Eight Facts About Refugees and Asylum Seekers
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Since the Center for Victims of Torture™ (CVT) opened its doors in the mid-1980s, we have extended rehabilitative care to tens of thousands of torture survivors around the world, nearly all of whom were refugees or asylum seekers. Over these years, CVT has witnessed extraordinary healing, courage and resilience among clients, while at the same time we have seen confusion and misunderstanding from many in the public about the lives and challenges faced by refugees and asylum seekers. To help clarify misconceptions and shed light on the realities of the lives of torture survivors, here are eight facts that we hope will help dispel some of the myths about who refugees and asylum seekers really are.

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1. Refugees and Asylum Seekers – What do These Terms Mean?

In today’s public discourse the terms “refugee” and “asylum seeker” are sometimes used in ways that are confusing, and too often the narratives that are told about these populations are misleading or outright false. For over 30 years, the Center for Victims of Torture has rebuilt the lives and restored the hope of both refugees and asylum-seekers—who have survived torture or similarly serious forms of trauma—at healing centers in the United States and across the globe. We know from first-hand experience what they have endured, and the myriad challenges they face.

To obtain either refugee status or asylum, a person who has fled her home needs to demonstrate that she has a well-founded fear of persecution on the basis of race, religion, nationality, political opinion or membership in a particular social group. The biggest difference between refugees and asylum seekers is where and how this determination is made. Refugees often cross into neighboring countries where they wait, at designated areas such as camps or cities, for their status to be determined and their cases to be processed by a government or the United Nations. On many occasions, they may live in camps or cities for several years (and often many years) until they can return home or until they are resettled as refugees into a third country.

Asylum seekers also flee in search of sanctuary in another country but do not go through the third-country resettlement process. Instead—before their legal status has been determined—they reach the country where they hope to remain permanently. Once physically present there, they apply to be legally recognized as “refugees”—in other words, to be granted asylum.

Regardless of the differences in the process to gain lawful immigration status in a country, refugees and asylum seekers share the experience of having to escape, often without warning, and embark on a difficult and dangerous search for safe haven. Of those who make it out alive, nearly half are torture survivors.

Each step of the way—from the persecution and violence that causes people to make the heart-wrenching decision to flee, to the arduous journey they then endure, to the asylum-seeking process that follows for those who cannot secure refugee status abroad—asylum seekers and refugees suffer devastating and compound trauma.
2. Refugees and Asylum Seekers are Fleeing Persecution and Torture

Asylum seekers and refugees leave their countries because they have no choice. CVT’s clients—and survivors who receive rehabilitative care at other torture rehabilitation programs—whether they are refugees or asylum-seekers, have survived torture, persecution and/or war atrocities in locations around the world. They speak of what it was like to make the excruciating decision to flee from home, like the Hadad* family and Jon, who knew they would be killed if they remained in their war-torn country. Others experienced the murder or disappearance of a close family member at the hands of government perpetrators, or were persecuted by private individuals operating with impunity in cultures where police or the courts could not or would not prevent or punish those responsible. Still others were targeted because of their profession: such as journalists like Youssef*, or medical professionals like Manal*. Some, like Rosa*, had been kidnapped amid violent attacks by outlaw groups or militias and held in captivity—it was from their abductors that they fled, having no home to return to.

Startling numbers of asylum seekers and refugees are survivors of torture; in fact, according to the Department of Health and Human Services Office of Refugee Resettlement, as many as 44 percent of refugees, asylees and asylum seekers living in the U.S. are survivors. From over 30 years working closely with torture survivors, CVT understands the dire conditions that cause people to run from their homes, their loved ones, their professions and their communities. Many clients tell us that as agonizing as that decision was, the will to live—and to protect any loved ones they could—prevailed.

And of course clients carry with them the trauma from all they survived before fleeing. Regardless of the country responsible for the torture, the effects of torture are similar, chronic and predictable:

- Long-term physical effects include the scars and musculoskeletal pains that result from beatings, being bound or confined to cages, as well as from being hung or suspended. Feet are a common target for torturers, resulting in pain from beatings on the soles, and injuries and abuse to the head result in hearing loss, dental pain and visual problems. Torture wreaks havoc across the body, resulting in chronic abdominal pains, cardiovascular/respiratory problems, sexual difficulties and neurological damage.

