



SUPPORTING SURVIVAL

**A toolkit for working with refugee survivors of
torture and torturous violence**

Lancaster
University 

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How to use

This card set is part of a toolkit that aims to support a broader understanding of torture and torturous violence.

It can be used as a tool for information sharing, myth-busting, supporting survivors, and encouraging positive practice for people training as practitioners and working with refugee groups and/or survivors of torture and violence.

This is not a certified training kit and should not be used independently as such.



Research, design and methods

This card set has been designed and developed by Victoria Canning, Professor of Criminology, Lancaster University (UK) in collaboration with the Danish Institute Against Torture.

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How to use

There are four main colour-coded themes for this card set: definitions; surviving violence; barriers to support; and embedding positive practice.

These relate to key issues that have been identified by survivors and practitioners, as well as drawing information from relevant legal conventions and academic reports.

Each can be read individually or in small groups and aim to both inform and spark discussion. Three sections include a 'Reflection Card' to add participant perspectives on support.

Further information and references can be found in the accompanying manual.



Trauma informed practice

This toolkit aims to encourage understanding about key aspects of torture and torturous violence, including surviving violence and accessing support.

The card set and accompanying manual should therefore be approached with sensitivity. Everyone who engages with this process should do so on their own terms.

Some tips for best practice include:

Asking people if they wish to take part;

Acknowledging cultural diversities when approaching sensitive topics;

Ensuring participants are aware that sensitive topics are included in this toolkit before beginning discussions or reading;

Informing participants they can withdraw from discussion or reading at any point;

A debriefing session by a facilitator can ensure any issues which are impactful or unresolved can be discussed after any workshops or information sessions.



Embedding positive practice

It can be daunting to disclose experiences of violence, especially if someone does not know if other people will be informed.

Always assure confidentiality, and make sure interpreters do so also. If information will be passed on to other practitioners, it is good practice to explain why it is necessary or beneficial.



Embedding positive practice

Create positive surroundings if you can: where possible, avoid clutter, and ensure rooms have windows as some people may have been exposed to sensory deprivation or solitary confinement.

Try to make sure items that may look like devices for pain infliction (such as bicycle hood helmets, loose wires) are not visible.



Embedding positive practice

Sexualised violence can erode a person's sense of sexual self and autonomy. It can be useful to separate the idea of 'sex' from sexualised violence as an abuse of power when discussing, so the distinction can be made clear.



Embedding positive practice

Become familiar with your own avoidance strategies and what kinds of stories and accounts push your own limits. If working directly with survivors, it is important to prepare for hearing painful and sometimes very difficult accounts.

Familiarise yourself with literature and accounts that detail these, such as reading or listening to texts which describe violence. If doing this, always make sure a mentor or support service is available in case of negative impacts on yourself.



Embedding positive practice

Normalise that you know it is difficult to talk about torture by emphasising that, although each experience is individual to the person, other people have also had similar experiences of people inflicting violence and torture on them.



Embedding positive practice

Keep eye contact if culturally appropriate. It is important to demonstrate engagement in the person's perspective, and to remain present in the session. For some cultures, this may be perceived as rude or intrusive, so make sure to communicate that you will do so as a means of paying attention and ask if this is OK.



Embedding positive practice

Be well prepared and have a knowledge of the person's country of origin background if you can, as this may act as a useful ice breaker.



Embedding positive practice

Value good and expressive interpreters. People may gain trust knowing an interpreter works only with this organisation or, if not, is still contractually obliged to uphold confidentiality.

Some survivors may have a distrust of people, including from their own region or country of origin. Consider this when assigning an interpreter or if you are an interpreter yourself, reiterate confidentiality, safety and security of information at every session.



Embedding positive practice

Always be aware of what you are expressing and address issues if you feel you have expressed emotions such as shock or discomfort.

It is OK to say something was horrible, for example, and it is OK to agree with the client if they say so.



Embedding positive practice

Language and terminology are constantly changing – it's OK to say a 'wrong' word and reflect on changes going forward.



Embedding positive practice

There is no shortcut to expertise, so don't compare yourself to others.

Many practitioners have spent a lifetime honing skills – don't feel you have to rush.



Embedding positive practice

People seeking asylum or with refugee status often have complex lives. It is not unusual for appointments to be cancelled or people to disengage.

Patience can be difficult but is important. It may be worth exploring any issues that contribute to cancellations if it feels appropriate to do so.



Embedding positive practice

You will hear many difficult stories in real time. Take your time to react and respond – sometimes pauses seem much longer than they really are, so don't be afraid to take them.

Reactions from survivors can sometimes be unpredictable – remember that reaction is often a response to trauma.



Embedding positive practice

Working with survivors of torture and torturous violence is a complex job. Everyone will make mistakes sometimes, and remember there will be times where sensitive issues will be discussed.

Centralise balance: yourself, your space and your intervention.



Embedding positive practice

Nobody can fix everyone's problems or symptoms.

