What is 'agency' in torture and trauma recovery? An inquiry into the properties and explanations of the concept of agency and it's impacts

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Introduction

This paper presents learnings from trauma recovery mechanisms and social movements from around the world relating to a survivor's role and as such- their agency. It unpacks various conceptual frameworks as possible alternative, effective and strategic pathways in torture rehabilitation. Ongoing and new challenges such as resourcing, cultural adaptability limitations, lack of access to services and inhumane foreign policies pose barriers to established systems that render some practices inadequate in terms of meaningful service delivery or social impact for torture survivors (Wheildon et al., 2022, p. 1689). It is well documented that "Torture aims to dehumanise survivors through calculated acts of cruelty to remove the survivors' dignity and make them powerless." (Luci and Di Rado, 2020, p. 3). As such this paper deliberately straddles multiple thematic fields, all grappling with relatable notions of restoring power or agency to survivors.

At the risk of discursiveness into fields beyond torture rehabilitation then, this paper aims to showcase and learn from other successful movements. It also invites you as the reader into this discourse of inquiry and self-reflection, in order to counter the tendency of assuming a prescriptive, blanket (or blank) meaning of survivor engagement activities. Its findings suggest the manifestation of bespoke programming according to context and survivors' needs. It does not suggest a systematic overhaul, but rather a shift of incremental and cumulative changes that are recognised as advantageous. This paper deep dives into theories on agency, looking firstly at the broader archetypes that provide commonality and structure before then exploring particularities from different contexts. Implications for practice are then discussed, with nuances drawn out from the findings.

Terminology

For linguistic consistency and clarity, the following terminologies will be used going forward. However, terminologies are a matter of personal choice and are influenced by culture, context, region and legal specificities. It's recommended to understand and apply them according to the situational needs.

- 'Survivor Engagement' (SE) will be used as an umbrella term when referring to activities involving survivors in general. This is in keeping with the International Rehabilitation Council for Torture victims (IRCT) strategic pathway as an anchor point.

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- 'Survivor Led' (SL) will refer to specific activities or circumstances where a survivor has control and/or delegated power. Levels of engagement will be explored in more detail in due course.
- The term survivor will be used most frequently to refer to individuals and/or collectives who have experienced trauma. Although not a polarised category, this is a personal choice to recognise the resilience of such individuals. For many reasons, the individuals themselves may not want any type of label relating to their trauma, or may want to use the term or identify rather as a victim due to the injurious nature of a situation. I have therefore used the term victim occasionally in keeping with such representation.

Literature review

Concepts of agency often talk about the similar principles 'power with', 'power through', and 'empowerment' of people, but from different standpoints. These standpoints reach across literature on sovereignty and politics, governance, rights, social dominance theory, psychology, social justice, transitional justice and eventually into the development sector. As such this paper involved the following measures and will be thematically subdivided to assist with delivery:

- A review of literature from various fields involving SE programming, social movements, and systematic or structural interventions relating to trauma recovery. This encompassed childhood abuse, genocide, gender-based violence, conflict related sexual violence, war, slavery, trafficking, colonisation and racism. This is of course more inclusive rather than exhaustive of the literature due to the plethora of relativism in the

work. Important to note though is that all of the above-mentioned collectives utilised SL mechanisms in some way to instruct clinical, social and political change.
- A discourse analysis around concepts of empowerment, agency and self-determination from various sectors in order to 'reveal the interconnection between language, ideology and power (Blomeart & Bulcaen 2000:447; Liu & Guo 2016:1076)." (Fogarty et al, 2018, p. 6). A comparative table of recognised successful conceptual frameworks on these themes is included to assist with identifying principles and contributing elements deemed valuable.

Concepts of agency and empowerment

Agency and empowerment as concepts are often used interchangeably and are presented as multisectoral but context specific. For example, empowerment or agency for women living and working in Egypt will look different to empowerment or agency embodied by male asylum seekers fighting for their cases to be heard in the United States. Development research in 2016 measuring women's agency in Egypt describes, "empowerment as a dynamic process, in which women acquire resources that enable them to develop voice – the capacity to articulate preferences- and agency- the capacity to make decisions - to fulfill their own aspirations." (Yount et al, 2017, p.2). These enabling resources involve a multitude of factors including material items and intangible items such as access and social participation. Although resources are recognised as enabling empowerment, they do not necessarily guarantee it due to broader structural and normative environments that a survivor is embedded in (Yount et al, 2017, p.12).

Agency is therefore also modified by broader societal and cultural influences that

determine "the conditions of choice, its content and consequences." (Kabeer, 1999, p. 435). This suggests the importance of whole communities or collectives to transition in order to shift or 'trickle down' agency for the individual. The term agency appeared more in the psychology and social movement literature, while the term empowerment appeared more in literature relating to development, transitional justice and governance sectors. Research is still limited in terms of conceptualizing, measuring or evaluating agency or empowerment at the community or collective level (Yount, 2017). However, multilevel empowerment programs appear as the significant catalyst for real social or political change, as will be discussed throughout this paper.

The form of agency which appears most frequently in measurement efforts continues to relate to decision- making power or control. Noteworthy research in 2022 by the Lowitja Institute with Indigenous Australian communities describes agency as the mechanism for both 'self-determination' and advocacy, more so than simply holding a rights-based framework (Lowitja Institute, 2022, p.4). Similarly, research by REDRESS in the United Kingdom in 2020 found that often presumptions are made about the meaning and implementation of justice and reparations for survivors, and their voice or perspective is not necessarily genuinely considered (Luci and Di Rado, 2020, p. 3). Furthermore, research on the simple inclusion of diverse voices as mandatory organisational practice points out the risk that policy can become a substitute for action (Ahmed, 2012, p.11). It suggests that when policy becomes performative rather than actionable, it can result in power-relations being "reproduced by staying implicit" (Ahmed, 2012, p.14) and that "those who stand to gain most from such advocacy carry very little clout with those who set the agendas" (Kabeer, 1999, p. 435). As service providers and individuals, we are prompted to inquire if our programs with survivors therefore "give their voice rather than being given one" (Lazreg, 2002, p. 128).

Instrumentalist framing of empowerment therefore departs from representing vulnerable people or groups only as victims of oppression and persecution, with little agency; but rather attempts to exemplify them as self-reliant, or furthermore, as active agents of change. It is suggested though that one can get stuck to a label or category, which is not to say there is no value in the category, but that it can inadvertently be constraining (Ahmed, 2012, p.4) Bourke (2022) cautions that labels such as 'survivor' constructs an identity based on a 'before' and 'after' to attack, thus forcing victims to define themselves in relation to their perpetrator. On the other hand, the 'victim' label brings its own dangers, where victims are "feminized, upbraided for being morally weak and …blamed for making the 'wrong choice' or 'lifestyle mistake'" (Bourke, 2022, p.20). Survivors have reported reputational damage, and real and/or perceived stigmatisation due to experiences of torture. (Luci and Di Rado, 2020, p. 34). All of which contribute to shame, silence, and ultimately depoliticization of the original struggle experienced, leaving it to go unchallenged (van Eerdewijk and Davids, 2014, p. 308).