- Long-term psychological effects include intense and incessant nightmares or insomnia, severe anxiety and difficulty concentrating for even short amounts of time, often combined with deep depression and posttraumatic stress disorder (PTSD). Suicidal ideation is not uncommon.

Without rehabilitative care, these symptoms remain a difficult, painful and often-debilitating part of survivors’ lives.
3. Flight From Persecution is Dangerous and Traumatic

A large number of CVT clients flee their homes with only the meager possessions they can carry. Few are able to plan their sudden and often perilous journey, instead needing to run without much notice. Some flee on foot; some obtain transportation. Others use visas they already held for visits to other countries. Some end up in refugee camps awaiting resettlement to a third country, while others seek asylum in the country where they are physically present.

Almost all CVT clients—refugees and asylum seekers alike—tell us they had to travel through more than one country to get to a location that was truly secure. Some clients fled from their houses but attempted to remain in their country of birth, hoping to someday return to their homes. But often, returning home is dangerous and can result in further violence and devastation. For refugees in these situations, often the safest choice is to move to a host country and await a chance for resettlement. Syrian refugees Yasser and Khadija*, for example, have been waiting at a camp in Jordan for about four years.

While an individual may have fled to a new country, many clients’ families, like Yonas’*, are traced by perpetrators who may have their cellphone numbers, social media accounts or mutual contacts. David* told CVT he escaped his home in Africa but was tracked by perpetrators to Belgium, so he had to continue his escape to the U.S.

Some asylum seekers and refugees pay another person to take them across borders. They might do so because they know of no other way to reach safety given their circumstances, or because smugglers control large parts of a border and know asylum seekers and refugees are so desperate for protection they will try to find it any way that they can. Regardless of the reason, these refugees and asylum seekers face additional dangers: they become part of an unregulated economy; nobody can account for their location, or safety, during this treacherous trip; and they become susceptible to human trafficking.

Women who flee face particular dangers of sexual violence and abuse. And there are innumerable other risks women face on the road. One teenage client, a refugee named Dina*, who was captured by soldiers and raped on a regular basis, escaped her perpetrators with a friend. However, her friend died during their flight because she was in the late stages of pregnancy and suffered a deadly complication in the woods in the middle of the night with only Dina to care for her.
4. Harsh Treatment of Asylum Seekers at the U.S. Southern Border Compounds Trauma

When Pablo and his wife arrived at the U.S. port of entry, fleeing persecution in Colombia, they presented themselves to Customs and Border Protection officials and asked for asylum. “At the border,” recalled Pablo, “Immigration tried to force us to sign some papers and go back to Mexico. We kept saying ‘we are here for help.’” Pablo and his wife were both handcuffed and taken to Laredo, Texas, but were separated soon afterward. She was sent to a facility in Taylor, Texas, while Pablo was shackled—hands, waist and feet—and put on a plane to another facility in Buffalo, New York. “I kept saying, ‘I’m here to apply for asylum in the United States. Why are you treating me this way?’ It was very traumatic to be arrested and separated like that.”

When asylum seekers reach the U.S. border, they are increasingly denied entry and forced to remain in Mexico, or otherwise pressured to turn back. If they manage to enter, then they are almost always handcuffed and detained in terrible and prison-like conditions.

It is clear that large numbers of people arriving at borders have already survived deeply traumatic experiences. Indeed, as noted previously, according to the Department of Health and Human Services Office of Refugee Resettlement, as many as 44 percent of refugees, asylees, and asylum seekers living in the U.S are survivors. Harsh treatment at borders exacerbates these harms and inflicts new ones.

