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Survivor-organisation in the search for justice and reparation: a vision from grassroots organising

Pau Pérez-Sales[1]

This issue of Torture Journal is devoted to one of the strategic objectives of the IRCT and one of the priorities of the United Nations Voluntary Fund for Victims of Torture: to increase the participation of survivors in rehabilitation programmes.

There have been important theoretical developments in the field - outlined in this issue in the review by Wyatt et al. that opens the special section. Furthermore, Einholff and colleagues have undertaken a significant review of good practice experiences among IRCT partner centres, also published in this issue.

In this editorial, we would like to add a perspective based on historical experiences of organisational processes of victims of political violence and recover some of the lessons learned as contributions to the debate.

This is important as, historically, most of the achievements in the struggle for truth, justice and reparation have been led by victims. Currently, when there are discussions regarding the incorporation of the survivors' perspective in human rights work, the voice of refugee centres from the global North prevails. Nonetheless, survivor-led programmes are at the heart of social and collective movements in the Global South. For instance, many organisations in Latin America have been working with a rehabilitation model where survivors' participation was always at the core of their interventions and where therapists were, more often than not, victims themselves.

Hence, in the first part of this editorial, we would like to highlight the experience of some survivors' organisations that have marked a *before* and *after* in the history of the fight against torture and for human rights. In the second we will try to recover some of the key points of the debates at that time with a focus on Latin American experiences, and draw some conclusions that might enrich the debate on survivor's participation.

Three examples of survivor-led organisations.

We would like to briefly recover the story of CONAVIGUA (Guatemala), the Khulumani Support Groups (South Africa) and MOVICE (Colombia)

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International Rehabilitation Council for Torture Victims.

1.- CONAVIGUA – Coordinadora Nacional de Viudas de Guatemala - National Coordination of Widows of Guatemala[1]

CONAVIGUA was established at an assembly on the 10th, 11th and 12th of September 1988It was created as a women's organisation that acted in defence of the individual and collective rights of indigenous peoples, especially Mayan women. Some women were direct victims of sexual violence or torture. Others were relatives of people who had disappeared or had to seek refuge in exile.

They started through *actions of economic survival* in areas of extreme poverty, under the protection of the Catholic Church. Soon, both them and the church began to suffer massive repression and this made them aware of the need to unite and to have a more political and vindicative character. Class awareness and their subsequent positioning as political actors were born as a means of resistance in the face of repression. They started with a small community private spaces of mutual support to make the move into the sphere of protest and advocacy while trying, at the same time, to solve the problems of economic survival and livelihoods. They demanded the right to search for their relatives, the cessation of forced recruitment and the protection of their children. The organisation had a great deal of internal debate about the possibility of resorting to the justice system. As indigenous women, they were sceptical of its usefulness and feared that the judiciary, which lacked (and still lacks) independence, would eventually turn against them. For this reason, the litigation and legal area was the last to be developed.

How are they organised? At its peak of work, with thousands of women affiliated along the indigenous areas of the country, CONAVIGUA had a complex structure composed exclusively of survivors, although they counted on the work of technicians that they hired. They had local and regional committees that gathered in a national assembly that elected the executive governing body. After several internal discussions, the women decided to organise their work in 5 areas, showing which would be the priorities for a survivor-led organisation that works 100% under the priorities and needs of survivors[2]: 1. *Organisational*

1 The case of CONAVIGUA is the expression of a generation of groups that emerged as forms of resistance among peasant and indigenous women in the face of violence. This is the case of Mamá Maquin in Chiapas, COMADRES (Comité de Madres y Familias de Presos, Desaparecidos y Asesinados Politicos de El Salvador Monseñor Oscar Arnulfo Romero) and other similar movements. In some cases its function is more linked to handicrafts as a means of survival (sackcloth or other), in others to sharing resources (common pots) and in some it is acquiring greater and stronger political awareness and organisational and structural capacity to ask for justice and reparation. In almost all of them, the Catholic Church played a fundamental role first, and then some evangelical churches. In Guatemala there were other organisations of survivors that also organised as a form of resistance: Grupo de Apoyo Mutuo (GAM)

2 1. *Organisational Strengthening:* This area was designed to raise awareness of the organisation and broaden its social base and carrying out participatory diagnoses in the small rural communities in order to define local development strategies with an indigenous and gender perspective. Over time, they sought to develop teams capable of formulating and managing programmes and projects at a local level in each territory using participatory-action-research methodologies. 2. *Education and Training Programme:* to detect and train female traditional leaders and new young potential leaders who could play a role in social healing and community development. 3. *Communication and Advocacy Programme;* 4. *Justice and Dignity Programme:* devoted to following up on the Peace Agreements and the recommendations of the Historical Clarification Commission, supporting

Strengthening; 2. *Education and Training.* 3. *Communication and Advocacy;* 4. *Justice and Dignity*. 5. *Youth Programme* (see footnote)

What is striking about the CONAVIGUA process is how they were able to integrate Mayan and women thinking with the external logic of a globalised world and, without losing their community and assembly identity, know how to have a strategic perspective, keeping one focus on economic survival and the other on political struggle.

2.- Khulumani Support Group – South Africa

The Khulumani groups constitute a unique international experience of a survivor-led self-organisation process, which has been the subject of extensive literature. Khulumani (Zulu for "Speak Out!") was formed in 1995, largely by survivors and families of the political violence that happened in the 1980s. With over 5,000 official members but many more cooperating with it, it had branches in many parts of the country[3]. Unlike CONAVIGUA, Khulumani began with the initiative of the Centre for the Study of Violence and Reconciliation (CSVR), but due to its strength and nature, Khulumani continued to work as an autonomous organisation since 1999.

Furthermore, while CONAVIGUA was oriented in its origins towards community development and later evolved to the pursuit of justice, Khulumani focused on supporting survivors in the process of testifying before the Truth Commission (TRC) and negotiating with the government on reparation policies for victims. In this sense, its objectives were initially more oriented towards psychological well-being and mutual support and soon also evolved through doing strong advocacy work linked to justice processes. This was part of internal discussions when they realised that neither the Commission met the expectations of the survivors, nor did the government fulfil most of the promises it had made regarding reparations. Hence, they adopted an increasingly combative tone that did not conform to the classical role assigned to survivors. As it happened in Guatemala, trauma-based models were not useful in a context where the number of victims was enormous, some in remote communities hundreds of kilometres away and without telephone communication, culture and religion played a key role and the approach, historically, had always been community-based. Attempts to create counselling strategies or trauma-informed models of *therapy* failed (Hamber et al., 2000). They worked through community workshops where survivors shared their testimony and carried out symbolic exercises. From 1995 to 1998, up to 35 Khulumani groups were operated in different geographical areas and articulated into a national organisation, with a steering committee and a central administrative office in Johannesburg, only staffed by survivors or relatives. Most of the survivors that were leading the process were, as in Guatemala, powerful women (Hamber et al., 2000), but contrary to the experience there, the organisation did not have plans to include new generations and young people felt increasingly detached and felt that the organisation's mission did not reflect their current problems of unemployment and lack of access to education. This weakened the organisation.

processes of exhumation of mass graves, working with families of the disappeared and torture survivors and promoting legal processes to seek justice and redress. 5. *Youth Programme*: focused on the development of young women from new generations to pass on the organisation's legacy and to ensure the continuity of CONAVIGUA'S work when the old leaders retire.

3 https://khulumani.net/about-us/

When the Truth Commission ended its work, there was a sense of frustration[4]: it did not fulfil the needs for truth and justice and did not address the concerns around poverty and livelihoods (Wilson, 2001) disclosing the dangers of transitional processes that are not rooted enough on survivors' participation (Bohler-Muller, 2013).

All this together led Khulumani towards a slow and progressive development of an area of strategic litigation, both nationally and internationally, which sought to achieve part of what the state had denied to them. Furthermore, Khulumani had a powerful network of grassroots groups that demanded an active focus on facing the marginalised and impoverished situation of most of the survivors and began some pilot processes of community diagnosis through participatory-action research methodologies (Tshepiso, 2007), very similar to those developed in Latin America (Sishuba et al., 2017). They found that social transformation in the present required redress for abuses in the past, and the difficulties of being a social movement with a political perspective and the focus on activism and at the same time entering the logic of NGOs. The challenge of evolving without losing the roots[5][6] and integrating historical claims with the needs of young urban populations (Brankovic et al., 2020).

It is not difficult to see the parallels and shared challenges of two extraordinarily powerful experiences that have tried to maintain a holistic and grassroots perspective on working with survivors of political violence and torture.

3.- MOVICE. Movimiento Nacional de Víctimas de Crímenes De Estado – National Movement of Victims of State Crimes - Colombia[7]

MOVICE in Colombia is a unique and powerful initiative consisting of a survivor-led organisational process taking place amid a conflict. It will soon be twenty years since its official establishment in 2005, by the confluence of more than 200 small organisations of victims of displacement, torture, forced disappearance and extrajudicial executions.

The origin of the movement began in 1996 when an initial group of 17 organisations from different ideological, political and religious backgrounds promoted the *Colombia Never More* project, an attempt at a "truth commission" carried out and led by survivors

4 On the one hand, it recorded 22,000 statements; while the Khulumani database documented over 90,000 records of people who fit the categories accepted by the commission. Accordingly, the government provided "final reparations" to around 16,100 people, a fraction of those claimed by Khulumani. Furthermore, the amount paid out was a quarter of that recommended by the Truth commissioners, clearly not enough to rebuild a life project (Norval, 2009). Additionally, while most perpetrators refused to give testimony before the commission, the government only charged a very small group of perpetrators for apartheid violations (Bohler-Muller, 2013).

5 The group developed methodologies like The River of Life to help stablish the links between past and future in the workshops.

6 Also the complexities of participatory-action processes including the value of negotiating levels of participation between survivors, committees and external consultants, the utility of capacity building, regular learning, monitoring and evaluation exercises, the need for flexibility to adjust expectancies of donors to the times and evolving needs of survivors, tailored trainings to the skills needed for everyday problems in each local community over general trainings, the usefulness of keeping a collaborative work at all stages, the cultural barriers between consultants and survivors, and the need of training while at the same time not overburdening survivors.

7 https://movimientodevictimas.org/

(Barrero & Jaime, 2010) that tried to learn from the positive and less positive learnings of the polemic South African Truth Commission and the participation of survivors in it. The project was developed all around the country in the context of constant threats, torture, kidnappings, disappearances and assassinations.

The MOVICE was set up as a National Movement with a decentralised structure of regional "chapters" (Capitulos) with an additional Chapter for people in exile. Despite the vast size of the movement, it combined a horizontal structure that submitted most strategic decisions to root and local consultation processes, with a complex coordination area that included the Impulse Committee, different technical and operational committees, a technical secretariat, a spokespersons' commission, an ethical commission and ten sectorial and thematic workgroups, who provided a constant source of debate and initiatives at all levels. This was made possible by the markedly urban character of the core promoters, with a solid ideological, technical and political background, with deep roots in political structures and academia. At the same time, MOVICE was rooted in participatory action-research processes, developed to the extent that security concerns allowed to make the work visible.

MOVICE represents a unique Movement in which an important part of the leaders are at the same time professionals, which means that a highly skilled vision can be combined with the logic of victimhood. The *Colombia Never More* database has nourished the database of the official Truth Commission (Comision de la Verdad, 2022). On behalf of the survivors, the Movement has become an advocate with the national and regional authorities in legislative measures related to victims, including psychosocial support and reparation, with a wide range of initiatives involving community mobilization, memory, defence of the land, exhumations and search for truth, and advocacy and strategic litigation both in individual and collective cases (Castro, C. y Melo, 2015; Gomez, 2015; Vidales, 2014). Furthermore, the Movement has always developed initiatives to be in tune with the current struggles of the new Colombian generations expressed in different national wide uprisings since 2018. MOVICE has probably been the most important survivors' movement of the 21st century in Latin America.

These three cases are among the hundreds of similar experiences that have been developed by victims and they reveal some common elements. In some cases, the starting point for gathering efforts was memory (MOVICE), in others the support to witnesses and communities (Khulumani) and in others the basic day-to-day needs of survival (CONAVIGUA), but in the three cases there is an expansion and growth towards a holistic approach that combines [1] a focus on the practical difficulties of daily struggle and poverty, [2] mutual support and empowering, [3] promoting a participatory structure and internal capacity at both organisational and community levels combined with teamwork and training, [4] political advocacy and community sensitization including litigation.

Implications for victim rehabilitation programmes.

These historical processes are undoubtedly a source of learning. None of them had *rehabilitation* at the forefront of activities, although well-being and support have always been an integral part of the overall process. In contexts of massive human rights violations, Western models of intervention with trained professionals have been difficult to apply. There are not enough qualified professionals, within a weak public mental health network, usually centred on a community mental health centre

or a psychiatric hospital, with little community work. Added to this is the stigma of mental illness, especially damaging when torture is a political condition and not an illness. In the end, if not corrected, rehabilitation services tend to attend survivors where psychotherapy is a culturally congruent concept and where people are fluent enough to move and ask in their search for treatment. Outreach programs are essential and survivors are in a unique position to undertake community activities with a focus on detecting people with severe suffering and to provide the initial stages of counselling.

Rehabilitation programmes with a full community-based approach make it possible to reach a larger number of people affected, but they are hardly sustainable and generate disenchantment if they are not accompanied by other measures (justice, truth, development, etc.). A victim-inclusive approach should (a) integrate the work within a public health model with a national perspective, in which victim-led actions would be at the first levels of the pyramid of intervention (b) participatory diagnoses of the needs of survivors and affected communities, including historical, material and symbolic elements, (c) training of trainers processes with survivors who can work in daily proximity with those affected, with non-medical approaches based on local conceptions of trauma and community breakdown. (d) referral and counter-referral systems connecting actions with the remaining levels of the intervention pyramid, where clinical work complements community work.

Experiences of involving survivors in rehabilitation processes

There have been many interesting experiences in Latin America, Africa and India based on training people from the community of survivors as human rights, health or mental health promoters. A good example is El Salvador where, during the war, and usually with the support of the churches, many initiatives could work silently during the conflict. ACISAM (Association for Training and Research on Mental Health) still works and uses popular education techniques to develop coordination, training, research, support groups, direct action and participatory communication to address issues affecting post-war mental health. Perhaps the most impressive experience is that of the Communities of Population in Resistance (CPR) in Guatemala. Mayan families who for several decades between the 1970s and 1990s lived hidden in the Ixil area, in northern Guatemala, protecting themselves from the different armed actors. They developed a way of resistance by moving constantly. In extremely precarious conditions, the CPR were able to build an autonomous, self-managed mental health system based on health promotors trained clandestinely. Through oral transmission and combining Mayan rites and basic psychological skills, they provided stable peer support to the families that were under constant threat and stress[8].

In El Salvador, the Universidad Centro-Americana (Central American University) where Ignacio Martin-Baró, the founder of the Liberation Psychology Movement (Martin-Baro, 1990), promoted efforts around these models, tried to create a stable network of promoters covering the whole country. The aim was for this network to provide care for victims of armed conflict based on bonds of trust between survivors. Over three years, they trained more than a thousand mental health and psychosocial promoters from the areas

8 IACHR (1994). "Special report on the human rights situation of the so-called "Communities of People in Resistance" in Guatemala". Inter-American Commission on Human Rights. Organisation of American States (OAS)

most affected by political violence. *Mental health by and for victims* was seen a political menace, a it empowered potential enemies. The UCA learnt soon that training people was not enough and nationwide systems based on promotors are extremely difficult to sustain unless there is strong economic support and on-going training and accompaniment that only coordination with the public health system or a long-term compromise by iNGO's can provide, even if the communities assumed some kind of compensation for the people involved. Similar experiences in Nicaragua, Colombia and Ecuador have shown that these initiatives have proven very successful in the short term. Their applicability in protracted conflicts remains an issue, probably requiring some kind of salary and institutionalisation of the survivors involved. There have also been some similar experiences in Asian and African contexts (Jong, 2002)

In countries where there was no precedent, many of the pioneering torture survivors' rehabilitation centres were created and led by torture survivors (EATIP et al., 2002). The reference book for many years in the clinical care of torture victims in Spanish-speaking countries has been Marcelo Viñar's *Fractures of Memory*. The book, published in exile, is based on the description of clinical cases of torture survivors, the first of which is, under a pseudonym, that of the author's own torture. The working model, far from the Western concepts of PTSD, draws on the sources of the victim's own experience to describe the identity rupture that the experience of torture entails and the way to approach it in therapy. Similar experiences have permeated the texts of *Tortura Nunca Mais* (Brazil), *EATIP* (Argentina) or *SERSOC* (Uruguay) to mention but a few (Kordon et al., 2005; Lira et al., 2022; Pérez-Sales, 1999; Viñar & Ulriksen, 1990; Vi-tal-Brasil, 2018).

In some countries, the State has developed clinical and community programs for survivors that have prioritised hiring professionals who have been victims themselves or who are relatives of victims. Moreover, the protocols are sometimes based on models rooted in the experience of victims' organisations. The well-known PRAIS (Programa de Reparación y Atención Integral en Salud y Derechos Humanos - Programme of Reparation and Integral Health and Human Rights Care) in Chile is a unique experience and, probably, the best example to follow worldwide. PRAIS is a programme of the Ministry of Health that provides free medical and psychological assistance to torture survivors through 28 multidisciplinary teams in all regions of the country. Although initially designed for victims of human rights violations that occurred between September 1973 and March 1990, it now covers second and third-generation impacts. Furthermore, after the last popular mobilisations of 2019, in which police repression caused thousands of people to be injured in demonstrations, the professionals of the PRAIS teams took on tasks of clinical care of the new victims. Not with full government support, the new generations of children and grandchildren of the victims took on the experience of their parents to respond to the new victims of torture.