Trauma narratives and public testimony
Personal narratives, public testimony and truth-telling are suggested to break and contest shame and silence, which Bourke (2022, p.28) puts forward as being political and social emotions. Important to note here is that not all survivors want to or need to give of their voice as part of their rehabilitation process. Although there is emerging data (see O'Connor et al., 2021), there is no consensus

in the literature relating to the most suitable procedures, or the effectiveness of speaking out through truth telling or public testimony platforms for recovery. There remains controversy over the mental health impacts of human rights testimony (see Meffert et al., 2016), although it is recognised as a prerequisite to transitional, reparative and social justice efforts, with opportunities for broader social healing when conducted well (Danieli, 2009). Dealing effectively with collective trauma narratives are also recognised as pivotal to breaking the cycles of violence (EMU, 2020), as well as mutually reinforcing to sustainable social cohesion and peace building efforts thereafter (UNDP, 2022). As such there is the need for safeguarding survivors by way of recognition, validation, (Luci and Di Rado, 2020, p. 6), solidarity and supportive mechanisms in order to minimise the risk of re-traumatisation, and to combat social and political misrepresentation and denigration of survivors (Bourke, 2022).

Some survivors, family and community members however may find public testimony useful for "reconstructing the voice shattered during torture" and revealing the truth concealed or distorted by a repressive state (Laban Hinton, A., 2010, p.183). It can be utilised in advocating for human rights and development of national policies for redress, as demonstrated by work coming out of Peru post-genocide (Boyles et al., 2022, p. 38); or for international advocacy, calls to action and accountability, as demonstrated by the SEMA Network, a global network of victims and survivors to end wartime sexual violence. It could also be done to commemorate, memorialise and call for non-recurrence, as represented by the marches done by the Argentinean mothers of the Plaza de Mayo. What is consistent in the research, particularly with both torture survivors and sexual assault survivors (see Herman, 2023), is the "sense of

duty and obligation to seek justice to protect others." (Luci and Di Rado, 2020, p. 6).

Agency and empowerment here is about choice and control of the story or process remaining with the survivor; at times a conundrum when trying to raise the public outcry against injustice. Research highlights that misalignment between the agenda of the survivor versus the system, can be retraumatising itself, promoting ongoing victimisation rather than empowerment. (Luci and Di Rado, 2020, p. 3). Failing to respect a survivors need for privacy or coping is equally damaging to appropriating their trauma story (Bourke, 2022, p.13). Narratives and categories can be exploited in the political arena. Depictions of the 'ideal victim' play into the media and entrench stereotypes, for both the victim and perpetrator, suggesting that "some victims are more or less blameworthy than others, and that 'non-ideal victims' are in some way responsible for the crimes they have experienced." (Wheildon et al., 2022, p. 1690). Research on conflict related sexual violence (CRSV) for example warns against "characterizations of 'African wars' as especially rapacious" because of the resultant deepening of racism, hopelessness and humiliation as a collective, which deepens silence and shame (Bourke, 2022, p.158.). According to the National Centre for Indigenous Studies in Australia (2018), a deficit discourse can ensue, expanding patterns of thought, language and perceptions that represent victims only in terms of deficiencies and failures.

The junction between survivor and victim then, provides a potentially transformative space relating to identity and agency for survivors (Freidenvall, 2021, p. 744). Thus, programs cannot assume that SE will result in agency or empowerment by itself, or that it will address the broader power dynamics converging on survivors' lives (Jones & Holmes, 2010). In fact, there is also evidence of the

contrary- that targeting survivors can inadvertently result in increasing their burden (Chant, 2008) via an "intensification of their roles and responsibilities". (Patel and Hochfeld, 2011, p. p. 233). Forging a collective understanding of SE across the spectrums of healing and justice is therefore crucial and will now be explored.

Service delivery

Research from India has shown that national structures and systematic variables surrounding an individual determine or influence their value, worth and choices more so than the characteristics or values of their individual family unit (Kabeer, 1999). Empowerment research from the development sector suggests that it cannot be conceptualized simply in terms of availability of choice but must therefore consider the values embedded in agency and choice (Kabeer, 1999, p. 458). Empowerment in this case requires a distinction between `status' and `autonomy' as criteria for evaluating agency. `Status' considerations relate to the values of the community, whether these communities are hierarchical or egalitarian, and it draws attention to the influence of the larger collective in ascribing worth to certain kinds of individual choices, giving greater value to those who abide by these choices. For example, "a woman's status may be linked to her fertility. Bearing the approved number of children will grant a woman the rights and privileges accorded to a fertile woman, but do not necessarily give her greater autonomy in decision-making" (Kabeer, 1999, p. 458).

Cultural values within a person can and do remain internalised and intact irrespective of migration. Empowerment movements then need both strategic and pragmatic entities: long term versus immediate, practical goals. Both feminists and race theorists have focused on pragmatism because it illuminates the "oppressive social and economic hierarchies" while enabling empowerment (Tickner and True, 2018, p. 225). Strategy wise, the movement needs drivers of change, agents of change, champions, mobilisers, solidarity networks, public discourse and a narrative shift. Yet in doing so and understanding that- 'you can't eat human rights,'- the strategy push should be paralleled and congruent with programmatic activities such as social protection initiatives, tangible resources, livelihoods and educational opportunities. Immediate care and needs should be tended to in order to build resilience, and prevent further slippage into disempowerment or compounding of trauma. Findings from other successful social and political movements would suggest that the recognised best practice principles of SE, detailed shortly, have to be purposively incorporated into programme design and implementation plans for any hope of success. (Patel and Hochfeld, 2011). Agency and empowerment are overarching concepts that have been the focus of programs and research within different sectors for a while now, yet rigorous psychometric evaluation of this construct is limited. Developing causal models of agency with psychometrically sound measures is recommended (Yount et al., 2016, p. 13). Norm changes have implications for service delivery and vice versa: who and what is included, how it is designed or adjusted, how it is measured, and how these norms unfold and interact with context and culture are important to navigate.

A participatory approach to informing both policy and organisational practice decisions within the torture rehabilitation global network would be beneficial. Herman (2015) describes trauma as an "affliction of the powerless", so in order to circumvent this, participatory and transformative mechanisms that enable survivors to utilise their rights, decision making power and choice in recovery

services, will build equity for survivors into structures or systems that influence their life (Patel and Hochfeld, 2011, p. 233). This is stipulated in Paragraph 1 of the IRCT Global Standards on Rehabilitation of torture victims, where member centres must facilitate 'free choice' for the survivor; and again, in Paragraph 9 where it states that member centres should "Promote the meaningful contribution of victims in service design and delivery, research, decision making, and governance processes". SE processes can avoid overly technocratic or tokenistic procedures by identifying specific and relevant strategic and/or pragmatic outputs that promote agency.

Conceptualising agency in torture recovery

Let's get to the crux of agency then. Agency as a concept is described as arising "at the individual cognitive and attitudinal level, as well as at the relational and collective societal levels" (e.g., Kabeer 1999, 2011; Malhotra and Schuler 2005).' (Yount et al., 2016, p. 3). Agency is more than an observable action, it encompasses the meaning, motivation and purpose which individuals bring to their activity, their sense of agency, or 'power within' (Kabeer, 1999, p. 438). Whereas empowerment is described as "the process by which those who have been denied the ability to make strategic life choices acquire such an ability." (Kabeer, 1999, p. 435) Indicators of empowerment have also included self-belief and perceptions (individual empowerment) but often locate this in terms of rights, economic security, access to resources and participation in the public domain. (Patel and Hochfeld, 2011) Socio-cultural understandings of empowered citizens, citizen-state relations and the belief in exercising individualistic rights can therefore contribute to the challenges or ambivalence in advancing notions of agency or empowerment, because

they can just as easily cause disruption and conflict in relationships and norms (Jones and Holmes, 2011, p. 9).

