

LIVING AFTER TORTURE: DEFENDING HOPE

CENTRE
PRIMO LEVI
VIVRE APRÈS
LA TORTURE



Annual Report 2022

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Primo Levi Centre – Annual report 2022

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The Primo Levi Centre

The Primo Levi Centre is a reference association dedicated to the care and support of victims of torture and political violence exiled in France. The Primo Levi Centre's action is based on three missions: treating, sharing, mobilizing.

Treating

In its health care centre located in Paris, the Primo Levi Centre welcomes each year more than 400 people from nearly 50 different countries. These people benefit from multidisciplinary care: psychological, medical and physiotherapeutic, as well as social and legal support. The offered care lasts on average three years, taking into consideration the patient's needs and pace of integration in France.

The medical follow-up and physiotherapy, the psychotherapeutic work, the social and legal support are linked together and work like a dynamic unit. It is a question of offering a physical and psychological enclosure to people who are victims of torture and political violence. The reception interview is designed as an integral part of the care.

Moreover, the Primo Levi Centre has from the outset, required the presence of an interpreter if the patient so wishes. Finally, an area for children-teenagers has been dedicated to welcoming young patients, in particular unaccompanied minors.

Sharing

The Primo Levi Centre has, for a long time, made the choice to share and transmit its experience of care and support for exiled people who are victims of torture and political violence. This desire for transmission resulted, in 2002, in the creation of a training centre for professionals and volunteers working with exiles. Each year, more than 700 people are trained. In addition, wishing to highlight the problems encountered in its clinical practice, the Primo Levi Centre publishes a magazine entitled *Mémoires*. It is thought of as a space for reflection and debate, open to external contributions, on questions relating to the effects of exile and psycho-trauma. The desire to create a space for reflection and debate is also reflected in the organization, every two years, a symposium brings

together care and support professionals, as well as researchers, who are invited to share their knowledge and experiences. Finally, the Primo Levi Centre regularly intervenes in academic and professional spaces.

Mobilising

Based on its experience, legitimized by its concrete action with exiled people, the Primo Levi Centre carries out, alone or in a network, actions of advocacy, awareness-raising and information, to bear witness to the effects of torture, promote appropriate care, and defend the right of asylum. It regularly participates in the drafting and promotion of advocacy reports in conjunction with other associative actors. It is also a partner in information and awareness campaigns.

Finally, the Primo Levi Centre regularly intervenes in the context of gatherings, meetings, debates or screenings organized by associative or cultural partners, to shed light and testify on the effects of political violence and exile.

Editorial

I In spite of everything

“Every year is very difficult for the patients, they have to wait a very long time in precarious situations for an asylum application or regularisation, and when they “hold out” for another year, when we have held out together through the good times and the bad, there is a sense of satisfaction”. Pauline Langlade, our social worker, sums up the feeling of this year 2022: to hold on, despite everything, despite the international situation, despite the repeated challenges to the right to asylum, despite the social situation, despite the changes in our team. The life of a Centre like ours is not, and never will be, a bed of roses.

When, on 24 February, the Russian army invaded its Ukrainian neighbour, this aggression brought with it its share of suffering and humiliation, with which our patients are all too familiar. *“In war, the intention is to make the other the object of all the torment and violence. This is the dimension that most affects our patients, who feel that the very foundations of the social bond have been profoundly affected. It’s the collapse of a world”,* says one of our psychologists. Out of this *“collapsed”* world, 110,000 Ukrainians, nearly 80% of them women, will leave and be welcomed in France. *“For the Primo Levi Centre,”* says H  l  ne Bonvalot, Executive Director of the Primo Levi Centre, *“the priority is to support the professionals and volunteers on the front line of the reception of Ukrainian refugees, whose role has been and will continue to be decisive in the reconstruction of people who have fled the war, so that their intimate wounds and humiliations can be listened to, so that they can overcome the effects of the violence and be rehabilitated in their rights”.* This work of passing on the effects of war and exile, first undertaken in France, then moved into the field with the training, in Warsaw, of some fifteen psychiatrists, psychologists and mental health workers from the Ukrainian hospital in Lviv, one of the largest in the country, having taken in more than 500,000 internally displaced persons in one year.

In France, the lives of our patients are now invaded by social insecurity and procedural uncertainty. A very acute phenomenon last year, it has faded somewhat, but is now clearly entrenched, even more so among patients whose applications have been rejected. In 2022, a new issue emerged: the advancing age of a growing number of people being cared for at the Primo Levi Centre. *“Generally speaking, there is no end to precariousness for someone who arrived in France at the age of 45. Suppose this person obtains papers or refugee status at the age of 50, and manages to work and contribute for 10 years, what does he or she do with 10 years of contributions? And I’m talking about someone who has been able to work, who is not physically or psychologically handicapped by exile. Otherwise, the minimum assistance comes into play, and you still have to have papers”,* says one of our social workers. A precarious situation that is now the focus of our consultations. *“Some situations are even worse, which used to be rare, because the social and legal situation is no better, and the psychological state depends on it, which is a difficult thing to grasp,”* says one of our psychologists. So what can be done to preserve the consultation space, to protect this bubble from social and legal anxiety? The answer lies in the involvement of our team.

In 2022, activity at the Primo Levi Centre confirmed a return to the level of activity seen in the pre-pandemic period. To reach and maintain this level, the efforts and commitment of the salaried team were intense, in the face of increasingly vulnerable patients and major changes in the team. Two very senior practitioners retired, so we had to bring in new recruits and ensure continuity for our patients, some of whom cannot remain without follow-up care. *“We had to reassure them and spend a lot of energy giving each other the means to work,”* says Sibel Agrali, the health care centre’s director.

It also took energy and commitment to (try to) resist the umpteenth challenge to the rights of asylum seekers, following the government's presentation of the bill "To control immigration, improve integration", the 29th on the right of asylum for forty years. For our patients, the legislative frenzy continues, with a text that still takes little or no account of the psychological, social or economic specificity of their situation. On the contrary, it is deeply imbued with a spirit of mistrust and stigmatisation towards exiles, rooted in three historical trends: the acceleration of the asylum application procedure, the limitation of the right to health and restrictive integration measures in practice. There is a very real risk that their rights will be further curtailed, particularly for exiled women. Why not change the method? For example, by listening to the people affected and, more generally, to the citizens whose opinions and feelings are too often caricatured.

While the government's bill was being presented, the Primo Levi Centre published the report *Femmes exilées, une violence politique* (Exiled women, political violence) to mark the International Day for the Elimination of Violence against Women, the starting point for the Centre's advocacy work in 2022. I said on that occasion that *"our aim was to highlight the situation of these women and to press for their recognition during discussions at parliamentary level. It took 6 months to draw up the report, which was informed by interviews with numerous researchers, leaders and associations working on the issue of exiled women, as well as with the entire clinical team at the Primo Levi Centre"*. Sent to the media on 25 November, the report had a major media impact, helping to prepare the way for the questioning of members of parliament.

"It is important that the Centre retains its specificity and independence, and continues to work with those involved in exile. It seems to me that, through its commitment and diversity, it has the strength to do so", says Marie-Caroline Saglio-Yatzimirsky, who joined the Board of Directors in 2022, at a pivotal time for the Centre: plans for new premises, development of a digital resource space to develop our transmission work, reflection on a new advocacy and communication strategy. This work has generally been made possible thanks to the mobilisation of our financial partners and donors, who have once again rallied to the cause and deserve our warmest thanks. Everyone has a role to play in supporting this project," adds Céline Figuière, also a new member of the Board, *"no one is here by chance"*.



Antoine Ricard
President of the
Primo Levi Centre

Key figures

396

people received
(including 87 minors)

59 %

233 men

41 %

163 women



are aged between
18 and 24



of the adults
monitored have no
family in France



of adults interviewed
said they had been
victims of torture



of new patients
admitted during
the year

4 869

**psychological, medical, physiotherapeutic,
social and legal consultations**

2,5

**years average
follow-up time**



of patients live in very
precarious conditions
(homeless / 115 /
emergency services)



of referrals to the
care centre's social
services department
concerned access
to social rights



of people turning
to the social services
department are
statutory refugees



patients
monitored by
the legal
department



interpreter
shifts per
week

30
**training
courses**



people
trained



of participants found the
training useful in their work as
support workers for exiles



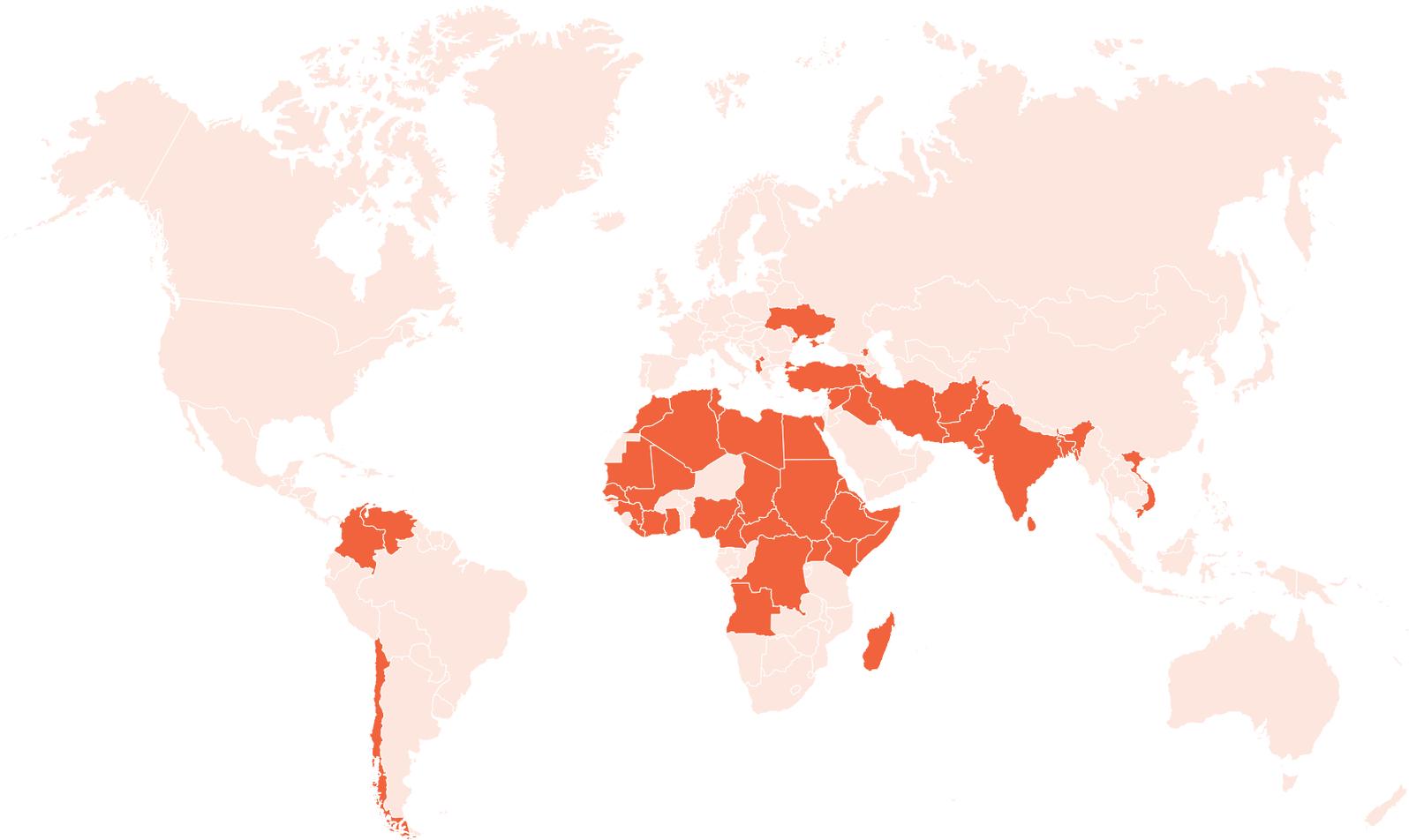
external
interventions



people
involved

*who responded to the evaluation questionnaire

Where do the people we support come from?



46

nationalities

3

main
geographical
origins

58 %

Sub-Saharan Africa
(Democratic Republic of Congo,
Guinea, Sudan)

16 %

**Middle East/
Central Asia**
(Afghanistan, Syria, Turkey)

11 %

Caucasus
(Chechnya, Georgia, Ukraine)

What is the administrative status of patients?¹

Asylum seekers²: **48 %**

Failed asylum seekers: **27 %**

Statutory refugees: **14 %**

Asylum seekers under the Dublin procedure: **4 %**

Temporary residence permit holders: **3 %**

Undocumented migrants: **2 %**

Beneficiaries of subsidiary protection: **1 %**

Residents: **1 %**

Where are they housed ?

Homeless / emergency services: **25 %**

CADA³: **21 %**

Accommodation and social rehabilitation centres: **18 %**

Hotel: **12 %**

Compatriots / homestay: **11 %**

Private hire: **7 %**

Family: **4 %**

¹ When they entered the Centre

² Awaiting a response from the French Office for the Protection of Refugees or awaiting summons to appear before the National Court of Asylum

³ Centre for Asylum Seekers

A decorative graphic consisting of a light blue circle on the left and a light blue vertical line on the right. The vertical line has a diagonal tick mark at the top, resembling a stylized number '1'.

Treating

Multidisciplinary Treatment

Without claiming to “cure” torture and the aftermath of political violence, the Primo Levi Centre offers multidisciplinary treatment (medical, psychological, physiotherapy, as well as social and legal support), if necessary with an interpreter, to provide better physical and mental wellbeing to its patients.

To finally live and not just survive.

A different kind of welcome



Déborah Caetano, Juliette Krassilchik and Adèle Legros make up the Primo Levi Centre's reception service. As the first point of contact between exiles and our institution, their role is essential if we are to offer a different kind of welcome.

What will we remember about 2022 in terms of your position, hospitality?

Adèle Legros : The question of urgency came up a lot. When a person's situation is critical, we refer them to hospital emergency services or other health care structures with shorter waiting times and less follow-up. We had a large number of calls at the time of the Russian attack on Ukraine in 2022, either from Ukrainians, people who knew Ukrainians or people who volunteered to take them in.

Déborah Caetano: The outpouring of solidarity was very strong indeed. We took the time to explain that we were working in a second phase and gave the contact details of other organisations. What I also remember about 2022 is that, unlike during the health crisis, all the intake interviews took place in our premises, face-to-face, with people who, if they fell within the scope of our mandate, became patients of the Centre. We are on call three days a week, receiving enquiries from a wide variety of sources, including social workers, lawyers, educational and social workers from hostels, carers (doctors, psychologists, psychiatrists) and associations working with exiles.

Juliette Krassilchik: Sometimes we see a hidden expectation in the requests from professionals or volunteers. We can see that the teams are overwhelmed, so we take the time to talk to them. I also had the lasting impression of a large number of social requests, from people who called us directly or who came spontaneously after being referred by Emergency services or by patients already being treated at the Centre.

Last year you noted a high level of fatigue among the medical and social workers working with exiles. Is this still the case?

DC: Things have calmed down. There's still a sense of helplessness and urgency, but it's not like during the Covid-19 epidemic, when people were lost and very affected. We're seeing a lot less fatigue now. That's what I've noticed on the telephone helplines.