Finally, an important and unique experience of survivor participation is the State-funded Psychosocial and Integral Health Care Programme for Victims (PAPSIVI) in Colombia. Although much more limited in scope and temporal projection than PRAIS, the PAPSIVI programme has teams in most regions of the country. Interestingly, as a consequence of a strong survivor's advocacy work, the program developed a pioneering initiative of a cross-cutvting strategy of survivor participation, through monitoring *mesas* (working

Table 1. Roadblocks for survivor-led initiatives when seeking justice

Human rights agenda of supporting organisations

Pressure to litigate

Phase 1
Pre-trial

- Danger / Threats
- Fear of Reprisals
- False accusations / fabricated cases by police or perpetrators

-Scepticism about the independence of the judiciary
-Social pressure towards as a moral value
- Religions or family/political/ cultural models that encourage resignation

-Burden of proof lies with the victim.
- Ineffective or poorly trained forensic systems / Risk of being considered as "non-credible" / "inconsistent" due to lack of physical marks - Humiliation
-Exposure to questioning in public
Exposure to social networks and media
- Lack of a gender perspective

Direct and indirect economic costs

Timeframe: Litigation takes many years, even decades. Exhaustion and burnt out

Phase 2
Trial

-Language and cultural issues
- Stigma and xenophobia
- Feeling alone or part of a collective action
-Social climate towards search for justice and reparation and attitude of media

Phase 3
Post-Trial

- Frustration and helplessness if a likely negative outcome happens
- Negative jurisprudence for future cases
- Even if a positive outcome, reparation linked to economic measures and lack of elements related to moral damage and dignity
- It will unlikely address the structural roots of victimhood
- Past experiences of amnesties and pardons in similar cases

tables) at local and regional levels. Through these working tables, survivors are an active part and supervise the design, implementation, follow-up and evaluation of the PAPSIVI program in regular monthly or bi-monthly accountability meetings at departmental, regional and national levels. Unnecessary to say that MOVICE has been key in this process, besides the organisations that have historically been closer to torture survivors, Corporacion AVRE or Fundación Vínculos[9].

The special complexity of victims' participation in legal proceedings. The psycho-legal approach.

Of all the elements in which interaction and work between survivors and professional teams is delicate, the most complex is probably the accompaniment during litigation. We would like to devote a special focus to it. It has classically been said that justice has a restorative value and that there is a connection between truth, justice and overcoming trauma. But this relationship is far more complex than it might appear at first sight. Table 1 shows a summary of roadblocks for survivor-led initiatives when seeking justice.

Survivor participation is essential in litigation, but this means an open and transparent discussion of all the roadblocks and a joint work to overcome them.

9 Corporación AVRE and Corporación Vínculos. 2011. Modules of the "Diploma in Psychosocial Accompaniment Tools for Victims of Political Violence. Psychosocial and Mental Health Accompaniment in Rehabilitation Processes for Victims of Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment in Colombia". Bogotá. Pp. 10.

This entails addressing at least 11 essential aspects

1. What are the advantages and disadvantages of taking a legal route?
2. What are the motivations of the victim: official acknowledgement of the facts, recognition of the suffering, moral restoration, financial or other compensation, prosecution of the perpetrators or other. Discuss to what extent a trial is a space in which these (or other) expectations can be fulfilled and steps to achieve them.
3. Is it important for the person to set precedents for other cases similar to his or her own? What risks are there if the outcome is negative?
4. Scenario forecasting: what happens if all goes well; what happens if all goes badly; what is likely to happen.
5. What is required of the victim, what is the level of media exposure.
6. What are the potential security risks and how to deal with them. How far is the person willing to go?
7. What are the economic costs in an optimistic scenario and in a pessimistic scenario.
8. What are the agendas of the different actors: what are the human rights organisations pursuing? what are the social movements or support groups pursuing? what is the victim pursuing? Are these agendas compatible? Can they be made to be so?
9. Does the person have the conviction and strength to sustain a process that can last for years? Is there a risk of burnout? Can a pedagogical team provide advice and support?
10. Can the person sustain a pressurising interrogation or the pressure of a courtroom? Is it possible to train these aspects?
11. Does the survivor have enough information to manage the process and make key decisions? What additional information must be sought?

Table 2 shows some practical examples
In many cases, a legal process can mean the victim enters a situation of "life in detention" that lasts for years.

Table 2. Examples of topics to be addressed in the psychological work with a survivor-led litigation process

- In a torture trial, maintaining a high media presence may mean multiplying the impact of the legal process, but may put the victim or witnesses at serious security risks.
- To be successful, it is important to have an expert testimony that exposes the facts, the suffering and the damage, but this information can be humiliating, or give the perpetrators the impression that they have achieved their goal of breaking the person. How will the survivor live through this process?
- Re-victimisation can occur if judges, prosecutors or lawyers for the other side maintain an attitude that questions credibility or evidence. Is the person prepared to deal with such situations?
- In some places, victims who denounce torture are in turn denounced by the police for having been the aggressors or for having carried out violent acts, sometimes with heavy sentences. Or the police may accuse the victim of defamation and damage to honour. What to do in such cases, and are the consequences manageable?

The key to a victim-led process is that the victim is in control of what happens at all times. Accompaniment teams help in this interlocution and work on critical moments (press conferences and statements, trials, forensic evaluations, confrontations with perpe-

trators and others). And to do so, they learn to deal with insecurity and fear.

Beyond the participation of survivors per se, accompaniment programmes are required to ensure that the overall process can have a reparative value. This is an enormous challenge that requires an investment of energy from a multidisciplinary legal and psychological perspective.

Of course, from a long-term perspective of democratic strengthening and empowerment, and according to the experiences reviewed above, these processes should ideally be developed by self-organised survivors themselves, creating systems of interlocution between these grassroots movements and the psychosocial and legal structures that will support them.

From a holistic perspective of shared knowledge and alliances, this would mean investing time and efforts in supporting the creation of survivors' associations (which would ultimately lead the process), as a previous step to wide-scale legal processes. It means trying to build a working team linking the legal and psychosocial teams with the survivors (or their organisations) seeking, as far as possible, a direct interaction between survivors and justice structures to give voice and stimulate self-management processes led and developed by survivors.

In Latin America, this has been labelled a *psycho-legal approach* (enfoque psicojurídico). What is most relevant is how the work is approached in pre-trial, trial and post-trial stages unfolded in a way in which, seen as a whole, this process of searching for justice has had an empowering and restorative effect because, as a survivor-led process, means gaining control, facing fears and memories and struggling for dignity and moral reparation[10].

The Sepur Zarco case

An example of how this working alliance is articulated and what a survivor-led legal process works is the historical Sepur Zarco case in Guatemala. It was known that the indigenous women of the Sepur Zarco village, who had for years gone to the military base to work for the soldiers, were, used as sex slaves. The women kept a pact of silence for decades, even after the military left, to avoid personal humiliation for themselves and their children, and the possibility of being accused and rejected by their husbands according to old traditional patriarchal values.

A mutual support group developed with the aid of the Guatemalan human rights organisation ECAP and the Unión Nacional de Mujeres Guatemaltecas (National Union of Guatemalan Women) made it possible to open up spaces for the women to speak out. It took years of work before this mutual support group of women felt strong enough to decide to take legal action through a legal organisation, (Mujeres Transformando el Mundo -MTM / Women Changing the World), which was accustomed to working with an integrated psycho-legal perspective where survivors lead the process (LeDuc, 2018; Lira et al., 2022). The three pillars (survivors, psychosocial and legal teams) worked hand in hand for nearly a decade until a historic conviction of two high-ranking army officers in charge of the military place of Sepur Zarco for multiple acts of sexual assault and torture. The image of these women with their faces

10 Of course, this is not to the detriment of implementing essential reforms of legal systems. From a psychosocial point of view, there should be systems of internal accountability that ensure that no legal process involving victims can last longer than 5 years, with a desirable maximum of 3 years. Longer times create scepticism, frustration and causes the process to lose much of its restorative value.

covered with their headscarves during the trial, and the way they uncovered and showed their faces after the sentence was read, has become mythical and a symbol of the reparative potential of strategic litigation with a psycho-legal perspective

Therefore, survivor engagement is not an innovative approach in itself, as it has been present in many Global South survivor organisations, yet some elements can be integrated and challenges can be addressed when following a survivor-centred approach in Global North's anti-torture organisations.

In this issue

The Journal has a Special Section on Survivor Engagement in the Rehabilitation of Torture Survivors. Susan Wyatt opens the section with a paper that reflects on the notions of restoring power or 'agency' to survivors, discussing different conceptual frameworks and pathways for effective and strategic mechanisms for facilitating 'agency' within the spectrum of torture rehabilitation. This paper deep dives into theories on agency, looking at the broader models that provide commonality and structure, exploring characteristics from different contexts, and discussing implications for practice protracted from the findings. Einolf et al. present a qualitative study that explores current practices, best practices, and the advantages and disadvantages of engaging survivors in the direction and provision of rehabilitation services. It discusses re-traumatization and presents practices that involve engaging survivors in ways that do not instigate their trauma. Henceforth, Seini O'Connor and colleagues contribute to the special section with three articles. The first one describes TASSC's model for engaging survivors in advocacy and presents evidence of the personal impacts such engagement can have. The second one looks at the characteristics of survivors who engage in advocacy in comparison with those who do not. The third one explores survivor engagement in the form of cultural facilitation, drawing on a case example of cultural bridging involving a pilot programme to train torture survivors and former refugees to become cross-cultural facilitators supporting mental health services for displaced communities. Moreover, Rachel Hoare further expands on the benefits of the befriending programme within Spirasi's holistic approach and the importance of collaborative expressive arts activities in building befriending relationships. She does this through an empirical study that explores, in complementary ways, the impact of this befriending programme on befrienders and befriendees and incorporates their voices into recommendations for optimising the service. The special section is closed with the contribution from Mikel Soto, a torture survivor from Navarra (Spain) that presents the survivor-lead experience of the Network of Tortured People of Navarre and analyses the keys to this process of collective empowerment, describing the self-organising process of the victims and some lessons that may be useful for other realities and groups of torture victims who want to engage in self-organising processes.

The Perspective section entails two contributions. José Quiroga and Ana Deutsch share their memories to describe and reconstruct the journey to the development of forensic torture assessment tools, before the existence of the Istanbul Protocol. They review the historical precedents of the Forensic Assessment of Torture Survivors in the US in the 1970s and 1980s, the first model of affidavit developed in Los Angeles, setting the precedents of the US branch of the construction of the Istanbul Protocol that was developed in the late 1990s.

Christian DeVos and colleagues explore extra-carceral governmental actions that con-

stitute torture or ill-treatment of socially and economically marginalized populations, advocating for a more contextual approach to the understanding of what constitutes torture or ill-treatment, and, consequently, a more expansive interpretation of states' obligations to prohibit and prevent it under international law. Building on examples that unsettle the conventional understanding of torture focused on carceral and custodial settings, they also offer recommendations for how clinicians and health and human rights researchers, can better elucidate the links among torture, poverty, and vulnerability to hold perpetrators accountable and help states develop laws, policies, and other measures to prevent the perpetration of state-promoted or sanctioned acts of torture or ill-treatment.

This is followed by a contribution from Daniel Weishut and colleagues with insights about the use of the updated version of the Istanbul Protocol in Israel, as collected by a group of experts in the documentation of torture and ill-treatment.

This issue also includes a book review by Giulia Berta of the volume Migration and Torture in Today's World, curated by Fabio Perocco and published by Ca' Foscari Editions in 2023.

Finally, we celebrate that Dr Mahmud Sehwail's paper "Personal Reflection" won the 2022 CTI Prize, after being the most voted by the IRCT membership and the Torture Journal readership. Congratulations, Dr. Mahmud!

All together make 185 pages of an issue that we hope will constitute a useful merge of theory and ideas for action for our readership.

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

Susan Wyatt[1]

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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International Rehabilitation Council for Torture Victims.

- '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 depolitcization 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	
		Grow	Belonging	Non-familial connectedness,	
4. Relationality • Re-engage • Reparative • Belonging • Solidarity	Community mobility	Re-engage		Family connectedness	Delegated Power
			Generosity (Collective Well-being)		
5. Action • Future planning • Collective action	Preference versus inequality	Truth & Repair (Justice)		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 services 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 community 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 multiple 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*

Best practices in survivor engagement in IRCT member centres

Christopher Einolf[1], Susan Wyatt[2] and Carmen Araujo Márquez[2]

Key points of interest

- Survivor engagement empowers torture treatment centres.
- Survivors can be engaged in program direction, service provision, and advocacy without being retraumatized.
- Best practices include nine ways to engage survivors that other centres can adopt.

Abstract:

Introduction: While the literature encourages engaging torture survivors in the direction and provision of services, little is known about how best to do this.

Method: We surveyed 82 member centres of the International Rehabilitation Council for Torture Victims (IRCT), a worldwide network of anti-torture organisations, and interviewed fourteen staff members and executive directors about current practices, best practices, and the advantages and disadvantages of engaging survivors.

Results: While few agencies involve survivors extensively, those that did found survivor engagement helped agencies engage in better planning, service provision, and advocacy, while at the same time being healing and empowering for survivors. Agency staff described strategies to minimize retraumatization, particularly in not encouraging survivors to share the story of their trauma, but to engage in other ways. Agency staff suggested a number of ways to engage survivors in program direction, service provision, and advocacy, which included having survivors serve on the board of directors, hiring survivors as staff, involving survivors in advocacy, advising staff and volunteers on how better to provide services, and working as community outreach workers and mediators.

Conclusion: IRCT member centres can engage survivors in programming without retraumatizing them, and there are many advantages to doing so.

Keywords: survivor engagement, retraumatization, advocacy

Introduction

There are 160 torture treatment centres that are members of the International Rehabilitation Council for Torture Victims (IRCT), and they provide needed services to victims

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International Rehabilitation Council for Torture Victims.

or survivors of torture. The existing literature on mental health, service provision and development encourages centres to involve beneficiaries in the direction and provision of services. The advantages to doing so are many: survivor engagement can help centres better direct their programs, conduct more effective advocacy, provide more relevant services, and can even empower survivors and contribute to their healing. Despite these advantages, only a few torture treatment centres significantly involve survivors in directing and providing services. Why should this be so – and how can we change it? This article explores this issue, using qualitative analysis of in-depth interviews to answer three questions:

1. What are current practices in survivor engagement?
2. What are the advantages and disadvantages of survivor engagement?
3. What are best practices in survivor engagement?

We found that there are a number of advantages and few disadvantages to survivor engagement, but agencies may be reluctant to involve survivors in their work because they fear that engagement will be retraumatizing. Best practices involve engaging survivors in a way that does not require them to recount their traumatic story.

Background

Current practices in survivor engagement

The academic research literature does not define the term "survivor engagement," and it can mean different things to different people. For practitioners, it appears to be a general term used to describe a spectrum of interventions, from therapeutic programming to high level advocacy and justice activities, all of which are acknowledged in the IRCT Global Rehabilitation Standards (ICRT, 2020). Those standards use the phrase "victims' participation in rehabilitation," not "survivor engagement," and define participation as "the meaningful contribution of victims in service design and delivery, research, decision-making, and governance processes of rehabilitation services through recognition of victims" experience in service development and recruitment processes, open consultative and feedback processes, and other participatory methods that are contextually and situationally appropriate" (Paragraph 9). Victim engagement can help agencies provide services "in the best interest of victims" (Paragraph 1) and adopt procedures that are "victim-centred," "participatory," and "accountable" (Paragraph 2).

Many movements related to trauma and recovery have been initiated and directed by survivors themselves, including movements to treat domestic violence (Arnold, 2017; Herman, 2015), sexual assault (Arnold, 2017; Bourke, 2022; Martin, 2005), and trauma experienced by former soldiers (Herman, 2015). Survivor-led trauma recovery movements in other areas have adopted a range of activities, including awareness raising, education programs, psychosocial support, and policy and systems change.

Given the absence of a scholarly or practice-oriented definition of survivor engagement, we propose one here. Survivor engagement is the meaningful involvement of torture survivors in the direction of treatment centres, advocacy work, and the design, implementation and evaluation of programs. Engagement can take a number of forms, and IRCT member centres offer different assortments of survivor engagement service delivery models, some of which are led by survivors themselves and some that involve them but are led by technical staff. We define these as follows:

1. *Survivor-led organisations* include activities designed, delivered, monitored and/or orchestrated by individual survivors, who exert control over decision-making for the program and/or entire organisation. Survivors serve in leadership roles and survivors form a majority of the staff and board.
2. *Survivor-engaged organisations* include mechanisms in which the survivors consult and participate in decision making but do not exert control over decision making. Survivors are recruited as volunteers, staff and board members but do not form the majority, nor hold positions in leadership.

Survivor-led and survivor-engaged organisations exist on a continuum. Few member centres have fully survivor-led programs, but some exist in an intermediate category in which survivors form a significant minority of staff and board members but are not fully in charge. Even when a survivor holds the position of Executive Director, the organisation may not be fully led by survivors, as there may be a minority of survivors on the Board and among the staff. Funder requirements may further influence the organisation's activities away from survivors' choices.

Just as survivor engagement is not well-defined in the research literature, there is no existing descriptive or survey literature describing how member centres do the work. Existing articles profile single organisations that engage in best practices, but no research attempts an overview of multiple organisations.

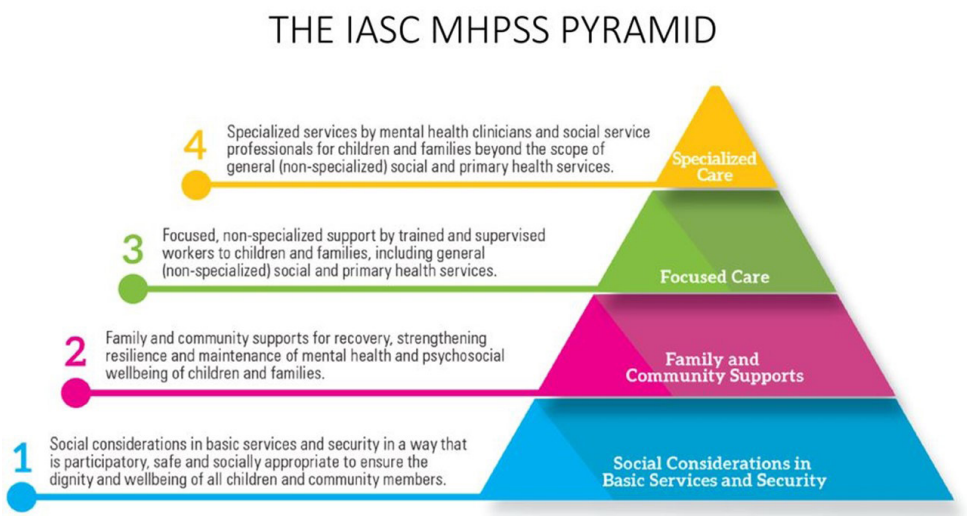
Theorized advantages and disadvantages of survivor engagement

Despite the benefits of survivor engagement, some centre staff may be wary of engaging survivors in programming due to the cautionary principle of resisting retraumatization. Others may not engage survivors because their funding is contingent on adopting evidence-based models, which rarely study survivor-engaged therapy. However, when done appropriately, survivor engagement is not only a more sustainable use of resources, but also a more culturally and contextually appropriate model for many client groups. Survivor engagement may also have greater individual and social impact. This is of particular importance when dealing with survivors of torture, due to the severe shame and stigma faced in the aftermath and recovery from torture, and due to the destruction of the social fabric and social capital for these groups. Survivor engagement can contribute to sustainability, effectiveness, cultural and contextual appropriateness, and can foster posttraumatic growth.