The Lowitja Institute details how agency is a causal pathway to facilitating social and emotional wellbeing, saying how wellbeing "flows from a sense of control over one's own life" (Lowitja Institute, 2022, p.4) The World Health Organisation (WHO) report (2006) affirms this belief that empowerment, and thus agency, leads to better health outcomes and is a viable public health strategy (Wallerstein, 2006, p.2). Agency is evidently contextually subjective, and consequently not easily categorically defined or measured (Kabeer, 1999, p. 436). Agency and empowerment terminologies are used "to correct or counterbalance existing negative stereotypes" (Fogarty et al, 2018, p. 11) from the deficit model of problems, failures, vulnerability and needing protection. It offers a different language and paradigm shift away from problem-based to strength-based approaches (Fogarty et al, 2018, p. vi). Sometimes we might think of discourse as just language, but "research has shown that it is inseparable from our understandings of the world and how we act. As such, discourse plays a fundamental role in resource and power inequalities." (Lowitja Institute, 2018, p.2).

To shift power inequalities, WHO (2006, p.5) recognises the importance of psychological empowerment of individuals and collectives to ensure authentic participation and autonomy in decision-making. Participation and meaningful engagement is "a complex and iterative process, which can change, grow, or diminish based on the unfolding of power relations and the historical/social context of the project….Therefore professionals' role should shift from dominant to supportive or facilitative" (WHO, 2006, p.8). Concepts of building equity rather than offering equality platforms

comes into play. Recognising that survivors have different experiences of 'intersectionality' and thus require different resources or have a different sense of agency in terms of meaningful participation. "Intersectionality, or studies of the interactions between social categories- gender, ethnicity, age, class, and sexuality- and the resultant experiences of inequality, are now at the center of many debates." (Freidenvall, 2021, p. 745). Included here too is the difference in bodily abilities or disability, some of which could be due to the experience of conflict or torture itself, and the resulting change in needs and identity.

Intersectionality will be explained in more detail in due course, as it requires variety within service delivery. Firstly though, is a comparative table (below) of various conceptual frameworks of empowerment from different sectors namely development, trauma recovery, indigenous ontology, a strength-based approach and citizenship. Each column showcases the principles or elements specific to that model; and as illustrated by the table there are recognisable similarities and overlaps in some of the principles.

Column one outlines my suggested working framework titled 'Facilitating Agency Within SE Torture Rehabilitation'. It draws together and surmises common themes, elements and values from across the sectors that are viewed as essential for cultivating agency. It is iterative and cyclical rather than linear. Below the table is an in-depth description of each stage of this framework.

1. Safety and stabilisation

Establishing safety and fostering stabilisation for survivors is a consistent and recognised first step in response to recovery (see Rothschild (2010), Herman (2015) Malchiodi (2015) and Porges (2022)). The key word here is 'establishing' safety, which means asking- what services are available in that context or culture? How do people participate or engage in the service, such as inclusion criteria, referral mechanisms, groups or individual sessions, transport requirements, language and cultural needs, childcare needs, and dealing with stigma? Furthermore, it asks- who has access to information about the service, and how is it understood or disseminated? Who is unable to access such services, or who are the opportunities available/limited to? We start to see that establishing safety involves many interrelated parts, some of which are not deemed as mental health and psychosocial support (MHPSS) activities, yet directly influence mental health and well-being outcomes.

Research on well-being and resilience shows that services should avoid undermining a survivor's resilience (Reimann & König, 2017, p.3), ability to respond and/or use of their own coping strategies to begin with. Instead, services could facilitate "accessible, meaningful, effective and survivor-centred" services and social supports identified by the survivor as relevant and useful (Luci and Di Rado, 2020). Promoting choice and control rather than prescribing or making mandatory more specialised forms of care, unless it is clinically warranted, minimises pathologizing of survivors, and safeguards their agency. The Inter Agency Standing Committee's MHPSS pyramid is a useful framework for structuring and responding to survivors' needs inclusive of practical and social supports in a timely manner.

2. Agency

Agency is not just about the 'regaining' of control or power but the redistribution of it. It is not about representation or visibility at the table, yet with the option of still being ignored or contained. Agency is about one's abilities, capacities, willingness and motivation to follow through on one's choice; to be able to convert that choice into a decision and act or follow it

Figure 1. Comparative of various conceptual frameworks of empowerment

Suggested working framework: **Facilitating Agency Within SE Torture Rehabilitation**	Empowerment framework (Kabeer, 1999)	Trauma Recovery (Herman, 2015)	Circle of Courage (Native American, 2009)	Strength Based (Henson et al, 2017, in Fogarty et al, 2018)	Arnsteins Citizenship ladder
1. Safety and Stabilisation • Physical, • Psychological, • Access to and use of Resources	Resources and capacities	Safety	Mastery	Personal wellness	Manipulation
					Therapy
	Access and participation	Agency		Positive opportunities	Informing
2. Agency • Strategic decision making • Choice and Control • Capacity and skill sets	Decision making power & Control		Independence		Consulting Placation
				Self-efficacy	Partnership
3. Healing • Meaning making • Review • Identity of self and others		Review & Make meaning		Positive self-image	
				Cultural connectedness	
4. Relationality • Re-engage • Reparative • Belonging • Solidarity	Community mobility	Grow	Belonging	Non-familial connectedness,	
		Re-engage		Family connectedness	Delegated Power
			Generosity		
5. Action • Future planning • Collective action	Preference versus inequality	Truth & Repair (Justice)	(Collective Well-being)	Aspirations Positive social norms/ Prevention	Citizen Control

to a successful or effective outcome. Agency is often described as the *power within* in relation to the power from outside the individual or collective. For some survivors, they sit at the intersection of various social and/or structural power structures or dynamics, this is termed intersectionality. This can be seen as the social space one experiences, with the layers of power overlapping eachother. For example as a person of colour, of a particular gender, with a particular citizenship, and speaking a certain language- some survivors experience of torture or persecution could have been due to these exact societal definitions.

Systematic social exclusion, discrimination, persecution and racism at individual and structural levels contribute to the unique and disproportionate intersectional experiences for some survivors versus others (Lowitja Institute, 2022, p.22). Feminist intersectionality theory has shown, that "those marginalized by multiple structures of oppression and who are frequently most in need of support, face considerable challenges in having their voices and stories heard, let alone driving or influencing change." (Wheildon et al., 2022, p. 1701) It is the cumulative impact of these successive stressors and discriminatory elements that result in 'heaping' the odds against the survivor at the intersection of multiple discriminatory practices. The consequential internalisation of this is often described or linked to concepts of self-esteem or self-worth as outlined by psychologist Carl Rogers. As expected, this holds a close correlating bearing then on one's self-actualisation or self-determination. By extension, this affects ones observable and/or demonstrated agency.

