Human Trafficking and Trauma in the Digital Era:
The Ongoing Tragedy of the Trade in Refugees from Eritrea

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Langaa Research & Publishing CIG
Mankon, Bamenda

Publisher:
Langaa RPCIG
Langaa Research & Publishing Common Initiative Group
P.O. Box 902 Mankon
Bamenda
North West Region
Cameroon
Langaagrp@gmail.com
www.langaa-rpcig.net

Distributed in and outside N. America by African Books Collective
orders@africanbookscollective.com
www.africanbookscollective.com

ISBN-10:

ISBN-13:

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Chapter 7

The Trauma of Survivors of Sinai Trafficking

Mirjam Van Reisen, Selam Kidane & Lena Reim

There is no sleep, I hardly sleep: when you lie in bed you first start thinking about everything that has happened to you. Your journey, the pain, the hardship, everything comes to you. [...] Then you start thinking about your family and friends who rescued you, how much debt they incurred, what hardship they are going through, how stressed they must be right now.
(Interview, Kidane with D, face-to-face, September 2015)

I am one of the ones who suffered the most, but no one cares, no one wants to help me. My suffering continues, there is no end [...].
(Interview, Kidane with Z2, face-to-face, September 2015)

You wish they'd beat you or starved you instead, anything is better than being raped by many men.
(Interview, Kidane with X, face-to-face, September 2015)

Introduction

Human trafficking for ransom was first identified in the Sinai in 2008 (Physicians for Human Rights, 2010a; Carr, 2011; Van Reisen, Estefanos & Rijken, 2014). This new form of trafficking involved "forced begging under pressure of torture and threats of killing, in exchange for the release of the hostage" (Van Reisen & Rijken, 2015). The origin and evolution of this phenomenon is described by Van Reisen *et al.* (2014) and Van Reisen and Rijken (*Ibid.*), referring to the work of Physicians for Human Rights, based in Tel Aviv, Israel,

which first documented Sinai trafficking in 2010 (Physicians for Human Rights, 2010a), and Carr (2011).

The work of Physicians for Human Rights is important for several reasons. Based in Israel, the doctors from this organisation received and treated the first victims of Sinai trafficking. Their studies cover the extensive scope of the traumas endured by the victims of Sinai trafficking. In fact, the large volume of patients presenting with severe trauma from torture and women requesting abortions alerted these medical doctors to the problem, prompting the first investigation into human trafficking in the Sinai (Agenzia Habeshia *et al*., 2011, Physicians for Human Rights, 2010a, 2010b, 2011).

An Eritrean volunteer Catholic nun, Sr Azezet Kidane, interviewed over 1,000 victims of Sinai trafficking and documented their stories, identifying the trauma they had experienced. She was honoured for her work in 2012 by the US State Department who presented her with the Trafficking in Persons (TIP) Heroes Award (Physicians for Human Rights, 2012). The work of Sister Kidane and Physicians for Human Rights constitutes the first extensive description of the trauma of Sinai victims:

> *Interviews and testimonies include chilling accounts of their journeys into Israel. By way of these interviews, Physicians for Human Rights-Israel has learned that 59% of new Clinic patients have been exposed to torture and/or cruel, inhuman, or degrading treatment by smugglers in the Sinai Desert. 81% of Clinic patients report being chained or held captive in Sinai, while 39% report being exposed to torture or the death of another person on their way to Israel. 11% of our patients exhibit scars on their bodies, and approximately 178 of our patients have reported being shot at while crossing the Egypt-Israel border.* (Physicians for Human Rights, 2012)

The work of Physicians for Human Rights is also important because it was the first description of this new form of human trafficking. However, in the early work of Physicians for Human Rights, the connection to Eritrea was not made. Mekonnen and Estefanos (2012) and Humphris (2012) first linked Sinai trafficking to the serious human rights violations taking place in Eritrea, as a way

of explaining the large proportion of Eritrean victims of human trafficking in the Sinai. This link was further explored by Van Reisen, Estefanos, and Rijken (2012, 2014) and Van Reisen and Rijken (2015). The connection between Eritrea and Sinai trafficking is discussed in Chapters 2 and 3 of this book. The situation of human rights and ongoing crimes against humanity, as found by the UN Commission of Inquiry on Eritrea in its extensive reports of 2015 and 2016 (United Nations Human Rights Council, 2015, 2016), are discussed in Chapter 9.

Van Reisen *et al.* (2017) describe the importance of new ICTs in the development of the modus operandi of human trafficking in the Sinai, which depended on mobile phones to extort ransoms and on mobile money to collect payments. Traffickers also depended on mobile communications for surveillance, for the organisation of the trade and to gather intelligence. ICTs add a specific element to the nature of human trafficking for ransom, in that they enable the collective experience of the torture and extortion, thereby creating collective suffering during and after the experience. The collective nature of the suffering and its consequences for the victims and their wider communities is described by Van Reisen *et al.* (2017) and is explored in Chapter 8 of this book.

Human trafficking for ransom is distinct from other forms of human trafficking:

> *This has profound implications for a legal understanding of the problem in two ways; first the combination of trafficking practices already known, e.g., trafficking for the purpose of slavery, and new forms of trafficking, namely trafficking for forced begging and ransom. Second, the interconnection between various serious crimes, including smuggling, abduction, extortion, slavery, torture, systematic sexual violence and killing.* (Van Reisen & Rijken, 2015, p. 118)

While Physicians for Human Rights (2010a) described the torture practices ex-post, Van Reisen, Estefanos & Rijken (2012, 2014) interviewed victims of Sinai trafficking while they were being held by

the traffickers.[40] Later research also included interviews with survivors of Sinai trafficking in Israel and in detention centres or prisons in Egypt, where the victims were held subsequently to their release (Van Reisen *et al.*, 2014). Some interviews were conducted with victims who had returned to Eritrea, but no systematic survey has been carried out to identify the impact of Sinai trafficking and torture on victims (and the broader community).

While survivors of Sinai trafficking were severely tortured and were subjected to gruesome and horrific crimes, they were also forced to collect ransoms, of around USD 30,000 per person on average, with some paying less, but others required to pay more. These amounts were collected by families and communities around the world, adding to the collective trauma and material loss experienced by entire communities (Van Reisen *et al.*, 2014; Van Reisen *et al.*, 2017).

It is estimated that 25,000–30,000 people were trafficked to the Sinai between 2009 and 2013 (Van Reisen *et al.*, 2014, p. 66). The majority of these victims were violently abducted in eastern Sudan (see Chapter 2). It is further estimated that 5,000–10,000 people have died in the Sinai (*Ibid.*, p. 65), which leaves 15,000–2,5000 survivors. Those who died were either killed on purpose, or died as a result of torture that was not necessarily meant to kill them. Much work has been done to describe human trafficking in the Sinai and the *modus operandi* has been confirmed both in written text (Human Rights Watch, 2012, 2014; Amnesty International, 2013; OSCE, 2013; Van Reisen, *et al.* 2012, 2014) and in documentary films (Trabelsi, Cahlon, &Shayo, 2013; Deloget & Allegera, 2014), allowing victims of Sinai trafficking to tell their own story.

This chapter aims to analyse and describe the trauma suffered by victims of Sinai trafficking. It focuses on research carried out in camps in Ethiopia near the border of Eritrea. Many victims of Sinai trafficking were held in prisons in Egypt following their release, until

[40] Extensive interviews were carried out by Meron Estefanos, a human rights activist, journalist and radio moderator, who has been interviewing trafficking victims for many years.

they could collect money to pay for their own deportation to Eritrea or Ethiopia. Many victims of Sinai trafficking choose to be deported to Ethiopia, from where many continued to Sudan, Libya and across the Mediterranean Sea. Others were resettled in Australia, Canada and the United States.