Advantages: Engaging survivors can have many positive effects not only for survivors themselves, but also for torture treatment and advocacy programs. At the macro level, survivors can improve public knowledge and perception of torture and can impact policy making. At the meso level, survivors can refer other survivors for treatment and provide community support. At the micro level, engagement can help the survivors themselves and other survivors (Soley, 2021).

The Inter Agency Standing Committee's mental health and psychosocial support (MHPSS) pyramid (2007) provides a useful framework for understanding and guiding such services. Although this framework was designed for humanitarian settings, it can be applied to the torture rehabilitation space due to various cultural and contextual similarities. The World Health Organisation states that at least one in five people and at least two in five children in situations of conflict develop mental health conditions, but fewer than

Figure 1. The IASC MHPSS Pyramid



half of these have access to professional care (Kaag, 2019). It is estimated that "less than 1% of foreign health assistance is allocated to mental health" (Beyond Conflict, 2022) yet "as many as 40% of refugees have also experienced torture" (UN Special Rapporteur on Torture, 2023). The discrepancy between demand and supply for MHPSS services in situations of conflict, and for torture survivors in particular, indicates the importance of discerning levels of need for clinical care.

The MHPSS support pyramid helps in structuring effective and coordinated multisectoral service delivery, in addition to relevant, culturally responsive and sustainable means to service provision. Level one and two outline broad yet intersecting social and preventative measures that promote well-being and resilience, and upholds a survivors' resourcefulness (Clark, 2022). Level three demarcates the provision of focussed, non-specialised mental health care such as group therapies and/or targeted thematic programs. Level four alone stipulates specialized individual care by trained professionals for those requiring it based on clinical need.

Moving beyond predominantly specialized individual care at level one, to include trauma focussed care activities at levels two and three, increases service provision and better meets demand. Many of these activities can and are led by trained community practitioners and survivors themselves, recognizing survivors as "key actors" who can "lead their own communities" (CRS, 2016, p. 2). Furthermore, delivery of level two and three activities by survivors promotes cultural responsiveness, ensuring localised provision of care (Mukwege & Nangini, 2009, p. 3). Anchoring service delivery within survivor communities improves access to services, reducing stigma and discrimination

(WHO, 2019). The MHPSS model therefore includes multiple methods of intervention, from non-specialised community-based support to highly specialised mental health care (Save the Children, 2019).

After a collective traumatic experience, victims and witnesses are more likely to work through their mental and emotional difficulties in a community that is familiar to them, and one that recognizes and identifies with the nature of their pain (Hutchison & Bleiker, 2008). Recovery requires not only the reduction of symptoms, but also an improvement in the capacity for self-regulation and strengthening of interpersonal relationships (Hoffman, 2014). Individual therapy is limited in terms of repairing social and community relationships, whereas group therapy "can provide survivors of violence an exceptional opportunity to counteract the experience of subordination by joining with peers on a plane of equality to combat social isolation and fear, to relieve shame, to cultivate a sense of belonging, to connect with sources of resilience and self-esteem, and to rebuild the relational capacities shattered by traumatic experience" (Herman et al., 2018, p. 2). Survivor-led and survivor-engaged programs can similarly help trauma sufferers establish new relationships in a situation of equality. This both helps the individual survivor and repairs the social fabric and social networks.

Recent publications (Boyles et al., 2023; Mercer, McDonald, & Purves, 2023) showcase survivor-engagement interventions from around the world which are innovative and effective in offering non-specialised, trauma focused activities, inclusive of peer support and advocacy programs. These publications present a diverse range of psychological assessments and interventions within cultural and relational contexts, all of which break the traditional assessor-as-expert framework and offer a variety of alternatives, including group and community approaches to recovery, and thereby acknowledge creative adaptation in service delivery.

Survivor engagement may encourage posttraumatic growth. Studies of victims of other types of trauma find that posttraumatic growth is common and can occur early in the healing process. Posttraumatic growth can occur in five areas: the discovery of new possibilities, improving relationships with others, discovering personal strength, going through spiritual change, and having a greater appreciation of life (Hoffman, 2013; Tedeschi & Calhoun, 1996). Part of the process of posttraumatic growth involves taking meaning from negative experiences, by making sense of the traumatic event and finding benefit from the traumatic experience (Hoffman, 2013).

Posttraumatic growth can occur through involvement in advocacy and supporting others. Rape survivors who were engaged in advocacy and support were able to "find their voice, reclaim their power, and incorporate their experience into a transformed view of themselves, others, and the world" (Strauss Swanson & Szymanski, 2020, p. 653). Public disclosure of the assault helped some survivors reconstruct the narrative of assault, reimagine their identities as activists, and improve interpersonal relationships (Gueta, Eytan & Yakimov, 2020). Involvement in anti-sexual assault activism was associated with greater community connection, more meaning in life, and greater coping and control, which were in turn associated with more positive psychological functioning (Strauss Swanson & Szymanski, 2021).

Disadvantages: While the advantages of survivor-engaged and survivor-led practices are clear, there are some risks to the survivor. Recounting one's story in private to therapists and other receptive audiences can help

with healing from trauma (Herman, 2015; O'Connor et al., 2021). Less is known about the effects of testifying in public. Recounting the story of one's trauma in public can lead to retraumatization, as can hearing the testimony of others who suffered similar tortures. The negative effects of testifying in public is particularly common when survivors testify during criminal proceedings against perpetrators (Brounéus, 2008; Henry, 2010; Stepakoff et al., 2015) or during Truth and Reconciliation Commission hearings (Allan 2000; Cilliers et al. 2016; Stein et al., 2008). Testifying in informal, non-legal formats may be less stressful, as it gives survivors more control over their testimony, but we are aware of no research that has tested this. Thus, it is important to involve torture survivors in the work of centres in other ways than telling their trauma story in public.

One study shows that women survivors of civil war in Peru who gave public testimony were positively affected by it (Laplante, 2007). We are aware of only one article that examines how torture survivors in particular may benefit from engagement, which studied how giving public testimony for advocacy purposes affected survivors living in the United States (O'Connor et al., 2021). It found that the experience of testifying in public was difficult for survivors in the short term, bringing up feelings of fear, pain and depression. In the long term, however, survivors felt a sense of accomplishment, hope, self-confidence and empowerment.

A few studies of the mental health risks that survivors face when they testify suggest ideas on how to minimize that risk. Allan (2000) suggests screening survivors to determine who is prepared to testify and what mental health services they will need if they do. Sadiq-Tang (2018) suggests creating a Critical Incident Protocol to meet the needs of survivors who suffer a mental health crisis due to their advocacy. No study to date, however, has evaluated a current effort to support and protect survivors during their advocacy experiences.

Of particular importance, and requiring clear sensitivity, is how to facilitate engagement among survivors of conflict related sexual violence (CRSV) and politically motivated rape. Both are recognised internationally as meeting the legal standard for torture (Gaer, 2012; Obote-Odora, 2005), crimes against humanity (McHenry, 2002; Obote-Odora, 2005), and genocide (Obote-Odora, 2005). Both genders experience CRSV, and although the prevalence rate against women is reportedly higher, the stigma for men is more severe.

The aftermath of CRSV results in various ailments, enduring psychological trauma, silencing of the survivor's (and communities') voices, and systematically breaking family and social bonds (Clark, 2022, p. 357). Due to its effectiveness in destroying social capital, women are increasingly targeted using sexual violence as punishment, deterrence, to instill fear and conformity in groups (Deonandan and Bell, 2019, p. 27) and as a means of ethnic cleansing (Mukwege & Nangini, 2009). CRSV can aim to punish and humiliate males by the rape and sexual assault of female family members (Arcel, 2001; Einolf, 2018).

Research shows subsequent difficulty in reporting CRSV for numerous reasons (Freedman, 2014), leading to significant levels of underreporting and "a paucity of documentation and analysis of the violence" in conflict situations (Deonandan & Bell, 2019, p. 27). This means probing for or disclosure of CRSV or rape in social or public spaces requires careful timing, orchestration and facilitation. The choice and control of the story and its disclosure must always remain in the hands of the survivor, for "there is the

risk of stripping victims of agency" and presenting survivors "only as victims and vessels of violation" rather than "as advocates, survivors, and agitators" (Bourke, 2022, p. 12). Unintended negative consequences of public sharing can also extend further than the individual survivor, compromising familial or social networks, cementing stereotypes and stigma, reinforcing racism, and withdrawing of the issue, all of which work against reporting measures and early access to support. (Freedman, 2014).

Working with CRSV therefore requires localisation, real and expressed safety, and a deep understanding of context, or else there is a danger of "pathologizing the victims" traumatisation and of undermining their resilience" (Reimann & König, 2017, p. 3). Research on sexual violence from around the world, released in 2022, recognises that "Sexual slaves found empowerment through becoming global human rights activists" when "communities of solidarity" had been established and survivor groups themselves led the process (Bourke, 2022, p. 170). Efforts to make CRSV visible and therefore accounted for are necessary but must be both useful and justified so as not to exploit survivors or their stories, instrumentalise survivors (Clark, 2022, p. 355) or commodify them to obtain funding or status.

Best practices in survivor engagement

While no literature describes the current state of survivor engagement, a few articles describe best practices, focusing on programs in Zimbabwe (Mpande et al., 2013; Reeler et al., 2009; Walker, Mpande & Wyatt, 2022) and the United Kingdom (Sadiq-Tang, 2018). In Zimbabwe, the Tree of Life organisation employs fifteen paid program staff and over 150 "community facilitators", most of whom are torture survivors. The community facilitators have graduated from earlier workshops on trauma and healing, and receive two years of training. They go into communities and organize weekend healing events, in which survivors meet in groups for guided discussions, meditations, and body work. During and after the events, community facilitators receive restorative debriefings, supervision sessions, and case conferences with senior staff, designed to help them maintain their own mental health and to manage the sessions more effectively (Walker, Mpande, & Wyatt, 2022). Internal and external evaluations have found the program to be very effective (Mpande et al., 2013; Reeler et al., 2009).

In the United Kingdom, Freedom From Torture organizes its survivors into three groups: Survivors Speak Out, Write to Life, and Youth Voices. Survivors Speak Out members advocate with government officials to improve policies and services for asylum-seekers, and also speak at events at universities, Parliament, and the United Nations. Write to Life helps survivors produce poems, stories, films, music, and theatre. Survivors do not recount their torture experience but tell their own versions of their own stories on their own terms. Youth Voices extends the other models to include young people aged 16-25 (Sadiq-Tang, 2018).

In terms of empowering survivors, a Freedom From Torture practitioner states that survivor engagement must "go beyond tokenism or consultation" to involve survivors in "spaces of influence and decision-making fora" (Sadiq-Tang 2018, p. 141). To do so, organisations must allocate a "ring-fenced" set of resources and its own team of staff, so that the program is not just extra work for people with other responsibilities but its own free-standing program. Protection for survivor participants is important and includes ensuring informed consent, assessing risk, and having a critical incident protocol for adverse mental health events (Sadiq-Tang, 2018).

Turning to best practices in protecting survivors from retraumatization during public advocacy, we could find no literature on this in specific regard to protecting torture survivors. From the general literature on the stages of trauma, we can deduce that it is important to wait until the survivor has achieved physical and psychological safety and stability (Herman, 2015). Some studies of the activism of survivors of sexual assault emphasize the potentially positive effects of activism to the survivor (Gueta, Eytan & Yakimov, 2020; Strauss Swanson 2020, 2021), but only one study has examined how advocacy can be harmful, and this focuses on the effects of highly publicized disclosures of sexual assault through social media and the mass media (Gueta et al., 2020).

Data and methods

This article bases its conclusions on IRCT's survivor engagement mapping project and interviews with the executive directors and staff of torture treatment centres. We first used the mapping project to generate statistics about member centres' use of survivor engagement in general and to select a sample for in-depth interviews. The qualitative interviews and analysis form the major part of the study.

Participants

IRCT's mapping project reached out to all 160 member centres, of which 82 reported that they had some sort of survivor engagement program. The mapping project followed up with in-depth interviews with 22 centres that stated on the survey that they had ten or more survivors engaged in their work. From these we identified eleven torture treatment centres that seemed to have active programs and interviewed fourteen executive directors and staff members at these centres. We asked centre staff to refer engaged survivors to us for interviews but were unable to locate enough survivors willing to participate in the project to make a valid sample.

Measures

We conducted the interviews with executive directors and staff, with a focus on an overview of the institutions' survivor engagement programs, examples of best practices in survivor engagement, the effects that engagement had on survivors, and how agencies dealt with the possibility that survivor engagement would be retraumatizing (Annex 1). The interviews were semi-structured, ensuring that all participants were asked the same set of initial questions but allowing for follow-up questions and the exploration of topics not on the interview guide.

Procedures

We conducted the interviews over Zoom between July and November of 2022. We transcribed the interview recordings and analysed the transcripts using a combination of closed and open coding. We first sorted the answers according to the three main research questions, then summarized the responses and selected potential quotes for citation in the final paper. We then examined the responses to follow-up and new questions to look for issues that did not present themselves in the early formulation of the research.

We provided respondents with a copy of the draft article so they could confirm and correct the wording and context of quotations. All quotations below are verbatim, except that we did take out repeated words and corrected the grammar of sentences, as long as doing so did not change the content or the meaning. As there were minimal risks to participants, and the article identified best practices for which the respondents' organisations may want to receive credit, we allowed respondents to

choose whether they would be identified in the article. Participants gave informed consent for the interviews, and we received Institutional Review Board approval for the project under Protocol # HS22-0471.

Findings

This section first describes current practices in survivor engagement, giving an overview of the level of participation by many member centres and then describing seven centres that do significant work engaging survivors. It then reports the advantages and disadvantages to survivor engagement as perceived by centre staff, and how centres can protect survivors by inviting people who are far enough along in their recovery to be ready for it, and by techniques to avoid retraumatization.

Current practices in survivor engagement

There is no comprehensive source of data by which one could determine how extensively survivor engagement is practiced by IRCT's 160 member programs. IRCT recently conducted a survivor engagement mapping project, but data collection was limited by the ability of the staff of member agencies to devote time to participate in the research. Data collection began with IRCT's Global Impact Survey to member agencies in March 2022, which contained a single question on survivor engagement: "How many torture survivors were engaged in mentoring other survivors, speaking out or influencing policy decisions or engaged in advocacy work in 2021?" Of the 131 (82% of the total) centres that responded to the survey, 82 (64%) indicated that at least one survivor had been involved in mentoring, speaking out, or advocacy. Of these, 46 (56%) reported working with more than 10 engaged survivors in 2021.

We followed up with 72 of the 82 organisations who had reported survivor engagement with a request for interviews, and 22 organisations participated in this first round of interviews. These organisations hired survivors as paid staff, helped survivors talk to the media, put survivors on governing or advisory boards, involved them as mentors or volunteers helping other survivors, and helped them engage in political advocacy. Each organisation only did one or a few of these activities, often informally.

The second round of interviews involved focusing on fourteen of the 22 centres that had participated in the first round, seeking more detailed information about best practices. While most member centres only did a little in the area of survivor engagement, seven had highly active programs: the Assaf Aid Organisation for Refugees and Asylees in Israel, Freedom From Torture (FFT) in the United Kingdom, the Mahteso Foundation in Kenya, the Restart Center for the Rehabilitation of Victims of Violence and Torture in Lebanon, Spirasi in Ireland, the Torture Abolition and Survivors Support Coalition International (TASSC) in the United States, Tree of Life (ToL) in Zimbabwe, and the Wchan Organisation for Victims of Human Rights Violations in Iraqi Kurdistan. We interviewed the executive directors of these agencies to gain more information about how they engage survivors. To demonstrate how survivor engagement activities work in context, the following section describes the seven agencies and the nature of their engagement work.

The Assaf Aid Organisation for Refugees and Asylum Seekers in Israel: Assaf uses survivor volunteers and employees as "community mediators" who work as translators of both language and culture. As "white privileged Israelis," most staff members do not have the lived experience of those who survived torture and went through the refugee and asylum process. Social workers and community mediators work together as full partners to help clients. Media-

tors fully translate what the clients say and add their own perspective on the cultural context of what clients are saying.

Assaf tries to hire torture survivors wherever possible, working with job candidates to recognize their lived experience and expertise even when the candidate may not be strong on paper. Of course, there are some jobs that survivors lack the skills to do, such as the English language ability needed to do fundraising, or the clinical training needed to do therapy. However, Assaf prioritizes hiring survivors for the jobs that they can do. A survivor directs their intake and reception center, and three other staff members out of twenty total are survivors.

Assaf clients who have already had extensive therapy work as mentors to support other members of the community. Individual survivors participate in legal petitions and political advocacy to improve government policies towards asylum seekers. Doing so is empowering, as "they are fighting for the rest of the community and using their own story and their own pain to promote the rights of others."

Freedom From Torture (FFT): As described by Sadiq-Tang (2018), Freedom From Torture in the United Kingdom has an internally-focused group of survivors that helps with decision making, and three externally-focused groups, Survivors Speak Out, Write to Life, and Youth Voices. FFT survivor volunteers lobby the government for improvements to the asylum system and educate the community about the experience and needs of torture survivors and asylum seekers.