Okali (2012) warns that "The direct reading of interests from observed roles runs the risk of entrenching existing inequalities and strengthening the association of

low status" (Okali, 2012, p. 5). An example would be assuming women are only interested in baking because of their role of providing food in the house. Ascertaining real agency is more about recognising the inequalities in people's capacities to make choices rather than in the differences in the choices they make, for "choice necessarily implies the possibility of alternatives, the ability to have chosen otherwise." (Kabeer, 1999, p. 439). Therefore, understanding, investigating and supporting the real interests, norms, values, positioning, and motivations for a survivor's choice is paramount- from their personal choice to their public choices. Understanding too, that not all survivors want to experience 'agency' the same way we practitioners might value it from our own various cultural value systems. Replacing one set of authoritarianism simply with another prescriptive way of being through Eurocentric or western principles and activities of individualistic agency could be equally problematic. Research on women's empowerment programs unpacked how "Women often opt for 'private forms of empowerment…Such strategies reflect a certain degree of caution on the part of women – a strategic virtue in situations where they may have as much to lose from the disruption of social relationships as they have to gain." (Kabeer, 1999, p. 448). We cannot simply assume the realisation of agency is all good and all necessary, because in truth it holds different bearings on the survivor at different times or context.

Agency also involves a relationship/s between different actors. For organisations, the relationship is about the provision of choice within, from or by services, ensuring barriers to access are addressed and met with the capacity for meaningful participation and decision making in those choices from the client. This could subsequently include tools or policies that promote capacity of clients over time

to make such decisions. Examples include but are not limited to: survivor-centred informed consent processes, information provision and discussion platforms in their language, skills training or capacity building, peer support and peer learning opportunities, exposure to alternatives, and involving clients in design and delivery of programmatic activities. Agency is grown and enhanced through a partnership or collaborative type of dynamic, with minimal power structures, and that changes over time to result in more and more choice and decision-making emanating from the client. This type of experience within the rehabilitation space could promote self-efficacy for the client in other areas of their life, as a client reconstructs their self-worth, and their understanding of self-determination, becoming more conscious (and comfortable) to this 'power within' (Whiteside, M. et al., 2014).

3. Healing

Healing as a term is broad and encompassing, holding different connotations or meanings depending on context. It is used here purposefully to indicate a process that is more than just clinical recovery and symptom management. Across the compared discourses and frameworks, healing was a central theme relating to the meaning making and reconstruction of the survivors' sense of self, their sense of identity and how they position themselves in the world. It also consistently incorporated the ability and opportunity to regain or gain choice and control in additional life domains too, using terms such as independence, self -efficacy or growth. Often 'control' was again described in terms of decision-making ability, which can be promoted by the external environment and has observable or measurable characteristics.

In trauma terms though, choice and control also relates to control of one's self and body, the ability to self- regulate, to feel com-

fortable and be able to manage one's reactions, responses or interactions. The creation of trauma treatments has developed over and through many socio-political paradigms which holds a bearing on how we provide such an intervention or service today. More recently there has been a proliferation of alleged evidence-based or best practice techniques, yet it's recognised that trauma healing work as a whole "continues to be a challenge to practitioners, and it requires a variety of approaches" (Malchiodo, 2020, p.2). The review of all these techniques is out of the scope of this paper, but implications for practice relating to the dynamic of 'healing' work and 'agency' with survivors is discussed hereafter.

4. Relationality

Closely aligned or even embedded in healing work, is the link into relationality, interdependence and interpersonal relationships for survivors. For torture recovery specifically, but broadly in the field of psychotherapy, "all forms of transformational change propose that healing is consistently found through reparative relationships" (Malchiodi, 2020, p.99), making it a crucial part of this entire process. Torture is not only done to break an individual, it is done to break the social fabric and/or the social capital of a collective through mechanisms of shame, degradation, mistrust, fear, dishonour, and silence. This is particularly detrimental and impactful in cultures with collective identities, mostly found in the global south, where the socioecological unit is the family, not an individual.

In that case, culture too is a central piece to a survivor's navigational system when it comes to choice, meaningful participation, decision making, healing interventions and all the other elements making up agency. Ethnographic research on trauma healing endorses that "the most powerful evidence is that which comes from hundreds of separate cultures across the thousands of generations independently converging on rhythm, touch, storytelling, and reconnection to community… as the core ingredients to coping and healing from trauma." (Malchiodi, 2020, p15).

Healing the social wounds that come from torture are thus equally important. Enabling reparative relational experiences and supporting or enhancing a re/connection to culture and/or context is the medium through which survivors gain a 'sense of belonging' as depicted in the table above. This ability to belong, to connect with, or to participate in the micro, meso and macro levels of society is not simply a technical right but a determining factor in both agency and social outcomes as detailed already. Research in 2022 with refugee communities in Australia attests to this concept, saying how "The relationship between refugees and the suprasystem, which includes the political system, the complex network of government and non-government service providers, the community at large and other systems, eventually determines the overall conditions for success in the processes of recovery and resettlement of refugees." (Aroche and Coello, 2022, p. 139).

5. Action

All the compared frameworks culminated or ended with collective agency and action for and with others. The Lowitja institute describes how social transformation which includes a combination of social justice outcomes and solidarity networks or 'allyship' within and between systems, organisations or groups, are integral to a collectives' ability to exercise power, agency and responsibility, saying "This is the living expression of self-determination" (Lowitja Institute, 2022, p.4). Research with refugee, female survivors of CRSV from Syria, Bosnia and Ukraine, emphasised the effec-

tiveness of bringing them together through what was termed 'solidarity dialogues' and platforms. This was orchestrated to draw out learnings and amplify their voices, sharing their "practical knowledge of how best to protect vulnerable populations and enable their participation" (WILPF 2014; 2015). These dialogues enabled women activists to analyze and learn from what works in their comparative experiences, then plan and implement a human rights and social justice–informed platform (Tickner and True, 2018, p. 229). The survivors themselves are the ones able to pinpoint both the protective mechanisms and gaps in achieving real agency or healing outcomes, from the individual to the national level, due to their lived experience.

Global solidarity networks such as SL initiative SEMA mentioned earlier, support and mobilise survivors collectively to speak out and act in solidarity to bring an end to wartime sexual violence and impunity. Forms of altruism, giving back, protecting others from similar experiences, multiple forms of advocacy, and ultimately prevention work were recognised in all the different frameworks. How a survivor engages with this last or final stage again is dependent on their unique journey, their choices, values and capacities. Not all survivors will need to engage with or perform public advocacy work as detailed previously in order to have a fulfilled sense of agency, however they might participate in smaller group, community or family processes.

Where to from here?

Standpoint theory
We see the process of developing agency start from where the survivor or collective is at in themselves physically and psychologically, what their interests and assets are, and their social and contextual positioning. Many ser-

vices or programs are designed from a 'normative standpoint', which are mostly Eurocentric or western value systems, not necessarily universal. Programs are measured against these value systems or best practice initiatives that often don't reflect the diversity or cultural needs of the recipient. This heavily top-down approach can miss the subtleties of agency which are harder to observe or measure, or are displayed differently according to the context they are in. To return to the example again of the difference in agency exerted by a woman in Egypt versus a male asylum seeker in America. Both could be developing in terms of agency but from different standpoints, with different observable, or less observable, indicators. Kabeer's research highlights some of the less observable indicators within agency, such as "the process by which people move from a position of unquestioning acceptance of the social order to a critical perspective on it." (Kabeer, 1999, p. 441).

