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The Rehabilitation of Refugees Who are Victims of Torture in ASL Rome1 SAMIFO Centre

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Abstract

Recent evidence indicates that barriers to accessing social, health, and rehabilitation services disproportionately affect disadvantaged populations, particularly forced migrants. Within this group, refugees who have endured severe trauma—such as torture and other forms of intentional violence—experience heightened vulnerabilities.

To address these complex needs, the SaMiFo Centre (Forced Migrants Health Service) of ASL Roma 1 was established in 2006. The centre provides specialized care with a specific focus on survivors of torture and intentional violence, operating through an integrated model that brings together public health institutions and private social organizations.

Since 2017, rehabilitation services developed in accordance with national guidelines for victims of torture have strengthened both prevention and treatment strategies. Rehabilitation is conceptualized as a coordinated response to multifaceted health and social needs, ensuring continuity of care. This model also incorporates vocational training and employment support as essential components of individualized rehabilitation plans.

In 2024, the Support Network for Survivors of Torture (REEST) was launched, co-founded by SaMiFo, with the aim of fostering collaboration between specialized services and the wider social, cultural, and economic sectors—thereby promoting both recovery and social inclusion.

Background

Italy continues to represent one of the principal entry points into Europe for migrants and asylum seekers arriving from Africa, the Middle East, and the Indian Subcontinent. Within a global context characterized by increasingly restrictive and punitive migration policies, often referred to as the ongoing "war on migration," the majority of individuals are compelled to undertake irregular routes. This reliance on criminal trafficking networks exposes them to perilous journeys, both by sea and by land. As migration conditions deteriorate, violence and torture have become structural elements of the migratory experience itself[1]. For instance, those who cross Libya or follow the Balkan route to Italy are frequently subjected to cruel, inhuman, and degrading treatment (Perocco, 2022; Perocco, 2025).

Although many migrants endure torture both in their countries of origin and along their migration routes, human rights violations and systemic injustices also occur within Italy. These stem from the protracted and complex asylum application process, an inadequate reception system, exclusionary state policies, and institutional racism. Practices such as systematic rejections, accelerated border

procedures, the growing denial of asylum applications, and the widespread use of administrative detention—both for recent arrivals and individuals awaiting repatriation—create what define as "torturous environments.[2]" Such contexts foster abuse and disproportionately affect the most vulnerable, particularly those who have already been subjected to torture.

Research further confirms that barriers to accessing social, health, and rehabilitation services disproportionately impact disadvantaged populations, among whom forced migrants are consistently overrepresented[3-5]. Among the various forms of vulnerability, refugees with histories of severe trauma emerge as particularly at risk[6-8]. This condition should not be regarded as marginal or exceptional, but rather as a widespread and systemic phenomenon[9,10].

To respond to these challenges, the SaMiFo Centre (Forced Migrants Health Service) of ASL Roma 1 was founded in 2006 as a public health service dedicated to the care of forced migrants[11]. Particular attention is directed toward survivors of torture and intentional violence. Individuals who access SaMiFo often present with multiple, interrelated needs: they face physical and mental health conditions alongside cultural, identity-related, social, economic, housing, and administrative difficulties, frequently in the absence of family or community support networks.

To address this complexity, SaMiFo has developed a multilevel governance model: 1. **Internal level** – Involving the Strategic Directorate of the Local Health Authority, its operational units, and multidisciplinary teams, responsible for managing refugee assistance and promoting initiatives aimed at reducing health inequalities. 2. **Local level** – Coordinating cross-sectoral actions within the territory, including social and health integration efforts involving prefectures, local authorities, reception centre managers, non-profit organizations, and other stakeholders. 3. **Regional level** – Engaging the Directorate-General for Health and Social-Health Integration, the Directorate-General for Social Inclusion, all ten regional ASLs, two university hospitals, and other institutions to establish pathways and procedures ensuring systemic support for third-country nationals. 4. **National level** – Through FAMI funding, facilitating inter-regional meetings to harmonize health plans for migrants and refugees within a participatory framework, involving key national and international institutions such as the Ministry of Health, the Ministry of the Interior, and INMP.

At the operational level, the integrated assistance provided by SaMiFo ensures equitable access to ASL healthcare services, facilitating appropriate service utilization, promoting early detection of vulnerability, and reducing health disparities. Moreover, its gender- and culture-sensitive approach has helped dismantle prejudices around health conditions—including mental health—by establishing a reception and care system attentive to gender-specific issues[12].

Beyond being a healthcare provider, SaMiFo also functions as a generator of knowledge. By adapting medical and healthcare practices to the cultural backgrounds of diverse populations, the centre stimulates innovative responses that extend across disciplines such as sociology and anthropology[13].