Interviews with FFT staff found that the centre has invested heavily in survivor engagement since the publication of Sadiq-Tang's (2018) article. They have hired a full-time staff person to take charge of the survivor engagement program. They have expanded the number of paid positions offered to survivors, and have allowed those already hired to progress upwards. FFT has progressed from having service users consulted in service design, to having service users codesign, codevelop, and co-deliver services. They are piloting a stabilization group which will provide group therapy for survivors on the wait list to receive individualized treatment. The group is run by both clinicians and survivors working as paid staff, and helps survivors manage their symptoms while they wait for individualized therapy.

To protect survivors from retraumatization, FFT staff teach volunteers self-care techniques and helps them act as a network to take care of each other. For survivors to participate in external engagement activities, they must have already completed therapy. FFT encourages survivors to share only what they want to and tell their stories in a way that empowers them. They do not encourage survivors to tell their full torture story, but to talk about their experience generally, only adding details from their personal story when necessary to make a point. They always have a staff member travel with the survivor to any public event, and have a debriefing session afterward. They do not ask people to participate in external events but ask people to decide for themselves when they are ready and what they want to do. They put out news of speaking opportunities to their network of alumni and survivors then sign up if they are interested. While retraumatization is always a concern, "we always push for the support, rather than stopping people from engaging just because we are worried that people would be retraumatized."

The Mahteso Foundation: Mahteso, in Kenya, is a truly survivor-led organisation. Unlike most torture treatment centres, which are charitable organisations with an appointed Board of Directors, Mahteso is a membership organisation where the members, who are torture survivors, elect the Board. The or-

ganisation has had over 1,000 members in its fifteen years of operation, and over 200 members voted in the last election. Four out of the six board members are torture survivors.

In 2017, Mahteso successfully lobbied the Kenyan parliament to pass the Torture Victims Act, which translated Kenya's commitments under the UN Convention Against Torture into domestic law. Since 2017, Mahteso has used the Act to sue the government for violations, often winning settlements for survivors of $20,000 to $45,000. Survivors use these settlements to buy houses and start businesses, and they operate a "merry go round" system where survivors take turns sharing investment funding.

The Restart Center for Rehabilitation of Victims of Violence and Torture (Restart): Restart in Lebanon uses a community-based psychosocial support model of supporting torture survivors. The aim of this program is to prevent the onset of mental disorders before they emerge among affected populations. The program also aims to build the capacity of outreach volunteers to successfully design, implement, and evaluate psychosocial support programs in their own communities. Restart employs survivor volunteers as community outreach workers who recruit individuals with significant distress in their home communities, facilitate their enrolment in the program, and assist specialists during group sessions.

Spirasi: Spirasi in Ireland has a survivor on their Board of Directors and a survivor working as paid staff. The paid staff member goes to the reception centers where newly arrived asylum seekers live and tells them about Spirasi's services. Being a torture survivor himself, and a user of their services, he is better able to communicate with torture survivors about how Spirasi can help them. Spirasi invited survivors to speak at a round table event for doctors and lawyers, explaining their experience and perspective on rehabilitation and the use of medico-legal reports. One survivor, who had a medical background in his home country, spoke before the Royal College of Surgeons on the subject of torture trauma. The centre consults with survivors through a group of former clients who have also acted as an advisory group for a research project, and the center offers an LGBTQ peer support group for current clients.

The Torture Abolition and Survivors Support Coalition International (TASSC): TASSC, in the United States, is another survivor-led organisation. Its founder, Diana Ortiz, was an American nun who was abducted and tortured in Guatemala. She passed on leadership of the organisation to another torture survivor, and survivors have consistently served as the organisation's executive director. Survivors also form a majority of members on the centre's board.

TASSC operates an advocacy program driven by survivors. Most of TASSC's clients were political activists in their home countries, so doing advocacy in the United States continues their work. Most of TASSC's current clients are from Ethiopia, and they spoke to Congressional staffers in an effort to lobby Congress to pass a resolution condemning human rights abuses in their country. The effectiveness of their lobbying was demonstrated by the fact that several Congressional Representatives changed their position on the resolution just days after meeting with the survivors, and the resolution eventually passed.

A second issue that TASSC lobbies for is an administrative change in how the US immigration authorities process asylum cases. There is a nationwide backlog of hundreds of thousands of cases, including torture survivors from all over the country, who have been waiting seven or eight years for an asylum interview. The US Asylum Division is distracted by an overload of new cases on the southern

border and refuses to interview hardly any of these older cases. Working with staff from other agencies that serve, TASSC organized a coalition that has set up over 30 meetings where survivors meet with Congressional aides. The survivors share their stories of persecution and explain how much they are suffering because they cannot get an asylum interview.

Tree of Life Trust (ToL): Tree of Life Trust in Zimbabwe provides community-based mental health and psychosocial support programs for survivors of organised violence and torture. ToL works through a network of around 150 paid, part-time Community Facilitators who are supervised by a team of full-time staff. Capacity and skill building is cascaded out to the larger CF network through participatory workshops, with deliberate feedback mechanisms and action-learning cycles to inform follow up to emerging themes and relevant needs to be addressed on the ground. This allows for cultural and language adaptations, and the contextualization and localization of support systems.

Most community facilitators are survivors who have been through the Tree of Life workshops and then expressed an interest in joining the organisation as facilitators. Survivors undergo a series of trainings, including personal development and healing requirements, and are paid for their work. Like all Tree of Life staff, community facilitators are supported with supervision, debriefing and self-care activities in order to manage the effects of secondary trauma and re-traumatization.

When working at community level, Tree of Life first links and builds rapport with communities through traditional structures such as with chiefs, community leaders or faith leaders. Once invited, Tree of Life provides workshops in the community, in the local language, and provides long term follow up support. Tree of Life also offers "special follow up" workshops such as gender or age specific workshops dependent on the needs identified for that community. Tree of Life has also started working alongside other development and livelihoods programs to promote social cohesion, cooperation, and the sustainability of projects within communities.

Wchan Organisation for Human Rights: Wchan in Kurdistan-Iraq engages with local prison officials to ameliorate the abuse and torture that sometimes happen to people serving sentences for criminal offenses. An innovative program not only offers training to prison staff, but also brings them together with prisoners and Wchan mental health workers to meet in a circle to discuss problems in the prison and how to resolve them without violence. Staff and survivors raise the point that the prisoners are already being punished according to the law, and that this punishment is adequate; the guards do not need to add to their punishment by abusing them. After one training session, a guard reflected that he used to think, "if a prisoner becomes angry, of course I will beat him." But after the meeting the guard realized that he had ended up beating the prisoner because he had escalated the situation. "If I beat him, he's suffering, and he will increase problems for me as well," the guard stated. "If I respect him, he will respect my duty as well."

Perceived advantages and disadvantages of survivor engagement

To answer this question, we looked at the effects of survivor engagement on member centres and its effects on the survivor participants themselves. Centre staff told us that survivor engagement in program planning helped improve services. For example, Wchan in Iraqi Kurdistan used to require survivors to come to their downtown office, but their client advisory council convinced them to bring their services to communities outside

of the city centre where their clients lived. When the Center for Victims of Torture in the United States included survivors in their strategic planning process, they learned that the organisation's two-year limit on assistance was too short, as survivors needed more time to become stable and self-sufficient.

Kolbassia Haoussou, Director of Survivor Empowerment at Freedom From Torture, emphasizes the importance of survivor engagement in improving services:

> *All centres deliver services to survivors. People who work there have been doing this for a long time and think they know what works. That doesn't work. At the end of the day, it's the people using the services who know whether the services meet their needs or not. You have to create a platform for people to feel confident to tell you exactly how they feel about the support that you're giving them. You have to take it as feedback that will help you help them better. Some people seem to think that people are too vulnerable and don't know what's best for them. Even though people are vulnerable, they can tell you whether what you're doing is helping them.*

Centre staff explained that there can be many benefits to participation. Simon Adams, the President and Chief Executive Officer of the Center for Victims of Torture in the US, explained that while some survivors are not ready for engagement, for others the work can play "a central role in somebody's reengagement with the world, and their recovery." Survivors of torture and atrocities may think, "There is no hope, human beings are horrible, the world is a dark place that should be feared, and we're all just one knock at the door away from being dragged off to a torture chamber somewhere." But "telling their story, being involved in advocacy, or connecting with a kind of a truth-telling and justice process, can be an important part of their gathering hope and humanity, strengthening their voice, and feeling that there's a purpose in their survival."

Even involvement in fundraising can be empowering. While survivor involvement in fundraising can be "exploitative" and "voyeuristic," speaking at a fundraising event was empowering for a survivor who worked with the Center for Victims of Torture in the United States. According to Adams, "it was incredibly emotional for him. There was a validation that he got to come to the United States and stand on a stage and be able to tell his story and what happened to him. To have people say, 'I want to give money to help organisations who treat other survivors and stop this from have happening,' was both personally and professionally validating."

Speaking out can be especially healing for survivors after their torturers tried to silence them. One staff member stated that "the most important thing is just to give back survivors their voice, because when they were being tortured, many were told that they would never talk again." Many were political activists in their home countries, which is what led them to be tortured in the first place. Engagement opportunities "give them back their voice and a platform to continue what they like to do: advocating." Engagement and advocacy make them feel "not like a victim, but a survivor."

Staff stated that survivors who do political advocacy may find this particularly empowering. After speaking with a U.S. Senator about their experiences in the asylum system, a group of survivors felt positive about their experience. "I can't believe I just spoke to a U.S. Senator," one reflected. "I could live 100 years in my country and never have a chance to talk with one of our elected representatives." Later, a group of survivors talked to the same Senator about conditions in their

home country, and the Senator introduced a resolution in the Senate condemning the violence and human rights abuses there.

Staff members had little to say about the disadvantages of survivor engagement, either for the centre or for the survivor. Centres who engaged survivors in their work asserted that doing so brought benefits to the organisation and acknowledged few drawbacks other than the cost in resources and staff time to facilitate their participation. In regards to disadvantages for the survivor, centre staff emphasized the measures they took to prevent retraumatization. In only a few cases did retraumatization occur despite their best efforts, and even then they were able to help survivors recover from their experience.

Protecting survivors

One issue regarding survivor engagement is the question of which survivors should participate in programs. Survivors in the early stages of recovery are not suitable for engagement, as they are still in crisis and dealing with their own trauma. At some point, survivors heal to the point where engagement is possible, and organisations need to determine when survivors have reached that point.

Most staff members resisted the idea that therapists should judge when survivors are ready to engage in work and advocacy. As the director of Center for Victims of Torture stated, "who's absolute best at making that determination is the survivors themselves." His organisation does not pressure survivors to participate but look for individuals for whom "there's a hunger and determination, and an interest for playing a more active role." Once the organisation has set up "mechanisms and structures" that make participation possible, survivors will self-select into those programs. The director of Assaf in Israel noted that people will self-select into participation in advocacy. "If you open this option with the client itself and see their reaction, people really know for themselves whether they are ready or not."

A second issue is the potential for engagement to retraumatize survivors. One way to prevent this is to give survivors control over what and how much they choose to disclose. When clients of TASSC go to advocate for torture survivors with Congressional staff, some just say they were persecuted, some tell their stories, and some go as far as to show their scars. Those who choose not to tell their stories of torture can talk about the human rights situation in their home country or their experience as an asylum-seeker in the US, making a contribution without revisiting their trauma.

Freedom From Torture staff provide extensive support to survivor advocates, both for the survivors' own sake and to convince other staff at the organisation that their clients are not being retraumatized. When a survivor speaks at an advocacy or educational forum, "we make sure you share your story as an empowered person, not as a victim." They always send a staff person with the survivor to provide support and have a debriefing session after every event. FFT ensures that people have the techniques they need to look after themselves, and they act as a network to take care of each other. FFT makes sure the survivors share only what they want to and tell their stories in a way that makes them feel empowered. With the internal group, they are clear that it is not therapy and encourage people only to share what's relevant to improving service provision.

Discussion

We surveyed all 160 IRCT member centres to find out which ones engage survivors and did follow-up interviews with the executive directors of 22 centres that indicated on the survey

that they were particularly active. Agency staff emphasized the benefits of survivor engagement to the agency, and thought engagement was beneficial to the survivors themselves. While recognizing that engagement can be retraumatizing, staff members felt that they had prepared and supported survivors adequately to avoid retraumatization. Significantly, it was very rare that engagement involved the survivor recounting their story of trauma, but instead involved survivors in planning, service provision and advocacy. While it is important only to encourage survivors to engage once they have reached a point of psychological recovery, the survivors themselves are the best judges of whether they are ready. Centres limited the potential for retraumatization by giving survivors control over how they participate and how much they disclose, sending staff members to support survivors who testify about their experiences, and guarding survivors' privacy and the safety of relatives.

From our review of the programs of seven exemplary centres, we found nine best practices that other centres can adopt:

1. Recruiting survivors for the Board of Directors (Mahteso, Spirasi, TASSC)
2. Hiring survivors as paid staff members (Assaf, Spirasi, TASSC, ToL) and as the executive director (TASSC)
3. Having survivors advocate with asylum office officials for better policies and practices on adjudicating asylum claims (Assaf, Freedom From Torture, TASSC)
4. Having survivors advocate with elected officials for human rights policies towards their home countries (TASSC)
5. Speaking with lawyer and doctor volunteers about how better to provide services (Spirasi)
6. Having prisoners meet with prison guards to discuss non-violent ways of maintaining order in the prison (Wchan)
7. Recruiting survivors as an advisory group to provide feedback and guidance on internal policies (Spirasi)
8. Recruiting survivors as community outreach workers or community mediators to assist in providing mental health services (Assaf, Restart, ToL)
9. Having survivors serve as plaintiffs in civil cases suing the government for damages due to violations of the laws against torture (Mahteso)

Conditions vary from country to country, and no single organisation engages in all of these activities. This list provides ideas for survivor engagement, only some of which may be practicable for other organisations.

Given that the benefits of survivor engagement are great and that the risks to survivors can be minimized, why do so few treatment centres engage survivors? The answer may lie in expense and the allocation of resources. While ultimately survivor engagement can allow programs to reach more people at lesser expense, organisations that are primarily structured along a model of individual therapy may see survivor engagement to be a costly add-on. Already burdened with low resources and many clients, they may decide that the time is not right to start a new initiative.

Limitations

The chief limitation of this study is its lack of data taken from engaged survivors themselves. It is ironic, and unfortunate, that a study of survivor engagement should have no input from survivors. While we made extensive attempts to find engaged survivors to interview by asking staff at member centres to locate survivors and pass along our request to interview them, we were only able to locate three survivors willing to be interviewed. The

small number of member centres who use survivors in their work and the small number of survivors who work at each centre made the population of potential research subjects small. Rather than use an unrepresentative sample of just a few survivors, we elected to limit our analysis to staff responses and leave an extensive study of survivors' perspectives on engagement to future research. Future studies should include the perspective of engaged survivors as a way of triangulating the data, particularly given that agency self-reports may have a positive bias.

Other limitations include the limited information obtained on why organisations might not engage survivors in their work. Only 82 out of 160 organisations responded to the initial survey, and we only interviewed staff from 11 organisations. We found that organisations that made extensive use of survivors were more likely to talk to us, while organisations that did not engage survivors were less likely to respond to our request for an interview. Thus, we were unable to determine why those organisations who do not use survivors decline to do so. Organisations who did involve survivors spoke of the need to devote time and resources to the project, as well as the need to prevent retraumatization, so these may be reasons that other organisations do not involve survivors in their work. The issue of barriers to survivor engagement deserves further study.

Another limitation involves a lack of information about the potentially negative effects of engagement on survivors. Agency staff emphasized that they only engage survivors who are ready to do the work, and only in ways that would not be harmful to the survivors. Agency staff emphasized that they took the proper precautions to avoid traumatizing survivors, but interviews with the survivors themselves may reveal ways in which engagement was found to be retraumatizing.

Finally, our findings were based on retrospective self-reports by organisational staff, who may be biased to believe that the programs that they initiated and manage are successful. The use of retrospective interviews means that later events may colour interviewees' memories of how and why programs were started. Future research should use prospective measures, with benchmarks taken at the beginning of the implementation of survivor engagement programs, and objective measures of mental health status and the achievement of organisational goals.

Conclusion

While IRCT members agreed in 2020 that centres should "promote the meaningful contributions of victims" in their work, progress towards this goal has been limited. Despite our efforts to survey all member centres, we have only a partial picture of what member centres actually do in the area of survivor engagement. We have a better idea of best practices and documented nine best practices among seven centres that we judged to be exemplary. In these centres, staff are concerned about retraumatizing survivors and are careful to only recruit those who deem themselves ready for the work. Centres avoid having survivors recount their stories of trauma, choosing to involve survivors instead in other ways. As the centres that do involve survivors recount many benefits and few risks or drawbacks, it is unclear why survivor engagement is not more common. It is hoped that this article encourages more agencies to engage survivors in their work and advocacy.

Future research can build upon our findings by conducting prospective studies of the effects of survivor engagement on both survivors and centres. Interviews and psychometric measures can assess the mental health of survivors before they begin to engage in work, and

can then follow up at intervals as they work to see what effect survivor engagement has upon their mental health. Similarly, staff interviews can take place at the beginning of survivor engagement initiatives and then follow up to determine whether engagement initiatives met their goals. In addition to the ethical case for survivor engagement, research and experience suggests that survivor engagement has a positive effect on both survivors and centres, but this hypothesis has not been rigorously tested. Follow up studies can see what kinds of engagement programs maximize benefits to survivors and organisations while minimizing risk to survivors.

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Annex 1: Interview Guide for Executive Directors and Staff:

1. Does your agency engage survivors in any of its activities?

    a. If so, why?
    b. If not, why not? (Follow up questions about cost, staffing, retraumatization, survivors' safety, and matching the organisation's goals)

2. What are the goals of your survivor engagement projects?
3. What are the activities of your survivor engagement projects?
4. How do you avoid retraumatizing survivors?
5. If personal healing and growth are goals of the survivor engagement projects, how do you try to achieve those goals?
6. How do you evaluate whether your engagement program is meeting its goals?