Standpoint theory in this instance is useful. It originated from the anti-slavery movement, looking at master-slave power dynamics. Standpoint theory was seen to provide epistemic advantage for and from the slave due to their lived experience, and the meaningfulness of their opinion or perspective in changing the norms at the time. Although standpoint theory has its own limitations, it has since influenced and been utilised across many other social movements effectively. The equal valuing of lived-experience knowledge, coupled with technical knowledge or expertise in a dual synergistic process for developing agency and in turn social change, is repeatedly exhibited as hugely advantageous. Including lived-experience knowledge through SE processes "leads to more robust objectivity, not only because it broadens the base from which we derive knowledge" but perspectives from survivors themselves "reveal aspects of reality

obscured by more orthodox approaches to knowledge building (Hill Collins 1991, 36)" (Tickner and True, 2018, p. 230).

There is ample evidence to safely design, implement and research SE and more-so SL initiatives in the torture rehabilitation space. Beginning from the standpoint of survivors, capturing this epistemic advantage, of ways that survivors experience agency or not, can effectively facilitate individual, social and/or political change or disruption that is not harmful (Tickner and True, 2018, p. 229). The question 'Who does what?' is a starting point, highlighting patterns of role allocation, which is indicative of access to and control over decision making and assets. This information is key for SE analysis (Okali, 2012, p.5) as demarcated in the recent IRCT SE self-analysis framework. See Annex 1 for a copy of the IRCT self-analysis framework.

The value in commonality, solidarity and diversity

Commonality presupposes diversity, which only becomes meaningful due to some kind of sameness. Commonality is useful for gaining momentum and contesting norms, yet does not and must not "ignore or suppress differences because it is the basis on which difference exists" (Gunnarsson, 2011, p. 28). Bolstering the collective, rather than individualistic stories that run the risk of entrenching the 'ideal victim' bias, can help to focus the collective action and challenge "the societal systems and structures that enable violence and victimization" in the first place (Wheildon et al., 2022, p. 1702). Social movement theory incorporates collective mechanisms of "political opportunities, mobilising structures and strategic framing." (Roggeband and Verloo, 2006, p. 617). Literature on social movements consistently highlighted the constellation of key players involved in effectively progressing

and contesting the creation of new norms or restructuring of power dynamics, from both vertical and horizontal networks.

The overall definition of an issue as relevant, and something to be solved together invites dialogue and reconfigurations of power (Wheildon et al., 2022, p. 1693). For social movements, exposing the intersectionalities of race, gender, class, nationality, sexuality, and/or disability is important when promoting transnational activism (Tickner and True, 2018, p. 231). Transnational advocacy networks and solidarity movements help to address and forge global narratives or principles, particularly when grounded in the lived experience and commonality of survivor experiences first. Thereafter diversity and localisation become relevant for purposes of access and meaningful participation within service delivery. The term diversity runs the risk of depoliticization, departing from other critical terms such as equality, equal opportunities, and social justice, which need to remain within the big picture framing of empowerment for whom, and when, and how (Ahmed, 2012).

As touched on briefly previously, the impact of intersectionality can result in a deeply internalised low sense of self-worth. Dialogical self-theory proposes that one's internal dialogue is often an extension or representation of the social values and perspectives surrounding the individual. For individuals or collectives under multiple layers of intersectionality and discrimination, speaking up could in fact not only be enormously difficult, but detrimental or even dangerous. Some survivors then choose to remain out of the public space because they want "to remain anonymous to help them move forwards with their lives" (Luci and Di Rado, 2020, p. 25). An unfortunate finding from research on women's empowerment was that "individual women can, and do, act against the norm, but their

impact on the situation of women in general is likely to remain limited and they may have to pay a high price for their autonomy…women's empowerment is dependent on collective solidarity in the public arena as well as individual assertiveness in the private." (Kabeer, 1999, p. 457). This brings into question if it's possible to have others speak *for* or *with* or *on behalf of* survivors, and in what ways.

More often the importance or value of solidarity networks are felt when they are absent, neutralised of inept. Research on community-based processes of justice and healing with survivors of sexual violence found that they wanted accountability and apology from bystanders too (Kenneally, 2023). Repeatedly across the social movements was the importance of social capital in the form of alliances, champions, and solidarity networks. The term 'ally' has been used to identify this relationship, it's used to describe an individual or a group who possess structural power and privilege and stand in solidarity with peoples and groups in society without this same power or privilege. It requires an "ongoing strategic process of critical reflection, education, listening, and action, both of oneself and the environment and structural factors that have helped create social inequity" (Lowitja Institute, 2022, p.34). Allyship is built on trust and transparency, where power dynamics are managed to ensure equity between parties, and with genuine shared decision making and priority setting. Critically, "being an ally means knowing when it is time to step back, and being aware of not talking for, or taking up space… However, allyship is also about knowing when it is your time to step forward and use your power and privilege to dismantle the system and support action to create meaningful change" (Lowitja Institute, 2022, p.35).

Social movements and collective agency are seen to have a particularly "important role to play in creating the conditions for change and in reducing the costs for the individual." (Kabeer, 1999, p. 457). Planning and building diverse or layered allyships becomes important. This means allies, champions, leadership, community members, and by standers all have social contracts in promoting new norms. Furthermore, companies and citizens alike can withdraw their support or boycott businesses seen to benefit from, enable or damage others, such as the current movement 'Alliance for torture-free trade'.

Implications for practice

Technocratic or tokenistic consulting, inclusion or diversity policies within service delivery is not a given pathway to real agency. The medical model has been criticised for its danger in pathologizing and medicalising human suffering, by "reducing the social and moral implications of traumatizing events, such as war or genocide, to a strictly professional, even biological, set of consequences" (Hinton and Lewis-Fernández, 2011, p. 784). This is not to say that the medical or therapeutic models are incorrect or not useful; they are very much needed. What is evident rather is the need to now strengthen and make space for the torture survivor's agency, their self-efficacy, self-determination, self-actualisation, collective agency and their capacities to influence change and direct successful social movements.

What is done by the organisation and what is done within the organisation are akin. The aim is to make thought and values around equity and agency both an organisational culture and a program deliverable. This could mean a fusion of or reconfiguration of systems and structures, which are functional but perhaps limited at times in terms of social impact regarding real and felt agency for both individual survivors and/or collectives. There is a clear argument for connecting the social

determinants of health and strength-base approaches which suggests the need to reposition the knowledge and voice of the lived experience (Fogarty et al, 2018, p. 11). We need to make better use of this epistemic advantage, and the multitude of skills and insights developed and used by survivors in their journey of constantly navigating complex political and social structures.

Service delivery
Within the torture rehabilitation space, SL initiatives are scarce. Historically this has been for good reason, relating to resisting re-traumatisation and managing secondary trauma. There is inconclusive research on this particularity though, and as a result SL therapeutic healing options have remained tightly constrained, lacking robust research or evaluation. However, it's not that SL initiatives don't suit the clinical space, its more that the clinical space can constrain or exclude the full spectrum of agency. From what has been unpacked about agency, it requires and is inclusive of other life experiences or social factors such as access to resource, choices, capacities, opportunity and belonging, as well as social capital.