In the next section, the methodology and research setting is described, followed by the theoretical framework of the chapter. This is also followed by an inventory of the torture practices carried out in relation to Sinai trafficking for ransom between 2008 and 2014. In the next section, the results of the Impact of Events Scale Revised (IES-R) test are described, followed by a description of the torture practices carried out in the Sinai. Subsequently, this chapter will detail the findings of medical examinations carried out on Sinai victims to assess the extent of their physical trauma. In the final section, the interviews undertaken with victims of Sinai trafficking pertaining to trauma will be provided.

Methodology

This chapter is based on several research visits by the authors, Van Reisen and Kidane, to Ethiopia and to the camps on the border with Eritrea. There are four main camps in the area: Shemelba, the oldest refugee camp on the Eritrea-Ethiopia border, Mai Ayni, Adi Harish and Hitsats. Hitsats is the newest camp and has remained very much a transit camp. The camps have very different geographic locations and habitats (which will be described in the next section on study sites).

The interviews for this research were conducted in the four camps in 2015 and 2016. The names of interviewees have been anonymised and details about the place and time of the interview omitted to protect their identity. A first visit, in July 2015, aimed to establish contact and links in the various camps. The interviews were carried out during a follow-up visit in September 2015, at which time the IES-R test was also applied.

At the time that these interviews were conducted in 2015 we met about 40 Sinai survivors in Shemelba (including a large group of women), 3 in Adi Harish, 3 in Mai Ayni, and 8 in Hitsats. While Shemelba and Adi Harish had both men and women in the group, the survivors in Hitsats and Mai Ayni consisted only of men. The interviews were carried out in a conversational setting. The participants who remained for the conversation agreed that the information could be used for advocacy purposes and the need for justice was high on their agenda.

The IES-R test was chosen because it is a well-validated instrument and measures the impact of events at a certain time. The test was applied to understand the remaining trauma of Sinai survivors, several years after the traumatic events had taken place. The test is a good instrument for severe trauma, because it does not require victims to re-narrate or relive the traumatic events, which is often very difficult and can lead to re-traumatisation.

The IES-R test measures the experience of the symptoms of trauma and, therefore, is a direct measure of the symptoms of the trauma experienced at the moment the test is taken. The test was translated from English into Tigrinya by one of the authors, Selam Kidane, and the translation piloted and improved with the aid of language resource persons. The tests were carried out by Kidane, who is a qualified therapist. The tests were administered one-on-one, face-to-face in the camps, as part of a slightly broader conversation, or interview, allowing the respondent to provide more information if he or she wished to do so. Participation was voluntary and on the condition of anonymity. The test results were recorded on paper and subsequently analysed in Excel. A total of 21 Sinai survivors from the camps in Ethiopia participated in the study. The findings are compared with test results of 14 Sinai survivors in Tel Aviv.

While preparing the request to participate in the test, the researchers carried out focus group discussions with the victims of

Sinai trafficking. During these focus group discussions, the researchers met with 45 Sinai survivors in the different camps.[41]

The focus group discussions were organised by two leaders of the group of Sinai survivors who had volunteered to organise the survivors. In the discussions, the researchers explained the purpose of the discussion, which was to improve our understanding of the suffering of the victims and to determine what help they wanted. The researchers did not ask the survivors to re-narrate their experiences, although in subsequent conversations many survivors used the occasion to explain some details of their ordeal. These were recorded in writing by the researchers after the focus group discussions had ended. Relevant narrations are provided later in this chapter in the section containing the interviews. In addition to these interviews and focus group discussions, interviews were carried out with Sinai survivors and resource persons in locations other than Ethiopia (Asmara, Tel-Aviv and Kampala) to compare the experiences narrated by Sinai survivors in these locations.

An important outcome of the focus group discussions was the request to meet with an Eritrean Tigrinya-speaking medical doctor. The needs relayed by survivors were many and intertwined, including: psychological needs, advocacy needs, social support needs and medical needs. Such a visit by a doctor to the Shemelba refugee camp was subsequently arranged in September 2016. The doctor conducted physical examinations of 28 Sinai survivors. The consultations were held in the offices of the Ethiopian Administration for Refugees (ARRA) at Shemelba, where the doctor could privately consult with the patients. Although his consultation were also aimed at giving personal advice and treatment, the anonymised findings were used (with permission) to form the basis of an analysis of the impact of the torture on Sinai survivors. A debriefing of the medical doctor was held by researchers at a meeting in September 2016, soon after the physical examination.

[41] A list of names and contact details is with the researchers.

Sinai survivors also expressed a need for assistance with resettlement procedures. Many reported not being able to move forward and that the deep trauma they experienced is holding them back. It is clear from the interviews and conversations with survivors that they believe it is important that their trauma is recorded. They crave recognition of their fate and for treatment to help them deal with the consequences of the torture and the many problems they still have as a result of this (both physical and mental). They also expressed a wish for the impact of human trafficking in the Sinai to be known and for those responsible to be brought to justice.

The camps where Sinai survivors live

As noted above, the focus group discussions and interviews were conducted in four refugee camps: Shemelba, Mai Ayni, Adi Harish and Hitsats.

Shemelba is a green fertile area and, being the oldest camp in Ethiopia for Eritrean refugees, can almost be characterised as a settlement. Shemelba was established in 2004 and many of the refugees in Shemelba have been there for a long time. They mainly farm for a living and are part of a relatively settled community. The camp caters predominantly for members of the Kunama ethnic group from Eritrea (5,000) and there are around 1,000 Tigrinya-speaking Eritrean refugees. The camp receives people with mental health problems. Compared to other refugee camps in Ethiopia, Shemelba provides better physical and mental health care services and has a closed unit for severe cases of mental illness. The idea behind placing Sinai victims in Shemelba, therefore, appears to be based on the potential to access these services. However, the victims of Sinai trafficking are afraid that accessing these services will stigmatise them further and they dread the idea of being confined to the separate living quarters of the closed unit with other refugees with recognised and severe mental illness.

Originally there were some 120 Sinai survivors living in Shemelba, and Sinai survivors in Ethiopia (deportees from Israel and

Egypt) were generally sent to this camp. By 2015, around 60 survivors had left, leaving an estimated 60 survivors still living in Shemelba. Among them, 11 were women; some of them have children. There is one couple who are both Sinai survivors. It is reported that Shemelba has a lot of problems due to unresolved trauma and alcohol abuse.

The other camps in Ethiopia are much newer. Mai Ayni is an established camp with shops, businesses and three churches. It has a primary school. It currently hosts about 10,000 refugees. Adi Harish is close to Mai Ayni and equally well established with businesses inside the camp; it also hosts about 10,000 refugees. Hitsats camp is set in extremely harsh terrain: it is very hot and dry, with little shade and water. This place was previously a grazing area for Eritrean farmers who came to Ethiopia with their cattle, and Eritrean and Ethiopian villages used to co-exist side by side. The camp is new and most shelters are made of aluminium sheets. Hitsats is not conducive to farming and it receives mostly young people, many of whom plan to transit through the camp in search of a better place. Hitsats is situated next to a traditional Ethiopian settlement with a small shopping centre serving the refugee camp.

Hitsats, which also has around 10,000 refugees, is very much a transit point. People with the means (mainly remittances) tend to leave, and the more money they have the quicker they go. All are highly traumatised. Hitsats has a large population of unaccompanied minors, as young as 6–7 years of age; if they arrive at the age of 12, they are considered the older ones. There are 1,000 unaccompanied minors registered in the camp, but the unofficial number is much higher. Those arriving unaccompanied are received in a closed camp with special protection. Other children arrive with adults, but are left behind in the camp. They are in a precarious situation. Churches arrange assistance for this group.

There are few facilities in the camp and many essential goods and services are lacking. Water shortages, insufficient shelter, limited basic health care facilities, and no possibilities for relaxation and entertainment characterise the camp. The connectivity in the camp is poor, making people feel very isolated. Young people in this camp

sometimes wait 4–5 years, before realising that resettlement opportunities are hopeless. Then they move on to take their chances with smugglers and traffickers. The funds available to support the camp have decreased each year, although the population has grown. "We need options", say the young people.