AL: The period of the pandemic was very unusual. We have the impression that things are improving, because we've just come through a very difficult period, but I still feel that the teams have been left to their own devices, and that sometimes they're exhausted - that's a marker. I had the feeling that the volunteers and professionals who contacted us were often very affected, and that they were having trouble finding institutional support. The time taken to provide care, particularly in facilities that can accommodate non french speaking persons in good conditions, is often very long. Everyone is overloaded.

JK: I feel the same way. We also see it sometimes with our patients, some of whom have difficulties seeing a social worker, others in securing their transport passes. With the dematerialisation of the administration, a lot of things get lost, there are delays and missed deadlines.

AL: Overall, the medico-social sector, both public and private, is underfunded and has been in a bad way for years. Exiles are the first to suffer.

You occupy a special position being “at the centre of the Centre”, how do you feel about that?

DC: When you are at reception, you welcome everyone, your colleagues, the patients, the interpreters. Sometimes we need to step aside, take turns and rely on each other. We have to be attentive to everything, to be kind in order to make things work, to keep things flowing smoothly and to avoid any false notes. The reception area is the association’s corner stone.

AL: The clinic at the Primo Levi Centre is very difficult. Of course, we do not know the content of the consultations carried out by our colleagues, but sometimes some of them come away shaken, and we listen to them. There is a great sense of solidarity between the three of us, we are together and we support each other in difficult times.

DC: Reception has always worked, whatever times our institution has gone through, we have held on. Reception has no part-time hours, it never stops.

JK: We’re the backbone of this institution, and if the reception area doesn’t work, nothing works. We are at the centre, we absorb a lot of things, we are there to reassure, despite the upheavals, despite the departures.

What is your relationship with patients?

DC: We want our welcome to be warm, caring and non-judgmental, while maintaining the right distance. We acquire professionalism and technical skills through our contact with patients and the clinic. We learn a lot from them, but also from ourselves.

JK: We remind them of the framework and the rules, and almost everyone understands this. We put off their requests, there’s no automatic response. We integrate them, we hear them and then we advise. It’s a way of preserving ourselves, preserving them from this outpouring of demand, from the anguish they may have, it’s part of the care.

AL: We know our patients. For example, some have memory problems, which is one of the manifestations of trauma, so we adapt. All in all, we are concerned not to reproduce what patients experience in institutions. We are aware of the one-stop-shop policy, the expectations, the lack of access to rights and the discrimination that patients suffer. Our job is to do things differently. We also realise that our way of doing things is not perfect. But as long as we ask ourselves questions about our practice, the desire to do our job is still there.

○ The figures

4 to 5

requests for care per week



68

formal intake interviews



29

of which were followed up



7 to 9

months wait for referral to a psychologist after the first intake interview

Multidisciplinary monitoring

“These people have lost everything: their dignity, their landmarks, their language... They’ve left everything behind. You have to understand that a single follow-up cannot deal with all that,” says a psychologist at the Primo Levi Centre. These words sum up the need for multidisciplinary and the Centre’s unique approach.

It’s a metaphor for an orchestra, with everyone playing their own part to produce a coherent, harmonious whole. No one instrument should dominate the others, but all must be played together if we are to provide effective support for our patients. *“Patients tell our social worker things that they should be telling me, so it’s up to us to put it all together in a way that makes sense,”* says another member of the team. Psychological work cannot be carried out if the social work is not progressing; a patient without a roof over his head or an income will not be able to talk about himself, even if his trauma is significant. Similarly, legal support, and therefore the work of collecting the patient’s story, will only be effective if the psychological work enables the patient to speak freely. A doctor at the Centre said: *“As a doctor, it’s important for me to have an idea of the background, to know to what extent the patient has a roof over their head, access to food, and where they are in their asylum process. If, for example, we know that the person doesn’t have accommodation and food, we can’t prescribe the same medicines: you don’t give sleeping pills to someone living on the street”.* If the Centre’s team is an orchestra, its rehearsal room is the *“synthesis meeting”*, the hallmark of the multidisciplinary approach. Every week, all the practitioners get together and discuss patient care, enabling everyone to move forward together. *“Exchanging ideas with colleagues allows us to take a step back and think differently. Working here requires us to be open and willing to listen,”* confirms one psychologist.

○ The figure



42 %

In 2022, 42% of patients were followed up by five practitioners at the same time (psychological, medical, social, legal and physiotherapeutic follow ups).

○ Clinical vignette

C. H. is Iranian and an opponent of the current regime. He arrived in France around ten years ago after leaving the country in a hurry, as the threats to his life from the authorities were becoming extremely strong. He was imprisoned several times and tortured, spending a total of one year in prison, and was the only one of his relatives imprisoned with him to escape death. Even though he knew he was being watched, he set off alone, in a fit of desperation, and made his way clandestinely to Erbil, the capital of Iraqi Kurdistan. The journey was extremely long and perilous. He nevertheless managed to reach Turkey, then France, and was sheltered in Paris by an Iranian friend. While there, he was under the care of several hospitals and psychiatrists. His case was serious, and the memories of his trauma kept coming back to him, particularly at night, and he suffered from severe insomnia. At the same time, he continued his activism in Paris, remaining active and close to opposition groups in France as a volunteer, particularly with youth organisations. It’s a way for him to hold on, to tell himself that his exile has a reason; it’s a sort of anchor point. “I welcome his words, says the psychologist at the Primo Levi Centre who follows him, because there are no limits to what you can say at the Centre. The Centre is dedicated to the issues of trauma and exile, where people are believed and recognised. Restoring the bond of trust is at the heart of our practice”.

C. H. began to be monitored at the Centre to prepare his application for reconsideration of his asylum claim, following a third rejection. *“We tried to reassure him about the confidentiality of what he said, says the Centre’s lawyer. When we questioned him, he told us new things that had not been mentioned during his interview at OFPRA, and we added to his story”.* Following his legal support, C. H. was *“referred”* to a doctor at the Primo Levi Centre, for whom *“this gentleman’s case is highly emblematic of the Centre’s multi-disciplinary approach; he has a long history of torture, but he has started to open up, he is no longer this ‘magma’ of suffering, his perceptions of his situation are changing. He went to see an osteopath who had herself taken a course at the Centre, and he also went to see our social worker, and a dynamic was set in motion at his level, with everyone involved”.*

A year of fluctuations

Overall, the Centre's activity confirms a return to pre-pandemic levels. To reach and maintain this level, the efforts and commitment of the Centre's team were nevertheless intense, in the face of increasingly precarious patients and major changes in the team. In the words of Sibel Agrali, director of the healthcare centre, it has been a "worrying year". *"Two very long-serving practitioners left, and there was a feeling of confusion, which affected the clinic, with patients who were increasingly affected by this atmosphere of insecurity"*, she says.

So what can be done to avoid penalising our action? *"The Primo Levi Centre clinic is not an easy one, Sibel continues. You have to be able to keep going over time, because the relationship with the patients is very special and very strong. These are people who have lost a lot, who have experienced separation. We had to reassure them and expend a lot of energy to give them the means to work with each other. The team was very committed"*. The handovers between practitioners, which are very important for the continuity of care, required a great deal of commitment from the team, because, for some patients, it was vital not to interrupt the follow-up.

○ The figure

396

patients monitored in 2022,
including 79 new patients



○ Russia's attack on Ukraine: The Centre Primo Levi mobilises

From March 2022, the date of the Russian attack on Ukraine, the Primo Levi Centre was in great demand, with requests coming from both the Ukrainian diaspora and French citizens who volunteered to offer accommodation or occasional help, or who asked for the Primo Levi Centre to intervene.

"Our response was that we weren't on the 'front line' when it came to welcoming Ukrainians, and that it generally took a long time for people in exile to come to the Centre. A lot of people wanted to set up projects, so we referred them to associations that were better placed to deal with such requests", says Sibel Agrali, the healthcare centre's director.

The role of the Primo Levi Centre was to support this "front line" by starting to pass on information and provide support to professionals and volunteers working with displaced people from Ukraine. Their role in welcoming the victims of the Russian invasion is and will continue to be decisive in the reconstruction of these people, so that their intimate wounds and humiliations can be listened to, so that they can overcome the effects of the violence and be rehabilitated in their rights.

A selection of articles has been made available on the website, and a special issue of our journal *Mémoires* (a compilation of articles shedding light on the effects of exile and political violence, and the conditions for multidisciplinary care) has been published. In addition, five webinars on the effects of war and exile on children were organised for education staff working with young people from Ukraine and for health professionals.

Then, in July 2022, this transmission work moved into the field with the training in Warsaw of around fifteen psychiatrists, psychologists and mental health workers from the Ukrainian hospital in Lviv by a doctor and a psychologist from the Primo Levi Centre, in partnership with Yale University.

Finally, the Primo Levi Centre was present at the bilateral conference for the resilience and reconstruction of Ukraine organised by the government on 13 December 2022.

Psychological support - the social and legal issues spill over

The question of social insecurity, already mentioned in the 2021 annual report, has become a major issue in patient counselling. A large proportion of our practitioners report that the social issue has spilled over into their consultations, a phenomenon that is now very present. *“The social issue jumps out at me, patients take longer to stabilise, some situations are even worse, which used to be rare, because things aren’t getting better socially and legally, and the psychological state depends on it, it’s a difficult thing to grasp”*, says one of our psychologists.

The situation is worse for exiled women, who all share a huge burden as women, mothers and exiles. One of our colleagues talks about the *“combination of violence”* that he sees in his consultations, adding: *“The issue of social and economic violence against exiled women is a very important one, and I’m becoming very aware of these issues.”*

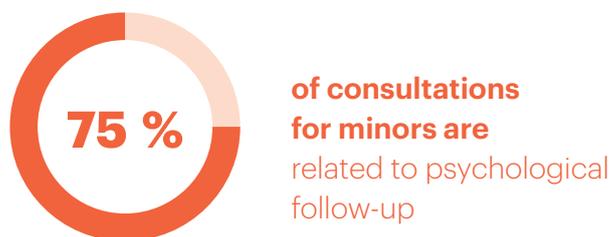
The legal process is often raised by patients in consultations, as the pressure of rejection is so strong, *“it has a huge impact on the confidence that patients have in France,”* says a psychologist in our team, *“which is seen as a very complicated, very controlled country. Trying to be believed takes a lot of energy, and it is very present in the consultation and fills up the whole psychological space. A refusal to apply for asylum, an obligation to leave French territory (OQTF), is experienced as a downward spiral. Many people would like this pressure to stop”*.

That is why it is so important to create a bubble in psychological consultations, so that social and legal anxiety do not get in the way. *“When the clinic is empty of the social, it’s possible to work, otherwise the clinical field is occupied. I tell patients that if they come to see me, they will not talk about legal issues. If they come to see me, it is about psychological care. The clinic consists of making a break and building a working space”*, describes one practitioner.

○ The figures



2 266 psychological consultations



9 consultations on average per patient



More minors

The trend towards a greater presence of minors in the activity of the Primo Levi Centre is confirmed: they represent 35% of our new patients (30% in 2021) and 24% of the active file (87 patients). Of the 752 consultations involving minors, 75% were carried out by psychologists (74% in 2021) and 3% by doctors (10% in 2021). The proportion of legal consultations for minors increased by 50%.

Medical care - the importance of the link

This is now a lasting trend, with medical follow-up now taking precedence over psychological follow-up, with 66% of patients having had recourse to medical consultations. While political violence has a profound effect on the people who are subjected to it, it also upsets and challenges the various aspects of medical care and treatment, leading doctors to change their approach and abandon their technical approach in favour of "caring".

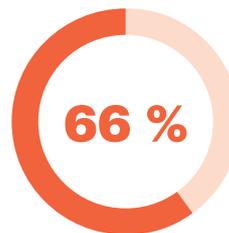
"When I started working at the Primo Levi Centre, says one of our doctors, I was astonished to discover that almost all my patients had the same problems. Regardless of their country of origin, language, culture, religion, sex, traumatic history or how long ago the events occurred, they suffered from sleep disorders, headaches, nightmares and flashbacks of scenes of violence, anxiety, fear of going out in the street and memory problems. I therefore thought that these disorders had an organic basis, that the violence they had experienced had overwhelmed the singularities of the victims. From then on, the therapeutic project I thought about was the opposite of the usual medical approach: restoring the individuality of the person".

She adds: "Female patients want to visit me, male patients too, it's all to do with the relationships that develop. It is a different kind of comfort, a different lever from the psychological one. The social bond has been broken, so it is very important for these people. I use touch and the fascia therapy technique, and patients come to me to take their little dose of oxygen, I refill their dignity gauge, I give them back a little more dimension. There are people for whom it is essential to do that".

The figures

1 099

consultations were given by doctors



of patients in the active file had medical consultations

Physical therapy – Touching is as victory

A new healthcare professional, who arrived in 2021, has continued the work begun for some patients. One of these is a woman from Syria, whom the physiotherapist describes as "frozen" at the start of her treatment. It took her some time before she agreed to undress, as the room where the sessions took place reminded her of the torture she had experienced in her country. Many months were spent trying to retouch the body and mobilise the joints, which were very stiff, but little by little, touch became easier and more accepted. "We're returning to life, to what we can bear, says the physiotherapist. Before, patients were untouchable, they were very scared and, at the same time, they wanted to be touched. It is a big step when a patient goes from 'I don't feel anything' to 'I feel that I don't feel anything' to 'I feel that my shoulder hurts'. In this woman's case, it took almost a year. "

The figures

14

patients received physiotherapy follow-up (4% of the active file)

204

physiotherapy consultations

Interview

I Holding out for another year



As a social worker at the Primo Levi Centre, **Pauline Langlade** is a direct witness to the growing social insecurity among our patients, particularly the oldest patients, for whom retirement is beginning to be an issue.

The ageing of exiled refugees in France is a growing issue. Have you noticed this among the Centre's patients?

Pauline Langlade: Yes, the question of ageing does arise, because some refugees arrive at an advanced age. They generally came to France late or obtained refugee status late. They have not worked, so their income becomes a major issue. In 2022, I applied for the Allocation de solidarité aux personnes âgées (minimum income for the elderly), something I had never done before. The situation is also starting to become worrying for patients we have been treating for a long time and who are getting on in years.

What are the solutions to this new situation?

PL: It depends on the person's administrative status. Refugees have rights, but people whose asylum applications have been rejected do not, because they are not legally resident. For them, this means staying in an emergency system. Take the example of a Chechen patient who arrived in France at a relatively old age and had her asylum application rejected. She now has nothing, and we have applied to regularise her situation, as she has been living in France for around ten years. Generally speaking, there is no end to precariousness for someone who arrived in France at the age of 45. Suppose this person obtains papers or refugee status at the age of 50, and manages to work and contribute for 10 years, what does he or she do with 10 years of contributions? And I'm talking about someone who has been able to work, who is not physically or psychologically handicapped by exile. Otherwise, minimum assistance applies, and you still have to have papers. For women, the situation is even more complicated. Elderly, exiles, victims of torture or political violence, victims of violence in France, it is an accumulation of vulnerabilities.

We can see the impact of immigration policies on exiled people, whether it's on the refugee who will have a small pension, on the person who has never been able to work or on the person who has had her application rejected and is getting on in years.

Does this affect people with refugee status?

PL: A person with refugee status can claim ordinary benefits, but to be entitled to a pension, they obviously need to have paid contributions. If this is not the case, they can receive the solidarity allowance for the elderly, which is around €900. How can you live on €900? Obtaining refugee status is not, as many people believe, the end of worries, but the start of a huge amount of work. It is true that ordinary law now covers the person, but it takes time for their situation to change. For many, this is also a time of collapse. They have fought hard to obtain refugee status, and what has changed? Access to ordinary law is complicated for French people, so for refugees...