The clinical space is but one step for a survivor regaining or reconfiguring a valid and useful sense of agency. This sense of agency, or self or *power within* is only as valid as it is useful in determining life outcomes for the survivor. The clinical space is sometimes the first step in regaining or restoration of one's self-worth after torture, but it should not stop there. Furthermore, regaining or restoring of one's agency is not a linear process as shown by the milieu of influencing and didactic factors from this theoretical overview. Research from STARTSS in 2022, exemplify an emerging integration through an agriculture activity including "both clinical and commu-nity development approaches in a complementary relationship". The authors describe how "Traditionally clinical and community development approaches are often regarded as incompatible rather than complementary, and developed on the basis of different epistemologies." (Aroche and Coello, 2022, p. 141).

We now see the need for service delivery models to be adjusted, converting intrinsic goals about survivors' agency into programmatic ones where we can quantify and witness empowerment on "solid and objectively verifiable grounds." (Kabeer, 1999, p. 436). By ensuring survivors lived-experience knowledge informs policy, service delivery and program design internally, through mechanisms such as partnerships, co-design and co-facilitation, SL initiatives and more, the service itself will be more relevant and responsive to survivors' actual needs. It is recognised from other social movements that equitable "partnerships can be transformative, creating a safe and supportive environment to effect change." (Lowitja Institute, 2022, p.35). The Global Survivors Fund (GSF), founded in 2018, with a focus on reparations, describes the importance of positioning itself in "proximity to survivors" and facilitates the co-creation of programs. GSF enables survivors to define the content and the types of individual and collective interim reparative measures. The survivors directly participate in the monitoring and evaluation process of the projects and design the impact indicators. Survivors are on the GSF Steering Committee where they oversee and validate all stages of implementation. The GSF state that "Reparations are not charity, they're about agency".

Decentralise practice
Due to physical location, formal aesthetics, stigma and social hierarchies (perceived or real), some survivors may find it too challenging to engage regularly or easily with

the clinical space. Being able to distinguish between the policy or strategy level decision making, and the implementation function or service delivery level, is important for promoting reach and access through innovative techniques. Avenues that permit survivors to localise and culturally adapt appropriate deliverables in community-based or outreach models improve access, and meaningful and sustained participation. Survivors "know the solutions that work best to deliver strengths-based, community-driven initiatives" (Lowitja Institute, 2022, p.7). Blanket programs, delivered through stand-alone centres, that ignore intersectionality but instead homogenise all survivor groups often fall short of social impact. Additionally, agency at the individual versus community level may differ as described previously; as such there is a need to develop measures of empowerment that compare and contrast what is relevant at these different levels (Yount, 2017).

Work out of Peru calls for decolonising of the "pre-existing structural power relations among us- 'the urban professionals' - and them - 'the rural victims' - into more equal bonds." (Boyles et al., 2022, p. 39). It is recommended that service providers invest in capacity building, skill training, mentoring and positive opportunities for work experience for SL program implementers. This shift encourages service providers to "lift the expectations of governments and mainstream organisations of what we can achieve through community-driven, holistic approaches to health and wellbeing" calling for "investment in models and approaches which are self-determined" (Lowitja Institute, 2022, p.7). There are examples of such SL models such as Tree of Life, Zimbabwe; the Kemakwecha project, Kenya; and the Andean Quechuan women's groups in Peru, described in the book *Groupwork with Refugees and Survivors of Human Rights Abuses-*

The Power of Togetherness (2022). These show how decentralising practice shapes the group meetings, normalises rather than pathologises survivors' experiences, and builds "their own emotional and social agencies and capabilities." (Boyles et al., 2022, p. 39).

Strategic positionality
Given the retreat of governments from service delivery in many neo-liberal societies, we see the substantiating role of victim-survivor advocates as policy or norm entrepreneurs. Literature highlights the role survivor advocates play and the influence they hold "in driving significant shifts in policy change" (Wheildon et al., 2022, p. 1700). Examples of SL advocacy programs include Freedom From Torture, UK, and Torture Abolition and Survivors Support Coalition, International, and Nadia's Initiative. Positionality of advocates, advisors or councils therefore is strategically important. It is suggested that external positioning to governments to ensure autonomy, independence and thought leadership is most effective (Wheildon et al., 2022, p. 1702).The active situating of survivors and their stories or voices, where safe and appropriate to do so, toward national or international platforms, can allow both internal and social transitioning out of victimhood. Bourke (2022) recommends survivors be positioned as "advocates, survivors, and agitators rather than only as victims and vessels of violation" (Bourke, 2022, p.12). Research on survivors of sexual slavery revealed that they "found empowerment through becoming global human rights activists." (Bourke, 2022, p.170).

Employ a pluralistic way of being
Pluralism used here is meant to suggest something broader than simply 'integration', it is about multiplicity in approaches, linking to social and transitional justice and progressive

change (Cooper, 2019). There is both 'pluralistic perspective' and/or 'pluralistic practice'- the former is about believing there is no single best rehabilitation method, but that "different clients may benefit from different understandings and strategies at different points in time" (Thompson et al., 2017, p. 489). Pluralistic practice is defined as a therapeutic approach that "draws on understandings and methods from two or more therapeutic orientations, and in which there is a high degree of shared decision making" (Thompson et al., 2017, p. 489).

Having a pluralistic perspective to agency therefore means valuing equally different approaches or interventions as a means for empowerment which could include activities related to livelihoods, advocacy, peer support or other non-clinical interventions. Additionally, employing a pluralistic practice in the therapy setting, means including, where possible and appropriate, an array or choice of interventions for the survivor to engage with, for example body integration work, CBT, group work and art therapy. This pluralistic 'way of being' as a service and/or practitioner provides the experience of choice, decision making, self-actualisation, self-determination and more within the rehabilitation space- the first steps in the agency framework.

Research specifically on pluralistic approaches found that clients show small improvements in outcomes, and large reductions in dropout, when the therapeutic approach matches their individual preferences (Lindhiem, Bennett, Trentacosta, & McLear, 2014; Swift, Callahan, & Vollmer, 2011). Research on therapeutic alliances suggest that client-therapist agreement on the tasks and goals of therapy is amongst the strongest predictor of therapeutic outcomes (Horvath, Del Re, Fluckinger, & Symonds, 2012; Tryon & Winograd, 2011). Furthermore, qualitative research indicates that clients find it helpful when therapists are flexible and responsive to their individual needs (Thompson et al., 2017, p. 490). As such, a pluralistic way of being as an organisation and/or practitioner is observed to provide better choice, connection and relevance to the survivor, ultimately leading to meaningful participation and in turn social impact.

Relationality

When the trauma is human made, a correction of the moral order is necessary for recovery which requires a social context of some kind. When referring to conflict related sexual violence, sociologist Ruth Seifert put it that the rape of women is "the symbolic rape of the body of [the] community. Public acts of rape are intended not only to physically destroy populations but to destroy religious and cultural symbols too" (Bourke, 2022, p.156). Humanistic integrative frameworks conceptualise recovery in terms of "addressing the cumulative biological, psychological and social components of the trauma response (Rogers, 1961).' (Forde and Duvvury, 2020, p. 634) For torture rehabilitation we have best practice principles for addressing clinical needs, less good research on how this works in situations of mass trauma, war or protracted conflict, and even less on the social components or interpersonal processes in need of repair from such circumstance. At times this is seen as separate or non-clinical work and the responsibility of development practitioners or peacebuilders; yet we can't compartmentalise a survivor.