There are not many Sinai survivors in Hitsats, but those who are there do not understand why they were moved to this camp as they are highly traumatised and have special needs. The very first returnees (who were deported to Ethiopia from Israel and Egypt) were allocated to Hitsats refugee camp, which was newly open at the time when these returns were taking place. Because the camp was new, there were barely any facilities and services at that time, such that residents stayed in makeshift tents in which groups of people were randomly allocated. The decision to send Sinai victims to Hitsats once they arrived in Ethiopia and completed their refugee screening process at Enda Bagunna Camp was based on pure logistics and took no account of the clearly visible signs of torture and trauma. Unable to cope with the prospect of years in a refugee camp without the means to work and pay their debts or be reunited with members of their family, many of those who were able bodied and able to endure a repeat of the traumatic journey, left the camps for Libya via Sudan, hoping for a better outcome this time around. Several of them made the crossing over the Mediterranean Sea and ended up in Europe. Many are still believed to be in Sudan and Libya.

By the summer of 2015 there were only about 15 Sinai victims at Hitsats (this was about half the original cohort sent to Hitsats from Enda Bagunna). The members of this group all presented with a range of physical and psychological scars, which were confirmed by the impact of events scale.

Mai Ayni is one of the older camps in Northern Ethiopia. There are very few Sinai survivors at Mai Ayni and those who are in the camp are isolated and unsupported. The camp has few facilities and no relevant mental health provision.

In Adi Harish there were around 500 Sinai survivors who went through the camp when they first started arriving in 2013. The

administrative centre of the area where the camp is located is Shire, a small town that is only an hour's drive from Axum, which is a larger town with touristic features and an old history. Axum also has an airport. The ARRA is located in Shire and grants permits to access the camp. ARRA is responsible for security in the camp.

Theoretical framework

The term 'trauma' derives from the Greek word, meaning *wound*, referring to both physical and mental wounds. Increasingly, the term is being used to refer to mental trauma. However, the definition, even in this limited arena, is still evolving, with much of current thinking placing more emphasis on the individual's perception of the trauma and particularly their level of perceived control over events. Spiegel (2008) describes the essence of trauma as the "loss of control over one's body" and, hence, the imprint that the loss has on parts of the brain – identity, memory and consciousness. Herman (1992) stated:

> *Psychological trauma is an affiliation of the powerless. At the moment of trauma, the victim is rendered helpless by overwhelming force. When the force is that of nature, we speak of disasters. When the force is that of other human beings, we speak of atrocities. Traumatic events overwhelm the ordinary systems of care that give people a sense of control, connection, and meaning. Traumatic events are extraordinary, not because they occur rarely, but rather because they overwhelm the ordinary human adaptations to life. Unlike commonplace misfortunes, traumatic events generally involve threats to life or bodily integrity, or a close personal encounter with violence and death. They confront human beings with the extremities of helplessness and terror, and evoke the responses of catastrophe.* (Herman, 1992, p. 33)

Levine (1997) emphasises perception as well as whether or not the impact remains unresolved (i.e., whether the person has regained control). Traumatic events are, therefore, described as "perceived life threatening or overwhelming experiences" in a situation of helplessness (Levine, 2005; Van der Kolk & McFarlane, 1996).

Human trafficking in the Sinai had both elements: it was a life-threatening and overwhelming experience, coupled with physical and psychological helplessness. Victims of Sinai trafficking were tied or chained together and often blindfolded or kept in the dark for hours, if not days, weeks or months. They had no control over their movement and no say in where they were kept or under what conditions. They were deprived of food and were only allowed to go to the toilet if allowed by their captors. Moreover, they were forced to put unimaginable amounts of pressure on their families and loved ones to pay the ransom demanded. Women were raped in front of the other captives who were forced to watch them. Some were forced to have sexual intercourse with fellow captives making the loss of control absolute.

In this context of total loss of power, they were then hung, beaten, electrocuted, and their heads bashed against walls, causing physical wounds, disfiguration and disability, as well as emotional wounds, resulting in relationship problems, depression, sleep disorders, eating disorders, and lack of trust and confidence, among other things.

Scaer (2005) describes the hidden wounds caused by trauma on the brain as follows:

> *In the brain of the trauma victim, the synapses, neurons, and neurochemicals have been substantially and indefinitely altered by the effects of a unique life experience. [...] The brain in trauma has lost its ability to distinguish past from present, and as a result it cannot adapt to the future. This confusion of time further immobilizes the trauma victim, who still remains immobilized by a thwarted freeze discharge. Procedural memory is bombarded by environmental and internal cues that represent old, unresolved threats.* (*Ibid*., p. 58)

This indicates that the physiological symptoms of trauma are actually underpinned by the impact on neurological processes, causing the kind of long-term responses that distinguish stress from post-traumatic stress. The fact that the victims of Sinai trafficking are reporting a whole range of symptoms some years after their

experiences in the Sinai shows that the stress caused was indeed traumatic stress.

The Diagnostic and Statistical Manual of Mental Disorders, 4th Edition (DSM IV) describes trauma as exposure to a traumatic event that involved either the threat of death or serious injury to the individual, or threat to the physical integrity of the self or others (American Psychiatric Association, 2000). The person's response at the time of the traumatic event must have involved intense fear, helplessness, or horror. This event is persistently re-experienced and avoidance of the stimuli associated with the trauma, numbing of general responsiveness and symptoms of increased arousal exist. In order to diagnose post-traumatic stress disorder (PTSD) the duration of the symptoms has to be more than one month and the symptoms must cause stress or impairment in social or occupational functioning. In cases of delayed onset, the symptoms can appear at least six months to years after the traumatic event.

Victims of Sinai trafficking report all of the above symptoms, both in their extended interviews and also as measured on the IES-R scale (the scale and its score will be described later in this chapter). In fact, their experiences were so intense that many of them wished to die rather than face another day of torture, which was not just inflicted on them, but also on their families and friends, who were made to listen to their plight via mobile phones. Coming from impoverished families and communities, they knew that the ransom demand was unimaginably high and, hence, the prospects of it being paid low; yet as they had already been commoditised, there was no reprieve; so they helplessly went through the motions of making the phone calls to make the impossible plea to their kin.

Each of these people were fleeing Eritrea in search of a better life; many were fleeing political and religious repression or indefinite national service. Many had experienced direct or indirect persecution or had spent much of their life under an extremely authoritarian regime, which controls the population of Eritrea through fear. Trauma research has indicated various predictors of PTSD, namely, previous traumatic experiences and poor parenting (Chappell, 2003).

Childhood trauma is identified as the most important vulnerability indicator. The vulnerability of Eritrean victims in the Sinai may have been elevated by previous trauma in the form of previous imprisonment, experiences during the journey leading up to imprisonment in the Sinai, as well as a stressful upbringing as a result of the extreme stress that families are put under in Eritrea (which also damages their parenting capacity).

There is even a suggestion that major traumatic experiences by a previous generation could create a genetic memory that makes the current generation vulnerable to the effects of trauma (Levine, 1997). A case in point here is the situation of children of Holocaust survivors, who are said to be physiologically and biologically vulnerable to trauma (Yehuda *et al.*, 1997).

Previous trauma, childhood abuse and a family history of alcoholism and depression are other factors that increase vulnerability to post-traumatic stress (Yehuda *et al.*, 1997), indicating that the current situation in Eritrea and the potential impact on the parenting of the generation of Eritreans in flight may have contributed to the extremely-high levels and prevalence of trauma among victims of human trafficking in the Sinai.