The multidisciplinary team at SaMiFo is organized into interconnected areas: mental health, general practice, obstetrics, gynecology, forensic medicine, orthopedics, psychiatric rehabilitation, as well as social services, nursing, linguistic-cultural mediation, and administrative support. These professionals frequently encounter narratives of violence, with significant repercussions for both mental and physical health.

The most common mental health diagnoses among patients include Post-Traumatic Stress Disorder (PTSD), followed by adjustment disorders, major affective syndromes, psychoses, and personality or dissociative disorders. Treatment involves integrated, timely, and personalized interventions aimed at reducing chronicity. The most severe cases are assessed jointly by SaMiFo and Mental Health Centres, ensuring coordinated management without duplication of services. When needed, patients may also be referred to day centres, therapeutic communities, or acute care wards. Care plans are multidisciplinary, developed collaboratively with the patient, relevant services, and, when possible, family members.

Since 2017, psychiatric rehabilitation has been formally integrated into SaMiFo's outpatient services in line with national guidelines issued by the Ministry of Health (Rome, March 22, 2017). These activities include professional training courses designed to foster internal resources, transferable skills, and employability, thereby promoting both personal development and social integration. Courses have a fixed, non-renewable duration and are embedded within broader therapeutic-rehabilitation projects aimed at fostering independence. For survivors of torture and extreme violence, rehabilitation cannot be achieved without meaningful social reintegration, which remains essential to avoiding marginalization within restrictive service frameworks.

Social inclusion, therefore, constitutes a core dimension of rehabilitation. With autonomy as the ultimate goal, pathways intertwine with reception processes, shaping the duration and modalities of support. Rehabilitation measures thus operate at the intersection of healthcare provision and the national reception system. On the one hand, the Ministry of Health and regional health services

play a central role; on the other, the Ministry of the Interior—through the Prefectures and the Department of Civil Liberties—collaborates with local authorities and organizations managing first- and second-level reception centres, ensuring coordinated interventions supported by FAMI funds.

Methods

The rehabilitation model adopted by SaMiFo is grounded in an integrated approach that involves both public health institutions and private social entities, bridging general and specialized medical care with social and healthcare services[14]. Since 2017, rehabilitation services—aligned with national guidelines for the rehabilitation of torture victims—have complemented existing prevention and treatment activities[15]. Rehabilitation is defined as *"a set of activities aimed at addressing, through integrated care pathways, individual health needs that require unified health and social interventions capable of ensuring continuity of care and long-term support"*[9]. This governance model emphasizes a multidisciplinary and intersectoral perspective[16,17], engaging all stakeholders in the care pathway, including refugees, local authorities, and both profit and non-profit organizations coordinated by the SaMiFo Centre.

Psychiatric rehabilitation activities are carried out at Pavilion 17 of the Santa Maria della Pietà complex—Rome's former mental hospital—designated under Legislative Decree No. 142 of 18/08/2015, Article 17, Paragraph 1. The multidisciplinary team identifies individuals in need of psychiatric rehabilitation plans through individual and group interviews, clinical assessments, and ongoing monitoring of each user's trajectory. Selection criteria include the individual's motivation and logistical capacity to attend a qualifying course, a sufficient level of Italian proficiency, and the collaboration of reception centres that support the planning of pathways toward inclusion and autonomy. Following a careful evaluation of clinical and social conditions, as well as prior skills, recipients are enrolled in vocational training courses delivered by institutions selected through public tenders. Whenever possible, existing skills are recognized and enhanced, thereby valuing prior learning.

These training programmes, combining theoretical and practical instruction, culminate in paid internships with companies that agree to host graduates of the RTPI pathway. From the outset, psychiatric rehabilitation technicians—supported by the multidisciplinary team—supervise participants' progress both in the classroom and during internships, while also serving as points of reference for companies throughout the process of social and professional integration. Within this rehabilitative process, aimed at fostering autonomy and social independence, the activation and coordination of networks among local and private social care services are essential for sustainability.

Employment plays a pivotal role in this process, not only as a source of income but also as a key factor for psychological well-being, social inclusion, and autonomy. The complementarity of institutional initiatives with projects funded by the AMIF (Asylum, Migration and Integration Fund) has enabled the development of personalized rehabilitation and employment programmes.

Between 2022 and 2024, SaMiFo's rehabilitation service provided structured support to a growing number of individuals. In 2022, 120 people (47 men and 73 women) were assessed by the team, of whom 42 were enrolled in vocational training programmes. In 2023, 168 individuals (104 women and 64 men) were assessed, with 78 enrolled. Beneficiaries were predominantly adults aged 18 to 40, representing diverse national backgrounds: 35 countries in 2022 (with Nigeria, Somalia, Ukraine, Bangladesh, and Iran as the most represented), and 39 countries in 2023 (led by Ukraine, Bangladesh, Afghanistan, Nigeria, and the Democratic Republic of Congo). The emergency triggered by the war in Ukraine, which initially engaged SaMiFo in providing first aid in March 2022, significantly influenced service demand. By late 2022, Ukrainian refugees became the third largest group assessed for inclusion in rehabilitation programmes, and in 2023 they represented the largest group enrolled. In 2024, 68 people (45 men and 23 women) were taken into care by the rehabilitation service.