Self-organisation and empowerment in the struggle against silence. Network of Tortured People of Navarre

Mikel Soto Nolasco[1]

Key points of interest

- Torture was a widespread practice by Spanish law Enforcement authorities during Franco's dictatorship and during democracy in the Basque Country and Navarra.
- Torture Survivors can organise for truth and reparation when there is a negationism attitude by state actors that retraumatises victims and does not allow collective wounds to heal.

Abstract

In 2021, a group of tortured people and their relatives in Navarre started a process of self-organisation that culminated in 2022 with the birth of the organisation Network of Tortured People of Navarre.

The process of self-organisation of tortured people in Navarra is an uncommon phenomenon, which can offer interesting lessons especially for torture victims in other countries and contexts. The aim of this article is to describe a survivor-lead experience and to analyse the keys to this process of collective empowerment.

The article has two parts: the first explains the phenomenon of torture in Navarre from the 1960s, in Franco's dictatorship, to the present day using data from the Study on Torture in Navarre, highlighting significant cases or events.

The second part is focused on describing the self-organising process of the victims and some lessons that we think may be useful for other realities and groups of torture victims who want to generate self-organising processes. The article analyses some aspects in the genesis and the first steps of the Network with emphasis on those aspects that can be useful to other victims' organisations in their struggle against torture. To do so, we will analyse these aspects: The political and social context in which the Network was born, the Network's strategies for dealing with victims' difficulties in working with their "traumatic event", the organisational structure and development of the network, the Network's basic principles and demands, the Network's strategy and philosophy of work, the Network's policy on relations and alliances and the opportunities and consequences of the process being driven by victims of torture.

Introduction

After three years of discreet but intense work, on the 12th of February 2022, the Network of Tortured People of Navarre - *Nafarroako*

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International Rehabilitation Council for Torture Victims.

Torturatuen Sarea was officially born, founded at that time by more than 150 people tortured between 1960 and 2010 and their relatives. The Network informed society of its first task already underway: to get in touch and try to draw up as detailed a census as possible of tortured people in Navarre, who at that time were estimated to number around a thousand: "*Reaching these 1,000 people is no easy task, because many of them are no longer with us or because filling in these forms brings up pain and suffering from the* past" (Agirrezabal, 2022).

The tortured people demanded an official, scientific and independent investigation on torture, such as the one carried out by the Government of Navarre on the period from 1960 to 1978[1]. They called on Navarrese society *to "put an end to torture, try to combat it, carry out preventive actions, but also the assumption of responsibilities by those who have designed its systematic application, have carried it out or have tried to hide it. But above all, the recognition of its practice and the suffering caused*" (Agirrezabal, 2022).

Since then, the Network has grown and strengthened organisationally; it has carried out a strong public activity, organising mobilisations, conferences and public events, while at the same time maintaining an intense dynamic of relations, both public and private, with various political and social sectors. As a result of this work, steps have been taken that seemed impossible only a few years ago, the most important of which is the first phase of a study sponsored by the Government of Navarre and carried out by the Basque Institute of Criminology (IVAC-KREI) focusing on torture from 1979 to the present day which, together with the previous one on the period 1960-1978, has shown for the first time the dimension and seriousness of the phenomenon of torture in Navarre.

The process of self-organisation of tortured people in Navarra is an uncommon phenomenon, which can offer interesting lessons especially for torture victims in other countries and contexts. The aim of this article is to describe a survivor-lead experience and to analyse the keys to this process of collective empowerment.

The article is divided into two parts. The first part describes the phenomenon of torture in Navarre from Franco's regime to the present day. It uses the data from the Study on torture in Navarre, as well as testimonies from some of the people who are part of the Network.

The second part is focused on describing the self-organising process of the victims and some lessons that we think may be useful for other realities and groups of torture victims who want to generate self-organising processes.

Torture in Navarre

Navarre, a former medieval kingdom, now a border province between Spain and France, is not very large, either physically or demographically. Within its 10,391 km², the population doubled during the 20th century. As in so many European regions, its population has grown from just over 300,000 in 1900 to almost 660,000 today.

Navarre lived through a turbulent 20th century, in which the coup d'état that started the Spanish Civil War was organised in its capital under the leadership of one of the coup leaders General Emilio Mola. The uprising immediately triumphed in Navarre and, despite the fact that there was no fighting or trenches in its territory, more than 3,500 people were shot dead in the ferocious repression that followed in extrajudicial executions. But this

1 Basque Institute of Criminology IVAC-KREI, University of the Basque Country/Euskal Herriko Unibertsitatea-UPV/EHU (2019).

Navarre, the cradle of the fascist coup, would become the nightmare of that same regime in 25 years, and during the 1970s it topped the list of territories with the highest number of strikes and political and social conflicts in Spain, with the consequent repression. It is not surprising, therefore, that one of the most relevant aspects of torture in Navarre is that the vast majority of the documented cases are after the death of General Franco in 1975, belong to the Spanish democratic period and are related to its anti-terrorist policy.

Provisional figures of torture in Navarre

As it had done before in the Basque Country[2], the IVAC presented in February 2023 a study on torture in Navarra, funded by the Government of Navarra and with the collaboration of the Network. The study has been made by a group of more than eight health professionals and human rights experts belonging to various professional associations. It is a working group with internationally recognised experience and extensive training in issues related to violence, trauma and human rights. In this study, the professionals carried out an analysis of the credibility and plausibility of the allegations of ill-treatment or torture based on international expert standards in the field (Istanbul Protocol), with a compartmentalised, multidisciplinary methodology and with scientific monitoring and supervision systems.

There are still aspects to be clarified and enriched, in fact, in the last conclusion of the report, the IVAC professionals state: "The timeframes for the development of this work and the financing place us before an unfinished investigation that continues to generate information at the closing date of this report" (IVAC-CREI, 2017). Fortunately, at the beginning of the year 2023, the Government of Navarra approved an allocation of money for the IVAC to begin the second phase of the study.

Both the Network of Tortured People of Navarre and the Basque Institute of Criminology (IVAC), responsible for the aforementioned study, affirm that the number of reported cases of torture is not definitive and will continue to grow, but as of today we know that between 1960 and 2011, there have been at least 856 people tortured in Navarre (Table 1). This represents approximately 2 out of every thousand people in such a small territory.

Table 1. Torture in Navarre: the figures

Number of persons	856
Decades	
1961-1970	33
1971-1980	274
1981-1990	342
1991-2000	212
2001-2010	133
2011	7
Unknown	55
Sex	
Male	721
Female	133
Unknown	2

2 In December 2017, the IVAC presented the *Research project on torture and ill-treatment in the Basque Country between 1960-2014* and, in fact, for reasons of economy and urgency, for the first phase of the Navarre study, 20 of the 33 Istanbul protocols used have been reused from among those made for the Basque Country study because they are of Navarrese citizens tortured in Alava, Vizcaya or Gipuzkoa.

Detaining Body	
Political Social Brigade	37
Civil Guard[3]	403
National Police	494
Unknown	113
Detention regime	
Incommunicado detention	357
Reported Detention	25
Other	14
Unknown	656
Type of torture	
Physical and psychological	332
Physical torture	35
Psychological torture	32
Unknown	653
Sequels	
Psychological sequelae	135
Physical and psychological sequelae	93
Physical sequelae	34
No after-effects	5
Don't know Don't answer	785
Consequences	2
People killed as a result of torture	467
Prison admission	387
Freedom	196
Unknown	

Complaints	
A complaint has been lodged	233
No complaint has been lodged	165
Unknown	654
To whom	
To the forensic doctor	90
To the judge	147
Court	108
Media	89
Other	25

A portrait of torture by periods

Torture during Franco's regime.

According to the study commissioned by the Government of Navarre, there have been at least 169 confirmed cases of torture between 1960 and 1978 (see table 1). Comparing these figures with later years, already in democracy, they do not seem very high.

This is influenced by various factors, the main ones are the desire of the tortured people to leave behind what happened, the gradual death of the tortured people and also the normalisation of the brutality of the regime, which leads some tortured people, for example, not to believe that they have been tortured because they have not been interrogated to obtain information. During the 1960s and 1970s, a large part of the population still remembered the savage repression of the war and the post-war period and had known no other society than Franco's, in which structural violence was tremendous. The number of people tortured will surely be much higher, although it is difficult to identify and document all the cases that occurred. Torture during the dictatorship was widespread. "*Its perpetrators did not act at their own free will, but within a system that gave them protection and cover. The Political Social Brigade, the epitome of political repression, had the collaboration of forensic doctors, secretaries, judges and prosecutors who, in turn, applied laws and regulations*

3 The Guardia Civil is a military corps created in 1844 by the Duke of Ahumada and, due to its duality as a police and gendarmerie, it is currently dependent on the Ministries of Interior and Defence. During its 179-year history it has been questioned particularly for its repressive role against left-wing political movements and has often been described historically as a reactionary force. After Franco's death it was involved in the failed coup attempt of 1981, in the so-called "state terrorism" against ETA (GAL) and has been accused of practising torture in the fight against terrorism.

dictated by governments aware of and responsible for the use to which they were put" (Rubio, 2020).

There was a legal system that protected torture. In 1960, Spain still applied the Law of Political Responsibilities (Ley de Responsabilidades Políticas) promulgated in 1938, that is, in the middle of the Spanish Civil War, and in 1963, the Franco's regime decided to close the military courts and create the Public Order Tribunal (TOP) with the aim of showing a friendlier face in order to allow entry into the European Economic Community.

Between 1964 and 1976, the TOP conducted a total of 22,660 proceedings involving 50,714 citizens. Among those convicted, 70% were workers, 22% students, and the second most repressed territory was Navarre (del Aguila, 2001).

Despite the repression and the total lack of freedom of expression during the dictatorship, which prevented the drafting of structured reports, torture was constantly denounced during the 1960s and 1970s. Thus, in May 1960, 339 Basque and Navarrese priests published a document addressed to their bishops in which they denounced the existence of torture.

"Psychosis of fear and terror": the death of Antonio Goñi Igoa

In this context of widespread impunity, outside the clandestine organisations, priests were the only ones who could raise their voices. In April 1971, the French newspaper *Le Monde* published a protest letter (J.-A.N., 1971, 14 April) penned by 180 priests from Navarre denouncing the repression and protesting against "*the arrests and searches; the torture and ill-treatment of detainees; the long, painful and cruel interrogations; the dismissals and sanctions against workers; and the psychosis of fear and terror which has caused many to flee*".

During these protests, at the end of 1970, the Navarrese mechanic Antonio Goñi Igoa was arrested in San Sebastian. After 18 days without news of him, his wife managed to free him after paying a heavy fine. Igoa regained his freedom in a critical condition, with no nails in his hands and bruises all over his body. He told those close to him that they had done "everything" to him, finally opting to commit suicide a few weeks later.

Torture during the so-called "Transition to Democracy".

Franco's death was followed by a period known as the "transition", which consolidated a model of amnesty for the crimes of Franco's regime and, therefore, of impunity. As the dictator had foreseen, a monarchy was imposed without a referendum that would allow a return to the republican regime that existed in Spain at the time of the coup d'état in 1936.

Despite Franco's death in 1975, torture, far from disappearing, worsened during the Transition, particularly in the Basque Country and Navarre, as a result of labour struggles and the intransigence of all political parties to open a dialogue on national identities in the State. Amnesty International, in July 1975, described the situation after its visit to Spain as follows: "*The mission further received credible and convincing evidence that torture was systematically used against a* minimum *of 250 Basque detainees (and possibly against many more who were not known to the contacts interviewed by the mission) in the provinces of Vizcaya and Guipuzcoa during the state of exception and was used frequently in Alava and Navarra provinces (…). (…)*

The three major police forces participated or collaborated in the torture.

The methods of torture included severe and systematic beatings with a variety of contusive weapons, falanga (beating on the soles of the feet), burning with cigarettes, near drowning by being submerged in water while suspended upside-down, enforced sleeplessness, and forms of psychological

Picture 1. Amparo Arangoa. Pictures taken at a hospital after a detention in a police station.

stress, including mock executions, sexual threats, threats to relatives and the technique known as el cerrojo *(the frequent fastening and unfastening of bolts on the cell doors in order to keep prisoners in perpetual fear that the torturers have returned). (Amnesty International, 1975)*

In the midst of the political reform between February and April 1977, Spain signed and ratified article 7 of the International Covenant on Civil and Political Rights, which prohibits torture, and article 15.2, which prohibits the establishment of obstacles to the prosecution of those responsible by act or omission. In spite of this, months later, the Spanish Congress of Deputies approved the amnesty law, which was a law of full stop, the repeal of which has been insistently demanded by various international bodies, as well as the UN itself[4].

During the spring of 1977, on the 4th of May, the government of Alfonso Suarez decided, by decree law, to abolish the Francoist Tribunal of Public Order and, a few hours later, by royal decree, to create the National Court; a special court that could act on its own initiative regarding many crimes, including those that could be linked to state security or terrorism. But, despite attempts to disassociate the Audiencia Nacional from Franco's Tribunal de Orden Público, the fact is that ten of the sixteen judges who had a tenured position in the TOP were subsequently appointed magistrates of the Audiencia Nacional or the Supreme Court, i.e. 62.5% of the successor court to the military tribunals created during the civil war and the fascist one was incorporated into the new special court (Roldán Cañizares, 2013, 22 November).

4 "In up to 11 reports since 2008, the UN has urged Spain to render the 1977 Amnesty Law ineffective so that it cannot be applied by Spanish courts to prevent the prosecution of these serious crimes under international law". Relva, H. (2022, 15 July).

Corpse of Joxe Arregui, beaten to death in 1981.

Torture in Democracy

1980s

To the impunity derived from the amnesty law, we must add the continuity in their posts of elements of Franco's repressive apparatus beyond the transition. Just as the perpetuation of Francoist judges occurs to a different extent in the army and its intelligence apparatus[5] , as well as among the police, where many agents responsible for Francoist repression were perpetuated without purges (Velasco, 2018).

The impunity derived from the amnesty law and the continuity of elements of Franco's repressive apparatus in their posts are two fundamental elements for the persistence of torture in Spanish democracy, now fundamentally linked to the fight against terrorism and its special legislation.

This is how Amnesty International denounced the new situation in its 1981 report: *"More and more people have been detained under the new anti-terrorist law and denied the constitutional right to legal assistance… Since its introduction in December 1980, 815 people have been arrested and held under the two anti-terrorist laws 11/1980 and 3/1979. According to official statistics from the Minister of the Interior, 319 people were held in the same period last year. Amnesty International was concerned by the scale of these arrests, especially as most of the detainees were later released without* charge" (Amnesty International Report 1981).

As Amnesty International reported in the same report, in February 1981, ETA member Joxe Arregi died as a result of torture inflicted by 73 police officers at the General Directorate of Security in Madrid. The photographs showed society bruises, cigarette burns on his feet and various wounds, despite which the court declared that his death was caused by bronchopneumonia. Of the 73 policemen who took part in the interrogations, only five were charged, of which only two were tried, and in the end none were convicted.

It is difficult to get an idea of the magnitude of torture in Navarre during those years; the sociologist Justo de la Cueva tried to explain it: "*In Estella, which is the city where I live and which has 13,000 inhabitants, (…) 65 inhabitants have been arrested in the last fourteen months, which means a rate of 5 per thousand inhabitants, which would be equivalent to having ar-*

5 "The current Spanish Armed Forces [1985] come directly from those that were rebuilt in 1939, after the Civil War". Bañon, R., Olmeda, J.A. (1985).

rested 45,000 people in Madrid in those fourteen months" (De la Cueva, 1982).

As had happened 15 years earlier, during Franco's regime, José María Cirarda, Archbishop of Pamplona and Tudela, denounced in 1984 that: "*We have reliable testimony that torture is practised, although we cannot prove it in court due to lack of witnesses (…) there are many things that we can take as true, as reliable testimony, and to remain silent about them would be a crime*" (Ridruejo, 1984, 26 November).

Mikel Zabalza

The arrival of the government of the socialist President of Government Felipe González in 1982, far from putting an end to torture, left behind situations such as the death of Mikel Zabalza from Navarre, which shocked Navarrese society. On 26 November 1985, the Civil Guard arrested Zabalza together with his partner and several family members and friends. The Anti-Terrorist Law was applied to all of them, they were held incommunicado, but the following day, the Ministry of the Interior reported that Mikel Zabalza had disappeared. When his mother went to the Intxaurrondo barracks to ask about the whereabouts of her son, she was advised to "look in the lost property" (Barcos, 2020, 22 November). The official version stated that, when he was about to show several civil guards the location of an ETA arms depot, despite not knowing how to swim and being handcuffed, Zabalza attacked a civil guard and escaped by jumping into the river Bidasoa.

The testimonies of the other detainees who were released confirmed that Zabalza had died after being subjected to dry asphyxia with a bag or wet asphyxia (bathtub). However, despite the contradictions, the Socialist Minister of the Interior, José Barrionuevo, maintained the official version that he had thrown himself into a river while handcuffed. 20 days after his disappearance, in an area that had been intensively searched hours earlier by Red Cross divers, his body was found floating in front of a Civil Guard patrol.

The Civil Guard responsible for Zabalza's custody were prosecuted but the case was closed for lack of evidence in 1988. In 1995, the case was reopened when a recording appeared between the member of the Spanish intelligence service (CESID) Colonel Juan Alberto Perote and the captain of the Civil Guard Pedro Gómez Nieto in which they acknowledged the death by cardiac arrest during the torture. In addition, the captain of the Civil Guard told the colonel that on another occasion another detainee had almost died in the same circumstances.[6]

An independent inquiry by Danish forensic doctors supported the family's thesis that he had died due to torture by wet asphyxiation during torture and that the body was subsequently transported close to the river. On that occasion, the European Parliament issued a statement expressing its concern about the role of forensic doctors in Spain and demanding that they comply with the minimum standards required of forensic services in any, allegedly democratic, European country. The case was finally dismissed and archived by the judge in 2009" (Pérez-Sales, 2020).

6 "We were almost left with the *herrialde buru*, the head of the commandos who intervened in the death of Captain Martín Barrios. Captain Pindado and myself (...). There comes a moment when what they are breathing is his carbon monoxide and then he is drowning. He's drowning, he's drowning... His sphincters open, he's drowning and he's looking at us, because the *crux* of the matter is not that he can't see anything (...). The hood must be transparent so that he can see life and the sensation of death he is experiencing". Goyoaga, A. (2020, 22 November).