During or in the immediate aftermath of trauma, victims show reactions such as being dazed, being unaware of serious injury, or experiencing the trauma as if it were in a dream or as though they were outside their own body (Spiegel, 2008). If the traumatic event is not resolved properly (e.g. due to lack of support or intervention), significant alteration of habits and outlooks, relationships and decision making could result. In addition, self-destructive behaviours such as addiction can also manifest (Levine, 2005). Traumatised people also tend to be hyper vigilant, with heighted emotional reactivity, leading them to overreact without assessing their response (Van der Kolk & Saporta, 1991). This has a wide range of implications for the sufferer, directly emanating from unresolved trauma, affecting personal, social and professional relationships and prospects. The fact that there has been little support for the victims of Sinai trafficking, in general, and a lack of therapeutic support, in

particular, means that their trauma continues to be unresolved affecting all aspects of their life and making them vulnerable to additional trauma. The environment required for victims to resolve trauma (by integrating the memory of the experience and restoring the brain to its original function of completing the cycle from reaction to reasoning) is impossible to create in the insecure setting of a refugee camp as a stateless refugee. In the absence of the opportunity to heal, victims continue to suffer traumatic stress and risk transmitting the traumatic memories inter-generationally.

Overview of torture practices

This section gives an overview of the torture practices carried out in the Sinai as part of human trafficking for ransom. These practices have been collated from publications that describe the modus operandi of Sinai trafficking (Van Reisen *et al.* 2012, 2014) over the period 2008–2014.

Table 7.1 describes the different forms of trauma experienced during trafficking to the Sinai 'torture houses' (places where Sinai victims were held in captivity). Table 7.2 describes the forms of trauma experienced while in the torture houses, and Table 7.3 describes the forms of trauma experienced immediately after victims were released or escaped from the torture houses. All three tables are based on the traumas described in Van Reisen *et al.* (2012 & 2014). While Table 7.2 was already almost entirely provided in Van Reisen *et al.* (2014), Tables 7.1 and 7.3 were compiled by going through the texts to seek out the various forms of abuse and torture that victims experienced immediately before and after their time in the Sinai torture houses.

*Table 7.1. Forms of trauma experienced during trafficking to the Sinai torture houses**

Forms of trauma (on the way to the Sinai)
• Violent abduction
• Threatening with weapons
• Beating
• Rape
• Lack of access to food (and assumedly water)
Note: *This may involve various actors, including smugglers, Eritrean and Sudanese security personnel, human traffickers and guards in the refugee camps, Rashaida, and Bedouins.

*Table 7.2. Forms of trauma in the Sinai torture houses**

Forms of trauma (in the Sinai)
Beating (often part of a daily routine) • Beating with whips and sticks (three times a day, and sometimes four to five times a day) • Beating on iron ramps • Beating with heated iron bars • Beating of hands and legs with a hammer • Beating the soles of the feet while hanging • Breaking hands (by beating with a wooden axe handle against a wall) • Shattering bones • Breaking bones (legs) with sticks • Stepping on chests • Kicking pregnant women in the stomach

Cutting (or threatening to cut) body parts • Threatening to cut body parts (incrementally) • Cutting off fingers one by one • Cutting off limbs (person died) • Crushing and prying nails with pincers
Hanging • Hanging upside down for long periods of time with hands touching the ground (which may lead to paralysis or their hands being amputated) • Hanging with the corpses of dead hostages • Hanging right side up • Hanging upside down • Handing by both feet with legs chained • Hanging by the hair • Hanging upside down with chains
Electrocution • Administering electric shocks and electrocution (which can lead to paralysis in parts of the body)
Burning, setting on fire • Using hot iron skewers to burn the feet • Setting on fire with kerosene • Rolling in blanket and setting on fire • Burning legs with fire and burning with cigarettes • Burning backside with fire • Placing burning wood on chest
Threats • Threatening to order other prisoners to rape hostage's daughter • Threatening that they will take hostage's kidneys and heart • Threatening that they will kill hostage
Pouring boiling water • Pouring boiling water on body of hostage's (causing burns to large areas)

Withholding food (for days) • Withholding food for days • Giving only very small amounts of food (pregnant women and nursing mothers particularly affected)
Withholding (clean) water • Withholding drinking water • Withholding water for bathing and hygiene including lack of access to toilets and showers (leading to lice and unhygienic conditions) • Withholding of water for medical reasons, including to clean serious injuries and for women in labour
Smoking cannabis • Forcing hostages to smoke cannabis and do silly things (such as to imitate the sounds of sheep or goats or to dance)
Sadist acts • Inflicting acts of sadistic sexual violence and other sadistic violent acts, similar to those carried out for functional torture, but going beyond the 'function' of extorting ransom
Chains • Chaining • Tying up by the hands and feet, blindfolded and chained
Isolation • Holding in isolation
Forced labour • Work related to the hostages specific skills (e.g. mechanic) • Digging graves and burying corpses • Translation work or other activities that are functional in the context of the torture houses (in this way the hostages may gradually become part of the trafficking team)

Denial of access to medical treatment • Denial of access to medical treatment and facilities (the interviewees speak of serious injuries and those with injuries complained of maggots in their wounds; people are left to die of their injuries) • Denial of water and medical supplies to clean their wounds
Sexual violence and pregnancy • Toward men and young boys • Toward women and young girls • Rape and gang rape by traffickers, torturers and guards • Rape in front of father, husband, wives, daughter, sons, and other family members (there are several accounts of daughters, including very young girls, gang raped in front of parents or threats thereof) • Rape ordered between hostages while guards watch (including the rape of very young girls) • Other sadistic sexual acts
Forcing hostages to witness the harm done to others, especially family members • The torture of other hostages • The killing of other hostages • Leaving dead hostages' bodies in view
Note: *This list is largely copied from Van Reisen *et al.* (2014, pp. 74-75).

Table 7.3. Forms of trauma experienced after being released from Sinai torture houses

Forms of trauma (after the Sinai)
Leaving hostages to die (some miraculously survive) • Left to die in the desert • Buried alive
Refoulement of survivors at the Israeli border • Violent push backs • Shot at by Egyptian military/border guards (shoot to kill policy) • Trapped at the border with no or little access to foot or water, shelter and medical help
Imprisonment in Egypt • Violence while being captured • The criminalisation of survivors • Detention (again robbed of their freedom) • Lack of access to adequate foot and water • Lack of adequate medical treatment, despite their many severe injuries • Absence of psychological support • Deportation to Ethiopia/Eritrea where their vulnerability continues

The practices of torture listed here are used in combination. In the different torture houses different patterns of torture took place. A 'geography' of practices of torture houses could therefore be compiled, but is beyond the scope of this chapter. Some Sinai victims who were 'on sold' from one trafficking group to another (with new ransom collected) were held in consecutive places. From the interviews, it is known that different routines of torture were used in each place.

Impact of events scale and trauma in Sinai victims

The core characteristic of PTSD is its oscillation between intrusion (nightmares, flashbacks and intrusive thoughts) and

avoidance (deliberate efforts not to think or talk about the event, as well as deliberate efforts to avoid reminders). Avoidance can also be typified by the use of alcohol and drugs, as well as by becoming immersed in work as a strategy to divert attention and create a temporary reprieve from intrusion. It is this understanding that led Horowitz and colleagues (1979) to develop a simple, but powerful measure for assessing the magnitude of symptomatic responses to a specific traumatic life event – the Impact of Events Scale (Horowitz, Weilner & Alverez, 1979; Weiss, 2007). Following the publication of the DSM IV, the scale was revised and became the Impact of Events Scale Revised (IES-R), which measures the full scale of PTSD symptoms within the diagnosis manual.