Across the three-year period, the team provided 587 services, including individual and group interviews and tutoring sessions. In total, 14 vocational training courses were delivered, amounting to more than 4,000 training hours. These included 2 courses in social farming, 2 in green space maintenance, 3 in cooking, 1 in catering/pastry making, 2 in pizza making, 2 in haute couture, 1 in multimedia, and 1 in the arts.

Results

Vocational training and employment pathways tailored for survivors are designed to foster autonomy and socio-economic integration, and are embedded within individualized therapeutic and rehabilitation plans[18]. The only project that allocated funds specifically for internships with companies in relevant sectors was the FARI2 project, which enabled 68 extracurricular internships in 2022 and 2023. These internships complemented training courses implemented under other projects, ensuring complementarity of actions. In the absence of internal funding, internships were made possible through financial contributions from reception centres or private social services. Although not all internships resulted in recruitment, all participants benefited by activating

processes of agency, empowerment, and recovery—aimed at improving personal and social functioning, quality of life, clinical outcomes, and confidence in the future.

In 2025, a standardized assessment protocol—tested in previous years—was formally implemented. This protocol entails administering the same assessment at baseline (T0) and again at programme completion (T1). It incorporates two culturally validated tools: **WHODAS 2.0** (12-item standardized instrument for assessing functioning, disability, and health), the **Life Skills Profile** (for evaluating personal and social functioning), and the **WHOQOL** (36 items for measuring perceived quality of life).

Discussion

Torture is a violent act—often politically motivated—that annihilates victims, instils terror in communities, and enforces conformity and submission in dependent groups. It produces profound physical, psychological, and social consequences, not only for survivors but also for their families, friends, and communities, with effects that may extend to future generations. Indirect consequences can also affect caregivers, undermining their altruistic efforts. Torture is inevitably traumatic and invariably causes actual or potential harm to psychological and physical integrity. However, not all survivors develop overt post-traumatic psychological symptoms or clinically diagnosable disorders. Many also experience social stigma and isolation, as communities may respond with suspicion, fear, or prejudice toward what survivors were forced to endure, say, or do.

These factors make the therapeutic and rehabilitation process for survivors particularly complex and protracted. It must address physical consequences (injuries, dysfunction, degeneration), psychological consequences (post-traumatic stress, dissociative disorders, depression, psychosis), and issues linked to culture, identity, and religion. For this reason, care should be delivered by interdisciplinary teams that include linguistic and cultural mediators. Such professionals should also receive training and supervision to prevent vicarious traumatization.

To coordinate efforts and share best practices in Italy, the **Support Network for Survivors of Torture (REEST)** was established in December 2024. This network unites public and private organizations, as well as NGOs, that provide specialized support to survivors of torture and severe violence. SaMiFo Centre is the only local public authority among its founding members[19].

The Network promotes information and awareness-raising initiatives on torture, its short- and long-term effects, and the importance of strengthening the implementation of international norms and standards for prevention, monitoring, and enforcement. It also seeks to disseminate good practices from specific contexts, encouraging the full application of the Ministry of Health's 2017 Guidelines. Furthermore, it aims to expand the availability and quality of rehabilitation services across the country, ensuring survivors' access to adequate programmes that support recovery, reparation, and reintegration. To achieve these goals, the Network promotes scientific research, professional training, and the development of innovative rehabilitation initiatives.

Through the SaMiFo Centre, ASL Roma 1 implements individualized therapeutic rehabilitation programmes that integrate healthcare and social support, while accounting for each survivor's personal and professional history, legal status, and economic circumstances.

Conclusion

Addressing the complex needs of individuals who have experienced multiple and repeated traumas requires the development of a multidimensional care system that promotes both psychological and physical well-being—consistent with the World Health Organization's holistic definition of health. This broader concept of health encompasses not only the absence of pathological symptoms but also the achievement of a dignified quality of life.

Rehabilitation for survivors of torture or extreme violence must therefore include social inclusion, particularly for those often excluded from educational and occupational opportunities. This can be achieved through the establishment of strong collaborations and networks that connect specialized services with cultural, artistic, and economic sectors. In doing so, rehabilitation efforts contribute not only to individual recovery but also to broader community development.

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Supplementary Materials

Here the video links with English subtitles

Fiori dal mondo: https://youtu.be/CQGvWGhzSBI?feature=shared

Joy: https://studio.youtube.com/video/IXaqDPbeTXQ/edit