Last year you spoke of a real social emergency-affecting patient. What was the situation in 2022?

PL: The situation is not as tense as last year, although food distributions remain saturated, as people are giving less and more people are in need. The collection and resale points are also empty. I am talking about people who have been regularised or who have refugee status. For people whose applications have been rejected, the precarious situation continues. Thanks to a partnership with the Monoprix Foundation, we have distributed school supplies to the families we work with, because the needs are great and these supplies are lacking in the self-help centres.

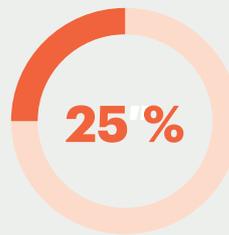
How do you support patients?

PL: Social work is not done in a person's place; it is about helping patients to become autonomous. I try to make people understand why I am taking this or that action, why, for example, they need to renew their state medical aid. If someone cannot fill in their application form, that is no problem, but they need to be able to understand what is at stake, why a particular application needs to be renewed on a particular date. I try to give patients a reference point. Some know what they are entitled to, they do not need me, others don't know how to access these rights, so I help them. Coming to a country where all your points of reference have changed, especially in the Ile-de-France region, is a very violent experience.

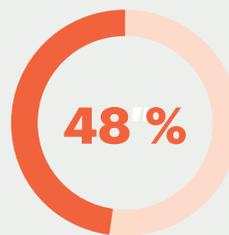
Your greatest satisfaction in 2022?

PL: Each year is very difficult for the patients, who have to wait in precarious conditions for an asylum application or regularisation for a very long time, and when they 'last' another year, when we have lasted together through the good times and the bad, there is a sense of satisfaction. Some obtain refugee status, some are regularised after years of precariousness and the same old thing, like this patient of mine, who was regularised after 10 years in France. My satisfaction comes from working with people like him, truly incredible people.

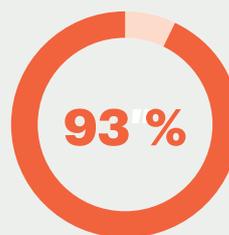
The figures



of patients live in very precarious conditions (homeless / emergency services)



of people turning to the social services department are statutory refugees



of requests to the social services department concerned access to social rights



Legal support - a modest improvement

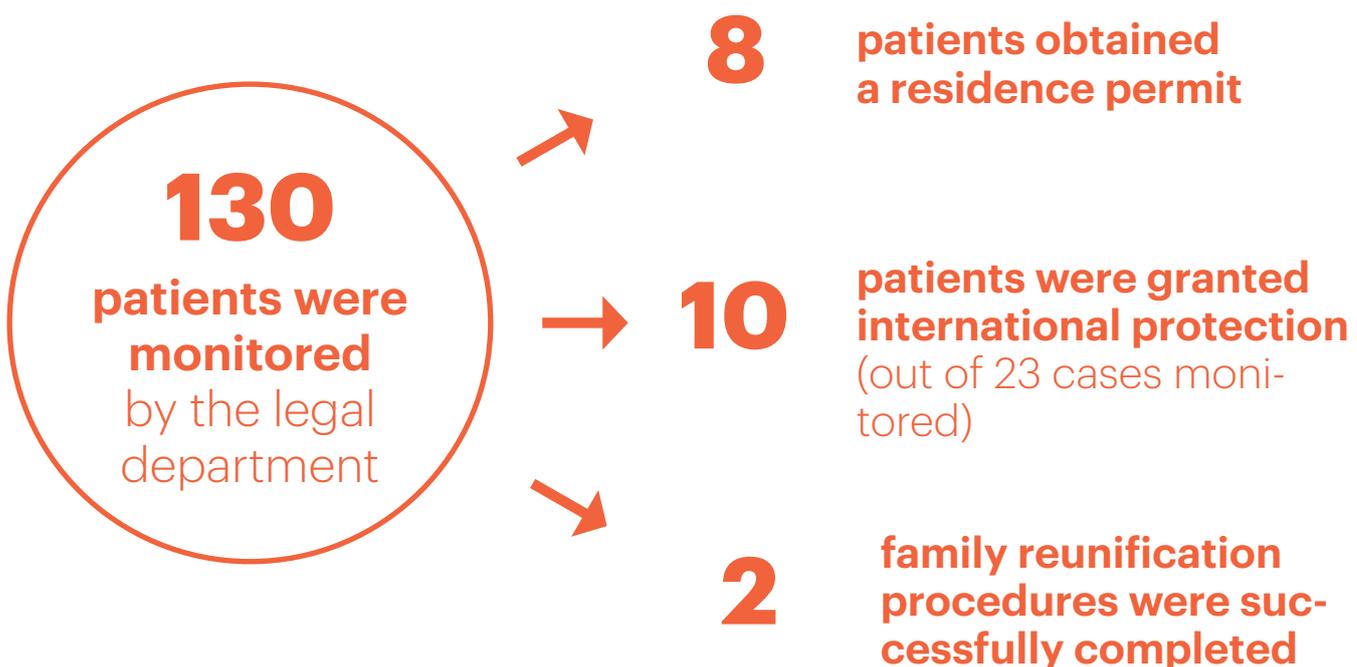
Despite a slight improvement, access to the administration remains very complicated for our patients, who need to be accompanied to get access

“There is always this difficulty in accessing the administration. Once the application has been submitted, the waiting time is very long. This has always been the case: we wait for the appointment, and then we wait for the application to be processed”, explains Aurélia Malhou, legal expert at the Primo Levi Centre. However, the situation is not as critical or sadly absurd as it was last year, when Aurelia had to *“log on to the websites of the various prefectures and document the lack of available appointments by taking screenshots”*. In many cases, the only way to obtain an appointment was to take recourse to the administrative judge by means of a summary application for useful measures. A year later, in 2022, the situation has evolved towards the widespread digitization of procedures, whether for the asylum procedure, the application for a residence permit, the application for nationality or family reunification. For Aurélia, this is *“only a half-hearted improvement”*, because even for the professionals and volunteers who work with exiles, information is still hard to find. These entirely paperless procedures require French-speaking people to have access to computer

equipment and an Internet connection, making them difficult to access for foreigners in precarious situations. The help of associations or prefecture reception services, where they exist, is essential. *“The patients depend on us a lot: they don’t have Internet access, computers, scanners, etc. They need constant support: they have to create an account on the prefecture’s website, set up an email box, scan and upload documents onto the platform.*

Aurelia remembers Mr A., a patient of Bosnian origin. As Bosnia-Herzegovina was considered a safe country of origin by the French Office for Protection of Refugees and Stateless Persons (OFPRA), his asylum application was subject to an accelerated procedure, with restricted deadlines. Persecuted in his own country, political, historical and family issues were intertwined in his need for protection. His asylum application was initially rejected. He then had to apply for a re-examination. *“For a re-examination, we rework the written story. I go back and identify the gaps, and take into account the reasons for rejection”*. This reworked story must include new information that the person learned after the National Court of Asylum (CNDA) decision or that they were unable to mention because of their vulnerability. It is then necessary to consider possible testimonies given by family and friends and gather material evidence to support these new elements. *“If the claim is admissible, everything will be re-examined, so we start all over again”*. His patience and determination paid off: Mr A. was finally granted subsidiary protection. *“When it works, it’s very satisfying. You build up trust with the patients, and trust in the Centre as a whole.”*

○ The figures



Interview

I “Interpreting should be the first of all rights”

Founded in 1970, ISM (Inter Service Migrants) Interprétariat is one of the largest and oldest interpreting associations in France and one of the Centre’s three partners in the field of interpreting. We asked **Aziz Tabouri**, its director, and **Laura Morel**, its advocacy officer, about the fundamental dimension of interpreting, which is not sufficiently present in public policies.

How important is interpreting in the reception and support of exiles?

Laura Morel: Interpreting should be the first of all rights, because it is a prerequisite for access to all the others. Without interpreting, there is no access to public services, no access to rights, no shared understanding between professionals and migrants, no information, no consent. It is essential that allophone people are able to express themselves and that professionals are able to understand and support them. We recommend that access to interpreting is imperative, especially when it comes to mental health issues. However, such access remains in the minority, as the legal framework is not binding, except in the asylum application procedure. There are certainly recommendations from the French National Authority for Health (HAS)[†], as well as an article in the Public Health Code that talks about the importance of using interpreters and mediation, but there is no obligation to do so. It depends on the political will and financial capacity of those in charge. We note a lack of awareness among the players, whether professionals or institutions. They don’t know about public service interpreting, they don’t necessarily know about structures like ours, or about the role of interpreters and the framework in which they operate. Few organisations question the meaning of the interpreter’s job. There are many presuppositions: interpreting makes work more cumbersome, it brings in a 3e person and introduces a bias into the patient/doctor relationship, for example. There is also the issue of confidentiality and training. The financial obstacle is also real, as funding is inadequate. Often, the solution is to make do with what’s available. However, we have to bear in mind that when a doctor calls on a colleague or the patient’s child, this raises issues of technicality and confidentiality. The interpreter respects confidentiality and is trained in legal and health issues.

Interpreting was one of the big absences from the Home Office’s draft law on “Controlling immigration, improving integration”. Where do you stand on this?

LM: For several years now, there have been numerous recommendations from institutions, such as the Défenseur des droits, and associations, on the need to provide an interpreting service to migrants and exiles. There is a general lack of understanding of this profession, with some people contrasting learning French with interpreting, as if using interpreting would dissuade migrants from learning French. We say that the two are complementary; interpreting is a lever towards learning French. For us, learning French is an objective, not a prerequisite. Through our activities, we have a 360° view of the stages involved in welcoming foreign allophones to France. For years, we have been sharing our observations with the public authorities, with whom we have had discussions. We try to give our actions meaning and coherence in relation to reception, integration and the values of the Republic.

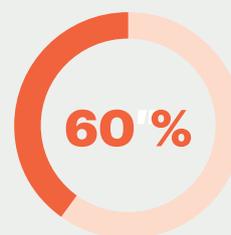
Aziz Tabouri: This is an explicit direction for our association. It has been publicly stated since last September, but it is a project that has matured. It stems from an observation: there are two opposing logics. Firstly, there is technological development, which allows access to information and its dissemination, which can be a great facilitator for human beings; secondly, there is financial and accounting logic, which operates to the detriment of human missions and public service. Social issues are not necessarily at the heart of certain priorities. There are fewer budgets and more and more



competitive tenders in all areas, favouring low-cost offers. We have adapted to this situation as best we can, while maintaining the quality of our services and our financial equilibrium. The issue of migrants is a challenge to our consciences, and we cannot just say “don’t come”. The world is going through so many upheavals with human, humanitarian, social, economic and environmental consequences. As an association, where are we going? Our ambition is to put people, ethics and expertise back at the heart of our project. We deal with 600,000 situations every year, so we can tell and bear witness to what’s going well and what’s not. We work with town halls that are convinced of the needs to be met, with hospitals that are convinced. We need to raise awareness of the need to welcome others into public services. This is one of the aims of our Observatory, launched in 2022, which is a forum for observation, analysis and the dissemination of knowledge about migration and exile, reception and support, access to rights, integration and interpreting.

1 Language interpreting in healthcare, HAS, 2017.

○ The figures



60 % of patients seen at the Primo Levi Centre have an interpreter

35 languages covered

45 interpreter shifts per week

Chance has a way of doing things

Jonas Bessan was a doctor at the Primo Levi Centre for 11 years, although he was only due to stay for a year. He became a doctor “*by chance*”, and came to France almost by chance. He has devoted himself to our patients with unflinching determination and generosity.

“I became a doctor by chance. I am the eldest son of a fisherman in Benin, 90 km from the capital. I was destined to take my father’s place, but my uncle forced him to enrol me in school”, admits Jonas. He turned out to be a brilliant pupil and won a scholarship to the country’s biggest secondary school, in the city of Porto Novo, before taking his baccalaureate in 1968, a symbolic year. At the time, he was hesitating between economics and dentistry. The only university in West Africa to offer this subject was Dakar, but at that time, as in France and Europe, student unrest was in full swing. Senegal was in crisis, leading to a general strike by workers and students. Jonas stayed in Benin and the following year decided to go to Côte d’Ivoire where, by default, he enrolled in the faculty of medicine, but there again, political unrest was not far away: *“We were all independence fighters and we supported the independence parties and particularly Sekou Touré, the first president of Guinea. The Ivorian authorities didn’t take kindly to this and sent us all back home to our respective countries. There were 120 of us Beninese students”,* Jonas recalls. The return to Benin took place in a country shaken by a major political crisis and, here again, the powers that be were not necessarily in favour of the arrival of 120 independence students.



48 hours to leave Benin

“Their only solution, says Jonas, was to make us leave, because we were a potential source of disorder and, one evening on the radio, the government announced that we had 48 hours to pack our bags and leave for France. At the time, we were considered French, so an identity card was enough, and that’s how I got to Paris.” By chance, once again. The same chance that sent him to the Montpellier faculty with the other Beninese medical students. *“My first contact with Montpellier, with France, was very pleasant, it matched the image we had of the country and I didn’t experience any racism. I did not experience any racism. It was a very pleasant time, with other Beninese already there to guide us and, as a bonus, we had a month’s grant in our pocket”.* When he finished his studies and was preparing to return to Benin with his family, an administrative error prevented him from leaving and prompted him to apply for French nationality so that he could start practising as a doctor. By chance, he heard about the creation of a medical group in Bonneuil-sur-Marne in the Paris region, which he joined. *“I started there, he says, and we started from scratch with other colleagues. After three years, the business started to work, and I stayed there until 2011. I treated people with very limited resources, some of whom were on State Medical Aid. These people had a real need for care and they returned the favour, in their attitude, in the relationship I had with them, and that’s why I stayed as long as I did”.*

What about the Primo Levi Centre? *“I knew the Centre by name and by chance came across an advertisement for a doctor. I was due to retire, but I did not want to stop, I wanted to be a volunteer, not necessarily a salaried employee. I was accepted, I was only going to stay for a year and, 10 years later, I was still there”.* The fact that he works closely with his colleagues in psychology, social work and law challenges his habits as a general practitioner. *“At first, I didn’t know how to work with them, so we had to learn and coordinate our work”.* Jonas spent eleven years at the Primo Levi Centre, during which time he witnessed the serious deterioration in the situation of exiles in France. *“Social and legal issues have become extremely important and can be a major obstacle to psychological or medical care”.*

Focus

France Immigration bill: a potential danger for our patients?

The draft law “To control immigration, improve integration”, presented at the end of 2022, is the 29th draft relating to the right of asylum for forty years. Presented as a “balanced” bill, it is nonetheless deeply imbued with a spirit of mistrust towards exiles, and is rooted in three historical trends: speeding up the asylum application procedure, limiting the right to health and restrictive integration measures in practice. For our patients, given their background and social situation, this latest bill represents a potential danger.

┌ The right to asylum

The right to asylum is a fundamental, indivisible and inalienable human right. In France, the right to asylum has constitutional status: it is enshrined in paragraph 4 of the preamble to the 1946 Constitution. The 1948 Universal Declaration of Human Rights, in which it appears in article 14, gives it universal status. The right to asylum is also defined in international law by the legal framework established by the 1951 Geneva Convention relating to the Status of Refugees.