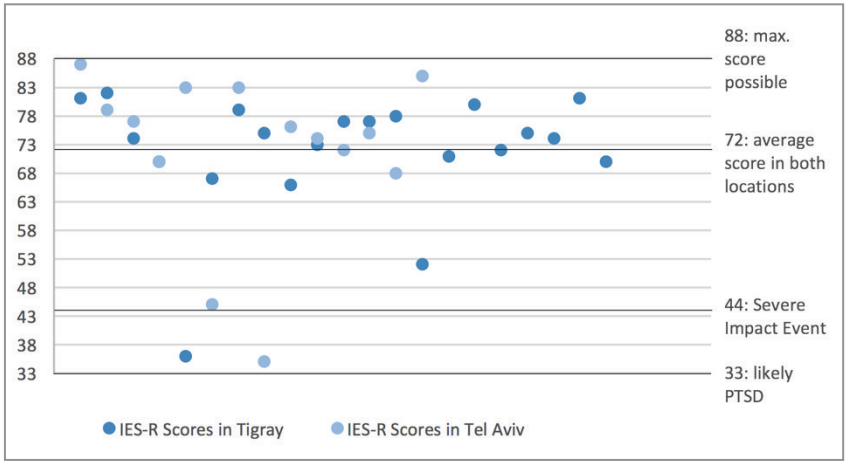
The main strengths of the scale are that it is short, quick and easy to administer and score, and may be used repeatedly to assess progress. This makes it ideal for use with a client group that is not used to psychometric testing, as well as by professionals who do not have extensive resources at their disposal.

The maximum mean score on each of the three subscales is '4', therefore the maximum total mean IES-R score is 12. Lower scores are better. A total IES-R score of 33 or over from a theoretical maximum of 88 signifies the likely presence of PTSD. The following cut-off points have been suggested by various researchers (Table 7.4).

Table 7.4. IES-R cut-off points (scores and diagnostic indications)

Score	Diagnostic indications
24 or more	PTSD is a clinical concern. Those with scores this high who do not have full PTSD will have partial PTSD or at least some symptoms.
33 or more	This represents a good cut-off point for a probable diagnosis of PTSD (Creamer, Bell & Falilla, 2002).
37 or more	This is high enough to suppress your immune system's functioning (even 10 years after an impact event). On the original IES, a comparable score would be approximately 39 (Kawamura, Yoshiharu, & Nozomu, 2001)
44–75	Severe impact: capable of altering your ability to function

A survey of 35 Eritrean survivors of Sinai trafficking, who are now refugees in Tel Aviv (14) and Ethiopian refugee camps in Tigray (21) was carried out to establish the impact of their experiences in the Sinai using the IES-R scale (see Graph 7.1). The survey was carried out between 2 and 6 years post the event using a Tigrinya translation of the scale.

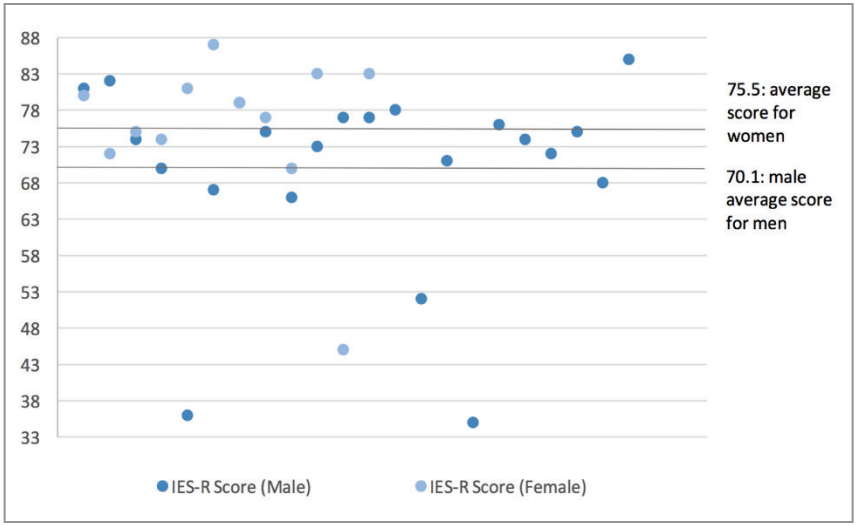


Graph 7.1. IES-R scores of Eritrean survivors of Sinai trafficking in Tigray and Tel Aviv (n=35)

As can be seen in Graph 7.1, all participants scored above the point considered as a 'good cut-off point' for probable PTSD. In fact, all but two (one in each group) scored well above the score considered to be high enough to impact on functioning even 10 years after an impact event. Many scores were at a severity level that is considered to have enough impact to alter functioning permanently.

When comparing the IES-R scores of male and female survivors of Sinai trafficking, it appears that women have a higher average score than men. Among the participants of this study, the average score for women is around 5 points higher than the average score for men. All women scored above the threshold for a Severe Impact Event (defined as capable of permanently altering one's ability to function).

The higher average scores of women may be related to the extreme sexual violence that they must endure at the hands of traffickers.



Graph 7.2. IES-R scores of female and male survivors of Sinai trafficking (n=35)

Physical examination

In addition to the interviews and the IES-R test, 28 victims of Sinai trafficking were also examined by a physician in Shemelba refugee camp, to establish their physical and emotional health. The following tables contain the results of the examinations, which established a wide range of mental and physical health problems, which continue to pose significant challenges to all those who were examined.

Table 7.5 details the types of torture methods reported by victims interviewed in the refugee camps in Ethiopia (which may be slightly different to those listed in Table 7.2, which are drawn from the literature).

Table 7.5. Forms of trauma reported by Sinai survivors in Ethiopian refugee camp

Form of torture	**Happened often (n = 28)**	**Happened seldom (n = 28)**
Electrocution	22	1
Isolation	6	2
Food deprivation	28	0
Water deprivation	28	0
Beating	28	0
Burning	24	0
Banging head	28	0
Blindfolding	23*	1
Burnt with cigarette	22	2
Rape	13**	0
Burning of genitals	5	0
Penetration of vagina/anus with objects	4	0
Forced penetration of others	12	0
Hanging upside down	15	0
Hanging by the arms	21	1
Crushing	25	0
Forced use of drugs	8	1
Chaining	25	0
Beating on soles of feet	15	0
*One person reported being blindfolded continuously for 7 months. **One person reported that her brother was forced to rape her.		

All of the survivors reported having suffered food and water deprivation and having been beaten, including on their head. Many (23) said that they were often blindfolded during their stay in the Sinai; one person reported having been blindfolded for a period of

seven month. Nearly all of the 28 people examined report having been electrocuted and burnt, including being burnt with cigarettes.

One of the most horrendous atrocities in the Sinai was the rape and sexual abuse of both men and women. During the medical examinations carried out by the physician, rape was mentioned by 13 out of 28 patients and was described as occurring 'often'. There were also 12 patients out of 28 who reported having been forced to penetrate others. Five patients mentioned 'burning of genitals' as occurring 'often'. Four patients mentioned that their vagina or anus had been penetrated with objects and that this also happened 'often'. These results are all the more remarkable given that only 2 out of the total of 28 patients were women. In total, 16 survivors out of 28 experienced sexual violence: 14 (out of 26) men and 2 (out of 2) women.

These findings confirm the hypotheses that sexual violence was systematic and widespread in Sinai trafficking, not only among the women, but also among the men. In earlier reports (Van Reisen *et al.*, 2014), the sexual violence against women and girls was described as a general phenomenon, a fate that few, if any, women and girls escaped. This included gang rape, rape in front of parents and siblings, rape by the torturers, and forced rape by fellow hostages. Van Reisen *et al.* (2014) reported rape of girls as young as six years of age.

Other forms of horrendous torture reported by the survivors included being hung upside down or by the arms, suffered by 15 people and 21 people respectively. Nearly all survivors (25 out of 28) reported being chained often during their time in the torture camps.

Given the range of horrendous torture suffered by the group it is not surprising to find that many survivors continue to suffer from chronic pain related to their experiences in the Sinai. Back pain, pain in the extremities, pain in the head, pain in the teeth, gums, and jaw, and pain in the abdomen were widely reported. Permanent impairments such as partial sight and hearing losses were also reported by a few victims. Table 7.6 details the full range of complaints disclosed to the physician.