Research with refugees identifies the harmful psychosocial consequences of organised violence and torture can hinder successful settlement in a host country (Aroche and Coello, 2022, p. 138). Studies on trauma responses indicate that the interaction of social support and current stressors play a key role

in the development of or recovery from PTSD (Hinton and Lewis-Fernández, 2011, p.790). Again from Peru, a description of a successful women's support group containing family members of victims from enforced disappearances states how their cultural background "leads them to act as a community. Their collective self allows them to transition from the experience of being individual victims into collectively accompanying each other to advocate for human rights and democracy" (Boyles et al., 2022, p. 36). Torture rehabilitation therapies need to start including more social, collective and relational concepts of healing. Torture especially is done to break the social fabric of families and communities. Therefore, rehabilitation processes must restore the ability of the family and/or community to act as an effective system of social support in order to foster and not compromise the individual or social body recovery. (Aroche and Coello, 2022).

Be non-directive

Recent research suggests that "Data regarding survivors' experiences and the relationship between the underlying dynamics of psychotherapy and the process of recovery are lacking." (Forde and Duvvury, 2021, p. 635). With this in mind, a common theme across the empowerment frameworks was about having deliberate participatory strategies or mechanisms for decision making which actively give voice and choice to those without it (Eerdewijk and Davids, 2014). The paradox is that what if a survivor is wanting or requires bold direction, guidance and technical insights? (Cooper, 2019). As clinicians we can often be quick to be prescriptive and deterministic. When it comes to nurturing agency for a survivor though, it's recognised that the power should shift over time, with the clinician becoming more of a facilitator, offering technical expertise only when requested or warranted.

Research by Forde & Duvvury (2021, p. 640) indicates that "Therapy that is non-directive, relational and meaning-focused provides a safe space for integration of the traumatic experience and integration of the self." This also allows for improved transcultural applicability of agency work as symptoms, coping skills and contextual or behavioural patterning are indicative of cultural ways of being (Hinton and Lewis-Fernández, 2011, p. 792) As clinicians therefore, we need 'occupational consciousness' (Ramugundo, 2013) which allows us to be cognisant of the hierarchies within or represented by us (ethnicity, biopower, clinical knowledge, etc) and within the institutions we represent. Providing space through less directive ways of engagement, either within the confines of clinical sessions themselves or incidental opportunities with the organisation, can cultivate and expand a survivor's sense of agency and sense of belonging.

Risks of survivor engagement work

It has been adequately emphasised, that survivors are not a homogenous group with homogenous needs for healing. But there is a need to have deliverable and systematised processes to pragmatically gain momentum and cohesively move forward as a network of torture treatment service providers. This requires the formation of indicators, measures, outputs and so on, in order to 'package' programs, ensure best practice, and provide accountability and social impact.

A risk with instrumentalising though, is that this work becomes another administrative and bureaucratic procedure, rather than a transformative one. It becomes depoliticized and assimilated rather than a navigational point being attuned to or able to direct the way forward. There is a risk of falling into the 'technocratic trap', requiring experts and scientists which simply reproduce systems of power and

hierarchy, rather than fostering change in the very survivors identified as needing agency.

The suggested framework conveyed here is interwoven with theory and examples in an attempt to advance understanding of the values, ideologies and critical consciousness which underpins it (Warren, 2007, p.191). What is needed now is robust conceptualisation of empowerment and agency within the torture rehabilitation sector, with support for member centres to localise, contextualise, monitor, evaluate and learn with and from each other's SE programs. Survivor's voices and knowledge from their lived experience need to inform policy and practice more. The risk though is the potential creation of a 'responsibility vacuum'. Survivor's might be experts in their own needs and healing requirements, but they aren't necessarily experts in the interventions, structures or systems around them. Also discussed previously is the intense and extensive impact of degradation, discrimination and deprivation for some survivors or collectives, and their capacities or beliefs for enacting agency is minimised. It would be negligent to prolong a survivor in such a space under the guise of 'agency'. Rather, this process should be recognised as dynamic and changing over time, where practitioners require self and organisational awareness in order to do bridge the gap.

There is also the possibility of slippage into notions where all responsibility is left to survivors to struggle as 'free agents' with assumptions of capacity, networks, desire, and mental resolve to make changes. The outcomes which are then constrained to only self-help groups, with limited safeguarding, meaning increased or unmanaged risk of re-traumatisation and/or revictimization. SL initiatives only would require both action and survival, possibly leading to isolation in the newfound independence. Neoliberal principles of individualistic agency are not necessarily the gold standard here, as multi-ple frameworks demonstrate the need for collective agency and social capital. Following on from this risk associated with individualised agency, is the potential to coerce, exploit and/or appropriate survivor's stories because of its power for political leveraging, funding interest, status or other organisational gains. Encouraging survivors to speak out must remain in their choice and control, with informed consent processes and withdrawal mechanisms designed to support and suit the survivor.

The final risk arising from survivor engagement work, but not necessarily made obvious throughout this paper, is the lack of a gender lens when it comes to SE. Lacking a gender lens could mean we don't consider the extent and nature of the shame and stigma associated with certain types of torture, particularly those including sexual violence, and how these impacts the genders differently. There is a need for better developed and sensitive SE response options in this area, as "Treatments proven to be effective for PTSD alone may be inadequate, or possibly even harmful, for Complex-PTSD" (Herman, 2012, p. 256). Responding to sexual violence requires more community work in terms of building sensitisation to the topic, nurturing solidarity networks and building opportunities for social repair. In terms of prevention work relating to sexual violence against women, principles of gender equality, social justice, and peace building are crucially intertwined (Tickner and True, 2018, p. 222).

Conclusion

Survivor engagement processes need to be multisectoral and context specific; coherent and synergised but as a 'differentiated whole' (Gunnarsson, 2011, p. 34). Survivors are not a homogenous group, with homogenous needs. Survivor engagement requires a real and deep understanding of intersectionality

experienced by survivors, so as to effectively build equity for the survivor across and within the fields of healing and justice. Survivor engagement is therefore about the redistribution of power through mechanisms that nurture agency and efficacy, both individually and collectively. It is about a voyage of empowerment, with an intentional meeting of survivors where they are at, then journeying with them in solidarity through choices, shifts, growth and reconfigurations. It is not prescriptive, but rather allows for dialogue and partnership. Survivor engagement is, at its core, about building and fostering conscious relationships between individuals, and then too across the social layers in society.

Ultimately, we cannot speak collectively of rehabilitation, justice or anti-torture work without speaking of transforming the systems that enable and create torture as a viable option for states in the first place, nor to the systems that entrench and maintain disadvantage after torture has occurred. Torture rehabilitation survivor engagement requires a global community, with strategic politics and pragmatic, innovative rehabilitation practices. The task is incomplete when only acknowledging what is good for survivors, without nurturing the means or resources by which survivors can change the conditions or future of their own lives for good.