Corpse of Mikel Zabalza, tortured to death in Intxaurrondo and presented as drowned while trying to escape from Civil Guard.

The 1990s

The end of the Socialist era, which in 1996 inaugurated the first Popular Party government headed by José María Aznar, did not put an end to torture associated with the fight against terrorism either. Between 1991 and 2012, the Spanish Socialist Workers' Party and the Popular Party pardoned at least 39 police officers convicted of torture and many of them were, in fact, decorated and promoted (Torrús, 2019, 17 April).

In Navarre, there was an increase in cases of torture against young people, often minors, who were arrested in street incidents with the police and who, under anti-terrorist legislation, were held incommunicado, tortured in many cases and judged in an ad-hoc tribunal, the Audiencia Nacional (National Court).

The anti-terrorist logic -that any case of torture weakened the state's fight against ETA- was imposed legally, politically and journalistically. The generalisation of the so-called Criminal Law of Enemy[7] which spread during the first decade of the 21st century in line with that implemented by US security in the wake of the attacks on the World Trade Centre.

21st Century

The international context of the curtailment of rights and freedoms under the guise of the War on Terror found fertile ground in Spain and served for a negationist policy that blamed

7 Criminal Law of Enemy is the expression used in 1985 by the German jurist Günther Jakobs to refer to the fact that, in certain circumstances, there are groups of people who do not enjoy all legal protections or guarantees because they are considered by the state to be dangerous. In saying this, Jakobs was not referring to a particular group of laws or body of law, but precisely to the suspension of certain laws justified by the need to protect the state in certain situations or in the face of certain dangers. The term has given rise to various debates and interpretations - including Jakobs' own reinterpretations - particularly since the jihadist attacks of 11 September 2001.

torture allegations on a pre-established terrorist plan to delegitimise democracy. The cases continued unabated. In February 2003, by order of the Audiencia Nacional (National Court), the Civil Guard closed down the newspaper *Euskaldunon Egunkaria*, the only newspaper in the Basque language, closed its offices in the Basque Country and Navarre and arrested and tortured ten members of its editorial board, including its director Martxelo Otamendi. His denunciation of the torture he suffered in the police station after his release from prison shocked a large part of Basque and Navarrese public opinion (Agirre, 2004).

Photography of Igor Portu's injuries

In 2011, the European Committee for the Prevention of Torture, giving credibility to the testimony of torture of three Navarrese, issued a very harsh report against the Spanish authorities[8] .

Between 2011 and 2015, the European Court of Human Rights condemned the Spanish state on four occasions for failing to investigate the allegations of torture of the Navarrese Oihan Ataun, Jon Patxi Arratibel, Xabier Beortegi and Iñigo Gonzalez. And, on 13 February 2018, it condemned the Spanish government for the cases of Igor Portu and Mattin Sarasola from Navarre, detained by the Civil Guard on charges of belonging to ETA. The sentence underlines the seriousness of what the two young Navarrese men suffered, whose "brutality was aimed at humiliating, punishing and taking revenge against the applicants on account of their membership of ETA"[9] .

The end of ETA

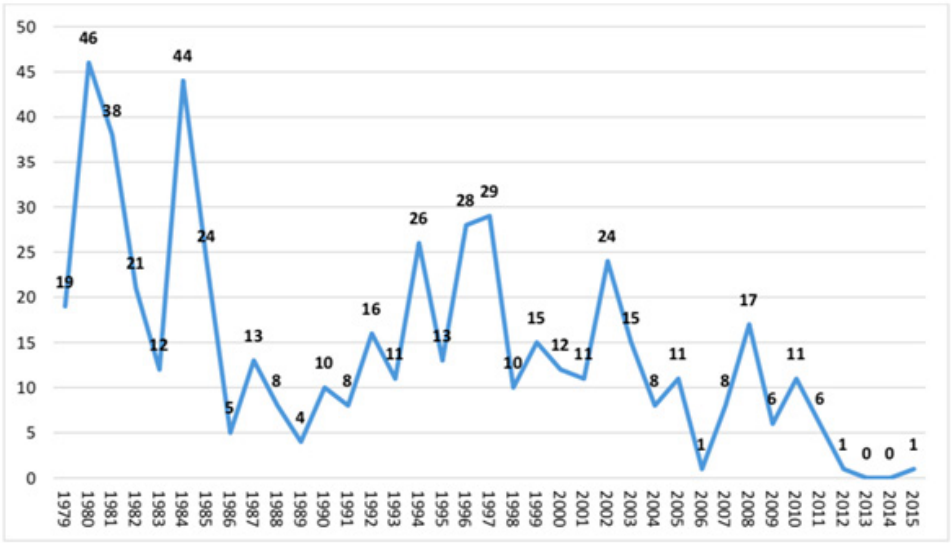
On 21 October 2011, ETA announces its disbandment;

Among the many reactions to the end of ETA, Amnesty International, called on the Spanish government to "*repeal the laws that allow for the extension of incommunicado detention"*. It also recalled that *"while victims of terrorist acts have legal avenues to obtain justice, truth, remedies and reparations, victims of human rights violations committed by the state do not have the same level of recognition and legal protection.*

8 "*The CPT has been drawing the Spanish authorities' attention for some two decades to the problem of ill-treatment by the Civil Guard of persons suspected of offences referred to in Article 384 bis of the CCP. In 1994 and 1997, the Committee recommended that a thorough and independent investigation be carried out in relation to this matter. However, those recommendations were never properly complied with. The facts found during the 2011 visit indicate that the above-mentioned problem remains unresolved*" Report to the Spanish Government on the visit to Spain carried out by the European Committee for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment (CPT).

9 AFFAIRE PORTU JUANENEA ET SARASOLA YARZABAL V. SPAIN. Requête nº 1653/13.

Figure 1. Annual distribution of cases (1979-2015).



Source: IVAC-KREI, *Research project on torture and other ill-treatment in the Autonomous Community of Navarre from 1979 to the present*.

(…) Perpetrators of serious human rights violations and abuses must be brought to justice".[10]

Duckworth's demands for truth, justice and reparation for victims of human rights violations are still pending and, in Navarra, torture victims will organise to achieve them.

In the second part of this article, we will analyse what are the keys to this process.

Network of Tortured People of Navarre: lessons and key points

We have made a brief review of torture in Navarre during the Franco regime, transition and democracy to help give a general idea of who, when and how they have been tortured in this territory over the last 60 years.

We are going to analyse some aspects in the genesis and the first steps of the Network with emphasis on those aspects that can be useful to other victims' organisations in their struggle against torture. To do so, we will analyse these aspects: The political and social context in which the Network was born, the Network's strategies for dealing with victims' difficulties in working with their "traumatic event", the organisational structure and development of the network, the Network's basic principles and demands, the Network's strategy and philosophy of work, the Network's policy on relations and alliances and the opportunities and consequences of the process being driven by victims of torture.

10 Amnesty International (2011, 21 November).

Objective and subjective conditions: political and social situation.

ETA disappeared in October 2011 and in the same year the last allegations of torture linked to the Basque conflict took place in Navarre[11].

One of the possible erroneous conclusions would be to think that a totally favourable context is essential for torture victims to start organising themselves. The case of Navarre shows that this does not have to be the case since, in fact, it is a legal setback that is one of the driving forces behind the creation of the Network.

In April 2015, the Government of Navarre approved the Foral Law 16/2015 on the recognition and reparation of victims of politically motivated acts provoked by extreme right-wing groups or public officials. Despite the new context following the end of ETA, denialist policies persist and, thus, the Spanish Constitutional Court annulled the Navarrese law[12] and paralysed, among other things, the official forensic investigation to clarify the extent of torture from 1960 to the present day.

The annulment of the Foral Law is a hard blow for the government that promoted it, the Navarrese society that had bet on it and, of course, for the victims of torture. But, far from demoralising them, it encourages a group of torture victims involved in previous organisations and campaigns against torture, who begin to meet at the beginning of 2019.

In the first meetings, it was noted that tortured people were absent from the process, leaving everything to the management of political parties. Regardless of more or less favourable contexts, *if there are no favourable conditions for the fight against torture, survivors can create them.*

A safety net: care, self-care and mutual care.

One of the first obstacles for an organisation of people who have suffered torture is the very nature of what they have suffered and its after-effects. Torture is an experience that leaves deep wounds which, even if treated, are traumatic, and people who have been tortured know through intuition or experience that militant work that has the traumatic event of torture at its core is, at the very least, destabilising, if not clearly dangerous for their mental health.

Previous experiences have shown that anti-torture work carried out by victims ends up "burning out" those with greater responsibilities and public exposure[13]. For this reason, in the meetings held since 2019, among the principles that the group has been outlining, one of the main ones is that the Network should be, above all, a "safety net" and mutual care, and it was decided that the spokespersons, responsibilities and positions of the Network should be rotating.

At the time of writing this article, this is one of the principles that the Network is fulfilling the least, as the aforementioned diffi-

11 Cases of ill-treatment or torture in prisons, control of immigrants, repression of protests and others continue to occur. For the time being, the network restricts its work to torture in the framework of the so-called fight against terrorism.

12 Judgment STC 85/2018.

13 These experiences occurred particularly in Torturaren Aurkako Taldea (Group Against Torture), an organisation that was born in the 1980s and worked against torture until the middle of the first decade of the 21st century. It often happened that a case of torture had a high social visibility and the tortured person or persons suffered a great public overexposure (press conferences, interviews, colloquiums) without adequate psychological support, sometimes being burnt out and unwilling to continue working publicly against torture.

First public launch event for the Network

culty for victims to speak publicly about what they have suffered, the speed and diversification of the Network's work and the dynamics of the group itself mean that interviews, statements, meetings and other public work fall on a group of people that is not as large as originally desired. Despite this, the members of the Network work with caution, supporting each other with gestures as simple as messages or calls or with more powerful tools such as the experiential workshops "repairing, sharing and empowering".

Also, one of the priorities is to raise funds to form a large and stable group of medical and psychological professionals to help care, as far as possible, for the consequences of daily work with torture and its aftermath. Because another consequence of the lack of recognition and reparation for torture in Spain and Navarra is the absence of psychosocial rehabilitation programmes for tortured people. For this reason, the Network has decided to advance along this path with professionals with experience in dealing with tortured people, but without abandoning the objective that these programmes should be the responsibility of the institutions.

Weaving the Network: Organising and expanding.

One of the main efforts of the organisation has been and continues to be to weave the network itself; to contact tortured people in villages and neighbourhoods and to create nodes that incorporate and extend the organisation to reach all those who have suffered torture in the territory.

Two things have been fundamental in achieving this: the existence of a small nucleus of highly motivated and active people and the use of previous work and censuses on torture in Navarre.

The success of the Network has been possible thanks to a small, highly motivated, te-

nacious, open and inclusive initial group that has managed to bring together wills, gain the respect and trust of the hundreds of tortured and their relatives and spread its decision and will to transform. This is one of the great lessons of the Navarre Network.

As we said before, in order to contact tortured people, we did not start from scratch; there were lists of people who had suffered torture, among which we must highlight the Euskal Memoria foundation, with which an agreement was reached to cede their data and the Network, in reciprocity, makes the data it collects available to them.

From then on, the work of the Network has been a painstaking job, going person by person, cuadrilla by cuadrilla[14], village by village, region by region until reaching people about whom there was hardly any information.

In order to achieve this, the fundamental tool has been the folders and forms that the Network has distributed to all the tortured persons and/or relatives it has been able to contact. In these forms, the tortured persons were asked about various possibilities of relationship with the Network and its initiatives, including whether they would be willing to have an Istanbul protocol carried out on them, whether they would give permission for their data to be used for the official study of the IVAC and the data of Euskal Memoria. They were also asked what link they would like to have with the Network. This could range from none, to keeping themselves informed, to becoming fully involved in the organisation and its work.

The folders and forms have been the basis of the work and have become the symbol of the Network and its project and, at the same time, an ordeal for the tortured people who have had to confront what they have suffered, for the first time in some cases and again in others.

The Network set up and publicised meeting points and timetables in towns and neighbourhoods throughout Navarre. Many people who had not been located approached these points to tell, sometimes for the first time, their experience.

14 "Cuadrillas" are groups of friends in a village or quarter that organize themselves for leisure.

Symbolic act: Tortured victims from the Basque Country and Navarra with a blue dossier, symbolizing the documentation and forensic report of their torture.

This initial work of the Network has been crucial.

At present, 393 folders have been distributed. There are still 463 folders to be distributed, of which 227 people have been identified but have not yet been reached and 189 are unidentified, as well as 47 people who do not want to participate in the process. Of the people contacted, 85% have decided to become part of the Network and join the project.

This immense work, which is still ongoing, has allowed the first in-depth examination of torture in Navarre to be made and, at the same time, has made it possible for the Network to expand and become a human, organisational and political reality.

Principles of the Network: Recognition, reparation and guarantee of non-repetition.

Recognition: an end to impunity

The recognition of torture is undoubtedly the guiding principle on which the victims of torture in Navarre have grouped together. In the public presentation of the Network, its spokespersons made it clear: "*There are more than a thousand of us who have suffered torture because of our political militancy in Navarre at the hands of the Civil Guard and National Police. And for the last six decades the treatment we received, what we suffered, has been kept silent, as if it had not existed. Because we know that to recognise it is to reflect in the mirror of the horrors of state violence. The Spanish state has always tried to hide the obvious widespread use of torture and does not want more cases to be revealed that go beyond the historical period corresponding to Franco's regime*"[15] .

The damage caused by torture to its victims, their families, their environment and society as a whole is incalculable and affects the very meaning of community life. The fact that no authority recognises the concrete damage suffered by tortured persons multiplies this damage; the fact that the state recognises the damage produced, repairs part of the damage and reduces the pain derived from impunity.

Repair

Along with recognition, the Network's main demand is reparation. The party responsible for reparation, the state, cannot return what has been lost or damaged, so reparation must necessarily be symbolic. It has to go beyond the realm of damage or private pain and needs to have a public dimension.

It is difficult to define what such reparation should look like, but it should certainly be linked to the principles of justice and dignity, in line with Article 1 of the Universal Declaration of Human Rights.

Guarantee of non-repetition

Finally, the ultimate objective of the Network is the guarantee of non-repetition.

Among the multiple purposes of torture, beyond its objective of breaking the will of the individual, there is also that of breaking their sense of community, stifling civil society through a climate of fear that silences and paralyses any option of dissidence. For this reason, the Network understands that it is its civic duty to deactivate the legal, political and

15 Presentation document of the Network of Tortured People read on 12 February 2020 by Lohizune Amatria, niece of Mikel Zabalza and Iñigo Etayo, the last Navarrese to receive a favourable judgement from the European Court of Human Rights in Strasbourg condemning the Spanish State for not investigating their complaint of torture.

June 2022 - Demonstration demanding Truth, Reparation and Guarantees of No Repetition

psychosocial mechanisms that allow torture to persist, hence it considers investigation, recognition and reparation to be "deepening democracy".

Neither revenge nor retaliation: justice

The Network has debated within itself and, to date, its position is anti-punitive: it does not believe that reparation should have a penal dimension. And, although its position is firm, it is worth clarifying that this discussion has been to a virtual extent, as there is currently no real possibility of opening torture cases in Spain. In this sense, it is a difficult debate that stirs up many mixed feelings, also within the Network itself, but this thesis has been collectively adopted fundamentally because of its transforming capacity, which has been evident in the relations that its members have had with social, trade union and political agents.

Firm principles, flexible strategy, transformative will

In the creation and expansion of the Network, initial success has also been based on the successful adoption of a flexible organisation, strategy and realistic planning.

The Network has been clear that it had to respond to the plurality of torture itself in Navarre and has made a constant effort to ensure that all tortured persons, regardless of political tendencies or periods, felt represented, paying special attention, for example, to their public appearances.

Likewise, the Network has chosen not to adopt closed positions on issues that may divide tortured people in Navarre, such as, for example, the Foral Law 16/2019, of 26 March, on the recognition and reparation of victims of acts provoked by extreme right-wing groups or public officials. The Network's analysis is that this Law is deficient and it has made public its criticism of its shortcomings but, at the same time, in its annual assembly, it has conveyed to its members that they are free to come and give their testimony.

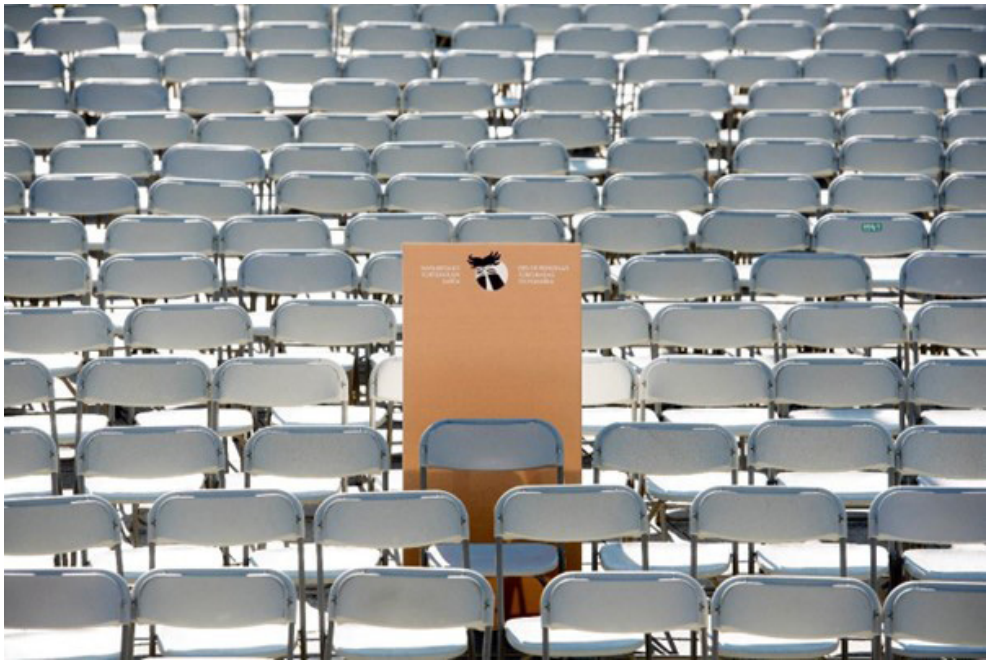
This exercise in flexibility and realism has been present from the beginning, since, when the Network was still in its embryonic stage, the optimal scenario was for the initial study

to be financed and assumed by the Navarrese institutions, but, given the possibility that this might not be achieved, the possibility was also assessed and contacts were made for the study to be carried out with social funding.