Table 7.6. Chief complaints of Sinai survivors in Ethiopian refugee camp

Chief complaint(s)*	**Number of patients (n = 28)**
Back pain	11
Pain in extremities (1 also complained of weakness in arm)	8
Headaches & 'pain on the head'	6
Pain in teeth, jaws and/or gums	6
Chest pain & heartburn	4
Eye pain, itching or (one-sided) blindness	4
Abdominal pain	3
Dyspepsia	3
Anxiety	3
Pain on soles of feet	2
Sleeplessness	2
Dizziness	2
(Partial) hearing loss	2
Anal itching & worms in stool	2
Shoulder pain (and immobility)	2
Incontinence or urgent and frequent urination	2
Pain on nasal bridge	1
Pain over thigh	1
Nightmares	1
Rhinitis	1
Infertility	1
Vaginal bleeding & discharge	1
Discoloration of inner lip	1
Itching all over body	1
Haemorrhoids	1
*While it is believed that the majority of these complaints are a consequence of torture, it cannot be determined with certainty which are and which are not a result of torture.	

The physician also made some diagnoses (see Tables 7.7 and 7.8) and recommendations for further medical and psychiatric attention (see Table 7.9). Among these is the diagnosis of 26 cases of PTSD and 6 cases of psychosomatic pain resulting from PTSD (Table 7.8). These findings support the results of the IES-R scores, which uncovered extremely high levels of traumatic stress that could result in long-term impact lasting many years.

Table 7.7 provides an overview of the medical diagnosis of Sinai survivors. Due to the complex nature of medicine, it is often difficult to declare with certainty the relationship between certain medical complaints and preceding exposure to torture. It should further be noted that some patients had several diagnosed medical conditions within different categories or the same category.

The medical diagnosis does not include physical scars. However, with regard to physical observations, the doctor mentioned (multiple) scars on the majority of patients (19 out of 28). Among other things, these include burn scars from hot irons and melted plastic, bullet wounds, and wounds from iron chains. Most patients had multiple and deep scars; one patient had around 30 scars on his body, while another had a scar of 20cm in length. Scars were found on various body parts, including the face, head and chest and may be related to their various medical complaints.

Table 7.7. Medical diagnosis of Sinai survivors in Ethiopian refugee camp

Medical diagnosis	**Number of patients (n = 28)**
Injury	10
Wound	2
Contusion, distortion, fracture	7
Bilateral raptured ear drums	1
Pain	18
Somatic pain secondary to sustained trauma	6

Medical diagnosis	**Number of patients (n = 28)**
Lingering pain due to sustained body trauma	1
Back pain	5
Other pain	1
Urogenital problems	4
Urinary tract infection	1
Incontinence (possibly secondary to spinal cord injury)	1
Secondary infertility (possibly due to torture)	1
Vaginal bleeding	1
Dental problems	4
Tooth cavities	1
Decayed tooth	1
Broken tooth/molars	1
Infected denture/gums	1
Various other diseases	5
Parasitic infection	2
One-sided blindness	1
Gastric ulcer	1
Anaemia	1
Various other diseases (unlikely caused by torture)	7
Aneurism of the left femoral artery	1
Haemorrhoids	1
Vitiligo	1
Allergic rhinitis	1
Allergic conjunctivitis	1
Short and thin leg secondary to polio during childhood	1
Benign bone tumour	1

Table 7.8. Psychiatric diagnosis of Sinai survivors in Ethiopian refugee camp

Psychiatric diagnosis	Number of patients (n = 28)
PTSD	26
Mild or moderate depression	2

The medical report of the physician makes various recommendations, including the psychiatric assessment and treatment of 27 out of the 28 people examined and some form of surgical treatment for 20 of the people examined (see Table 7.9). A few people were highlighted as needing neurological treatment and a range of other specialist assessments and treatments. None of these provisions are available in the camps, where the needs of these victims are not even recognised as a priority. The ongoing neglect of survivors' needs causes ongoing suffering and re-traumatisation. Many Sinai victims are far too severely traumatised to cope with everyday life, let alone the additional hardship and uncertainties of life in a refugee camp where even their most basic needs cannot be met.

Table 7.9. Recommendation for further evaluation/treatment of Sinai survivors in Ethiopian refugee camp

Recommendation	Number of patients (n = 28)
Psychiatrist	27
Surgeon (including orthopaedic specialist)	20
Dentist	4
Ophthalmologist	2
Neurologist (1 needed x-ray)	2
Obstetrician and gynaecologist	1
Orthopaedist	1
Dermatologist	1
ENT specialist	1

Interviews

Below are excerpts from the interviews showing the severity of the trauma experienced by survivors of human trafficking in the Sinai and the deep scars that it has left.

Sexual violence: Men and women

Of the eight female Sinai survivors interviewed in the camps, all reported having been raped. The conversations were very emotional and the respondents would break down to the point where it was not possible to continue. The stories were narrated voluntarily: the interviews were entirely open and no questions were asked other than a request to tell us what they wanted us to know.

The life of female hostages revolved around trying to avoid rape and making beatings, food deprivation and other means of torture seem like a 'better' option to the torturers. One of the male Sinai victims explained:

> *In all of the torture houses there was electrocution. They make you phone your parents. The minute you say hello, they electrocute you. We were with three girls and seven men. Three men died (they had not paid); some had paid USD 27,000 and now they had to make sure they would pay for the men that had died as well. They stripped everybody naked. We had to avert eye contact. Rape was normal. It was quite normal. That was not even the worst.* (Interview, Van Reisen with D, face-to-face, September 2015)

This male Sinai survivor also saw the following:

> *After the women were raped the torturers burnt their genitals and poured boiling water on them. That was at the house of Abu Shaher. We stayed there for eight months without washing and we had lice and insects all over us. The smell is very difficult to bear. We just wanted to die. But even death would not come.* (Interview, Van Reisen with D, face-to-face, September 2015)

The same story is told by another young Sinai survivor, in his early twenties, a former health worker:

> *I have not spoken to anyone. I saw the women getting molten plastic burnt on their breasts and on their genitals. I saw rape. There was a married couple. They raped the wife in front of the husband every day. Asking for the money.* (Interview, Van Reisen with E, face-to-face, September 2015)

Rape also includes forced penetration by other hostages:

> *They forced the inmates to have sexual intercourse with the wife in front of the husband. It is very shameful. Especially for the women who are seen as a 'used' commodity. The husband and wife are no longer together. This was in Teame group.* (Interview, Kidane with E, face-to-face, September 2015)

> *I was in the torture house of Abu Omar. We were all tortured. Women were raped in front of us. They burnt their genitals.* (Interview, Kidane with A, face-to-face, September 2015)

The torturers often took drugs and this evoked sexual violence:

> *They come in high on hashish [any drug] and you know you are going to be raped. There is nothing you can do about it. And yes, they do make you call your family even then. You wish they'd beat you or starved you instead, anything is better than being raped by many men.* (Interview, Kidane with X, face-to-face, September 2015)

The women related the heinous practice of forcing hostages to have sexual intercourse with each other. It appears that this was done as a form of amusement for the traffickers. Y describes it as follows:

> *Yes of course I was sexually abused. I was raped many times by many men. In fact it was worse than that; they made, I mean, they forced my own brother to have intercourse with me... he is the only relative I have here, we live together, but that is*

something we have gone through... our family paid USD 50,000 all together for the two of us and now we are here. (Interview, Kidane with Y, face-to-face, September 2015)

In the interviews, some women spoke about hot liquid plastic being dripped on their genitals.

It is clear from the interviews that sexual violence involving men and boys is a big taboo and can hardly be discussed. In Hitsats, male Sinai survivors aged between 22 and 35 were interviewed (in 2015). It was clear from the conversations that these young men were concerned about their sexual health and reproductive capacity. From other conversations with Sinai survivors in Europe, we have understood that young men who had had their genitals burnt were no longer able to have an erection (Interview with U; anon., details with authors). This concern was expressed in an interview with a young male Sinai survivor who had been trained as a health worker; this man asked to see a medical doctor for an examination (Interview, Kidane with E, September 2015).