Asylum applications: a weakened procedure

As early as the 1980s, faced with a steady rise in asylum applications, the idea was born of speeding up their examination so that those that appeared illegitimate could be rejected more quickly. In 1993, priority procedures were introduced to deal with “unfounded” applications, marking the beginning of the generalisation of accelerated procedures from 2015. Reducing the time taken to process asylum applications was seen as a tool in the fight against illegal immigration, and gradually became a concern of successive governments. The bill “To control immigration, improve integration” is no exception to the rule: speeding up the processing of asylum applications is one of the objectives of the reform, justified in its explanatory memorandum by the current “migratory pressure”. The government intends to reduce the time taken to process asylum applications by reforming the two legal bodies responsible for protecting asylum seekers, the French Office for the Protection of Refugees and Stateless Persons (OFPRA) and the National Court for the Right of Asylum (CNDA). According to the initial version of the bill drawn up at the end of 2022, OFPRA would be territorialised in the form of “France Asylum” counters, where exiles could register and submit their asylum applications, in order, according to the government, to reduce the time taken to examine asylum applications by several weeks. This territorialisation raises a number of questions: will OFPRA’s independence from the prefectures be guaranteed at all times? What’s more, won’t this initial oral interview serve as the basis for an initial filter when examining the grounds for an asylum application? Introducing the application orally can be destabilising for the asylum seeker, especially if elements of the

story are brought up and not prepared. Finally, the presence of interpreters within these territorial centres, in all languages and throughout the country, is fundamental for the respect of the fundamental rights of asylum seekers, but difficult to imagine given the administration's current resources.

As for the CNDA, decisions by a single judge rather than by a panel of judges would become the norm, again with the aim of speeding up the procedure, running the risk of a real step backwards for people seeking asylum in France. The rejection of an asylum application, which is experienced by two out of three applicants, is one of the most devastating forms of administrative violence for the people received at the Primo Levi Centre, as it is seen as a disavowal, a non-recognition of the violence suffered, and puts paid to any hope of reconstruction. The situations judged are all extremely complex and therefore require expertise and impartiality, which is made possible by the collegial formation with, in particular, the presence of a person appointed by the United Nations High Commissioner for Refugees. On this point, the Defender of rights⁷ considered that *"a collegial approach is absolutely necessary to assess the situations of claimants in all their complexity and that recourse to a single judge empties the deliberation process of its substance, which is a guarantee of the impartiality of the justice system. The principle must remain the rule, and the single judge the exception"*.



Reconciling administrative and psychological timeframes

With the stated aim of making the procedure more accessible and efficient, this rush to meet deadlines is potentially destructive for our patients. An exiled person, a victim of torture or political violence, arrives in France in a highly vulnerable situation, with traumas, memory and concentration problems that prevent him or her from saying or being precise. But there must be no dead ends. The person must be precise during the interview with the officer from the French Office for the Protection of Refugees and Stateless Persons (OFPRA). An *"I don't know"* or a laconic presentation can have negative consequences on the acceptance of the application. The exiled person then finds him/herself on the knife-edge of the narrative, between a process of verification of the facts and his/her subjective truth, with a real risk of dissonance. What can they say, what can they authorise themselves to say? For the Centre's patients, it is very difficult to psychologically separate what is part of the well-mapped event history requested by OFPRA from their more intimate history. Our patients are subject to two parallel temporalities: an *"administrative"* temporality and a *"psychological"* temporality, that of reconstruction and care. They may have to repeat their story, sometimes more than four times (to fill in the application form, during the interview at OFPRA, then, if the application is rejected, to draft the appeal and during the hearing at the Cour nationale du droit d'asile). Throughout the procedure, the person can also add to their story. What may appear to be inconsistencies or contradictions are gaps, clarifications to be made or just a question of wording. Preparing the story, which takes time, is therefore extremely important. At the Primo Levi Centre, it is part of the treatment. It is directly linked to overall, multidisciplinary support, but this possibility remains rare for the majority of asylum seekers. As one of our psychologists puts it: *"At the Primo Levi Centre, we work on this link on a daily basis with an in-house legal expert or social worker, who teach us how to re-establish a temporality in which the "before" eventually passes and we can project ourselves into the "after"."*

Immigration, asylum, a matter of security

After the Second World War, immigration policy was shared between the Ministry of Foreign Affairs, the Ministry of Social Affairs and the Ministry of the Interior. Each put forward its own point of view and competences. Gradually, immigration and asylum fell into the hands of the Ministry of the Interior. Since 2013, it has concentrated all its powers on immigration and asylum issues through the Directorate-General for Foreigners in France (DGEF), which oversees the French Office for the Protection of Refugees and Stateless Persons (OFPRA) and the French Office for Immigration and Integration (OFII).

The right to health of exiles, a sick right

During the debate on the bill “Controlling immigration, improving integration”, the State Medical Aid (AME) was once again targeted by a desire for reform, allegedly justified by the need to avoid a migratory surge caused by the distribution of aid that the State would not control. The object of much fantasy and suspicion, the AME is the symbol of restrictions on access to fundamental rights, including the right to health. Created in 1999, it is specifically dedicated to foreign nationals without residency rights, a situation experienced by some of the patients at the Primo Levi Centre, who do not benefit from the general law known as universal health protection (PUMA). This assistance has become a sort of parliamentary catchphrase: each year’s examination of the Finance Bill is the occasion for a debate on reducing its funding, restricting its accessibility and, more generally, on the legitimacy of foreign nationals’ right to healthcare. In 2004, a condition of 3 months’ presence in France was introduced. In 2010, recipients were asked to pay an annual contribution of €30, which was abolished two years later. The 2019 reform had the biggest impact: 3 months of irregular residence were required, rather than just 3 months of residence, certain types of care were excluded during the first 9 months of residence, and coverage of healthcare costs for people losing their right of residence was extended from 1 year to 6 months. Finally, in 2022, the Senate attacked the universality of the AME by proposing to transform it into “public health medical aid” covering only “serious illnesses and urgent care”, vaccination and pregnancy-related care. In the end, in the face of opposition from the government, this reduced coverage was not adopted in the final version of the finance bill. A year later, however, the Senate’s examination of the bill entitled “Controlling Immigration, Improving Integration” provided the opportunity for a new attempt to scuttle the AME and replace it with universal health care, reserved for emergency situations and therefore with a much narrower scope and conditions of access. The government’s postponement of the examination of the bill puts a temporary end to this latest attempt.

Ensuring an effective public health policy

“Distribution of uncontrolled aid”, “migratory air draught”, “medical tourism” - the arguments used to justify cuts to the AME remain the same. And yet, as the General Inspectorate of Social Affairs (IGAS) points out at²: “denying part of the population standard medical care would encourage the development of serious illnesses and/or resistance to treatment, endangering everyone’s health and compromising the overall effectiveness of public health policy”. The IGAS adds: “The third reason relates to the relevance of public spending. Failure to ensure access to primary care for people, particularly those in precarious situations with multiple health and social handicaps, may ultimately lead to society having to bear greater costs, particularly hospital costs. Finally, as described in a report by the French National Assembly in 2021³, “far from all potential beneficiaries of medical aid use it. Of those eligible for AME, a third have never heard of it, and a significant proportion who have already had access to it have not renewed their application - either because they do not need it or because they are discouraged by the cumbersome procedure”. The same report points out that “this scheme, which has a budget of €1 billion - a cost that may seem high to some - represents just over 0.5% of total consumption of medical goods and services”.

Access to healthcare is a priority for patients at the Primo Levi Centre

The multiple forms of violence that caused our patients to leave their countries, the often brutal break-ups that this entailed and the exile itself, which is full of violence and loss, can lead to serious psychological problems. Many of them suffer from various forms of mental distress of varying degrees of severity, particularly the female patients at the Primo Levi Centre, almost all of whom have been victims of sexual violence. The physical effects of this violence vary from one woman to another and, above all, leave no visible traces. Whether at the medical or physiotherapeutic level, these women’s relationship with their bodies has changed. It no longer seems to belong to them, creating a kind of distance. It seems abandoned, no longer inhabited. The difficulty lies in being able to touch a patient. Often, they have been touched for the last time by their torturer. How do you touch someone who is untouchable, someone who says they no longer want to be touched but who, paradoxically, wants to be touched again? The most intimate sphere is affected, the very depths of what allows us to be as individuals. Patients remain silent, unable to say a word about what has happened to them. They say they have been dispossessed of their bodies. When they talk about it, they feel “disgusted”, “damaged”, “ruined”, implying an idea of irremediability in their self-perception.

The therapeutic space offers them a safe place. What they say is believed from the outset. Their word is not questioned and it is their subjective truth that counts. It should be emphasised that this invasion of the body by violence produces similar effects, whatever the type. In other words, the symptoms cannot be sexualised and vary from one person to another. The treatment of exiles therefore has very specific characteristics that require long and sustained follow-up, for which multidisciplinary care (social, legal, medical, somatic and psychological/psychiatric), the use of a professional interpreter and training for carers are essential. In view of the seriousness and impact of the disorders, the number of people concerned throughout France (137,046 first applications to the GUDA - one-stop shops for asylum seekers) and their interactions with the medico-social sector and, more broadly, with society as a whole, the mental health and psychosocial support of exiles is undeniably a real public health issue. Yet the current healthcare system is struggling to respond to these specific needs and challenges. While there is a wide range of services available under ordinary law for people suffering from psychological disorders, this is not the case for exiles, leaving community care centres often on their own to cope with growing demand. Their mental health, and more broadly psychological suffering, is in the exact blind spot of public policies, which are still mainly focused on treating infectious diseases and dealing with medical emergencies.

Integration, a theoretical right

“We are convinced that better integration requires work [...]. Work is a factor of autonomy and emancipation, enabling people to lead more independent lives”⁴, said French Employment Minister Olivier Dussopt, before the Senate. While this statement may have smacked of novelty and social progress, we need to remember that there was a time, between 1975 and 1991, when asylum seekers could start working as soon as their application was submitted, without restriction, throughout the examination of their application. In 1991, a system was introduced to monitor asylum seekers, who had to apply to the prefecture for a temporary work permit. This prohibition on working was clearly linked to the creation of the Receptions centres for asylum seekers (Centres d'accueil de demandeurs d'asile (CADA)), which were supposed to compensate for the lack of financial autonomy of asylum seekers, who would then receive specific public financial aid. 12 years later, a second institutional change took place: asylum seekers could only apply for a work permit after one year if their application was still being processed by OFPRA, which was often the case at the time. In practice, asylum seekers are not very well informed about this possibility, so they hardly ever use it anyway, and applications are few and far between. In 2013, the European Union, through the so-called “Reception” Directive 2013/33/EU of 26 June⁵, raised hopes of a change by specifying that

Member States must guarantee asylum seekers “effective access” to the labour market. The directive eases the conditions for access to the labour market: the principle of a ban from the labour market for a specified period is replaced by the principle of access to the market within a maximum period of nine months. In 2018, France opted for a shorter period: an asylum seeker who has lodged an application with OFPRA for at least six months may take up paid employment.

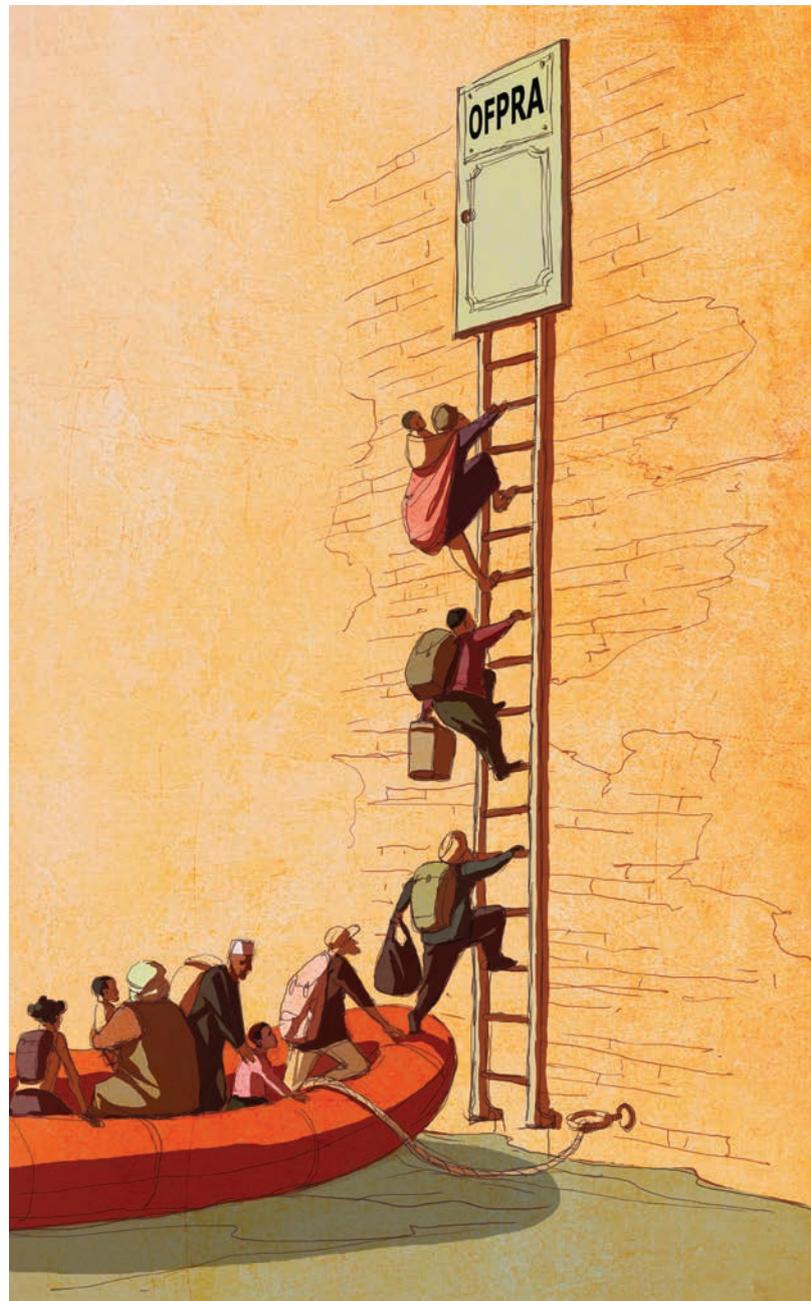
However, there is a wide gap between the administrative text and its application: “access to the labour market remains a theoretical right. In practice, it is not applied”, points out a National Assembly report dating from 2020⁶. Firstly, because it is up to the employer to apply for this authorisation by submitting a file. According to a second report by the French National Assembly, published in 2021⁷, “Although it has been improved and made paperless, it is still very cumbersome to compile, which limits employers’ willingness to take this step”. Secondly, asylum seekers can only apply for salaried jobs, so they cannot set up a business or micro-business while their application is being processed. Nor can they register with the national employment agency (Pôle Emploi). Finally, access to training, while “possible in law”, is “not very effective in practice due to restrictive regulations, an unfavourable context and the lack of public will to support the professional integration of the people concerned”, the MPs point out. For example, in 2017⁸, out of 100,755 new asylum applications registered by OFPRA, only 1,248 applications for work permits were submitted.