This plurality, flexibility and realism is also reflected in the different initiatives and dynamics of the Network, among which we can highlight:

- Citizen mobilisations such as the demonstration by thousands of people on the 25th of June 2022, the eve of the International Day for the Protection of Victims of Torture, under the slogan "Recognition. Reparation. Guarantee of non-repetition".
- Spectacular actions such as the placing of 1,000 empty chairs, one for each person tortured in Navarre, in the central Plaza del Castillo in the capital, Pamplona, on 13 February 2019.
- Weaving alliances, such as the invitation to all trade unions in Navarre to come with the members of the Network to the parliament of Navarre on the day of the presentation of the results of the report.
- Dynamics aimed at *the care and empowerment of tortured persons, such as the aforementioned workshops held under the motto "Repair, share and empower"*.
- *Dynamics aimed at broadening social support in the fight against torture, such as the manifesto* "Torture: A term that - let's say - has already expired" which received the support of more than 250 artists from Navarre and an international group of intellectuals led by Noam Chomsky and Slavoj Žižek[16].

16 The prestige and trajectory of the group of international personalities who supported the tortured people of Navarre is practically



Symbolic act: 1,000 empty chairs. One for every tortured person in Navarra, in the centre of Pamplona/Iruña - 2019.

- Meetings aimed at raising public awareness of the global reality of torture, such as conferences and round tables.

Thus, this flexible organisation and strategy, and its diverse and pluralistic practice, has proved to be a catalyst for tortured people and has borne fruit in strengthening the possibilities for social transformation in the fight against torture by empowering its victims.

The Social Network: weaving relationships and commitments

From the first meetings it was clear to the tortured people that a key point of their work should be to open channels of dialogue with as many sectors as possible. Today the Network is working with all the political parties represented in the parliament of Navarre, something never achieved until now.

Responsibility and discretion have been fundamental in weaving these fluid and stable relations, and this is allowing mutual trust to be built, among others, with the Government of Navarre itself.

These relations have been fundamental in achieving advances that seemed unthinkable a few years ago, some of them highly symbolic, such as the participation of members of the Government of Navarre in the presentation of the Network, in the demonstration in June 2022 or in the organisation of the conference "Torture beyond Navarre".

This first phase has given us a first snapshot, but the number of cases of torture that appear continues to grow and that is why we need to continue investigating, something that was recently approved by all the political groups in parliament.

Legitimacy, generosity, honesty and ambition

Despite all that has been said so far, one of the indisputable keys to its success has been its legitimacy, based on the first-hand experience of its members. One of the lessons that has most impressed the members of the Network and that can be extrapolated to any tortured person in the world is that it is very difficult, if not impossible, to look a tortured person in the face and tell them that what they are saying is a lie, that it is not so serious, that it is not the right time or that it is better to forget it all.

The legitimacy of people who have suffered torture makes dialogue possible, and the calm and conciliatory discourse on the past and the future leaves a deep impression on all interlocutors and is a transforming element of the first order. Jorge Txokarro, one of the Network's spokespersons, when asked whether tortured people expected or wanted to be asked for forgiveness, replied: "*We do not consider that we should be asked for forgiveness explicitly. As an association we want to know the truth, but we do not want to do so from a penal point of view, nor from a punitive or justiciary point of view*".

"If we want an ethical basis for real coexistence in Navarre in the coming generations, it is essential not to forget, but not to remain anchored in the past by opening legal proceedings. We would be in a process with not only civil guards or national police, but also politicians, businessmen and

unmentionable and includes international awards such as the Pulitzer or World Press Photo; national prizes in a multitude of artistic disciplines; honours such as the Benjamin Franklin Medal, the J.B. Cendrós International Award, the APA Award or the Gold Medal of the Círculo de Bellas Artes; Guggenheim, Fulbright and Cullman grants, among others; film and audiovisual awards such as Emmys and Goyas; and countless literary awards, including the Tigre Juan, Lannan, Altazor, Euskadi and Torrente Ballester prizes, to name but a few.

even journalists sitting in the dock. I am in favour of an inclusive memory, and for that, the tortured people need their place"[17].

On the other hand, the objectives of the network are recognition, reparation and guarantee of non-repetition, but if they had to choose only one, the main objective of the network is the achievement of public recognition of what happened[18].

The tortured people of Navarre are clear and honest when it comes to expressing what they want, and at the same time, generous with the companions who have to accompany them on that path. There are many people involved in the perpetuation of torture over the last 60 years. To give a clear example: the different political parties that have had direct responsibilities. Some of these parties have told the people who have been tortured that they need time to educate within their organisations and the Network's response has been clear: there is no problem, the important thing is to take steps to reach the assumption of responsibilities necessary for the recognition and reparation of what happened.

In this sense, I do not want to end without mentioning the ambition shown by the tortured people in their objectives and in their daily work. I have spoken of the minimum that tortured people would like, but it is clear that their work is aimed at achieving the maximum in the field of justice and social regeneration of the wounds left by torture. In order to achieve this, I would also like to draw attention to the ambition of their daily work. To give two examples, when trying to reach out to all tortured persons and their relatives, or when carrying out a campaign to seek international support for your cause. They do not consider that this cause has to be confined to Navarre, but that it belongs to the whole of humanity, and in this sense they have not hesitated to approach intellectuals and artists from all over the world.

Conclusion

Two days after writing this article, the Network of Tortured People of Navarre held an assembly in which, among other things, it informed its members that it was going to open a permanent office to coordinate and attend tortured people in Navarre. Two days later, it was made public that the Minister of the Interior Fernando Grande-Marlaska had promoted the Civil Guard Arturo Espejo, directly implicated in the death of Mikel Zabalza, to lieutenant general.

There is still a lot of work to be done and the Network of Tortured People of Navarra does not have an easy task. But the process of self-empowerment of torture victims in Navarra is a phenomenon that may contain valid lessons for other torture victims or organisations fighting against torture throughout the world.

17 Barcos, J. (2023, 14 January).

18 "This is, unanimously, the most quoted measure. In different ways and with different emphases, most examinees report that the greatest harm they suffer is that they are not only ignored or silenced, but the fact of being pointed out by Government spokesmen or public bodies, even those related to human rights, saying that they have invented the ill-treatment they have suffered, or that this is the consequence of alleged instructions. This creates a double victimization in people which is expressed when most of them say that the main reparation simply consists of having the State recognise what happened so that society, as a whole, will know what happened to them. The damage would thus be validated and the facts would be publicly known". Pérez Sales, P. "Reparation measures" in *Incommunicado Detention and Torture: Assessments using the Istanbul protocol*.

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Survivor engagement: Experience with an advocacy-based model in Washington, D.C.

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Key points of interest

- IRCT-member organisation TASSC has a unique model of encouraging survivor engagement in advocacy that other agencies supporting survivors may be able to draw from
- TASSC's internal monitoring suggests that survivors experienced strong motivations for and compelling benefits from participating in advocacy events, despite the challenges that the deeply personal nature of their engagement could present

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Abstract

Introduction: As an IRCT member organization supporting survivors of torture, the Torture Abolition and Survivor Support Coalition (TASSC) International places survivor engagement at the core of their work, aiming to provide safe and inclusive spaces for survivors to speak out and take meaningful action to prevent torture. This article describes TASSC's model for engaging survivors in advocacy and presents evidence on the personal impacts such engagement can have.

Method: Each year from 2016-2019, TASSC administered a simple survey with questions for survivors to complete after their annual "Advocacy Day" in Washington D.C. Quantitative and qualitative data was collected to inform internal service provision and the design of future events.

Results: Across the four years a total of 140 survivors and compatriot human rights advocates participated in the annual Advocacy Day, and a majority completed the surveys. In their survey responses, survivors agreed they had many positive thoughts and feelings after advocacy. Their reported positive experiences included a sense of being listened to and heard by an understanding and responsive audience, the power of feeling part of a group that was speaking out on behalf of themselves and others, and a sense of motivation and hopefulness for the future.

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International Rehabilitation Council for Torture Victims.

Discussion: Although undertaken primarily to inform internal processes, TASSC's surveys with survivors who engaged in advocacy shed light on the potential value of well-designed advocacy experiences. Consistent with past research, survivors reported strong motivations around and compelling benefits from participating, despite the challenges that the deeply personal nature of their engagement could present. This feedback suggests TASSC has a strong model that could be replicated elsewhere, but it would be beneficial to further investigate the experiences of survivors engaging in advocacy in other country settings.

Keywords: Torture survivor engagement, advocacy

Around the world, many agencies and community groups have been established to support people who have survived torture. The International Rehabilitation Council for Torture Victims (IRCT)—a network of 161 of these agencies and groups—encourages all its member civil society organizations to place survivor engagement at the core of their work, highlighting the importance of providing safe and inclusive spaces for survivors to speak out and taking meaningful action to prevent torture from continuing (IRCT, 2022). In this article, we describe the ways in which one survivor-led agency in Washington, D.C, has promoted survivor engagement in advocacy and public testimony, and has worked with survivors and researchers to identify the personal impacts such engagement can have. The evidence gathered by the agency, while collected predominantly for internal service-design purposes (rather than with the intention of contributing to a body of academic literature), provides valuable insights into the potential value of increased survivor engagement in advocacy spaces. Patel and Williams (2022) have encouraged sharing such evidence, collected "within the work of civil society and community-based organizations – which may not adhere to the hegemonic discourse of evidence-based practice, but may have significant and weighty contributions to understanding what helps, and what is valued within those communities" (p. 229), as a way of contributing to epistemic justice.

The agency: Torture Abolition and Survivors' Support Coalition (TASSC) International

The Torture Abolition and Survivors' Support Coalition (TASSC) International was established in 1998 as a survivor-led, non-profit organization engaged in anti-torture advocacy and providing support to survivors (see Barron, 2020, for further details on TASSC's founding). It is governed by a Board of survivors and human rights activists and led by an Executive Director with lived experience of torture. Over its history the organization has had a small core staff and relied heavily on volunteers and charitable grants and donations. It has also received some government grants enabling the employment of professionals to provide direct, trauma-informed services (e.g., social, psychological, legal) to TASSC members. More information on current and historical services is available on the organization's website: www.tassc.org.

The model: engaging survivors in advocacy

Building on the foundation of activism that founder Sister Dianna Ortiz and other survivors established, TASSC developed an advocacy program that draws on the contributions of expert staff and volunteers and engages survivors directly in opportunities to speak out about torture. TASSC publishes book chapters, articles, opinion pieces, and blog posts about torture and other human rights abuses,

and campaigns to increase awareness and urge those with power and influence to take action (Barron, 2020). Survivors are regularly invited and supported to engage as "Truth Speakers", sharing their stories of survival with schools, faith groups, and other community organizations. In addition, TASSC's location in the U.S. capitol provides unique opportunities for survivors to directly engage with politicians and policy makers. Survivors have given powerful testimony in the U.S. Department of State and congressional hearings, spoken with senators and congressional representatives, written letters to convey their experiences and concerns, and participated in protests outside the White House to call for necessary attention and action. Every year in June, around the timing of the U.N. International Day in Support of Victims of Torture on June 26, TASSC organizes a focused week of survivor gathering, knowledge-sharing, advocacy, and activism, including visits to U.S. congressional offices to give testimony in person on a designated "Advocacy Day".

To center survivors in the process, TASSC members are regularly asked to share their priority areas of concern and to take an active role in preparing advocacy campaigns. Drawing on local knowledge and experience, the TASSC advocacy team provides input on areas where the greatest political traction may be achieved (e.g., timing advocacy campaigns well to influence decision-making, tailoring messages to tap into specific political and community interests, and meeting with individuals most likely to hold some sway in a political process or most receptive to hearing survivors' views). The team organizes formal training sessions and offers individual coaching to support survivors in developing and delivering speaking points and understanding the logistics of public advocacy, training on average over 50 survivors each year. Such partnership between survivors and TASSC staff and volunteers helps to direct limited resources effectively and is also important for respecting the wellbeing of survivors.

Recent topics for advocacy efforts during June Survivors' Week Advocacy Day included supporting a proposed U.S. resolution decrying human rights abuses in Ethiopia, calling for U.S. action to address human rights abuses across survivors' home countries, and campaigning for reducing the backlog in asylum processing (which negatively impacts survivors seeking sanctuary in the U.S.). During June Survivors Week, approximately 80 people participate in Advocacy Day each year, including 30-50 survivors. Delegations collectively visit 40-50 congressional offices where survivors speak with aides and sometimes with the senators and congressional representatives themselves. Meetings typically last 30-40 minutes. Each delegation is made up of two or three survivors, a TASSC staffer or intern, and a college student or another volunteer interested in human rights activism. After the onset of the Covid-19 pandemic in March 2020, the Advocacy Program continued congressional meetings for survivors on zoom.

The research: assessing the impacts of advocacy on survivors

Until recently, survivor experiences with advocacy activities had not been documented in a systematic fashion. Accordingly, in 2016 TASSC decided to gather more input from survivors on their experiences around advocacy events, with a particular interest in the psychological impacts of their engagement.

Past literature

Existing research involving trauma survivors and the mental health providers supporting them suggested that survivors engage in advocacy for a range of reasons. For instance,

a survey of participants who provided testimony in the Extraordinary Chambers in the Courts of Cambodia (ECCC; a type of international war crimes tribunal) found that their most common reasons for participation were seeking justice, revenge or reparations; duty to family; and feeling personally compelled as a form of individual coping, perhaps by sharing their experiences aloud (Stammel, Burchert, Taing, Bockers, & Knaevelsrud, 2010).

Literature also pointed to several benefits for survivors from engaging in advocacy and truth-speaking (O'Connor, S., Byimana, L., Patel, S., & Kivlighan, Jr., 2021). These included feeling validated by having the political context of their trauma recognized; developing a greater sense of self-esteem, self-value, self-identity, and self-efficacy (particularly in relation to being able to speak up for their rights); and increased motivation to support their community (e.g., Laplante, 2007; Suarez, 2011; Rees et al., 2004; Shalhoub-Kevorkian, 2005). For example, torture survivors in India, Sri Lanka, Cambodia and the Philippines who had participated in a form of "testimonial therapy"—which involved writing up their personal accounts of torture and human rights abuses to be publicly witnessed, and potentially used in group advocacy efforts by non-governmental organizations helping to organize the testimony process as part of their support for survivor recovery—reported positive feelings such as pride, relief, feeling listened to and feeling motivated to continue engaging in advocacy (Agger, Igreja, Kiehle and Polatin, 2012); Jorgensen et al., 2015). In Peru, women who survived many brutalities during the civil war, and mental health professionals in advocacy-oriented community organizations that were supporting these women, reported that engaging in the country's Truth and Reconciliation Commission helped in developing a sense of effectiveness and efficacy by taking on social and political leadership (Laplante, 2007; Suarez 2011). The women described feeling "more than victims", more resilient, gaining a sense of agency by holding the government accountable, and gaining self-esteem and a feeling of tranquility from being able to share their experiences in the Commission hearings, and appeared to be more resilient.

At the same time, literature highlighted some challenging experiences for survivors engaged in advocacy, especially in public tribunal-type settings where their personal experiences might be under scrutiny. For instance, participants in the Special Court for Sierra Leone (a war crimes tribunal established by the UN) felt pride about breaking silence and being able to tell their story, but experienced emotional difficulty while relating painful experiences and discomfort with being questioned (Stepakoff, Shawn Reynolds, Charters, and Henry, 2015). Puvimanasinghe and Price's (2016) study of a testimonial therapy process in Sri Lanka found that, although most participants reported benefits, some suffered increased distress and declines in emotional wellbeing after sharing their torture experiences. Brounéas' (2008) study of women in Rwanda who had testified in gacaca village tribunals (a type of truth and reconciliation commission) found that many women reported feeling ill and re-experiencing trauma while testifying, and fearing for their for safety in the village afterwards. In South Africa, Byrne's (2004) study of participants in the national Truth and Reconciliation Commission found that many reported disappointment and frustration with the bureaucracy of the process and experienced a significant emotional toll from testifying.

However, there was limited literature on individual-level changes in wellbeing after engaging in advocacy activities, and no existing

studies focused on TASSC's community—i.e., survivors of torture seeking asylum in the U.S. To help address some of these gaps in understanding gained from more formal research literature, from 2016-2019, TASSC staff and research associates undertook a series of small studies with survivors who had participated in Advocacy Day on Capitol Hill during TASSC's Annual June Survivors Week. The purpose of these studies was to identify whether survivors felt they had experienced changes in wellbeing as a consequence of participating in TASSC's Advocacy Day, to develop a deeper understanding of what advocacy activities meant to survivors in both quantitative and qualitative ways, and to gather feedback that could help to shape future advocacy events. As the studies were designed primarily to inform practice, rather than to present in academic contexts, their design was more simplistic and varied across years.

Study design

Survivors were invited to voluntarily participate in an Advocacy Day held during June Survivors Week, as described above. Each year from 2016-2019, TASSC staff developed a simple paper survey with questions for survivors to complete at the end of the day. In 2018, an additional survey was developed for survivors to complete *prior* to participating in the Advocacy Day, to enable a pilot pre-post comparison study to be undertaken in collaboration with a local medical researcher (Dhital et al., 2018).

As an evolving project connected to the agency's internal monitoring and evaluation processes, the format and content of the annual surveys changed from year to year; thus, the results cannot be directly compared or amalgamated. However, there was consistency in the general topics covered in each survey, as outlined below.

First survey—2016: The 2016 survey comprised five items referring to the mental wellbeing dimensions of self-esteem, confidence in ability to speak about human rights, desire to support others, feeling of being supported, and belief that they could help make political changes. Survivors were asked to indicate on a 5-point scale how much each dimension had changed for them (compared to before Advocacy Day), from 5 (increased a lot) to 1 (decreased a lot). A sixth question asked the survivor to explain in their own words how they felt after participating in advocacy that day.

