

## How to use

This card set is part of a toolkit which 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.

The research on which this toolkit is based has been developed over a 12-year period. Funding has been provided by Liverpool John Moores University, the UKRI Economic and Social Research Council, and the British Academy.

This toolkit has been funded by the UKRI Arts and Humanities Research Council and printed by Calverts Cooperative.



## 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 report.



# 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 report 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 that 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.



Arts and  
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Research Council

## **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.





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### **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 which may look like devices for pain infliction (such as bicycle hood helmets, loose wires) are not visible.





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### **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 when discussing abuse so the distinction can be made clear.





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## **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 or painful and sometime horrifying 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.





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## **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.





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### **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.





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## **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 an ice breaker.





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## **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, so consider this when assigning an interpreter or if you are an interpreter yourself, reiterate confidentiality, safety and security of information at every session.





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## **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.





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## **Embedding positive practice**

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





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## 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.





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## **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. Remember that cancellations or 'no shows' are not a reflection on the quality of your practice.





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## **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 can sometimes be unpredictable – remember that reaction is often a response to trauma.





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## **Embedding positive practice**

Working with survivors of 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.





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## **Embedding positive practice**

Nobody can fix everyone's problems or symptoms.

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





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## **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.





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## Reflection Card

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





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## Definitions: Torture 1

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





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## Definitions: Torture 2

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

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





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### Definitions: Torture 3

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





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## Definitions: Torture 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





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**Definitions: no  
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.





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### **Definitions: torturous violence**

Torturous violence is sustained, psychologically impactful and harms to the same or similar extent as violence which is definably 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. See the accompanying booklet for further explanation.





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### **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.





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### **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; excessive deprivation of sunlight; prolonged isolation; constant exposure to loud noises in confinement; forced witnessing of abuse, killing or violence; mock executions and sensory deprivation. The impacts can be long term, and may manifest psychologically, somatically or even physically.





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## **Definitions: sexualised violence**

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

Sexualised violence can have forms of shame and stigma which are specific to the nature of abuse, which can add layers of silencing into discussing or addressing such torture or torturous violence. Potential impacts, including pregnancy for women survivors, can also induce physical and psychological trauma and/or stigma.





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## **Definitions: impacts no. 1**

Physical impacts of torture and torturous violence can include:

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





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## Definitions: impacts no. 2

Physical impacts of torture and torturous violence can include:

Joint and bone pain, muscle weakness, nausea, neck pain, numbness, pain [acute], pain [chronic], pain [neuropathic], pain [psychogenic], 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, whole body pain.





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### Definitions: impacts no. 3

Emotional and psychological of torture and torturous violence can include:

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





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## 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.

This is an important and often overlooked form of torture when it comes to asylum claims, and for medical practitioners who may not be able to identify any obvious scars or bodily evidence.





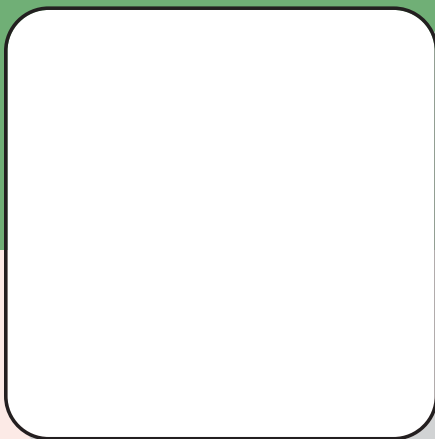
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## Surviving violence





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## Surviving violence

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





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## Surviving violence

Sometimes pain lingers on the body after exposure to trauma. Don't be afraid to speak with your GP or a counsellor or psychologist about this – no matter how sensitive it may be for you, practitioners will always have heard similar issues before and should not judge.





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## 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.





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## Surviving violence

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

Feeling unsafe can be a normal reaction to earlier experiences.





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## 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.





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## 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.





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### Reflection Card

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





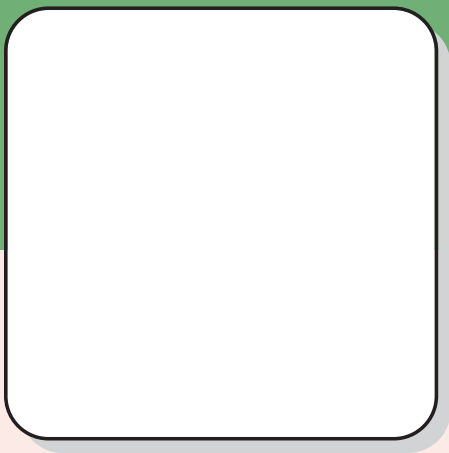
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## Surviving violence





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## 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 what support is available, or lack of funding to attend. All such issues can affect people short or long term, depending on the length of time a person is in the asylum system.





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## 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 always good to be aware of what services are available if memories or other physical impacts become more difficult to deal with.





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## Barriers to support

### Uncertainty for the future

As some host countries have limited the length of settled status for refugees, changes in country-of-origin approaches can be impactful for people with refugee status engaged in support services.

It is useful for both survivors and practitioners to know if changes are expected, for example if governments declare states as 'safe' for return, as this can be disruptive to survivor's sense of safety and so extra support can be helpful. It is also worth noting that some asylum claims are specific to threat of individual persecution regardless of whether the country of origin is deemed safe or not.





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## **Barriers to support**

### **Adequate funding for support**

Many organisations working with refugee groups and/or survivors of torture or torturous violence receive limited funding or can be affected by unexpected funding reductions.

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 may be expected.





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## Barriers to support

### Fear of being labelled

For some survivors of violence, 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 ourselves that violence or abuse is the responsibility of the perpetrator, and not the person who has survived it.





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## Barriers to support

### **Impacts of negative memories**

It is normal for survivors of torture and torturous 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.





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## 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 time and space for conversation or treatment is a positive step toward trust building. Debriefing with interpreters to ensure confidentiality is also important to do (and for survivors to know this is happening as a form of assurance).





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## Barriers to support

### Forms of silencing

There are many forms of silencing which 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. All can create barriers to disclosure or advancing survival strategies, which may be alleviated by ensuring enough time, capacity and trust building.





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## 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 sequence. Time does not always appear in linear order in relation to traumatic memories.

This is important for survivors to be aware of, as non-linear memory 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.





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## Reflection Card

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





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## Barriers to support

### **Use of language to describe torture, trauma and violence**

It can be very difficult to disclose surviving torture or sexualised torture and violence. Disclosure may not entail a whole narrative of the experience(s).

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 which can be explored further if trust is built over time.





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