The draft law “To control immigration, improve integration” presented in 2022 seems to want to correct this practical impossibility of working by giving immediate access to the labour market to certain asylum seekers, considering nationalities whose international protection rate would be higher than a threshold set by decree. Facilitating access to the labour market for asylum seekers is a long-standing demand of the Primo Levi Centre, which would prevent social isolation and provide financial independence, particularly for exiled women. But the government’s proposal remains very incomplete: facilitating access to employment for exiles must be accompanied by French language training adapted to family obligations and linked to training or employment in the country of origin. Secondly, this possibility would only be open to nationals of countries with a high rate of international protection (Afghanistan, Guinea, Côte d’Ivoire, Eritrea and Syria), which may suggest that international protection is not granted on individual criteria, but on the basis of a quota per country. Finally, like the previous measures on access to work, the government’s proposal does not concern “dublined” people, who account for almost 40% of asylum seekers, and excludes people subject to an accelerated procedure.

Putting a roof over your head: the gap between theory and practice

While integration through work is one of the elements of the bill widely promoted by the government, thus emphasising an essentially economic approach, the social care of asylum seekers, although essential, is not addressed. What about the current situation? Here too, the gap between theory and practice seems to be a constant in France's public reception policies. In theory, from the moment their asylum application is registered and throughout its processing, asylum seekers have access to the national reception system (DNA) to benefit from material reception conditions (CMA), including access to accommodation and the asylum seeker's allowance (ADA). As asylum seekers are not allowed to work during the first six months of the examination of their application, this allowance is, for many of them, their only source of income. Here again, European law is clear: "Member States shall ensure that asylum seekers have access to material reception conditions when they lodge their application for international protection [...] and that measures relating to [these] conditions provide applicants with an adequate standard of living that guarantees their subsistence and protects their physical and mental health"⁹. In reality, reception conditions are much more restrictive.¹⁰ First, reception is temporary. According to the French Coordination for the Right of Asylum, "in the national reception system, support on leaving accommodation is one of the main tasks of the centres and is prepared as soon as the person enters the centre. The government has made "smooth exits from accommodation" one of its priorities when it comes to accommodating asylum seekers". Exit procedures vary according to the administrative situation of the people accommodated. There is a level of differentiation in accommodation conditions depending on the procedure under which asylum seekers are registered: "Dublin", accelerated or normal procedures. This sorting according to their administrative situation is problematic in terms of the variable quality of care depending on the type of accommodation, to the detriment of people in Dublin and accelerated procedures. These people are accommodated in the emergency accommodation for asylum seekers (HUDA), the reception and orientation centres (CAO) or the reception and accommodation programme for asylum seekers (PRADHA), the aim of which is to prepare them for transfer to the European State responsible. The Reception Centres for Asylum Seekers (CADA) and the Temporary Reception and Asylum Service (AT-SA) specialise in receiving people in the normal procedure. Finally, the national reception system (DNA) in France, which is managed by the French Office for Immigration and Integration (OFII), is directive. This means that if the person refuses the referral or leaves the accommodation assigned to them, they lose the material conditions of reception, i.e. the asylum seeker's allowance and the possibility of being accommodated.

Above all, however, accommodation and support conditions have deteriorated considerably and vary widely from region to region. More than 84,500 asylum seekers registered in France had no dedicated accommodation at 31 December 2022, according to the association Forum-Réfugiés¹¹. On this point, the Defender of human rights¹² issued a particularly severe opinion, which echoes what our team has observed in its work at the Primo Levi Centre: "While positive law, both European and domestic, offers a relatively complete arsenal of care for asylum seekers, it appears that in practice many of them struggle to benefit from it effectively. The shortcomings highlighted by the Human Rights Defender reveal the immense difficulties in collecting the ADA, which has been regularly referred to the Defender of human rights for several years, in addition to



numerous situations of abusive withdrawal of material reception conditions. These violations are all the more detrimental to asylum seekers as they take place against a backdrop of saturation of the national reception system, forcing them to live on the streets on very meagre resources”.

Reception conditions in France: the trauma continues for our patients

Whatever the country of origin or social profile of the patients at the Primo Levi Centre, their arrival in France is a tipping point into precariousness. Often, in fact, they begin by living on the streets and coming face to face with Paris. The situations our social workers encounter are very diverse, but increasingly they are emergency situations. According to Cimade, “the accommodation stock is structurally saturated, allowing us to meet only half of the needs at best”. Furthermore, in February 2022, the association Forum Réfugiés¹³ stated that “nearly a quarter of asylum seekers do not have the material conditions required for reception”. The patients at the Primo Levi Centre are in a situation of survival and permanent vulnerability. The psychological effects are considerable. Some patients, in order to restore their relationship with their body and their image, ravaged by the violence, are looking for a way to exist as a mother and as a woman. But the precariousness of the conditions in which they are cared for gets in the way of these various reconstruction issues, and confronts them with a lack of choice and submission to an authority. While they were unable to say “no” to sexual violence, forced marriage, excision and trafficking, here they find themselves once again exposed to coercion, particularly material coercion. When it comes to motherhood, lack of resources and precariousness prevent them from responding adequately to the various primary needs of their child: buying milk, nappies, school supplies, all little acts of “taking care” of the child, and of themselves through this function.

Without calling into question the benefits of having a roof over one’s head, not all accommodation situations are equal: in a Reception Centre for Asylum Seekers (CADA) or Emergency Accommodation Centre (CHU) or in hotels. Some patients report the presence of cockroaches, traces of dampness, bedbugs, etc., which rekindles their fear and reinforces their sleep problems linked to the trauma. In hotels, exiled women are often forced to sleep in the same room, or even in the same bed, as their child, making privacy difficult. How can they cry without their child witnessing? The mother cannot protect her child from her adult worries. Another problematic situation is that of having to sleep in separate bedrooms, too far apart, sometimes on different floors. The trauma causes nightmares in adults, but also in younger children. How can a mother sleep peacefully when she knows that her children are waking up in the middle of the night, wandering around the hotel, but she can’t hear them? These difficulties in exercising a maternal function and creating a place for oneself are also reflected in the impossibility of cooking in accommodation centres or hotels. Preparing a dish for someone, thinking about it and taking

the time to do it, is not just about feeding them. It is important for mothers and fathers to be able to give their children something to eat, especially when they are young, but it is also an act of self-restoration. In addition, the lack of childcare facilities in accommodation has repercussions for these women seeking asylum. How do they get to appointments (administrative, health, etc.) when they have no one to turn to? Some patients find a solution by forming relationships with men, often of the same origin, which is often perceived as a form of disinvestment in their role as mothers.

Efficiency, speed, balance, simplification, better integration, respect for the law: the outlines of the bill “To control immigration, improve integration” remain regrettably “classic” and are in line with the 29 previous texts. So what was the benefit of a new text in a national context where the issue of asylum is extremely sensitive, where exiles are already seeing their rights progressively reduced and where the constant in public policy seems to be the gap between theory and practice? For many people working with exiles, this bill, to promote a better reception, would have deserved a review of the measures adopted in recent years, particularly the 2018 reform of asylum and immigration policy. For the patients of the Primo Levi Centre, the legislative frenzy continues, with a text that still takes little or no account of the psychological, social or economic specificity of their situation. On the contrary, there is a very real risk that their rights will be further curtailed.

¹ Defender of Rights opinion no. 23-02, February 2023.

² *L'Aide médicale d'État: diagnostic et propositions*, Inspection générale des Affaires sociales - Inspection générale des Finances, 2019.

³ Report of the Committee of Inquiry into Migration, 2021.

⁴ Hearing of Gérald Darmanin, Minister of the Interior and Overseas Territories, and Olivier Dussopt, Minister of Labour, Employment and Integration, 2023.

⁵ Directive 2013/33/EU of the European Parliament and of the Council of 26 June 2013 laying down standards for the reception of applicants for international protection (recast)

⁶ Report no. 3357 tabled by the National Assembly's Finance Committee on the professional integration of asylum seekers and refugees, Jean-Noël Barrot and Stella Dupont, XV^e legislature, 23 September 2020.

⁷ Rapport d'enquête sur les migrations, les déplacements de populations et les conditions de vie et d'accès au droit des migrants, réfugiés et apatrides en regard des engagements nationaux, européens et internationaux de la France, No. 4665.

⁸ The number of work permits granted to asylum seekers in 2018, 2019 and 2020 could not be obtained by the National Assembly's Finance Committee.

⁹ Reception Directive 2013/33/EU of 26 June

¹⁰ CFDA report Exilé•e•s: what reception in the face of the public policy crisis, 2019.

¹¹ Accommodation for asylum seekers: still limited coverage of needs, May 2023.

¹² Decision of the Défenseur des droits n°2020-150.

¹³ Nearly a quarter of asylum seekers do not have the material conditions for reception, Forum Réfugiés, 2022.

A large, light blue outline of the number '2' is centered on the page. The number is composed of a circle on the left and a vertical line on the right that curves at the top and bottom. The word 'Sharing' is written in a bold, dark blue font across the middle of the number.

Sharing

Train Professionals, Volunteers and Employees

Based on its clinical experience, the Primo Levi Centre educates and trains many professionals who are in contact with exiles, in France and abroad.

To do this, it manages a training centre, publishes a specialized magazine (*Mémoires*), organizes a biannual conference and regularly intervenes in academic and professional spaces.

Training and external assistance

“There has been a deterioration in the way exiles are received, leading to increasing difficulties for the professionals and volunteers in charge of them. We have noticed that they are suffering - they are on the front line. We’ve tried to use our experience to help them cope, to think about their reception, and to give them the tools they need to understand the trauma”.

Helena d’Elia, psychologist and founder of the training centre

The training centre’s activities confirm a return to a level close to that of 2019, proof that the pandemic wave has virtually receded and that demand from volunteers and professionals is still there. 30 training courses were run by the Primo Levi Centre, 12 so-called internal courses (organised entirely by the Centre) and 18 so-called external courses (with external organisations or institutions, at their request).

The Centre’s training courses continued to be very popular with volunteers and professionals. There were 346 participants, in line with last year, with a higher concentration on external training (205 participants). Face-to-face exchanges have once again become the norm, following a trend that can be seen in the Centre’s consultations.

Who are the trainees?

They include social workers, psychologists, medical and paramedical staff from all over France, lawyers and students. In 2022, almost 45% of participants were social workers.

Theme evenings

Conceived in cycles based on the school year, these evenings provide an opportunity to tackle a clinical problem over the medium term, to explore a complex subject in greater depth on a monthly basis, and to return to it on a regular basis, each time providing clarification based on clinical and practical experience. The themes for this year 2022 were “*The body as a playground*” in the first half of the year and “*Desire in the face of trauma*” in the second half. A total of 13 evenings were held remotely, bringing together an average of thirty people (care and support professionals).

External interventions

In 2022, the Primo Levi Centre was particularly solicited by partners from associations and the health, research and education sectors, and took part in twenty-five events (conferences, meetings, seminars, debates, etc.) organised throughout France. These events provided an opportunity to share clinical experience and raise awareness among nearly 1,000 professionals, activists, students and others. In June, for example, Agnès Afnaim, a doctor at the Primo Levi Centre, spoke at the general meeting of ACAT-France on the theme of “*Living after torture*”, presenting the psychological effects of torture and the support required to overcome them, to an audience of 300 people. Sibel Agrali, director of the care centre, also spoke in June about the mental health of exiles at a day of workshops organised by the Fondation de France, attended by 120 people. Later in the year, at a round-table discussion organised by the Centre Pompidou, Armando Cote addressed the reality of migrants’ journeys in France and Europe, the resulting psychological after-effects and the healthcare provided to refugees by associations. Finally, in October, Valentin Hecker was invited by the Accueil Migrants Asnières association to speak at a conference entitled “*Migrer, toute une histoire*”, describing the psychological support provided to patients at the Centre. The event was attended by 100 people.

The figures

30 training courses organised, with **346 participants**



of participants found the training useful in their work as support workers for exiles

**who responded to the evaluation questionnaire*

25

external presentations to partners from associations and the health, research and education sectors, raising awareness among **more than 1,000 people**

Interviews

I Infinite scope for development

Training is a major focus of the Primo Levi Centre's development.

How has it evolved in 2022? What role will the future resource centre play?

Pauline Wetzel, the Centre's training manager, gave us some answers.

What can we learn from 2022?

Pauline Wetzel: Compared with previous years, there are fewer participants per course, especially for on-demand courses. Some organisations ask us to run a course on their premises for smaller groups than before. They are not trying to "fill up" the courses at all costs; the participants attend for clearly identified reasons, with the intention that the time spent will be as useful to them as possible.

The Primo Levi Centre has been awarded the Qualiopi certification. What changes have taken place?

PW: After 6 months, we have made an initial assessment of the commitments made based on this quality standard and the areas for improvement. We have adjusted our actions accordingly, particularly in terms of our ability to measure the impact of our training courses and to anticipate participants' expectations as far as possible.

A resource centre is soon to be set up. What will its role be?

PW: It is in line with the three-year plan adopted in 2020, which aims to develop the transmission axis, particularly training. The aim is to increase the skills of those involved in supporting exiles, while maintaining the idea of a clinic on a human scale, and to continue to provide high-quality care and support, while preserving the core of our business: the Health Care Centre. At the Centre, we have infinite scope for development

in terms of training, but we have to stay on our own scale. It is also important for the resource centre to be able to link in with face-to-face training courses, to complement them. In 2022, we launched an online survey to find out the expectations and needs of people who work with exiles, 500 of whom responded, which enabled us to get to know our audience better. We then compiled and listed all the audio and video resources produced since the Primo Levi Centre was set up, so that we could assess what we could put online quickly.

The Primo Levi Centre has trained doctors from the Ukrainian hospital in Lviv. Can you tell us about this?

PW: When the first contacts between the Centre and the Lviv hospital began, our contacts were already anticipating the traumatic problems that would arise at the end of the war, with a strong desire for long-term training in psycho-trauma issues. A training course run by two of the Centre's practitioners was set up fairly quickly; it went very well and created enough desire to continue with more resources. In addition, five webinars were organised in the context of the reception of Ukrainian refugees in France, three of which were aimed at teachers who welcomed Ukrainian children into their classrooms, and two at doctors who could potentially receive exiles. The Centre wanted to offer them support and keys to understanding the effects of political violence and exile.



“ Our Ukrainian colleagues have been very demanding ”

Agnès Afnaïm and Béatrice Patsalides Hofmann, doctor and psychologist at the Primo Levi Centre, were in Warsaw last July to train nursing staff at the Lviv hospital. The training was planned for the spring of 2022, after the Russian invasion, and was aimed at supporting healthcare professionals in their care of civilian victims of the war.

How did the idea for this training course in Poland come about?

Agnès Afnaïm: This training course was organised on the initiative of a professor at Yale University in the United States, who wanted to help the victims of the war in Ukraine. Through a professional relationship, she came into contact with a psychologist at the Primo Levi Centre, who in turn approached me. The project grew out of meetings held at a distance, at the initiative of this professor who held everything together in a remarkable way. Contacts were established with the Lviv Hospital Centre, located in the west of Ukraine¹. Psychiatrists and psychologists from the Yale School of Medicine have also joined the project, providing clinical input that complements our own.

Who took part in this training course?

AA: These are the staff of the Psychiatry Department at the Lviv Hospital Centre in western Ukraine: psychiatrists, neuropsychiatrists, psychotherapists, art therapists, practitioners specialising in the treatment of post-traumatic syndromes, some of whom work with children. They work as a team, and place a great deal of emphasis on communication. When we arrived, we immediately started interacting with them, even before we started our training. Some of them wanted individual interviews with my psychologist colleague and manual treatment sessions with me. It was very important to start like that; we gave them a place, a consideration. After several months of war, they needed to settle down, listen and be heard.

