

# SUPPORTING SURVIVAL



## A TOOLKIT FOR WORKING WITH REFUGEE SURVIVORS OF TORTURE AND TORTUROUS VIOLENCE



**SUPPORTING  
SURVIVAL**

**Victoria  
Canning**

In collaboration with

**The Danish  
Institute  
Against  
Torture**

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# Introduction



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The nature of torture and torturous violence works to try and break people down, meaning survivors can experience stigma or shame. At the same time, practitioners who work with refugee populations are often confronted with the impacts of such violence without information on the subject. The *Supporting Survival* Toolkit bridges these gaps between survivor experiences, information sharing and embedding positive practice.

This card set and accompanying manual can be used for information sharing, myth-busting, and encouraging positive practice for people working with refugee groups and/or survivors of torture and torturous violence. It is not intended as a training manual, and should not replace formal training, but offers a reflexive and participatory way of discussing many socially silenced aspects of violence.

## The toolkit aims to support survivors, students and practitioners with the following:

### Understanding torture and torturous violence

Exploring definitions, forms and impacts of violence



### Exploring survival practices

Having insight into ways that people survive in the aftermath of torture and torturous violence



### Highlighting barriers to support

Understanding social and personal barriers to accessing support



### Building positive practice

Learning from leading practitioners



# Projects and methods



## Background to the ‘Supporting Survival’ toolkit

Understanding torture and torturous violence and its impacts on survivors and families or communities is complex. *Supporting Survival* aims to provide an accessible way of understanding important aspects of the process of surviving violence.

This toolkit has been designed and developed by Victoria Canning, Professor of Criminology, Lancaster University (UK) in collaboration with the Danish Institute Against Torture. For further information on methods and a deeper discussion on definitions and research findings, please see Canning, V. (2023), *Torture and Torturous Violence: Transcending Definitions of Torture*, Bristol: Bristol University Press.

## Projects and funding

The research on which this toolkit is based has been developed over a 12-year period, between 2013-2025. Four collaborative projects have been undertaken and funded by Liverpool John Moores University, the UKRI Economic and Social Research Council, the British Academy, and the UKRI Arts and Humanities Research Council. The toolkit (card set and manual) is printed by Calverts Cooperative. **Please note:** this is a toolkit for reflexive learning - **only qualified practitioners should engage in formal practice.**

## Methods used to inform practice

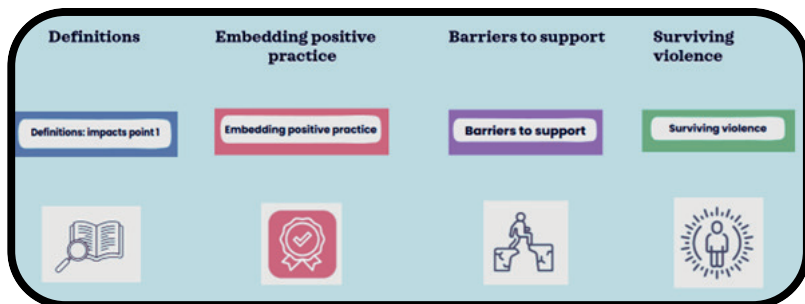
- **Interviews: 113 interviews** were undertaken with practitioners across the **4 projects** including psychologists, social workers, physiotherapists, interpreters, immigration detention officers, and chief executives of non-governmental organisations.
- **Oral histories: 6 oral histories** with survivors of torture and torturous violence: Antonia, Asma, Faiza, Jazmine, Mahira, Nour.
- **Ideation workshops: 5 workshops** were held to generate ideas for best practice within 2 projects. As these were practice focused, 4 of these were with practitioners, and 1 with survivors.
- **Activist participation: more than 500 hours of activist participation** with refugee rights organisations has informed the section on ‘*Barriers to Support*’.

# Using the toolkit

The card set has 52 cards and has been divided into four main colour-coded themes (plus two information cards) :

- *Definitions* is a section which outlines some key terms and relevant conventions that may be useful for survivors, students and practitioners for understanding complex terms and issues;
- *Surviving violence* draws from survivor and practitioner perspectives about aspects of survival journeys;
- *Barriers to support* identifies issues that can get in the way of accessing support;
- *Embedding positive practice* outlines suggestions from leading practitioners such as psychologists, medical doctors, physiotherapists and counsellors who work with survivors of torture and torturous violence. This is the main audience this section has been developed for.

The sections have been designed to highlight key issues that have been identified by survivors and practitioners, and embed information from relevant legal conventions and academic and NGO reports. Each card can be read individually or in small groups. They aim to both inform and spark discussion. Three sections include a 'Reflection Card' to add participant perspectives on support. It may be useful to keep a notepad handy to write down any important reflections.



## Trauma informed practice

The card set and accompanying manual should 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 may be discussed after any workshops or information sessions.

It is good practice to ensure local or regional information on support services is available for survivors or affected families/friends. Do not feel you have to read or discuss any topics that you are not comfortable with.