Recent policies and practices have made the southern U.S. border especially hostile for asylum seekers:

- **Obstruction:** In November 2018, the Trump administration declared, unlawfully, that asylum-seekers must arrive to the United States at official ports of entry to qualify for asylum. In January 2019, the administration began to implement a “remain in Mexico” plan through which it returns Central American asylum seekers to Mexico to wait during the pendency of their asylum cases. These policies are on top of practices at the border that were already obstructing asylum seekers from accessing ports of entry, such as turning them away outright or significantly limiting the number who can enter each day (known as “metering”). Not surprisingly, these obstructionist policies and practices force more asylum seekers to cross the border irregularly, further exposing them to human trafficking, to sexual assault, or to getting lost in the desert.

- **Prosecution:** Historically the U.S. has criminally prosecuted individuals for having multiple “unlawful” entries into the country. But in April, 2018, former U.S. Attorney General Jeff Sessions announced a “zero-tolerance policy,” ordering prosecutors along the border to prosecute to the extent possible anyone who crossed the border irregularly, including asylum seekers. The policy led to family separation on a massive scale. As explained below, the devastating consequences of forcibly taking children from their parents are still being felt. According to the Department of Homeland Security’s Inspector General, some separations continue.

- **Detention:** Upon arrival, torture and trauma survivors are exposed to a dangerous and unaccountable immigration detention system replete with reminders of past trauma. Many asylum seekers coming to the U.S. had no idea they would be handcuffed and put in prison-like cells. As Habtamu* told CVT in 2013, “I’m not a criminal. I didn’t expect to be held like a criminal.” Today, the first destination for individuals crossing the southern border irregularly, including those with minor children, is the hielera, or “icebox.” While this nickname describes the cold condition of the detention centers, it leaves out an equally disturbing fact: the facility has no windows and the lights are on twenty-four hours every day. Throughout the immigration detention system, medical care
has repeatedly proven dangerously substandard. Indeed, in the span of only 16 days, a seven-year-old girl and an eight-year-old boy died in U.S. custody at the border.

As CVT clinicians have explained previously, U.S. immigration detention, even for short duration, is extremely harmful to torture survivors: the presence of uniformed personnel and guns, being handcuffed and shackled, institutional surroundings and other detention experiences are acutely triggering, bringing the original torture experience back to mind. As CVT has reported, detention of torture survivors can bring back a “profound sense of powerlessness and loss of sense of self, contributing to further psychological damage.”

- **Indefinite detention:** Detention that is indefinite in nature, which is typically the case in the immigration context, is even more damaging. Often when arriving in the U.S., adult asylum seekers are kept in detention while their asylum cases are pending, which can last many years. The many factors that impact the length of their detention are out of the individual’s control and may not be understood, especially when language and cultural barriers are present. This uncertainty, particularly when prolonged, can cause such severe and protracted health problems that it rises to the level of cruel, inhuman and degrading treatment. The indeterminacy of indefinite detention can be overpowering—it creates such unpredictability and loss of control over the basic aspects of one’s life that it seriously harms healthy individuals, independent of other aspects or conditions of detention.

- **Separation of children from parents:** Highly-traumatized populations are particularly vulnerable to the adverse effects of detention and separation from their loved ones. In a letter to DHS Secretary Kirstjen Nielsen and then-Attorney General Jeff Sessions, over 20,000 medical and mental health professionals and researchers working in the United States (including Andrea Northwood, Ph.D., LP, CVT director of client services), stated that “[t]he relationship of parents and children is the strongest social tie most people experience, and a threat to that tie is among the most traumatic events people can experience.”
5. Refugees and Asylum Seekers Face Hardship in a New Country

It is difficult enough for healthy people who have chosen to do so to move to a new country. Torture survivors are often thrust into entirely new cultures and languages, and must cope with these changes while experiencing symptoms of trauma and loss of identity, even many years after the abuse. As CVT has reported, survivors are haunted by the experience of torture. Many find themselves unable to stop thinking about the torture and must reckon with intrusive memories. They have frequent thoughts of suicide, deep depression and anxiety. Sleep rarely provides relief; nightmares are vivid, regular and terrifying. Survivors cross many triggers in their daily lives, such as the sight of armed personnel or something as simple as the sound of laughter, which repeatedly bring back to life past traumas. Many also live with the chronic pain that results from having been beaten, bound, hung and any number of injuries inflicted by a torturer. All these impacts affect survivors’ abilities to adapt to life in new countries and to begin rebuilding their lives.