What training content did you plan to offer?

AA: The Ukrainian practitioners gave us carte blanche, and the doctor in charge wanted us to address the theme of psychoanalysis and psychotrauma. My psychologist colleague began with a presentation on psychoanalysis in the field of war.

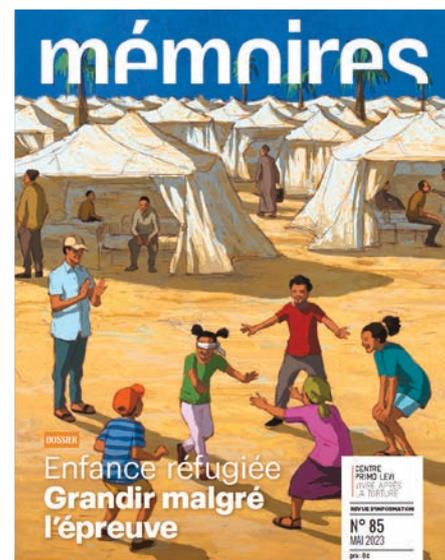
She talked about the first interview with the patient, how to welcome them and establish a bond. The participants were interested, they asked questions, they were concerned. She then went into the heart of her work at the Primo Levi Centre, using clinical situations as examples. For my part, I addressed the issue of traumatic memory, which is very important in our practice at the Centre and is a cornerstone of medical care. I then went on to talk about the somato-psycho pedagogy method that I'm gradually experimenting with. This is a manual therapy that focuses not on tissues, but on the person, on the person's relationship with his or her body. Through touch, which is made up of intention and attention, we bridge the distance between the person and their body. It's a form of psychology based on the body. The idea is that the practitioners I am training and will be training can use this method. In fact, 12 of the 15 Ukrainian practitioners present in Warsaw benefited from an individual session.

What links have you built up with your Ukrainian colleagues?

AA: Going to meet them was very important. The Primo Levi Centre has been supporting other international partners for a long time, such as in Lebanon, the Democratic Republic of Congo and Chechnya. During our stay in Warsaw, there were a number of high points, including a discussion group during which some fairly personal things were said. This was important for the cohesion of the group. Our Ukrainian colleagues were very demanding, and the exchanges were rich and intense. It was a wonderful meeting. Everyone is keen to continue.²

¹ The Lviv hospital is the main hospital centre in western Ukraine, and welcomed almost 500,000 people in 2022.

² A second training session, initially scheduled for the end of 2022, finally took place in Warsaw in March 2023, making the project a long-term one.



Mémoires Magazine

A magazine to raise awareness of the effects of trauma linked to torture and political violence on exiles, Mémoires offers food for thought on issues encountered by clinicians at the Primo Levi Centre in the course of their practice. In 2022, the themes were identity, caring and children.

The issue entitled *Déboutés de l'enfance. Mineurs en quête d'asile* (issue no. 82, produced in 2021, but published in January 2022) on issues relating to unaccompanied minors remained the most consulted issue in 2022, with 1,753 hits on our website (over the period January to June 2022) and 4,544 hits on the social science platform Cairn.info. This consultation rate confirms that this issue raises questions for those who support these young people and who often find themselves at a loss in terms of their support and their professional approach.

"Who am I? It's a difficult question to answer. All the more so when a person's history is turned upside down by an encounter with extreme violence that destroys what had previously made sense. How do you rebuild yourself when these events drive you into exile and cause you to lose your bearings, in other words, the very things that helped to sustain your identity? This is what we set out to explore in issue 83, *Être ici et de là-bas - Identités à l'épreuve du psychotraumatisme*.

Torture, political violence: welcoming and caring, issue #84 offers reference texts from the Primo Levi Centre to enlighten anyone new to the effects of trauma and exile, while suppor-

ting certain elements involved in welcoming exiles (interpreting, psychoanalysis, taking the time to care, etc.). The idea for this issue arose from a desire to support those who want to get involved in supporting and caring for people in exile, whether they are volunteers or professionals, and more specifically following the mass arrival of people from Ukraine.

Refugee children: growing up despite the ordeal: for the 3rd and last issue of the year (published in 2023), the Centre Primo Levi team wanted to reflect on the problems of children in exile. Very often, concerns about children are reported by their parents or care takers. That is why it is so important to provide a dedicated care space where children's concerns can be heard and clarified.

Finally, at the institutional level, the Universities of Paris 2, Paris 8, Louis Lumière Lyon 2, Aix-Marseille, and Toulouse 2 Jean Jaurès consulted the most Mémoires articles.

Most read article in 2022

Teenagers on the move

The patients received at the Primo Levi Centre come from countries where violence, whether on a social scale or not, stages crimes that violate human rights. Countries where the death that man inflicts on man is not part of ordinary criminality, but of pseudo-legality. We are dealing here with arbitrary powers that sustain and transform the dynamic tension between the individual and the collectivity, or between groups, into a relationship of force and terror, allowing weapons, sexual abuse, genocide or ethnic cleansing to take effect.

Exile is often necessary to escape death. Increasingly, however, the journey into exile seems to double the traumatic experience by giving those who embark on it a feeling of absolute insecurity and strangeness. Along the way, our patients are often faced with the very real threat of non-recognition and, consequently, non-inclusion in the community to which they are seeking protection.

Adolescence, unaccompanied minors and violence.

So what happens to a young person who, just as they are leaving childhood behind and moving towards adulthood, finds themselves caught up in this social context of limitless violence?

In the transition to adolescence, the child turns away from the reference points of identification within the family to find others in a wider social and cultural universe. This is also the time of the onset of puberty, when the young person wanders in search of an outlet for excess excitement. Encountering others caught up in the violence of the impulsive chaos of a drifting system makes the young person a wandering adolescent. So, in our clinic, in addition to the complexity of the transition to adolescence, which each of us has to live through in the singularity of our own history, there is the added horror of unlimited violence perpetrated with total impunity. In other words, where the challenges of adolescence are already at work towards a new subjective organisation of the subject and the affirmation of his otherness, not without conflict, rupture and loss, an event of extreme violence from a political social reality is attached.

For the young person, this passage into adolescence is the moment when he links his desire to the sexual fact that has remained latent. Their entire representation of the body, of

objects and of the world, undergoes a reworking that requires reinvention. Faced with the sexed body, the adolescent is also in search of knowledge that can answer existential questions such as those about his being, his future, and about life and death. The parental images that, in the imaginary realm, reassured the child no longer do.

The young person we call an *"unaccompanied minor"* is an adolescent like any other, faced with conflicts, doubts and the reorganisation of his or her subjectivity. However, at that moment, they have had a bad encounter. We find ourselves faced with these young people overwhelmed by horror and unanswered questions, and for many, writing becomes the only way to cope with the overflow of body and thought.

Our teenager, the *"MNA"*¹, has to come to terms with the strangeness of his own body and that of another who has a hold on him, or even omnipotence in reality. The other invades, abuses, coerces and violates him in an undifferentiated way. He is reduced to a pure object of enjoyment. The gap, already fragile in adolescence, between what they think they are, what they want to be, and the Other, unravels and drive chaos invades. These young people are confronted with all kinds of transgressions. They have experienced the murder of parents, scenes of rape, when they themselves were not the objects and/or actors of these acts. The worst nightmare is that these fantasies become reality. Horror is born of fantasy turned into certainty. Added to this is the exile imposed by a real break-up of all family and social references, and the complicated, if not impossible, mourning.

Is this why, instead of turning away from parental images, the young person will fix them as idolatrous, untouchable figures? On the other hand, uncertainties and doubts will give way to fear and confusion. The answer to the question "Who am I?" Often takes the form of a tainted being, a being who carries shame and guilt, but also a being who is different in that he or she cannot identify with others. It's a fixation on a degrading image of oneself. Instead of the eroticised body, it is the reality of the flesh that bursts onto the scene of the psyche.

Murder, rape, the disappearance of families and unburied deaths all raise questions and are sources of anxiety for young *"unaccompanied minors"*. These events undermine the genealogical trace. Temporality is disrupted and the traumatic scene invades the subject's entire field of representation, in a present detached from the past and the future.

To say that our patients are withdrawn into themselves is a way of talking about the isolation of those who have no one else to turn to. But it is also a way of finding them regressing or fixated on the moment of trauma.

It was in the context of the problem of erasing a genealogical trace and a fantasy that had become reality that I met Alice. Overcome by confusion and recurring questions, Alice asks to speak.

She was 15 when her father was murdered in her presence by armed rebels. She subsequently became the sexual object of the gang leader, like an incestuous father. To defend herself from her attacker, Alice ends up killing him and flees. When she returns home, no one is there, her mother, little sister and brother have disappeared, and no one can or will tell her what happened.

Alice in exile isolates herself, avoids all contact, and even a glance can arouse aggressive impulses in her, which she sometimes finds hard to control. Of this body that she no longer controls, she says: *"Before, it was my head that commanded, now it's this body that I no longer recognise"*. To cope with the repeated assaults and rapes, Alice has had to create a divide between her body and her mind.

All that remains of a self-confident teenager who knew what she wanted is this soiled body. She is nostalgic for the girl she used to be. A dream makes her think that she was pregnant as a result of the rape she suffered in the camp and that she lost the child. She cannot stop expressing her sadness. Her life no longer has any meaning, she feels different from the others and has no place anywhere. Guilt torments her.

Alice never stops questioning herself. She tries to believe in her studies, perhaps as the only possible prospect. Men disgust her and she questions her sexuality, wondering if she has become homosexual. However, she says, *"I can't stand women either"*. In any case, she says, *"I'm already dead, but I hope to live long enough to one day meet someone to mourn my death"*. In her solitude, and despite the trauma and the impossibilities that impose themselves, Alice talks and elaborates. She often has a very accurate perception of what is happening around her.

However, at a certain point in the transference, Alice acts out. She locks herself in and stops eating. Subsequently, as if in an overflow, she makes troubling revelations, whether fantasised or not, which she lets be heard outside the therapeutic space, causing concern among those responsible for her. It was after these acts that she spoke in the session about the murder she had committed on her tormentor. She had never dared talk about it to anyone, for fear of being judged, for fear of people knowing what she was like inside. She went on to say: *"There's no one to judge what they did to me, so all I can do is judge myself and condemn myself."*

Since then, the outbursts and acts of violence have stopped, but Alice feels the loneliness of those who no longer feel attached to anything. She lives from day to day. In a period of drifting, she revisits the death of her father, wondering why she did not die with him. The idea that her father's body could have been left to rot and rot in the middle of the wasteland is unbearable. And she puts it this way: *"It's as if he never existed, no trace of him left. Even my name does not mean anything any more, it has no resonance, no meaning for anyone. In this statement, Alice expresses her fear of the erasure of her name as a trace of her genealogical registration, a fear she reaffirms by asking herself: "How can you make plans when you don't have a beginning?"*

In conclusion, working with these young people who have experienced trauma associated with political events does not require interpreting the distress and symptoms in the light of unconscious conflicts or the infantile. Especially as these young people tend to idolise the parents who have really lost their way. This is a defensive construction, which we must not touch too quickly, while allowing the young person to associate and unfold the effects of the trauma. This produces a paradoxical situation. As one young person said to me: *"You mustn't mix water and wine, it's undrinkable"*, referring to the present and the past. For him, there is only the present.

It seems to me that we need to keep in mind the issues surrounding puberty, while at the same time encouraging them to talk about the effects of fixation and regression associated with trauma. We also need to encourage them to remember the past in the present, so that their story continues to be written in the future. But also, to lead them to once again link desire to sexuality, while reclaiming the veil of fantasy torn by the trauma.

■ Mineurs non accompagnés (unaccompanied minors)



Helena D'Elia
Clinical psychologist



Mobilizing

Promote Appropriate Health Care for Victims of Torture, Defend the Right to Health and the Right to Asylum.

A daily witness to the effects of political violence and exile, the Primo Levi Centre carries out, alone or in a network, advocacy and awareness-raising actions to promote appropriate care for victims of torture, defend the right to health and right of asylum.

Advocacy



25 November 2022, the International Day for the Elimination of Violence against Women, was the starting point for a major advocacy drive by the Primo Levi Centre, with the publication of a report entitled *Femmes exilées, une violence continue*. Our aim was to highlight the situation of these women and to lobby for their recognition during discussions at parliamentary level, at a time when the government was presenting its bill *"To control immigration, improve integration"*.

Why this theme? The starting point for this report is the observation that women's exile, long relegated to second place, has joined that of men. Women now account for half of the world's displaced persons. This proportion is not new and has been confirmed over the last ten years, and is also reflected in the active file of the Primo Levi Centre. The profile of women who go into exile is very diverse, as are the reasons that drive them to leave their country.

The report highlights the continuum of violence into which women enter and never leave. Tortured, imprisoned and raped in their own countries, they then enter another circuit of violence, this time under the control of smugglers and members of the police or army of the countries they cross. Once in Europe, the brutality continues. Bosnia, Croatia, Italy, Greece, Romania or Bulgaria: cases of police repression or failure to provide assistance to exiles have been widely documented. When they arrive in France, the nightmare diminishes, but the non-palpable social, economic and psychological violence continues. It was important in our report to stress that this violence is not the result of chance or a bad encounter. It is political and institutionalised, because it is the result of inaction, complicity or deliberate action on the part of governments, from the country of origin to arrival in Europe.

Above all, it was essential to highlight the Primo Levi Centre's clinical work with exiled women, almost all of whom have suffered sexual violence, either in their country of origin or on the road to exile. It's an invasion of the body that has similar ef-

fects, whatever the gender of the person concerned. The most intimate sphere is affected, reaching the very depths of what makes it possible to be a person. Victims remain silent, unable to say a word about what has happened to them. They say they have been dispossessed of their bodies. When they do talk about it, they feel *"disgusted"*, *"damaged"*, *"ruined"*, implying an idea of irremediability in their self-perception. The therapeutic space offers them a safe place. What they say is believed from the outset.

Does the arrival of these women in France offer any respite from their suffering? No. On the contrary, our report highlights their plunge into precariousness. It is not uncommon for exiled women to start out living on the streets. The situations that our social workers encounter are increasingly emergency situations. There is a shortage of accommodation places or they are very unpredictable, even though the number has increased. The precariousness of reception conditions is an obstacle to the reconstruction of these women and, in particular, confronts them with a lack of choice. Having been unable to say no to sexual violence, forced marriage, female circumcision and trafficking, here they find themselves once again exposed to coercion, particularly material coercion.

Finally, the violence continues in the application for asylum. With baggage weighed down by trauma, the exiled person is often unable to express themselves and to develop a logical and convincing discourse, which is expected of political activists in particular. Above all, the story is limited to what happened in the country of origin. This is the blind spot in the current asylum procedure: the violence suffered during the migration process. This is discussed at the time of the asylum application, as is the resulting trauma, but it has no bearing on the decision to grant protected status. Or only if the violence suffered along the way puts the person at risk if they return to their country of origin.

It took 6 months to draw up the report, which was based on interviews with a large number of researchers, managers and members of associations working on the issue of women in exile, as well as with the entire team at the Primo Levi Centre (manager and receptionists, psychologists, doctors, social workers, lawyer, physiotherapist). Sent to the media on 25 November, the report had a major media impact with the publication of an article in *Le Monde*, followed by an AFP dispatch. In all, around twenty national and regional media mentioned the release of the report. The media exposure was intended to support the sending of the report to all French members of parliament (Senate and National Assembly) along with a request for a meeting ahead of discussions on the bill in the Senate.