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Annex 1. Survivor Engagement: IRCT Self Analysis Framework questions

Survivor Led	• Networks and social capital embedded within survivor communities • Service delivery model design and implementation led by survivors • Multidisciplinary and multisectoral engagement direct with survivors • Knowledge generation and retention with survivor networks • Decision making, resource use & response led by survivors • Meaningful leadership, management and staff roles, and representation by survivors • Access to funding for survivor led initiatives • Survivor led policy reform and development processes
Delegated Power	• Dissemination of services decentralised i.e. increased outpatient, outreach and community based settings or services • Community outreach processes through survivor networks • Culture and language support needs accommodated for and within service • Social mobilisation and community participation increased • Improved service access and referral mechanisms • Significant empowerment of survivors as individuals and collectives as their skills and capacities grow • Survivors enable service access and design • Survivors as collaborators in program implementation and management
Partnership	• Portions of service delivery in control of survivor • Redistribution of power & decision making • Mutual recognition or need of skill sets • Improved agency (self & collective) in programmatic activities • Improved cultural appropriateness and accessibility • Improved social capital and cohesion • Paid positions and representation on staff or program teams
Consultation/ Advisory	• Active contribution of ideas & recommendations • Platforms for enquiry, feedback or evaluations • 'Survivor-informed' programming or design • Increased but limited decision making over programs • Enhanced social capital • Requires transparency and follow up on use of feedback
Information Provision	• Dissemination in survivors language • Education activities • Rights, Policies, Feedback mechanisms • Building survivors capacity & skill set • First step of empowerment and informed decision making • Promoting independence & autonomy • Fostering self-determination • Limited power or decision making over programs
Therapy/ Client Role	• Restore and establish safety • Restore dignity • Provide opportunity for client autonomy • Language and/or cultural support in meetings • Survivor led decision making in therapeutic planning • Access to specialised services or medical care • Survivors choice in therapy accessed • Family or carer participation • Client consent on information storage and sharing

Overview

This tool is designed to support organisations to reflect on their practice in relation to survivor-engagement, according to their own contexts. It provides a framework from which to look closely at different organisational capacities, strengths and potential growth points. This framework does not advocate for one type of positioning over another, because it requires consideration of the broader socio-political and contextual factors that influences service delivery.

It is not a formal assessment or evaluation tool, and will not be used to compare centres or regions. It will simply support a mapping of survivor engagement initiatives, support a 'community of practice' and inform future programming for Survivor Engagement with the IRCT.

Purpose

1. To provide an ongoing reflexive tool for measuring, monitoring and service delivery navigation in relation to survivor engagement activities
2. To improve and increase levels of survivor engagement across the sectors relating to rehabilitation work, share working knowledge and enhance cross collaboration from experts in the field
3. To outline/translate standards or policies into actionable deliverables or mechanisms

Steps involved:

1. Review all framework questions through dialogue and discussion in your organisation
2. In the space provided write your brief answer
3. Rate your organisation using the Survivor Engagement participation scale
4. For the sectors not relevant or not applicable, provide a brief reason as to why, Examples could include, but are not limited to: Not politically safe; No funding; Limited Skill set or expertise; Not within mandate
5. Share results- help us understand where the challenges, barriers and limitations lie. Focal point, IRCT Survivor Engagement, Project Associate, Carmen Araujo car@irct,org
6. Consider strengthening growth points through our subgranting program or your own adjustments or action plans as a result of this review
7. Re-assess or refer back to the framework or additional resources as needed to assist in service delivery navigation

Rating Scale

CR	IP	C/A	P	DP	SL
Therapy/ Client Role	Information provision	Consultation/ Advisory	Partnership	Delegated Power	Survivor Led

1. How are your organisational policies and procedures designed, implemented and reviewed?

Explanation/Answer

CR	IP	C/A	P	DP	SL	*N/A*

2. In what ways does the survivor choose, decide or engage with your service activities?

Explanation/Answer

CR	IP	C/A	P	DP	SL	*N/A*

3. In what ways are the survivor's family, carer or community involved and/or able to access your service and referral mechanisms?

Explanation/Answer

CR	IP	C/A	P	DP	SL	*N/A*

4. How is your constitution designed, upheld or reviewed? Does it include or recognise survivors in positions of decision making?

Explanation/Answer

CR	IP	C/A	P	DP	SL	*N/A*

5. In what ways are survivors represented on your staff, management or board?

Explanation/Answer

CR	IP	C/A	P	DP	SL	*N/A*

6. How are survivors included in decision making processes or mechanisms for your organisation?

Explanation/Answer

CR	IP	C/A	P	DP	SL	*N/A*

7. How are survivors involved in your service delivery model?

Explanation/Answer

CR	IP	C/A	P	DP	SL	*N/A*

8. What processes are available to enable and promote feedback or review of programs by survivors?

Explanation/Answer

CR	IP	C/A	P	DP	SL	*N/A*

9. How does your organisation demonstrate accountability, uphold best practice standards or ensure quality assurance to survivors?

Explanation/Answer

CR	IP	C/A	P	DP	SL	*N/A*

10. In what ways are survivors involved in monitoring, evaluation or impact mapping for your organisation

Explanation/Answer

CR	IP	C/A	P	DP	SL	*N/A*

11. In what ways do survivors access capacity building, skills training or mentorship activities within your programs?

Explanation/Answer

CR	IP	C/A	P	DP	SL	*N/A*

12. How are referral processes, social support networks or multisectoral engagement processes done?

Explanation/Answer

CR	IP	C/A	P	DP	SL	*N/A*

13. In what ways are survivors involved in knowledge and insight generation, or sharing of best practice related to your organisation/sector?

Explanation/Answer

CR	IP	C/A	P	DP	SL	*N/A*

14. How are survivors involved in research activities or communities of practice in your organisation/ sector?

Explanation/Answer

CR	IP	C/A	P	DP	SL	*N/A*

15. In what ways are survivors involved in the fight against torture or the anti-torture movement in your agency/sector?

Explanation/Answer

CR	IP	C/A	P	DP	SL	*N/A*

16. How are survivors involved in health promotion, prevention and resilience building measures for themselves and/or their communities?

Explanation/Answer

CR	IP	C/A	P	DP	SL	*N/A*

17. How are survivors involved in influencing policy or legislative design or reform from your organisation?

Explanation/Answer

CR	IP	C/A	P	DP	SL	*N/A*

18. In what ways are survivors engaged in designing and delivering advocacy strategies or activities?

Explanation/Answer

CR	IP	C/A	P	DP	SL	*N/A*

19. How are survivors involved in risk management protocol relating to re-traumatisation, public exposure and/or exploitation/appropriation of their stories

Explanation/Answer

CR	IP	C/A	P	DP	SL	*N/A*

20. How are survivors involved in influencing processes related to justice and accountability measures?

Explanation/Answer

CR	IP	C/A	P	DP	SL	N/A

21. In what ways are survivors engaged with national or international rapporteurs, commissions or enquiry processes?

Explanation/Answer

CR	IP	C/A	P	DP	SL	N/A

22. How are survivors involved in awareness raising and information dissemination through their communities or collectives?

Explanation/Answer

CR	IP	C/A	P	DP	SL	N/A

23. In what ways are survivors involved in designing and delivery campaigns, speak outs, or public discourse/opinion?

Explanation/Answer

CR	IP	C/A	P	DP	SL	N/A

24. In what ways are survivors involved in peer support, community led or solidarity networks?

Explanation/Answer

CR	IP	C/A	P	DP	SL	N/A