doctors, ethnopsychiatry experts, lawyers, and cultural mediators; (4) to show the collected data about correlation between medicolegal certificates and judgment of Italian territorial commissions; and (5) to present new operational proposals; that is, define new guidelines for torture assessment, starting from the Istanbul Protocol.

Impact on the Forensic Science Community: This presentation will impact the forensic science community by illustrating how sociopolitical conditions and processes shape the work of forensic scientists in this context, explaining the complexity of working in the current system, pointing out the need for a new approach to the evaluation of mistreatments and torture, going beyond the past protocols in order to respond to new sociopolitical needs, and explaining the importance of a new approach in light of the data that has been collected.

From May 2018 to July 2019, 93 asylum seekers were visited (most of them provided by local authorized community and health care units for immigrants). Approximately half of these were supported by social workers, psychologists, and lawyers who work in the extraordinary reception centers of the Sicilian island, while the approximately other half were sent by the Human Rights Legal Clinic of Palermo University. The asylum seekers were directed to medical-legal assessment and were subjected to a long audit that included the presence of the cultural mediator and the psychologist after they signed (informed consent) documents. The interview included a long anamnesis: family history (not only about health but also about relational life); schooling; past and present medical history (focusing on traumatic events, discriminating accidental events from abuse and/or torture). A separate section was dedicated to the abuse and torture suffered in Libya.

During the audit, subjects explain in detail: the means and methods that perpetrators used, the circumstances (location, for example, a prison/ghetto) and frequency; in this phase, the presence of the psychologist is very important in order to contain the risk of retraumatization. After the interview, the victims were subjected to objective structured clinical examination and photographic collection of scars. In relation to the needs of the case, radiological assessments (Magnetic Resonance Imaging [MRI], X-ray, ultrasound), specialized medical assessments (urology, otorhinolaryngology, dentistry, maxillofacial surgery, plastic surgery, neurology, gynecology) and non-medical assessments (anthropology and experts in sociology and transcultural psychology of gender identity) were requested. Researchers collected all the elements and wrote a report to send to the local governmental commission, while taking into account the Istanbul Protocol.¹

Of the total number of asylum seekers assessed, 12 were women, 77 were men, and 11 were unaccompanied foreign minors. The countries of origin were mainly from the African continent: Nigeria, Niger, Senegal, Gambia, Libya, Guinea, Ghana, Ivory Coast, Somalia, Eritrea, Ethiopia, Sierra Leone, Benin, Cameroon, Liberia, Guinea Bissau, Guinea Conakry, and Bangladesh. Of the total number of asylum seekers, 32 have obtained international protection (12 by territorial commission; 20 by judges of the courts), in detail: 9 humanitarian protection, 1 subsidiary protection, 1 special case protection, 22 refugee status; of the remaining 54 subjects, 30 are awaiting the judgment of the court and there is no news on 28 because they were shifted in extraordinary reception centers in other regions of Italy. The data collected explain the need to prefer the medical-legal evaluation of the asylum seeker in a multidisciplinary context, not only in a medical context but also social and legal, pointing out the importance of the dialogue between forensic experts and lawyers to build a new protocol adapted to these new socio-political needs.

Reference(s):

¹. United Nations. *Manual on effective investigation and documentation of torture and other cruel, inhuman or degrading treatment or punishment*. 1999.

Asylum Seekers, Torture, Abuse