Press review



In **Le Monde** in March 2022, the Primo Levi Centre joined forces with organisations from the Dasem-psy collective (Droit au séjour pour étrangers malades souffrant de troubles psychiques) to sign an article entitled *L'Évaluation des dossiers médicaux des étrangers malades doit revenir au ministère de la Santé* (Assessing the medical files of sick foreign nationals must be the responsibility of the Ministry of Health). It denounces the refusal to listen to the psychological suffering of exiles and challenging the arguments put forward by the Office français de l'immigration et de l'intégration (OFII) to refuse applications for residence permits for psychiatric care.



In April 2022, an article in the **Dernières Nouvelles d'Alsace** citing the Centre's work highlighted the fact that *"In general, people start to think about their psychological situation when the tension has eased in their country of origin [...] the violence of their situation there: it's a very strong and violent uprooting. The road to exile can also be just as difficult and traumatic as the reasons they left the country in the first place. Finally, there's the obstacle course that awaits them once they're in France, with all the formalities involved in obtaining a residence permit, social assistance, housing and schooling for their children"*.




More than a month after the start of the Russian attack in Ukraine, the Primo Levi Centre, represented by its Director General, was invited by **TV5 Monde** to talk about the trauma experienced by the Ukrainian population and the support provided in France. The issue was highlighted in **Ouest France** by a group of associations, including the Primo Levi Centre, which insisted on the indiscriminate reception of people and denounced a two-tier system for people fleeing other conflicts around the world: *"While our organisations recognise the importance of providing additional resources for the reception of people fleeing the war in Ukraine, they also call for the same resources to be allocated to reception facilities for all people in need of protection, whether they come from Ukraine or other regions of the world. It is imperative to prevent the introduction of a two-speed system that would put people in need of protection in competition with each other"*.



The approach of the legislative elections in May was an opportunity to call on the future National Assembly, through an opinion piece on **France Info**, signed by the Primo Levi Centre, calling for *"immediate and sustainable measures for the reception of exiles. All exiles must be able to benefit from reception conditions that meet their protection needs. The future National Assembly must vote as a matter of urgency to increase the capacity of the accommodation stock in France by several tens of thousands of places, as part of a multi-annual programme that takes into account the prospects for growth in asylum demand. Future members of parliament have the power to put in place a system of emergency accommodation, social reintegration and social housing that is dignified and unconditional"*.

Press review



Le Quotidien sous régime autoritaire: des vies orwelliennes (Daily life under authoritarian rule: Orwellian lives), the evocative title of **France Culture** radio's LSD (La série documentaire) programme, looks at how authoritarian regimes establish their power by inventing a language and trying to stifle all criticism by banning certain words that become taboo, giving the floor to one of our psychologists.



For several regional dailies, the release of the report *Femmes exilées*, une violence continue in November 2022 was an opportunity to highlight this issue, which has long been kept under wraps. This was the case in Sud-Ouest, **Le Progrès** and **Le Dauphiné libéré**: *"The physical and sexual violence suffered by migrant women on the road to exile, sometimes worse than that endured in their country of origin, should be taken into consideration when examining their asylum applications in France"*, argues a migrant care association in a report published on Friday 25 November. *The Primo-Levi Centre, an association based in Paris that offers medical and psychological care to victims of torture and political violence, points out that, despite the fact that such violence is almost systematic, it remains a "blind spot" in asylum policy.*



Many of our patients have experienced life under an authoritarian regime, but their arrival and life in France is not synonymous with respite. In its May issue, **Basta!** discusses *"the difficulties of caring for pregnant women in exile"*, and quotes a psychologist from our team: *"It's possible that a number of problems may arise: post-traumatic stress, loss of memory, etc. These women have lived through a long period of social invisibility, and it's through their baby that they gain social recognition. Psychologically, it's a shock, because it's the child that gives them stability". "As a result, continues the magazine, the mother-child bond can be difficult to forge. All the more difficult because a significant proportion of these pregnancies are the result of rape"*.



The newspaper **La Croix** devotes a long article to *"Migrant women: when sexual violence is added to the difficulties of exile"*, while the magazine **Elle** denounces *"the passage through Libya, Morocco or Greece, which are places where sexual violence is systematically practised, for which the smugglers and members of the security/police forces are the main perpetrators"*, relaying the Centre's request to the public authorities to *"increase access to multidisciplinary, psychological, medical, social and legal support for migrants"*.

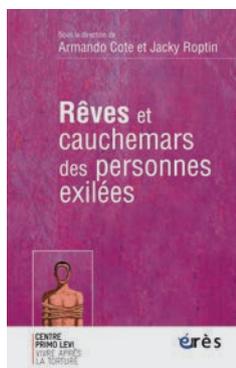
Highlights

Ukraine

The Russian invasion of Ukraine, a turning point in 2022, was the occasion for the Primo Levi Centre to become heavily involved in solidarity with the Ukrainian population, with a desire to train those on the front line in welcoming exiles. (see page 14).

Report *Exiled women, political violence*

The Centre's first report since 2019, this report responds to the findings of the Centre's team at an international level: women's exile, long relegated to second place, has joined that of men, with women now accounting for half of the world's displaced persons. These are women who experience a continuum of violence, mostly sexual violence, from their country of origin to France. (see page 39).



Dreams and nightmares

The conferences organised since the birth of the Primo Levi Centre have been a cornerstone of its work of transmission. This is the case of the conference *Entre rêves et cauchemars, la longue nuit des exilés*, organised in 2020, the content of which led to the publication in 2022 of the book of the same name, published by Érés, as part of the "Centre Primo Levi" collection. With this publication, the multidisciplinary team at the Primo Levi Centre, together with doctors, psychologists and researchers in the human sciences, offer a reflection on this "long night" that runs through every experience of caring for or supporting exiles who are victims of torture and political violence.

Collective action

Collective action has always been a major concern of the Primo Levi Centre in its desire to mobilise in defence of the right to asylum and the right to health of exiled victims of torture. In 2022, the Primo Levi Centre became a member of Coordination SUD, the national coordination body for French international solidarity NGOs, which now brings together more than 170 French organisations.

Change to primolevi.org

This year's digital highlight, after 6 months of work involving the various components of our Centre, the primolevi.org website has undergone a facelift, 12 years after it went live, with a streamlined, accessible version and clearer headings and navigation.

"Season 2" with Clowns Without Borders

For one year, our two organisations have relaunched their joint project of introductory artistic workshops at Le 104 in Paris, for the children and teenagers treated at the Centre. These workshops are like "bubbles", out of time, out of their lives in exile in France, moments of respite offered by the artists of Clowns Sans Frontières, with the support of the Association & Fondation SEVE, the Fondation d'entreprise Mazars Carrières France and the association Note et Bien (thanks to the funds raised during the concert on 13 October 2022).

An "extra verse" with the Maison de la Poésie

The writing and French language workshops, which have become an important part of patient care, have resumed. For Victoria Kaario, the French teacher and author who runs them, "the aim is to help patients rebuild their lives through language and poetry. The workshops they are offered are a mixture of writing and language classes, outside a school setting, in a poetic environment. It means getting away from everyday life, it's like a breath of fresh air".

The
means
of
action

The means of action

The 2022 financial year will show a breakeven result, driven by an increase in resources combined with good control of the association's operating costs.

Expenditure

Expenditure in 2022 will amount to €2,309,142, a sharp increase 29.5% higher than in 2021. This increase is mainly explained by the implementation of the association's development projects, in particular concerning strengthening the care centre (particularly reception) the development of the training centre and the search for new premises, all of which involve commitments over several years and an increase in the payroll linked to recruitment. This increase is also due to rooms for various training courses and the launch of a project to and the launch of a project to support healthcare professionals in Ukraine during the war. Finally, expenses for 2022 are increased by a loss on irrecoverable debts linked to the closure of the related to the closure of the financing agreement for the Asylum Migration Integration Fund (FAMI) for the period for the period 2017-2020.

More generally, staff costs are still the largest item of expenditure the largest item of expenditure (almost 52%). All the professionals in the care centre team are salaried, part-time, in order to ensure continuity of care and support continuity of care and long-term support for patients whose journey to well-being is a long one. These same people who take part in transmission and mobilisation and mobilisation, coordinated by a permanent team.

The second item of expenditure is professional interpreting (8%), which is essential for guaranteeing the quality care for non-French speakers. **The third item of expenditure is the rent for the premises (6%),** which houses all the Centre's activities.

Sources of funding

Financial resources will amount to €2,309,465 in 2022 (up 27.7% on 2021). This increase in resources is mainly due to growth in public funding thanks to the granting of European funding European funding under the Asylum Migration Integration Fund (FAMI) for the period 2022-2025, but also to the renewed confidence of our public and private partners, as well as the mobilisation of new private resources the development of new projects through the support from French and foreign foundations. The dynamism in fundraising and the signing of multi-year financing multi-year funding agreements have made it possible to fully cover the the increase in costs.

Public funding amounted to €1,197,000, representing nearly representing almost 52% of resources. The European Union is one of the main funders of the Primo Levi Centre through the Asylum Migration Integration Fund (FAMI), which has committed new funding for the period 2022-2025. Among the national public donors, the Ministry of the Interior and Overseas Territories, which has increased its funding on an exceptional basis, the Ile-de-France Regional Health Agency, the City and Paris, as well as the Regional and interdepartmental directorate for accommodation and housing (DRIHL). The association also receives substantial support from the Ministry of Health and Prevention.

Financial contributions (private institutional funds) amounted to €772,000, representing 33.5% of resources. The Primo Levi Centre has been able to benefit from the renewed the confidence of a number of partners, including the Fondation de France de France, the Inkermann Fund, the MNH

Foundation, Emmaüs France, the Julienne Dumeste Foundation, the ACAT Fondation and an English foundation. New resources have been mobilised thanks to the support of the Fondation Rothschild-Institut Rothschild Foundation, the l'Oréal Fund for Women the RAJA-Danièle Marcovici Foundation and the Comité national des Conseillers du commerce extérieur de la France (CNCCEF).

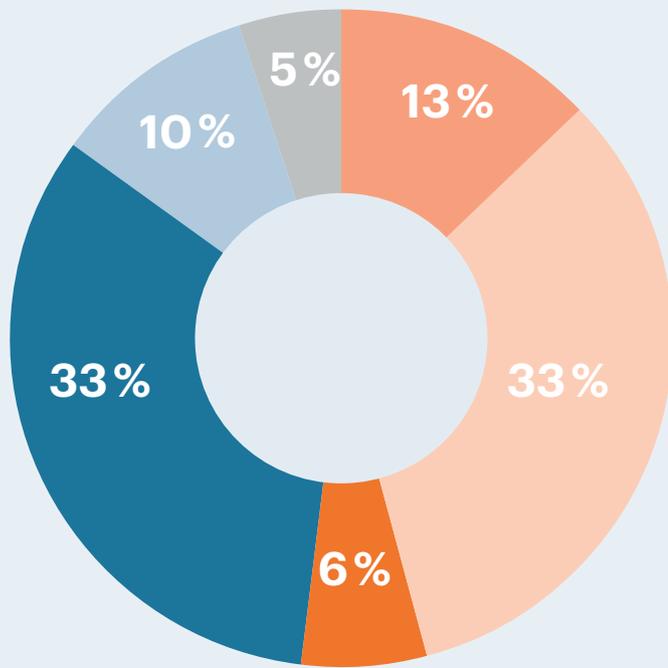
Income from training services and sales of publications of publications amounted to €83,000 (5% of resources), up 5% due to the resumption of (face-to-face) training courses after two years of sharp slowdown due to the health crisis.

Income from private donations and membership fees were also up (+4%), as the Primo Levi Centre has been able to count on the generosity and trust of its regular supporters, despite the tense socio-economic climate. socio-economic context. It has also benefited from the support of from new donors who rallied to the cause during the crowdfunding campaign launched in April 2022 for unaccompanied minors, in partnership with the Monoprix Foundation and Ulule, as well as the publication and distribution of the report "Exiled women, an ongoing violence" in the last quarter of 2022. Finally, the association benefits from the loyal support of groups from Amnesty International and ACAT-France.

○ Mobilising other resources to support the charity's project

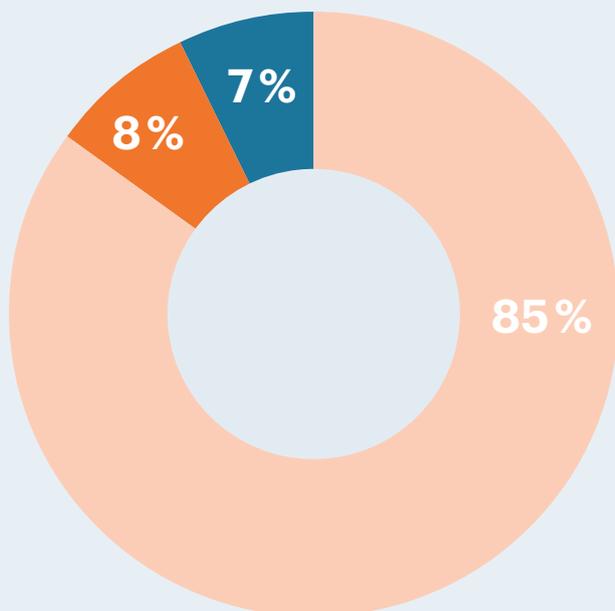
In 2022, the Primo Levi Centre benefited from external professional skills thanks to sponsorship and skills volunteering: on a legal level with the Alliance des Avocats pour les Droits de l'Homme (AADH), for human resources management with Passerelles & Compétences and for the implementation of a clinical activity management tool with the company Wavestone. The Primo Levi Centre has also teamed up with On Purpose, an association that places qualified professionals professionals undergoing retraining to help organisations with a social or environmental impact. It benefited from the skills of a project manager to support to support it in its property development project, which will enable it to invest in new premises that are better suited to receiving its beneficiaries and its beneficiaries and develop its outreach activities.

A very big thank you to all our partners in the public, private and voluntary sectors, and to our donors, for their commitment to our cause! Thanks to their support, we can continue and perpetuate our work on behalf of exiled people who are victims of torture and political violence.



Source of funds

- European public funds 13 %
- National public funds 33 %
- Local authorities 6 %
- Foundations 33 %
- Individual's donations and contributions 10 %
- Benefits (trainings), sells and others 5 %



Distribution of spendings

- Social tasks 85 %
- Funds research 8 %
- Operating 7 %

Financial Information

Proceeds and expenses by origins and destination	Fiscal Year 2022		Fiscal Year 2021	
	Total	Including the public's gene- rosity	Total	Including the public's generosity
Proceeds by origin				
01 - Proceeds linked to the public's generosity				
1.1 Unrequited contributions	7 290	7 290	9 290	9 290
1.2 Donations, bequests and patronage				
- Manual donations	222 073	222 073	213 351	213 351
- Bequests, donations and life insurance				
- Patronage				
1.3 Other proceeds linked to the generosity of the public				
02 - Proceeds not linked with the public's generosity				
2.1 Unrequited contributions				
2.2 Companies' sponsorship				
2.3 Unrequited financial contributions	772 240		387 021	
2.4 Other proceeds not linked with the public's generosity	110 849		168 897	
03 - Subsidies and other public aid	1 147 012		919 929	
04 - Reversals of allowances and impairment				
05 - Use of the previous dedicated funds	110 000		152 941	
Total	2 309 465	229 363	1 808 488	222 641
Expenses by destinations				
1 - Social tasks				
1.1 Carried out in France				
- Actions carried out by the association	1 615 564	191 378	1 433 376	177 101
- Payments to a central organism or to other organisms working in France				
Organisations operating in France				
1.2 Carried out abroad				
- Actions carried out by the association	19 405	1 947		
- Payments to a central organism or to other organisms working abroad				
Organisations operating abroad				
2 - Fundraising fees				
2.1 Calling on the public's generosity fees	32 911	3 094	28 853	3 499
2.2 Research for other funding fees	168 281	15 818	148 607	18 023
3 - Operating costs	182 188	17 126	121 434	14 728
4 - Donations for allowances and impairment				
5 - Taxes on profits				
6 - Carry-overs in dedicated funds of the fiscal year	290 793		50 000	
Total	2 309 142	229 363	1 782 270	213 351
Surplus or deficit	323	0	26 218	0

The Primo Levi Centre is thanking all of its donors and financial partners who, with their support, allowed it to carry out its health care missions and support for exiled people victims of torture and political violence activities.