The Sinai survivors told us that talking about the Sinai and being identified as 'Sinai victims' was not something they welcomed. Being labelled as a Sinai survivor had many unfavourable consequences. Sinai women survivors were ostracised and their chance of finding a spouse greatly diminished. Talking about the issues also made them relive the events, which made them feel even more desperate. They said that they were talking to us because they wanted us to 'understand their situation' and the fact that they felt totally abandoned.

Serious injuries

Sinai survivors can be recognised by the severe scars on their backs and elsewhere (including their faces), which are caused by molten liquid plastic, cigarette burns and beatings. One of those interviewed (D) was held in several torture houses (he mentions the houses of Abu Omar, Khaled and Idris) before being sold to Yusuf where he was held with 10 people:

His [Yusuf's] specialty is hanging. From the arms or the feet and they bang you against the wall. They banged my head against the wall. I still suffer from serious headaches. I was there for two months. I did not pay as I had no money. (Interview, Van Reisen with D, face-to-face, September 2015)

Yusuf then sold him to Shaher:

We were still ten people – the same ten people as with Yusuf – very poor people who could not pay. This is where they burnt the soles of my feet. They were swollen and burst. All eight months I never washed. In Shaher's camp you are blindfolded and he burns the soles of your feet. And we were chained. You go with everyone to the toilet. (Interview, Van Reisen with D, face-to-face, September 2015)

After Shaher's place, D was what he calls 'stolen': "The guy torturing us sold us to Abu Abdellah; he is a teenager who inherited his father's trafficking business. He hung us" (Interview, Van Reisen with D, face-to-face, September 2015).

Severe trauma

Many of the Sinai survivors had physical and mental injuries, including broken and poorly-healed bones, deep scars, and broken teeth, among other things. In addition to these, many had sleeping and eating difficulties that troubled them. Many worried about their future health. A recurring theme was concern over their ability to have a relationship and children. It was as if they no longer understood or trusted their own bodies, particularly what might be in store for them as a consequence of the long-term impact of their traumatic experiences. One Sinai survivor, who believed he was treated more brutally than other hostages because he was punished for leaving Eritrea after refusing to follow orders from the hierarchy, explains one of the ways in which he was tortured:

They broke my fingers and the palm of my hand. They hit me until I fainted. They used to ride a motorbike over my body from top to toe and vice versa. I could not feel

my body, it was numb. (Interview Mirjam Van Reisen with S2, face-to-face, September 2015)

Fortunately, S2 received treatment. Others, like M, were left for dead in the Sinai:

I was beaten. I knew no-one could pay. I thought I would die and that this would make it quicker. I knew I was going to die. I thought I would run and they would shoot me and then I would be dead. They caught me and they burnt me alive. They thought I was dead. My parents were told that I had died. They left me for dead in the desert. (Interview, Van Reisen with M, face-to-face, September 2015)

She was found and made it out of the Sinai to Ethiopia with the help of others, but still suffers severe difficulties as a result of her injuries.

Also of concern are the constant flashbacks and nightmares that torment Sinai survivors. Reminders of their traumatic experiences are literally everywhere. For P2 it is the sound of motorbikes. A few kilometres from Hitsats camp is the rural township of Hitsats, which has bustling shops, restaurants, cafes and bars. Many refugees spend part of their days there and there is a group of motorbike owners who taxi people back and forth from the camp to the town for a modest fee. For everyone else in the camp the engine noise reminds them of good times spent away from the dusty camp socialising, shopping or catching up with local and international news. For P2 the opposite is true:

In the Sinai our captors used motorbikes a lot – to bring us the little food we got or when they came to torment us. The sound of an approaching motorbike was the sound of impending horror. The guys come in shouting at the top of their voices and kicking anything in front of them, sending anything – the chains we were tied in, any pots and plates from previous days, anything at all – clanging across the room. Then the first person to be kicked or slapped starts screaming and we are all tense. Even when they came to bring us food the routine was the same, so much so that I sometimes wished for no food so they didn't have an excuse to come. But they came,

every day and always their arrival was preceded by the motorbike engine noise that told us what was coming and sent us all into a state of panic and anguish. And now every time I hear those retched motorbikes I go through all that. Particularly in the early mornings when I am in bed having finally fallen asleep and I wake up to that noise, disoriented and feeling that I have somehow ended up back in the Sinai. (Interview, Kidane with P2, face-to-face, July 2015)

The other recurring theme was difficulty sleeping. Nearly every survivor interviewed said the night time, when everyone else in their room or tent was asleep, was the worst time for them. D talked about it this way:

There is no sleep, I hardly sleep: when you lie in bed you first start thinking about everything that has happened to you. Your journey, the pain, the hardship, everything comes to you. Sometimes it is individual incidences, but often it is a mixture of things. Then you start thinking about your family and friends who rescued you, how much debt they incurred, what hardship they are going through, how stressed they must be right now. It is so exhausting you begin to fall asleep exhausted and then the dreams and nightmares begin and you wake up as a result. These are my nights. It is the time when I start to look at pictures on my phone [...]. (Interview, Kidane with D, face-to-face, September 2015)

Difficulties associated with food and eating are also common, and such difficulties are visible in the physique of the survivors. Many appear severely underweight and pale. Indeed, during our times together some did not even want to take the snacks and soft drinks on offer. D is one of those and perhaps one of the most visibly underweight. He struggles with the sight and smell of food. He explained this saying:

...I was chained in the middle between two of my best friends. We travelled together and were mostly tortured together until they both died, but they never took their bodies away for many days. Maybe they weren't quite dead for some of the time, but their bodies were rotting and full of maggots. And when they were throwing our food at us (their way of food distribution), I had to pick some of it off their rotting body

because I was so hungry. The sensation and smell will never leave me. If I eat or drink I find it very difficult to digest food and only get relieved if I vomit. The smell of food and the smell of rotting bodies go together for me. I can't eat. At night I worry that one day I will end it all and kill myself, but that is against my religion, it's the worst thing you can do in our faith. I once begged my friends to get rid of the rat poison we had as I was too scared I would take it in a desperate state. (Interview, Kidane with D, face-to-face, September 2015)

A similar sense of despair comes across in the story of X2 and P2, who were together throughout their ordeal from Kassala to the Sinai and now in the refugee camp:

My feet are burnt and beaten up. There were maggots coming out of my feet and legs. What is there left about my life? I buried my brother in the sand. Everybody wants us to talk, but it comes at a great cost. Everyone with power and money has left and we are here with just nothing. We are asked to campaign against trafficking, but no-one does anything for us. (Interview, Van Reisen with X2 & P2, face-to-face, September 2015)

The severe trauma experienced by Sinai survivors can lead to a sense of deep desperation:

There is no-one to support me. I can't do any work. I can't smell food. I was with dead bodies for five days. (Interview, Van Reisen with D, face-to-face, September 2015)

Several Sinai survivors explained in the interviews that they have severe problems sleeping (Interview, Van Reisen with FE, B, D, F, and M, face-to-face, September 2015) as a result of flashbacks, their injuries and nightmares. Another factor that aggravates their stress is the amount of debt incurred by their family in the payment of the ransom to free them:

You think of the debts your parents have carried and you cannot sleep. After laying awake you get tired, but then you are kept awake because of the injuries, which still

hurt. Even if after all that you fall asleep, then you wake up with nightmares and flashbacks. (Interview, Van Reisen with M, face-to-face, September 2015)

Another Sinai survivor told:

I have dreams – nightmares – sleep is very difficult. The heat does not help. Being alone is very difficult. You start to think and everything comes back. (Interview, Van Reisen with E, face-to-face, September 2015)

There is also a clear understanding among survivors that what they need is support: "I need to get treatment. I don't know what is wrong with me. I don't trust myself. I have been away for six years. I don't know what to do with my despair" (Interview, Van Reisen with D, face-to-face, September 2015).