Acknowledge that everyone has limits - sometimes your best is more than good enough.



Embedding positive practice

Vicarious trauma is a process of change resulting from empathetic engagement with trauma survivors.

Remember that it is real and can be experienced by practitioners at all levels – don't be afraid to speak to a colleague or mentor if you feel you are affected by exposure to trauma details.



Reflection Card

From your own perspective, what further experiences or examples of positive practice can you think of?



Definitions: Torture 1 of 4

An act (or omission) causing severe physical or mental pain to the victim.

**Convention against Torture and Other
Cruel, Inhuman or Degrading
Treatment or Punishment, 1984**



Definitions: Torture 2 of 4

The act must be intentional (not an accident or mistake).

Convention against Torture and Other
Cruel, Inhuman or Degrading
Treatment or Punishment, 1984



Definitions: Torture 3 of 4

It must be committed
by a public official's
consent or
encouragement when
acting in official
capacity (including
failure to report).

**Convention against Torture and Other
Cruel, Inhuman or Degrading
Treatment or Punishment, 1984**



Definitions: Torture 4 of 4

It must be committed
for a specific purpose
– to obtain
information or a
confession, to punish,
intimidate or coerce
the victim or a third
party.

**Convention against Torture and Other
Cruel, Inhuman or Degrading
Treatment or Punishment, 1984**



Definitions:
'clean' torture

'Clean' torture, or 'torture by stealth', is deliberately devised to be difficult to evidence. It usually involves electrotorture and/or stress positions and can include, for example, *falaka/falanga* (beating on the soles of the feet).

It can be difficult to detect in medicolegal examinations, so makes proving torture in asylum claims or in prosecution cases very complex.



**Definitions:
torturous violence**

Torturous violence is sustained, psychologically impactful and harms to the same or similar extent as violence which is legally recognised as torture.

It can be enabled by coercive control, marital rights, relative powerlessness between perpetrator(s) and victim/survivor(s), and on structurally violent familial or cultural norms.



Definitions:
physical torture

Physical torture is aimed at the body with the intent of inflicting pain, often in a sustained manner.

This can include, but is not limited to, repeated beating; burning with cigarettes; use of stun guns and electric shocks; driving of pegs into organs; stretching of limbs; forced stress positions; waterboarding.



**Definitions:
psychological torture**

Psychological and/or emotional torture relates to the methods and effects of non-physical torture.

This can include, but is not limited to, sleep deprivation; prolonged isolation; constant exposure to loud noises in confinement; forced witnessing of abuse, killing or violence; mock executions and sensory deprivation.



**Definitions:
sexualised violence**

Sexualised violence, torture and torturous violence embeds forms of sexual humiliation into physical and psychological abuse. This can include vaginal rape; multiple perpetrator rape; oral or anal rape; burning, cutting or beating of genitals; forced nudity; threats of a sexualised nature.

Sexualised violence can have forms of shame and stigma that are specific to the nature of abuse, which can add layers of silencing into discussing or addressing such violence.



Definitions: impacts 1 of 3

Physical impacts of torture and torturous violence can include:

Abdominal, arm or back pain; bleeding from orifice; breathing difficulties; burning sensation; chest pain; coldness; constipation; coughing; diarrhoea; disfiguration; dizziness; facial pain; foot or hand pain; headache; hearing difficulties; heart palpitations; incontinence; indigestion; leg pain; menstruation problems; muscle pain or wasting.



Definitions: impacts 2 of 3

Physical impacts of torture and torturous violence can include:

Joint and bone pain; muscle weakness; nausea; neck pain; numbness; acute, chronic, neuropathic, or psychogenic pain; posture and balance problems; reproduction difficulties; sexual problems; shoulder pain; skin infections; sweating; swelling; tinnitus; ulcer of skin; urge to urinate; urinating difficulties; vision difficulties; vomiting; weight loss.



Definitions: impacts 3 of 3

Emotional and psychological impacts of torture and torturous violence can include:

Anger; anxiety; cognitive problems; depersonalisation; depression; Disorders of Extreme Stress Not Otherwise Specified; dissociation; flashback; guilt; hyper-vigilance; intrusive memories; loss of appetite, energy and/or interest over-alertness; Post Traumatic Stress Disorder [PTSD]; sense of a limited future; shame; sleeping difficulties; somatisation; substance dependence; tics; tiredness.



Definitions:
non-refoulement

Refugees and people seeking asylum who are deemed at risk of torture should not be subject to return.

Article 3.1. of the Convention Against torture states:

No State Party shall expel, return ("refouler") or extradite a person to another State where there are substantial grounds for believing that he would be in danger of being subjected to torture.



Surviving violence

It is not unusual to feel a mix of emotions in the aftermath of experiencing violence. That can include guilt or shame. Remember that violence is the responsibility of the perpetrator, not victims and survivors, as this may help a little in dealing with these complex feelings.