Cofinancé par l'Union européenne



Direction régionale interdépartementale de l'économie, de l'emploi, du travail et des solidarités (DRIEETS)



Délégation interministérielle à l'hébergement et à l'accès au logement



Fonds Inkermann Sous l'égide de la Fondation de France



Entretien

“Everyone has a role to play in supporting the association’s project”



Marie-Caroline Saglio-Yatzimirsky and **Céline Figuière** joined the Board of Directors of the Primo Levi Centre in 2022. They tell the story of their arrival at an association at an important time in its history, where *“no one is there by chance”*.

How did you become involved in the life of the Primo Levi Centre?

Marie-Caroline Saglio-Yatzimirsky: The Primo Levi Centre has always been a key player in the wider arena of exile and exile-related violence, and is a benchmark association. As a clinical psychologist at Avicenne Hospital, I feel that the Centre’s clinical approach is very close in both thought and practice, because of its references to psychoanalysis and its focus on cultural issues, with a strong emphasis on political issues. The Centre is absolutely essential to the dialogue between health-care professionals and researchers on the issue of violence and exile. It is a natural partner for our work.

I’m also a teacher-researcher and director of the Institut Convergences Migrations, so I’m in contact with a lot of public players involved in migration issues. I think it is important for an association that appears to have a great deal of independence to be able to act. This is vital if we are to protect the thinking around care for exiles, especially as migration issues are highly politicised and completely fantasised, as we are seeing today with the draft law on immigration.

Céline Figuière: I worked as head of communications at Emmaüs and the Fédération des acteurs de la solidarité, where the issue of exile is central. It is a real political move to get involved in this issue, which people want to separate from the social sector, even though it is an integral part of it. Placing the issue of asylum under the authority of the Ministry of the Interior is a sign. France is a country of protection in law, but not in reality. The issue of exiled people who are victims of torture is a difficult one to tackle, and it made sense to give up my time. The Primo Levi Centre is very well known among associations working on migration or asylum issues, and I met its members for a long time, particularly when I was coordinating inter-association action on the Collomb circular.¹

What can we learn from our first year on the Board?

CF: I discovered how the Centre works, its dynamics and its very strong associative project. I have the feeling that the Centre is in a transitional phase, that it needs to find another level of recognition. The move to new premises could be an opportunity to develop the resource centre and provide professionals in the social sector with more information on the specific nature of support for exiled victims of torture. It is a subject I’ve been following this year. Otherwise, I discovered a very involved and diverse board of directors. I am interested in the relationship between employees and elected representatives and the need to work on this relationship of trust, which is crucial if the association’s project is to succeed. Everyone has a role to play in supporting this project; no one is there by chance. Finally, it was very interesting to arrive at a time when the Centre was considering an advocacy and communications strategy.

MC SY: I too have discovered everything about the Centre this year, since I only knew about the clinic: the challenges of the premises, the financial challenges, the visibility. In this respect, the publication of the report *Femmes exilées, une violence continue* was an important moment this year. I realised that the Primo Levi Centre is an association that is constantly making trade-offs between care, training and advocacy. The exile clinic is very special, requiring a great deal of commitment and experience. As a carer, I think the dialogue between the clinic and the Centre’s other activities is essential. I wanted to strengthen this link, because it is at the heart of the Centre. It can be a very ambitious player in the years to come, with, of course, balances to be found. It is important that the Centre retains its specificity and independence, and continues to work with those involved in exile. It seems to me that its commitment and diversity give it the strength to do so.

¹ The circular of December 2017 asked prefects to set up teams to visit emergency accommodation facilities to gather information on the administrative situation of those accommodated.

Organization

The Board of Directors *(as of June 1st 2023)*



Antoine Ricard
President / Lawyer



Natalie Nougayrède
Vice-president / Journalist



Andreas Hartmann
Secretary / Neurologist



Michel Brugière
Doctor



Anne Burstin
Civil servant in the field
of health



Nicole Dagnino
Humanitarian projects
counsellor / Doctors of the
World representative



Philippe Muller
Cardiologist / French ACAT
representative



Julien Roirant
Communication
consultant



Jacky Roptin
Clinical psychologist /
Trêve representative



David Randrianarivelo
Treasurer /
Chief financial officer



Sabrina Goldman
Member of the Board /
Lawyer



Agnès Afnàïm
General practitioner /
Trêve representative



Céline Figuière
Consultant in
communication



Bernard Hofmann
Habitat counsellor, former teacher
/ French ACAT representative



Antoine Lazarus
Doctor



**Marie-Caroline
Saglio-Yatzimirsky**
Lecturer and researcher



Anne Urtubia
Biologist / Doctors of the
World representative



**Marine Van
Schoonbeek**
General Director and
co-founder of the Thanks
for Nothing association

Organization

Permanent team (as of June 1st 2023)



H  l  ne Bonvalot
General director



Sibel Agrali
Health care centre director



Emilie Abed
Clinical psychologist



Agn  s Afna  m
General practitioner



D  borah Caetano
Head of Reception



Armando Cote
Clinical psychologist



Marie Danies
Publication and trainings
project officer



H  l  ne Desforges
Physiotherapist



Maxime Guimberteau
Communication and
advocacy manager



Valentin Hecker
Clinical psychologist



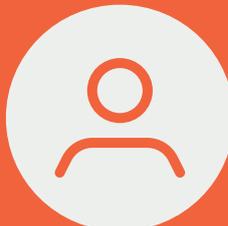
Dimitra Kolonia
Clinical psychologist



Juliette Krassilchik
In charge of reception
and training



Aur  lia Malhou
Legal officer



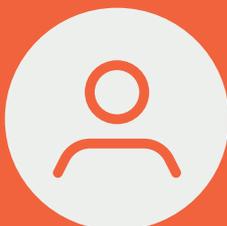
Julie Masselis
Charg  e de mission /
Associ  e On Purpose



Val  rie N'Diaye
Accountant



**Beatrice Patsalides
Hofmann**
Clinical psychologist



Armandine Sene
Head of administration
and finance



Pauline Wetzel
Head of training



Fran  oise Berthe
Multimedia documentalist
part time



Victoire Guichoux
Civic service volunteer



Isabelle Audigé
General practitioner



Hayate Bibaoui
Social worker



Cintyha Dina
Financing Officer



Nathalie Dollez
Clinical psychologist



Pauline Langlade
Social worker



Adèle Legros
In charge of reception and tasks



Géraldine Rippert
Sponsorship manager



Jacky Roptin
Clinical psychologist



**Mathilde
Issa-Sayegh**
Intern

The volunteers:

- Isabelle Bardet
- Morgane Joffredo
- Régine de La Tour
- Claire Mérien
- Lilliane Passavant



Giving exiles their place as human beings back

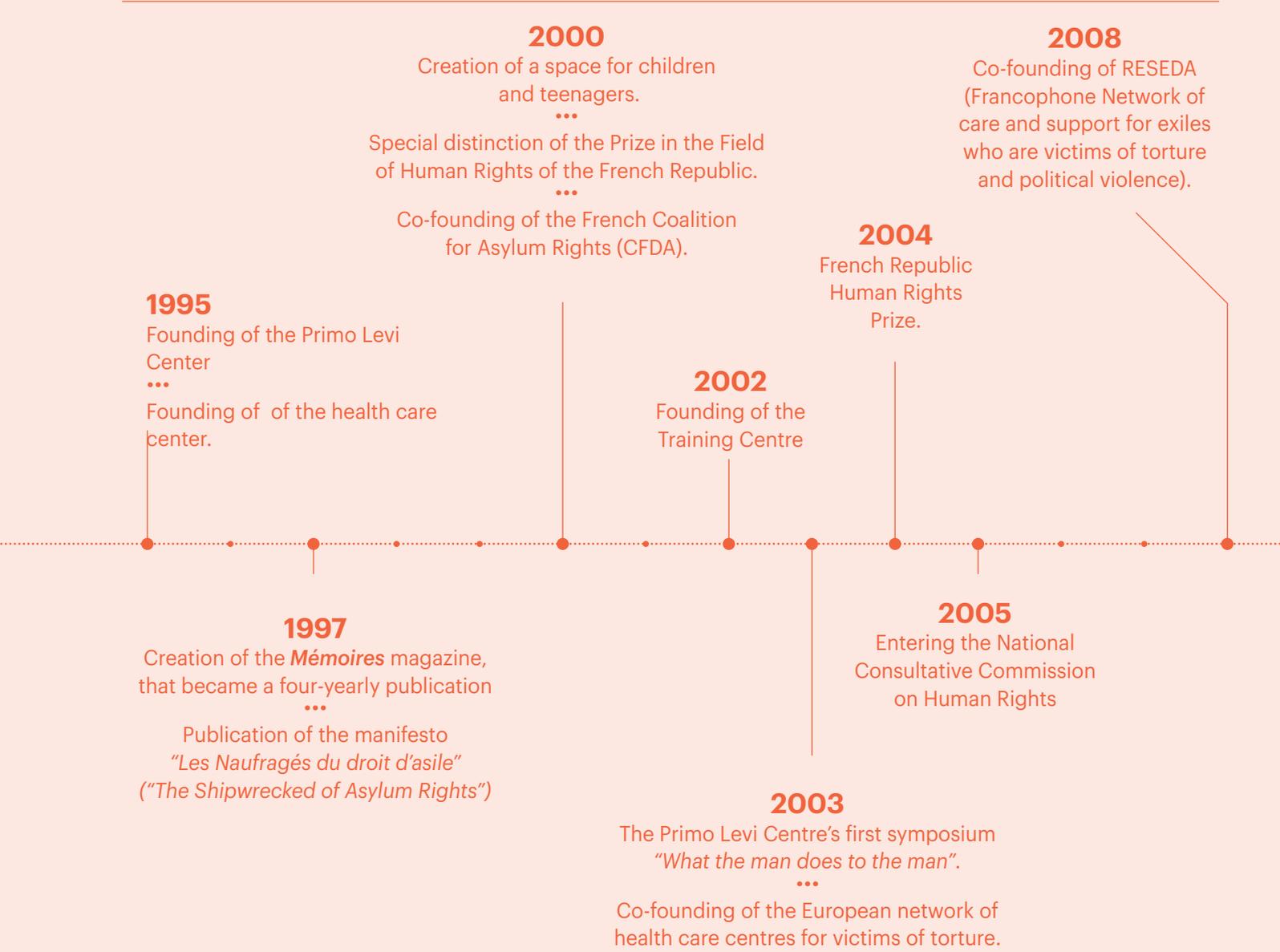
Régine de La Tour joined the Primo Levi Centre as a volunteer over a year ago. Involved in advocacy work, she talks about her desire to defend access to healthcare and the right to asylum, two fundamental rights which she strongly advocates.

Why the Primo Levi Centre?

Every commitment speaks a little about itself. Perhaps there's a particular blend that runs through my veins that makes migration, exile, displacement and leaving resonate in a unique way. All this is part of me and echoes the work of the Primo Levi Centre, where, whatever the status of the person, the aim is to integrate. The exiled person has been "disintegrated", and the Centre wants to reintegrate them. I had known about the "indispensable Primo Levi Centre" for a long time, as the newspaper Le Monde once called it, and I was familiar with its remit. As I was a regular reader of the journal Mémoires and other publications, and had taken training courses at the Centre, it was obvious to me that I should offer my skills at the end of my professional life. The team responded favourably and I am very grateful to them for understanding the commitment that motivated my approach.

What does it mean to be a volunteer at the Centre?

It means finding a match between the Centre's needs and what I can do, without going beyond my skills. So, in my own way, I contribute to the advocacy work to defend access to healthcare and the right to asylum, two fundamental rights that I also strongly defend and demand. It is important for me to take part in this action, to give exiles back their place as human beings.



An Action Relying on a Network

The Primo Levi Centre is part of multiple networks:

- **Réséda:** Francophone network of care and support for exiles who are victims of torture and political violence, of which the Centre is one of the main founders and organizers.
- **The European Network of Rehabilitation Centres for Survivors of Torture:** the European network for health care, the Centre took part in its founding.
- **The CFDA:** French coalition for asylum rights
- **The ODSE:** Observatory on migrants right to health
- **InfoMIE:** Resource centre for unaccompanied foreign minors
- **Uriopss Île-de-France:** Interfederal national union for private non-profit-making medical and social charities and organisms
- **Coordination Sud** (since 2022)



2012

Publication of the White book "Soigner les victimes de torture exilées en France" ("Curing the Victims of Torture Exiled in France"), first inventory of the care offered to exiles victims of torture.

2018

Publication of the report "La souffrance psychique des exilé.e.s: une urgence de santé publique." ("The exiles' psychological distress: a public health emergency.")

2022

Release of the report "Exiled women, an on-going violence"

2015

Publication of the report "Vingt ans d'accueil et de soins des exilés victimes de la torture" ("Twenty years of Reception and Care for Exiles Victims of Torture").

2014

Publication of "Clinique du trauma" ("The Trauma Clinic"), first book of the "Primo Levi Centre" collection by Eres edition.

2019

One-hundred-year anniversary of Primo Levi's birth

2016

Publication of the report "Déboutés au pays, persécutés en France" ("Rejected in their Homeland, Persecuted in France").

2021

Great Humanitarian Prize of the Charles Defforey-Institute French Foundation.

The Support Committee

The Primo Levi Centre's support committee, founded in 2007, gathers nearly twenty prominent people in the fields of art, university, humanitarian actions and politics. These members agreed to join the committee in order to raise the awareness of the Primo Levi Centre's actions in their professional spheres, and, on a large scale, to contribute to the awareness-raising action towards the general population. Its members: Patrick Aeberhard • Jacques Attali • Miguel Benasayag • Constantin Costa-Gravas • Laurent Gaudé • Robert Guédiguian • François Julien-Laferrrière • Olivier Le Cour Grandmaison • Anicet Le Pors • Ariane Mnouchkine • Edgar Morin • Rithy Panh • Serge Portelli • Reza • Léonie Simaga • Catherine Teitgen-Colly • Annette Wieviorka.



Why did we choose Primo Levi's name?

The name of the Italian writer who survived Auschwitz and who wrote "If This Is a Man", was chosen as a tribute to the power of his testimony, the thoroughness of his thought and to his fight against inhuman, cruel and humiliating treatments.



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**The Primo Levi Centre is an association of general interest,
authorised to receive bequests and donations.**

**CENTRE
PRIMO LEVI
VIVRE APRÈS
LA TORTURE**