# Card section 1: Definitions



## Torture and Torturous Violence

### Outline

This section of the card set combines relevant legal definitions, such as torture and non-refoulement, with explanations of forms and types of violence and their impacts. This includes physical, psychological, and sexualised torture and violence, and so addresses important but sensitive issues and experiences. Keep this in mind when reading, facilitating or discussing these cards and refer back to 'Trauma Informed Practice' on Page 3 if needed.

**Torture:** The most referenced definition of torture in torture legislation, texts, torture support organisations and in interview narratives is the 1984 United Nations Convention against Torture, and Other Cruel, Inhuman and Degrading Treatment and Punishment (UNCAT). The cards outline the four key facets of UNCAT, and you can read the Convention here:  
<https://www.ohchr.org/en/instruments-mechanisms/instruments/convention-against-torture-and-other-cruel-inhuman-or-degrading>

**Torturous violence** is broader in definition than torture. It 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.
- It may take place in familial, community or interpersonal relationships.
- Torturous violence may be the continuous subjection to sustained violence over a period of months or years or one sustained violation by an individual or group which has deep and long lasting psychological or psychosocial impacts on the survivor.
- Individuals may be subject to torturous violence at different intersections of their lives, in varying places or spaces, and with different forms of infliction by different people or social actors. This element is relevant to those living in abusive familial settings, in conflict, during flight from conflict or persecution, or when seeking asylum or safety (see Canning, 2023: 62).

For further information on impacts of torture and affiliated symptoms, see the DIGNITY Field Manual on Rehabilitation (2013) available at  
<https://dignity.dk/wp-content/uploads/Dignity-field-manual-rehabilitation.pdf>

# Card section 2: Surviving violence



**"I sit down every morning, and I don't ask myself, 'what has happened to me?' – I ask myself 'what do I feel today?'"**

**Kateryna, Survivor Advisory Board**

## Outline

Although many people have survived similar forms of torture and torturous violence, each survival journey is unique to the individual. This section of the card set therefore paraphrases survivor perspectives as well as practitioner suggestions.

## Impacts can change and may be long or short term

There are many responses to torture and torturous violence. These can include anxiety, dissociation, somatic (and sometimes undetectable) pain as well as other physical and psychological indicators. These are understandable reactions to violence.

## Some key aspects to consider include:

- Acknowledging that how people navigate survival is unique to each person;
- Knowing that pain can linger on the body or come back when it is not expected, and this is not uncommon;
- That it is OK to ask for support when it is needed;
- Surviving and supporting survival is a process - ups and downs can be part of that journey.

**The survival journey can have many stages and experiences, all of which are normal for each individual. They can include:**

Loss of memory

Somatic pains

Sleeplessness, anxiety and/or nightmares or terrors

Avoidance of physical contact

Memory avoidance or dissociation

Feeling isolated or alone



# Card section 3: Barriers to support



## Outline

This section of the card deck focuses on some of the issues that both survivors and practitioners can face when accessing or providing support.

## Structural and social barriers

There are many structural reasons for why people can not or do not access support in the aftermath of torture and torturous violence. In some regions, such as in conflict zones or Internally Displaced Person camps, emergency response may take precedence over sustained support being available. However, in many host countries in Europe, this can relate to lack of funded support for organisations working with refugee survivors.

## Interpersonal barriers

Discussing violence can be difficult for survivors and practitioners alike, especially when torture or sexualised violence are present. Some survivors may not want to think about difficult memories. Some forms of therapy can be limiting or unreflective of cultural beliefs. These cards highlight some of the key barriers to accessing support so you can reflect and discuss what they might be, and how they could be overcome.

## Example of barriers to support in the aftermath of torture and torturous violence

Insecurity when seeking asylum

Stigma or shame

Lack of funding for support services



‘When you are seeking asylum it’s stressful. When you come here you don’t think about anything, when you are there for long time, it’s stressful. You don’t know when immigration is going to write to you. You don’t know what is your fate there’

Antonia, survivor of torturous violence

Need for time to build trust

Memory avoidance or dissociation

Cultural barriers to support

# Card section 4: Embedding positive practice



## Outline

Whilst everyone is welcome to read all of the card deck, this section is specifically developed for practitioners or practitioners in training who work with survivors and/or refugee populations. This may include (but is not limited to) medical doctors, mental health practitioners, interpreters and social workers. The content has been developed with input from counsellors, psychologists, physiotherapists and lawyers, although most cards relate to clinical practice. It has been created through interviews and ideation workshops, where leading people working in Europe and internationally were encouraged to share their ideas and experiences.

Survivors are also particularly welcome to engage with these cards and reflect on further examples of positive practice encountered in your own journey.



## The positive potential of support in the aftermath of torture and trauma

There are many examples of when individuals or organisations may be reluctant to engage in formal practices such as psychotraumatology or counselling. These can include during periods of uncertainty, such as when seeking asylum. Regions in conflict may also have limited resources or security to adequately offer sustained support.