Refugees in the United States at least have access to work and to some basic benefits and assistance that help them adjust to often drastic cultural and language changes. These include modest levels of cash assistance, medical assistance and social services, as well as work authorization upon arrival. Asylum seekers, by contrast, receive no such assistance, face additional significant challenges associated with the U.S. legal process, and only have access to a work permit six months after filing their asylum application. Most are unable to do so without the help of an immigration attorney. Thus, their ability to work also depends on their ability to secure legal help which is very expensive, and pro bono assistance is in incredibly high demand. As a result of lack of services, CVT client, Thomas*, found himself homeless in Minnesota after escaping from his home country in Africa. Despite these hardships, CVT clients are amazingly resilient and regularly go on to heal and prosper in their new communities.
6. The Asylum Process in the United States Complicates Healing

Even for those asylum seekers who manage make it into the United States notwithstanding the various ways in which the Trump Administration is trying to block them, the asylum-seeking process can exacerbate survivors’ suffering and make healing more difficult. Factors that cause this include:

**Legal representation is critical, but often hard to obtain:** Many private attorneys charge from $5,000 to $10,000, and organizations providing free or low-cost services are overwhelmed by high demand. Asylum seekers are often aware they are significantly more likely to succeed with representation (individuals represented by counsel are five times more likely to win their cases), but even for the minority of asylum seekers who are able to find counsel, the process can be difficult and stress-inducing.

**Asylum seekers must wait before they can work:** Even with the help of an attorney, asylum seekers are not eligible for a work permit until six months after submitting their asylum applications (a process that can be lengthy as well). Studies have demonstrated that unemployment negatively affects mental health. Indeed, for many of CVT’s clients, all of whom have suffered unimaginable loss—including doctors, lawyers, businesspeople, and engineers, as well as others with more modest educational backgrounds—stable and fulfilling employment is a foundational step in healing and rebuilding their lives. Lack of access to regular employment also exposes asylum seekers to exploitation and additional trauma as many have no choice but to work “off the books” for little money—and for those without counsel, potentially an attorney.

**The legal process can take years:** Most asylum seekers face a years-long and often painful period of waiting. Unless and until they are granted asylum, they cannot bring even immediate family members living abroad into the United States, no matter the degree of danger those family members might face.

“Clients tell us about years of waiting, without their families, without their children,” said Alison Beckman, MSW, LICSW, CVT senior clinician for external relations. “They feel so alone, without hope. The asylum process in the United States is like a void, nothing but waiting.”

Several of CVT’s asylum-seeking clients have described in their own words the anguish associated with family separation of this sort, which is often made worse by uncertainty surrounding their own status in the United States:

- **After five years waiting for asylum without her husband and six children, who had to stay behind in their country in Africa, Mary* told us:** “I can’t concentrate. I am depressed and exhausted. How can I stay in this situation? It’s hard to keep living a life interrupted like this. What is my life for, here without my kids?”

- **Adam* described his asylum-seeking process similarly:** “It is painful, stressful…. I have had suicidal thoughts at times, living a life without my family, not knowing how long that will be. At the same time, I continue to worry for the safety of my family back home. No guarantee for their safety. My absence puts them at risk. I can’t plan for my future.”

**Torture and trauma survivors are forced to re-live the trauma of their experience of persecution/torture, repeatedly:** In order to develop a strong legal claim, survivors must tell the story of their persecution and suffering over and over—to their lawyer (repeatedly), to an immigration office, and sometimes in court in response to intrusive and often adversarial questioning by government attorneys.
and immigration judges. Survivors’ attorneys need to encourage them to remember in detail the pain they suffered so they can draft their clients’ declarations and develop convincing legal arguments. (Note: There are effective ways for attorneys to minimize the potential for re-traumatization by working with mental health providers.) Clients often must also participate in—if not lead—the evidence gathering process for their cases; asylum officers and immigration judges typically expect “hard evidence” of asylum seekers’ persecution, but most refugees flee without being able to give much thought to anything other than staying alive. As a result, they have little to no evidence beyond their word, and must look for evidence by contacting individuals back in their home countries, which is expensive, time consuming and can even be dangerous.
Children are Particularly Affected by Trauma