Surviving violence

Surviving violence can feel lonely, but you are not alone in experiencing violence or trauma.



Surviving violence

Sometimes pain lingers on the body after exposure to violence or other trauma.

Don't be afraid to speak with a medical practitioner, counsellor, or psychologist about this – it may feel difficult to discuss, but disclosing to someone in confidence can be a first step to longer term support.



Surviving violence

Some days are easier to think about or discuss trauma than others – it is OK to speak about it only when you are ready or want to.



Surviving violence

Surviving violence or other trauma can affect how safe we feel in many ways.

Feeling unsafe can be a normal reaction to these experiences.



Surviving violence

It can be scary to ask for support, but it is always OK to seek help if and when you might need to.



Surviving violence

If you are seeking asylum or have refugee status, it is OK to want to avoid thinking about the past.

However, some memories or thoughts may still come up when you least expect them – that is a normal experience. If it causes stress or problems, don't be afraid to seek support.



Surviving violence

If you are still experiencing violence, having a support system helps in many ways. Even if you feel like you are scared to speak to family or friends, there are many organisations out there that can support you.

Check online for domestic or sexual violence support services in your area – some of these have anonymous helplines that focus on getting to safety and starting over after abuse.



Reflection Card

From your own perspective, what further ideas or suggestions do you think are important for surviving the impacts of violence?



Barriers to support

Impacts of asylum systems

Asylum systems can make it difficult for survivors to access support in the aftermath of torture, violence or trauma (or all three).

People may be moved away with little notice. The threat of detention or deportation may mean focus is on the immediate future. There may be a lack of information about available support, or lack of funding to attend. All such issues can affect people's short or long term wellbeing, depending on the length of time a person is in the asylum system.



Barriers to support

Refugee 'move on' period

It is normal for people who gain refugee or protected status to want to build new lives. This can mean wanting to leave traumatic memories behind if possible.

While this can have benefits for some people, others may find that repressed memories can induce problems associated with post-traumatic stress disorder in the medium or long-term.

Some people may not wish to engage in support but it is good to be aware of what services are available if impacts become more difficult to deal with.



Barriers to support

Uncertainty for the future

Some host countries have limited the length of settled status for refugees, which can impact in continuing with support services.

It is useful for everyone to know if changes are expected, for example if a government declares a country as 'safe' for return, as this can be disruptive to a survivor's sense of safety and so extra support can be helpful. Remember some asylum claims are specific to the threat of individual persecution regardless of whether the country of origin is deemed safe or not.



Barriers to support

Adequate funding for support

Many organisations working with refugee groups and/or survivors of torture, torturous or sexualised violence receive limited funding.

It is useful for all organisations to have network information or signposting to other specialist services if they are available.

It can also mean that there are long waiting times for some services, so knowing this can support survivors to understand what timeframes to expect.



Barriers to support

Fear of being labelled

For some, being labelled as a victim can be disempowering. It is also a rational fear to consider that a label which relates to negative experiences can be seen as defining of the whole person.

Discussing the use of victim or survivor as terms can be a helpful way to reframe this. It can be worth assuring that violence or abuse is the responsibility of the perpetrator, and not the person who has survived it.



Barriers to support

Impacts of negative memories

It is common for survivors of torture, torturous and/or sexualised violence to want to avoid invasive or negative memories.

For this reason, practitioners and researchers should ensure participation in support or research is mutually agreed and that people can pause or withdraw if needed.



Barriers to support

Potential lack of trust

Experiencing violence can diminish trust in people. This can include border police, interviewers, practitioners, interpreters or friends and family.

Building trust takes time. Ensuring confidentiality, if applicable, and creating space for conversation or treatment is a positive step toward trust building. Debriefing with interpreters to ensure confidentiality is also important to do, and assure survivors that this is happening.



Barriers to support

Forms of silencing

There are many forms of silencing that can affect how survivors and/or practitioners address violence.

Social silencing relates to shame and stigma, particularly in relation to sexualised torture and sexually torturous violence. Survivor self-silencing can relate to a lack of trust or avoidance of painful memories. Practitioner self-silencing is a means to avoid retraumatisation for the survivor.



Barriers to support

Memory and disclosure

Trauma can impact memory in multiple ways. There can be gaps in memory, and memory is not always chronological or in the correct order.

This is important for survivors to be aware of as it can be confusing or disorientating.

It is also important for people assessing trauma or asylum claims as memories do not always match linear timelines for survivors recounting torture or violence.



Barriers to support

Use of language

It can be very difficult to disclose surviving torture, torturous or sexualised violence. Disclosure may not entail a whole narrative of the experiences.

Use of language to disclose violence can also be ambiguous. Terms such as 'torture' or 'rape' are sometimes deliberately avoided by survivors but may still have taken place. Indications of pain infliction or unwanted touching may be set in cultural terms that can be explored further if trust is built over time.



Reflection Card

What further barriers to support do you think are important to note that haven't been included already?
How might these be overcome?