Research shows, however, that any access to support broadly has a positive influence on survivors. For example, in one assessment of 40 studies over a 30 year period, McFarlane and Kaplan found, 'In all, 36 of the 40 studies (90%) demonstrated significant improvements on at least one outcome indicator after an intervention. Most studies (60%) included participants who had high levels of post-traumatic stress symptomatology. Improvements in symptoms of post-traumatic stress, depression, anxiety, and somatic symptoms were found following a range of interventions' (2012: 539).

# Recognising gendered experiences

There are many aspects of torture and torturous violence that relate to gendered forms of violence. For example, more males are detained by states internationally, and so are disproportionately targeted for torture in prisons or custody (Einholf, 2018). Conversely, women and LGBTQ people are disproportionately subjected to torturous violence in domestic or community-based circumstances (Şalcioğlu and Başoğlu, 2017), sex trafficking and in practices such as Female Genital Mutilation, all of which can have the same or similar impacts as torture. It is worth noting that although disparities in experience exists, all groups may be subjected to torture or torturous violence in any of these settings.

When using the card set, if you are comfortable to, consider the intersectional experiences that may be embedded in the subjection to torture and torturous violence (such as sexualised abuse or genital torture). This may relate to the physical or psychological consequences such as shame, infertility, or (for some women) forced pregnancy or forced abortion.



## Identifying gendered barriers to support

A recent study (2021) of 2,141 patients referred to DIGNITY between 1982-2009 found that 80% were male, and 20% female (Dalgaard et al, 2021). This indicates both that narrow definitions of torture may create gendered barriers to torture specific support (Canning, 2023). The study also found that the forms of violence inflicted were also gendered, with males more likely to be subjected to beating, suspension and electrical torture, and females to sexualised torture.

**'When I started, I would have a lot more cases of sexual torture by the state. I think now the sort of more classic case is sexual torture or sexual abuse, however you want to define it, by private members; it might be your trafficker, it might be your family, it might be a sort of community assault'**

**Pauline, Immigration Barrister**



# Understanding forms of silencing

As this toolkit shows, the forms of violence inherent to torture and torturous violence can be difficult to hear or think about, and often carry forms of social stigma which are placed on survivors. This is particularly the case for sexualised abuses, which can be associated with socially and culturally embedded beliefs around 'purity', 'honour' and bodily autonomy.

There are long fought resistances against the stigmatisation of being subject to violence or abuse, but still the embodiment of 'victimhood' can leave survivors feeling unable to speak of their experiences. For some, the fear of social ostracism is a serious reality. In many regions internationally, survivors can face marginalisation from their communities and families, with women in particular being further persecuted for accusations of adultery in instances of sexualised violence becoming known. This may even have been a contributing factor for fleeing in the first place. Being subjected to torture, torturous or sexualised violence can affect a person's sense of self, sense of sexual identity, or (for men) socially ascribed masculinity. Given the nature of such abuses, silence is a reasonable response for some. Some survivors may wish to avoid the potential for triggering harmful memories, or want to move on. Practitioners are also cautious of avoiding re-traumatisation. These are important and understandable aspects of survival.

However, this research also found that some layers of silencing can actively disempower survivors. This includes when support or training around torture, torturous and sexualised violence are absent or avoided by organisations working with survivors and refugee populations. In all, ten forms of silencing were identified, as outlined below. You can read more on these in Chapter 6 of *Torture and Torturous Violence* (Canning, 2023).

## Ten forms of silencing torture, torturous and sexualised violence

**Social silencing:** torture, torturous and sexualised violence can provoke stigma which works to silence survivors

**Institutional silencing:** organisations that work with refugees may not consider themselves adequately equipped

**Survivor self-silencing:** survivors may not wish to speak to their abuses due to a sense of shame or dissociation

**Practitioner self-silencing:** practitioners may avoid difficult topics, particularly sexualised violence

**Spatial silencing:** the spatial set up of certain places are not conducive to trust building or privacy

**Temporal silencing:** discussion and disclosure take time that is not always allowed for, or where the time to speak is not appropriate for the survivor

**Epistemological silencing:** knowledge production or training overlooks torturous violence beyond narrow legal remits

**Protective silencing:** some survivors avoid disclosing distressing accounts to avoid causing emotional pain or harm to the person they are speaking to

**Capacity silencing:** when reductions in funding effects capacity for the services that can be prioritised for provision

**Preservation silencing:** for some, avoiding disclosure is a form of self, family or community preservation

# Conclusion

The *Supporting Survival Toolkit* comprises this manual and an accompanying 52-card deck, separated into four sections: Definitions; Barriers to Support; Supporting Survival; and Embedding Positive Practice. This manual has sought to develop on some key points of information to act as guidance when using this toolkit in reflexive learning, discussion or myth-busting. It has also expanded on two further points of consideration which are central to the overall research and findings, *Recognising Gendered Experiences* and *Understanding Forms of Silencing*. More can be read on these in the text *Torture and Torturous Violence* (Canning, 2023).

The key objectives are to bridge gaps between survivor experiences and positive practice, and to develop ways to make a complex and socially silenced issue more accessible learning for survivors, practitioners and learners. We hope that this toolkit works as a useful starting point for addressing gaps in knowledge, and embedding active discussion for future positive practice.

## References and further reading



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