Children can be survivors of torture or secondary survivors, a term used for those whose loved ones have been tortured, causing the secondary survivor to now be vicariously affected by the trauma. A refugee client at CVT’s project in Jordan named Jana* was a primary torture survivor. She was only ten when she was abducted and thrown into an underground prison in Syria. After she was released, the family escaped to Jordan, and her mother brought her for help with her severe symptoms of post-traumatic stress disorder (PTSD), which included depression and anxiety. Another refugee child was affected as a secondary survivor: Tesfaye was only a boy when he escaped his home in Eritrea and went to the refugee camps in Ethiopia. There, he saw video footage of his brother’s murder by ISIS. He went to CVT Ethiopia where he found help with his nightmares, isolation and aggressive behavior.

Because of the nature of torture, oftentimes children who accompany their parents who are fleeing persecution experience symptoms of trauma as secondary survivors themselves: Mohammad Abu Yaman, physiotherapist at CVT Jordan, leads specialized group sessions with children and their parents in Amman. He finds that children have both the physical and psychological symptoms of trauma that he sees with adults, as well as “symptoms that are unique to children and require a special approach—symptoms such as nightmares, social withdrawal, development regression and increased attachment to parents.”

Detention has particularly harmful effects on children, which are compounded when a child is separated from his or her parents. The American Academy of Pediatrics (AAP) has written about the effects of detention on children, including problems with adjustment, developmental delays, PTSD, and more, stating that “expert consensus has concluded that even brief detention can cause psychological trauma and induce long-term mental health risks for children.” Despite the known harms of detention on children, the Trump administration is trying to roll back protections for children established through the Flores Settlement Agreement, signed in 1979 by the U.S. government.

When it comes to family separation—a practice that the Trump administration embraced—20,000 medical and mental health professionals expressed in this letter that separating a child from parents can have extreme consequences causing an effect known as adverse childhood experience (ACE). ACEs can lead to multiple forms of impairment and increased risk of serious mental health conditions including post-traumatic stress disorder (PTSD).
8. Torture Survivors Can, and Do, Heal and Prosper

The journey for many asylum seekers and refugees is long and painful, from the moment they realize they can no longer remain in their homes, to the moment they arrive in a country willing (or at least potentially willing) to host them. Many clients tell CVT of their exhaustion upon finally coming for rehabilitative care. For some clients, like Kidane* even going outdoors at all is difficult: “I was living a life of closed doors. I was isolated, always by myself.”

With the right support, healing is possible. Indeed, survivors of torture can heal from the physical and psychological wounds of torture with access to appropriate care and resources, which then allows them to rebuild their lives (and further the significant contributions that several studies have shown refugees, asylum seekers and asylees make to economies and communities).

For example: When Esme* first arrived at CVT, she was completely unable to speak to her counselor. When she was finally able to open up, she said that being separated from her children felt more unbearable than the multiple rapes she had survived. But Esme persevered. She continued with counseling and stayed strong as she waited years for asylum. Ultimately, she won asylum and was reunited with her children. Today she is happy and the family is contributing to the community and building a new life in the U.S.

According to Brynn Smith, MSW, LICSW, clinic manager, St. Paul Healing Center, many clients tell CVT of the ways their lives improve after care. She said, “Clients go on to gain employment, pay taxes, even volunteer to serve their communities.”

Our clients have become assets for our community—culturally, professionally, socially and economically. As they realize the positive impact CVT has had on their lives, they tell us about their own efforts to help others who have been tortured, bringing in new clients and helping spread the word about life-changing rehabilitative care. The healing that survivors of torture experience negates the vicious intention of the torturers. As David* said, “The torturers’ words do not limit me anymore.”

*Names and some details have been changed for security and confidentiality.