In a later follow up interview, D again expressed his frustration with the lack of support: "Time is running out for us. We are approaching our thirties. We need to get on with things" (Interview, Van Reisen with D, face-to-face, September 2015).

These concerns are aggravated by worries about family and future: "You worry about family. I wait for a better life. I could have made something of myself. I have to be patient" (Interview, Kidane with E, face-to-face, September 2015).

For Sinai survivors, support systems are often not available:

There is the physical pain, my knee and head injuries. I have asked for assistance, but they only give pain killers. When it is warm, my head really hurts. You only get to see the medical assistants when you go to the ARRA clinic and they can refer you to MSF [Medecins Sans Frontieres]. You need to be referred. (Interview, Van Reisen with A, face-to-face, September 2015)

The impact of the trafficking and the large debts incurred increase the pressure on the Sinai survivors. Some of them have not spoken to their families due to the embarrassment and desperation they feel. They feel powerless, as described by one survivor:

The ransom I was asked to pay was USD 30,000 and my mother became a beggar on the street. Two of my sisters have died because of the pressure. I have not seen my mother since. My first priority is to get out of here (the refugee camp). My first objective is to help my mother. I want to compensate her. My two children (11 and 15-years old) remained behind in Asmara and are with my mother. I lost touch with my husband. (Interview, Van Reisen with S, face-to-face, September 2015)

In one instance we were told that the desperation resulted in suicide; from conversations it would seem that there may be more incidences of suicide among Sinai survivors. In Ethiopia, the following story was told by other members of the community in the camp:

One refugee came through the Sinai and she had a child there which she took through the Israeli borders. There she was shot and the child (K) was shot from the back. The child was severely wounded and stayed one year in hospital in Israel. Later in (X) it seemed that she was doing fine but then she committed suicide. The boy, seven-years old, is now living with some relatives. The father is still in Israel. The child saw the mother hang herself. (Interview, Van Reisen with E2, face-to-face, September 2015)

The trauma suffered by these very young children is another reason for concern. Another similar incident of a child tortured at very young age is described in Van Reisen *et al.*, 2014.

Abandonment

The sense of being abandoned was not confined to the refugees in Shemelba. In fact, at least in Shemelba there is a sense of community, as there is a large number of Sinai survivors, as well as the knowledge that there are others who are worse off (the severely mentally ill).

One of the refugee camp is home to women who were badly tortured. One of them was dumped by the traffickers as they thought

she was dead. Her parents were duly informed of her death, but then she recovered (after some weeks). Today she lives in the camp with all her physical and emotional scars. She is angry and disappointed that no one cares. Everyone has heard her story, but she feels no one cares enough to do something to help her settle or heal. She told us:

> *Look at me, look at my scars, look at the soles of my feet! I have told my story so many times that I feel like everyone knows my story, but with the exception of a charitable Ethiopian man who took me to Mekele for some treatment, no one has done anything to help me. I am one of the ones who suffered the most, but no one cares, no one wants to help me. My suffering continues, there is no end [...].* (Interview, Kidane with Z2, face-to-face, September 2015)

The scars and other visible marks borne by Sinai survivors have a huge impact on their confidence and sense of self-worth. This was particularly the case with a group of very young and extremely isolated survivors. One of the young men had a younger nephew with him in the Sinai who had died while being tortured. He had to bury his nephew there and is still traumatised by the loss. He feels responsible for his nephew's death. The four young Sinai survivors we met live together at the edge of the camp away from everyone else. C2 told us: "The hyenas are our neighbours, no one else lives near where we do. We are awake most of the night and so we step outside and can hear them nearby" (Interview, Kidane with C2, face-to-face, September 2015).

They showed us all the scars, the disabilities and deformities they have; a badly mutilated right ear, a severely broken and deformed left wrist. Many deep scars on their feet, broken teeth, a missing finger – it was a long list of disfigurement. Aside from the physical pain and discomfort these injuries cause, they have also caused them to lose confidence and to isolate themselves from others. As they were showing us their scars, C2 added:

> *We are very bad at looking after ourselves and we finish our rations so quickly because we can't cook properly, so sometimes it is days before we eat proper food. We*

could go to the restaurants in camp at least some of the time, but we don't think about that. We are only comfortable in each other's company. (Interview, Kidane with C2, face-to-face, September 2015)

Another young man had severe hand injuries from being hanged and hearing loss caused by inner ear damage. He had undergone two hand operations in Addis Ababa, arranged by ARRA, which shows that in some instances ARRA does give meaningful support.

The Sinai survivors all complained about what is defined as 'vulnerable' by the Office of the United Nations High Commissioner for Refugees (UNHCR), because somehow they are not included in that definition, despite the fact that they are in need of support and resettlement. Being exhausted from the trauma and the frustration, some of them give up. W2, who was almost dead when he arrived in Hitsats, according to his fellow Sinai survivors, narrates: "I have not asked for resettlement. I went but they did not have any compassion. I feel the psychological impact on my parents. I have destroyed them. I haven't spoken to anyone" (Interview, Van Reisen with W2, face-to-face, September 2015).

The feeling of abandonment is aggravated by the perception that the intake process in the camp does not recognise the experiences and trauma of Sinai survivors and that they are not recognised as a vulnerable group who are in need of special care, treatment and resettlement. One of the Sinai survivors found out that his file with UNHCR had gone missing, even after he had related his experience to the UNHCR officer. There is no proper intake for them as torture survivors and their invisible wounds are overlooked. The special status of Sinai survivors needs to be recognised and listed to ensure that they are eligible for resettlement.

Conclusion

This chapter examines the trauma resulting from the torture associated with human trafficking for ransom in the Sinai in the period 2008–2015. The research was carried out with Sinai survivors residing in the Ethiopian refugee camps near the Eritrean border in 2015 and 2016. An inventory list was prepared of torture practices recorded in publications on Sinai trafficking and completed with new evidence collected for this chapter. During field visits to the refugee camps in Ethiopia in 2015, an IES-R test was administered to 35 Sinai survivors living in the camps. The test was carried out by Selam Kidane, a trained psycho-therapist, in Tigrinya. In four consecutive field visits in 2015 and 2016, interviews were carried out with the Sinai survivors and contact was maintained throughout the two years with contact persons. The interviews were analysed to further substantiate the areas of trauma examined for this chapter.

Finally, a medical doctor carried out medical examinations of Sinai survivors in Shemelba camp (ARRA office) in 2016. This was important to further establish the extent of the trauma experienced by survivors, both physical and mental. A format was created for the consultations, based on knowledge of the torture practices that had been inventorised previously. The consultations followed this systematic format. The doctor recorded his consultations with 28 Sinai survivors. Given the private nature of the consultations with the medical doctor, who was Tigrinya speaking, more testimonies of severe sexual violence came to light, including pertaining to male torture victims, and additional torture practices were inventorised. The victims were given some advice and prescriptions to help alleviate the worst of the symptoms.

Overall, the conclusion is that the extent of the torture in the Sinai has been underestimated. The extent of the impact of the torture on the survivors has not yet been given systematic attention. Given the number of Sinai survivors (estimated as 15,000–25,000 in 2013), a systematic approach is needed to trace these survivors,

examine the level of their trauma and develop the necessary tools to help alleviate the impact of the torture.

The sense of abandonment among Sinai survivors is extensive. There is a sense that no justice has been done and that this is now largely a forgotten issue. For those who are Sinai survivors, this remains very much a present issue that dominates their lives and they are living daily with the consequences. This chapter is a first attempt to inventorise the torture practices that took place in Sinai and document the impact that they have had. It is hoped that this will serve to develop and improve treatment for the Sinai survivors, who are now residing in many places in the world. It is also hoped that this help ensures that Sinai survivors are not forgotten and that justice is sought.

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