Expanded survey in 2017: TASSC retained the same five questions covering dimensions of mental wellbeing from 2016 (with responses on a 5-point scale) and added five additional open-ended questions. Three items focused on survivors' personal experiences, asking them to report their emotional reactions after the advocacy day, their thoughts and plans following the day, and the challenges they had faced during the day. Two additional items solicited constructive feedback on the organization of the advocacy training and on Advocacy Day.

Pre- and post- surveys in 2018: Two separate surveys were developed to enable improved comparison of wellbeing pre- and post-participation. The pre-survey was administered two days before the Advocacy Day, and, as in past years, the post survey was administered at the end of the Advocacy Day.

In the pre-survey, survivors were presented with 13 items asking them to consider how much, *over the past two weeks*, they had experienced depressive symptoms (e.g., *I have little interest of pleasure in doing my daily activities; I am down, depressed, or hopeless)* or common cognitions reported in previous years' surveys (e.g., *I am a voice for others; I want to advocate for myself; I have an important story to tell*). Survivors were asked to indicate their response on

a 1 to 5 scale, with 1 indicating "strongly disagree" and 5 indicating "strongly agree". They were also presented with an open-ended question about their current thoughts or emotions.

The post-survey presented the same items from the pre-survey, adjusted to refer to how they felt *after participating* in the advocacy event. In addition, survivors were asked to report their reasons for participating in Advocacy Day, suggestions for improving the pre-event training or the organization of the day, and challenges they faced. They were presented with four items asking how much they had experienced certain negative cognitions or experiences (e.g., *I was emotional while recollecting painful past experiences*; *I was worried that my participation in this event will be noticed by someone from my home country and as a result will cause harm to my family who are still there*) on a 1 to 5 scale, from "strongly disagree" to "strongly agree".

The 2018 surveys also collected information on participant age, gender identity, country of origin, asylum status, and family separation, and included a space for a unique ID to be assigned to enable matching of pre- and post-participation responses.

Streamlined survey in 2019: TASSC modified the survey to make the wording simpler and to collect more qualitative data. Survivors were asked to respond to 13 quantitative items covering eight emotions and cognitions after Advocacy Day (e.g., *I have told an important story today*; *I feel listened to; I feel down, depressed, or hopeless)* and 5 challenges faced during Advocacy Day (e.g., *It was difficult for me to express my feelings in front of people; I was anxious about speaking to congressional staff)* on a 1 to 3 scale, with 1=not at all, 2=a little / somewhat, and 3=a lot/very much. In addition, they were presented with 7 open text entry questions on their reasons for participating, best experiences from the day, sense of preparation for advocacy, skills related to advocacy, hopes and plans for the future, suggestions for future events, and advice for other survivors who consider participating. Information on participant age, country of origin, gender identity, and immigration and family separation status, as well as whether they had participated in an Advocacy Day event before or not, was also collected.

Study results

From 2016-2019, a total of 140 self-identified survivors and compatriot human rights advocates participated in the annual Advocacy Day (with participant numbers ranging from 30 to 57 each year). Most participated only once in that time period, but 17 individuals participated twice and one participated three times. A majority of participants each year completed the surveys (70% in 2016, 64% in 2017, 69% for the pre-participation survey and 53% for the post-participation survey in 2018, and 63% in 2019), allowing for a reasonably representative reporting of survivor experiences. As the surveys were completed anonymously, and demographics were not routinely collected for Advocacy Day participants (especially as not all were registered TASSC members/survivors), it was not possible to identify whether the views of specific groups of survivors might have been missed among the non-responders. We also did not ask participants directly regarding their torture experiences, and note that those who identified themselves as compatriot human rights advocates may or may not have been primary or secondary survivors; i.e., have had direct or indirect torture experiences themselves.

From the demographic information collected in the 2018 and 2019 surveys, it appeared that more men than women participated, and most were middle-aged adults

Table 1. Quantitative Data for Participants

Year	Number of Advocacy Day participants	Number of survey respondents	Psychological wellbeing, thoughts, and feelings ***before*** participating – questions	Mean scores*, **, ***	Psychological wellbeing, thoughts, and feelings ***after*** participating – quantitative	Mean scores *, **, ***
2016*	41	29			Self esteem	4.7
					Confidence	4.7
					Desire to support others	4.9
					Feeling of support	4.5
					Belief that can help make change	4.5
2017*	55	35			Self-esteem	4.7
					Confidence in ability to speak about human rights	4.7
					Feeling of being supported	5.0
					Belief that can help make political changes	4.7
2018**	32	22 for pre-survey17 for post-survey7 matched pre-post surveys	Could be a voice for others	4.3	Could be a voice for others	4.7
			Could represent more than themselves	4.3	Could represent more than themselves	4.7
			Wanted to engage in advocacy for themselves	4.3	Felt inspired to engage in advocacy for themselves	4.5
			Wanted to engage in advocacy for others	4.5	Felt inspired to engage in advocacy for others	4.7
			Had an important story to tell	4.4	Had told an important story	4.8
			Had been listened to	4.1	Had been listened to	4.6
			Had high self-esteem	3.8	Had high self-esteem	4.3
			Had confidence in themselves	4.0	Had confidence in themselves	4.8
			Could support others	4.4	Felt they could support others	4.8
			Felt supported by others	3.9	Felt supported by others	4.4
			Felt hopeful for political change	4.4	Felt hopeful for political change	4.8

			Had little interest in daily activities	2.7	Had little interest in daily activities after the advocacy event	2.2
			Felt down or depressed lately	3.1	Felt down or depressed after the advocacy event	2.2
					Felt anxious while giving testimony	3.1
					Felt emotional while giving testimony	3.4
					Felt worried about people at home being in danger	2.5
					Had difficulty expressing themselves	1.9
2019***	32	20			Felt like a voice for others	3.0
					Wanted to continue doing advocacy	3.0
					Had told an important story	2.9
					Felt listened to	2.8
					Felt confident	2.8
					Felt supported by others	2.8
					Could help make political changes	2.6
					Down or depressed after advocacy	1.3
					Challenged by difficult emotions coming up during their advocacy	2.4
					Felt concern about retaliation against friends or family if their participation	2.0
					Felt anxiety about speaking to congressional staff	1.6
					Challenging to speak in English	1.5
					Challenging to express feelings in front of others	1.3

Notes:
** Scale for post-surveys 2016: 5=increased a lot, 3=no change, 1 = decreased a lot*
***Scale for pre- and post- surveys 2017-2018: 5=strongly agree, 3=neither agree or disagree, 1 = strongly disagree*
**** Scale for post-survey 2019: 3=a lot / very, 2=a little / somewhat, 1 = not at all*

Table 2. Qualitative Data for Participants: Additional thoughts and feelings after participating

Meta-Theme	Year	Themes Identified From Responses
(a) Sense of being listened to and heard by an understanding, responsive audience	2016	Felt like they were listened to (e.g., *"It was really interesting. Officers at each Senate Office are ready to listen to our feelings. They gave us enough time for discussion too*") Felt good to have met and delivered their message to Senators (e.g., "*I feel proud in passing my message to the member of congress and senators*") Valued the opportunity to speak freely in the US (e.g., "*It helped me understand the working of the American System, its transparency and accessibility… It really makes me feel great to be in this great country.")*
	2017	Felt heard and understood (e.g., "*I feel excited. I believe that this participation has given me a chance to have my voice heard*") Appreciated the opportunity to talk about their experiences and to be listened to attentively (e.g., "*It was amazing and very important in speaking for people oppressed by dictator governments*". Relief of tension (e.g. *"I feel relieved in such a way that when I tell my story some of the things which are in my mind are settled as if my issue is addressed*") Felt that US officials and staff cared about their views (e.g., "*The attention of representatives and senators of the USA about human rights violations back in home is really astonishing*")
	2018	[not identified]
	2019	Felt positive about the responsiveness of the people they met with (e.g., *"hearing them listen and commit to fight for change and development along with us"*)
(b) Power of feeling part of a group that was speaking out on behalf of themselves and others	2016	Social support and togetherness (e.g., *"I have felt great. I feel like I'm surrounded by great people that help us bring about great and positive change in the world"*)
	2017	Pride in being and continuing as part of the TASSC community (e.g., "*I feel more proud for being a member of TASSC International which creates conducive environments to speak for political problems".*) Had served as a voice for others *(e.g., "It was a dream come true to be a voice for voiceless people and the people of my country in general".)* Sense of having provided important testimony (e.g., "*the long-awaited opportunity to share my story and that of [my home country] was given to me*")

Meta-Theme	Year	Themes Identified From Responses
	2018	Felt important to be there together with others *(*e.g., *"I want to be part of a group.*")
	2019	Power of sharing their story and concerns (e.g., "*speaking out what is inside me"*)
(c) Sense of motivation and hopefulness for the future	2016	Felt happy or excited about their advocacy experience (e.g., *"I'm so excited about the conversation*") Felt hopeful that a change would come (e.g. *"Today, I feel very hopeful that the future will be better.*") Felt more positive about themselves (e.g., *"I have increased a little bit my esteem, speak about human rights, feelings of being supported by others"*) Felt positive emotions (happiness, pride, confidence, strength, energy, delight, hope, relief, thankfulness, motivation) Learned new information (e.g., *"I am really excited and learned a lot during this advocacy day*")
	2017	Happy with their participation (e.g., "*I am very happy for expressing my feelings and the pains I have faced to congressmen and all participants".*) Encouraged, empowered, and hopeful (e.g., "*I realize that I can speak with a full of confidence and feel important person to speak about my people"* Desire to become an activist or continue advocating (e.g., "*I want to speak and march for human rights to keep track of settling and respecting basic human rights and / or democratic rights of everyone in the globe"*
	2018	Sense of ongoing motivation (e.g., *"I feel that I need to do more / more needs to be done about torture"*)
	2019	Excitement, relief, and sense of self-efficacy (e.g., "*I got a big relief. I feel my voice was heard.*") Felt motivated to participate again in the future (e.g., "*My hopes are that a positive outcome should come out of the advocacy, and I plan to go back if my voice was not heard"*) Hope for meaningful change in their countries (e.g., "*I hope it yields fruits, like cause changes in the political situation in my country"*) Hope for improved funding and services for asylum seekers in the US (e.g., "*I would hope congress would pass a bill to accelerate asylum cases and listen to people (activists)"*) General hope for change (e.g., "*Hope there will be some kind of awareness by the congress and may be some action".*)

Meta-Theme	Year	Themes Identified From Responses
(d) awareness of talking to people with political power in pressured situation	2016	[not identified]
	2017	Pressures of giving public testimony, especially in non-native language (e.g., *"[it was] challenging to share my ideas with my broken English"; "being in front of a world-leading country's congressman made me to be emotional which might affect my speech"*)
	2018	Had difficulties / not enough time getting their points across (e.g., "*Time factor in presenting is small in telling the representative about my country"*)
	2019	Best part was opportunity to meet and talk with decision-makers (e.g., "The fact that congressional aide at the office gave us time to express our self and asked some questions.")
(e) emotions during testimony	2016	[not identified]
	2017	Feeling emotional during their testimony (e.g., *"It was very emotional while I talked about my torture experience. It was really painful"*)
	2018	Difficult feelings around ongoing need to share their stories and fight against injustice (e.g., "*Emotional*"…. *"That there's a need to continue to fight for these issues and do justice"*) Disappointment when not feeling listened to (e.g., feeling "*some staff have no heart"*)
	2019	[not identified]
(f) fears after testimony	2016	Concerned that nothing would change (e.g., "*Overwhelmed by feelings of disappointment in politics. Not sure if we can change something. Still have to do it, to fight, to believe, to try to make a change. The meetings were successful, we did our part well and it was well received; but the practical side, I'm not sure how much it will help"*)
	2017	Fearing retaliation from their home government (e.g., "*the government maybe do something to my family. I wrote to TASSC do not post my photo*".)
	2018	[not identified]
	2019	[not identified]

Table 3. Qualitative Data for Participants: Reasons for participating

Year	Themes Identified From Responses
2018	Importance of telling their stories and increasing awareness about torture and human rights abuses in their countries (e.g., "*To inform and educate congressmen about our experiences and make them aware of issues and to show that we are here and have survived"*) Desire to spark action (e.g., "*To push for stronger action by the US congress towards pressuring governments…to respect human rights*") Desire or feeling of obligation to represent others (e.g., "*Back in my country people are facing the military for the sake of others. Me being in peaceful country can sacrifice my time and help for those selfless people dying for others' rights*")
2019	Addressing injustices in their home countries (e.g., "*To raise awareness on issues that are undermining governance, democracy, and accountability in [home country]"* Speaking out for the issues asylum seekers are facing in the US (e.g., "*To ask for the USA government to facilitate (accelerate) the asylum process for asylees like me"*) A general opportunity to share their story and be heard (e.g., "*To express my healing and share with other torture survivors"*) A general sense of support for TASSC (e.g., "*To add a voice to TASSC"*)

Table 4. Qualitative Data for Participants: Feedback and suggestions for future advocacy

Year	Themes Identified From Responses
2016	More advocacy opportunities
2017	Hoped that Advocacy Day would be continued in future (e.g., "*Keep the good work on!"*) More time to speak with political decision-makers (e.g.., "*It was difficult just to describe the situation in [my home country] in such short time.*") Being able to speak to a broader range of people (e.g., "*I would've loved to see the congress people themselves. But I know that this is a giant step*") Could expand its scope to include more people, issues, and meetings (e.g., "*I would love to see more work done on publicity and more countries included*"; suggest "*To incorporate more victims and broaden the outreach*" Helpful to have more time to prepare (e.g., *"A little bit of time to collect some data and prepare.*") Could have more follow up from Advocacy Day (e.g., "*survivor's points made at the capitol be followed up to hear from those they met*"). Training was helpful and informative (e.g., *"It is very important to have training beforehand. It helps to think strategically how to take attention by presenting critical issues in well-organized way.*") Liked the way that training and Advocacy Day was organized (e.g., "*The event was well organized and it gave us the opportunity to speak up about what the US govt should do regarding protecting human rights*")

Year	Themes Identified From Responses
2018	Could adjust the timing or nature of meetings (e.g., "*Let's find more ways for them to allow more time for the meeting and for more questions and answers")* Training was helpful (e.g., "*The helpful part was explaining the current situation about my country. Participating survivors and train them how to speak before the congressmen was very important.*") Logistical aspects, such as the time involved in getting to the site, were challenging (e.g., "*Time and place is a bit distant for me to come regularly*")
2019	Important to continue with more Advocacy Days (e.g., "*This is a big step in the right direction. We need to keep doing this but most importantly we need to bring the stories of advocates to the central stage and help promote their work"*) More extensive preparation (e.g., "*To work with the community ahead of time so that each participant will have preparation time.*") More participation (e.g., "*Bring more people on board.*") More follow-up (e.g., "*We need feedback session & follow-up meeting to capitalize on it.*") Training was helpful (e.g., "*The training was helpful to prepare myself to the point*") Good organization of training and Advocacy Day (e.g., "*It was nicely organized & well-articulated agenda"*) Prior experience helps (e.g., "*I was well prepared, first of all because it was not my first time advocating on the Hill."; "I also think my prior experience helped me craft some of the messages"*) Having good communication skills helps (e.g., "*I am orator, and communicator well acquired from my teaching and research presenting experiences"*) Knowledge about topic helps (e.g., "*Knowledge of what is happening on the ground, knowledge of human rights law.*." Inspiration and motivation matter (e.g., "*I think I am just inspired. Inspiration do matter to me before skills"*) Encourage participation, even if people were fearful about it, because the experience was positive, impactful, and educational (e.g., "*It's a good thing to do because you let your concerns known to people who can cause a change"; "To be voice for the voiceless people is something beyond money. It's super easy and gives you happiness and internal satisfaction. So come and taste it!"*

(average ages ranging from 39-46 across the groups of respondents). Their countries of origin were listed as Cameroon, Ethiopia, Kenya, Argentina, South Cameroon, Congo Brazzaville, El Salvador, Philippines, Uganda, Liberia, Republic of Guinea and Eritrea. Many had arrived in the U.S. several years ago and were still waiting for their asylum claims to be granted. Most had family members still in their home country.

Tables 1 to 4 present a summary of the main findings from each year, highlighting both quantitative and qualitative data. As Table 1 shows, on quantitative items, mean scores

indicated that survivors *agreed* that they had many positive thoughts and feelings after advocacy (scores above 3 on a 5-point scale, or above 2 on a 3-point scale), and generally *disagreed* that their experiences had been negative (scores below 3 on a 5-point scale, or below 2 on a 3-point scale). However, it is important to note that some individuals did experience more challenges than others. The results from 2018 suggests that, on average, survivors already had good levels of wellbeing and a positive sense of self before participating in Advocacy Day but appeared to experience slightly higher scores in some of these dimensions after participating. Analysis of a small sample of seven participants who completed both pre- and post-surveys indicated that these survivors reported statistically significantly less depression and more confidence and desire to support others after participating (Dhital et al., 2018).

The qualitative data, where participants could choose their own words to describe their thoughts and feelings, provided further insights into their experiences. Across the years, recurring positive themes included a sense of being listened to and heard by an understanding and responsive audience, the power of feeling part of a group that was speaking out on behalf of themselves and others, and a sense of motivation and hopefulness for the future (see Table 2). Participants also noted the salience of being able to give testimony in front of people with significant influence over government policies and decisions, referring to this as both positive and exciting on one hand, and as daunting and potentially challenging on the other hand. Further reflecting the mixed (both positive and challenging) nature of the advocacy experience, other recurring themes centered on how emotional participants felt when sharing their personal stories, and fears they held around their advocacy being somehow inadequate and nothing changing as a result of it or—worse—that there might be retaliation from their own governments.

With regards to reasons for participating (asked only in the 2018 and 2019 surveys—see Table 3), participants appeared to have reasonable expectations for what they might get out of the Advocacy Day. They reported a desire to speak out about human rights abuses in their home countries, to be heard and to push for action, and to support or speak for others who had faced similar suffering.

Finally, across all years participants provided feedback on how they would like Advocacy Day to evolve in the future (Table 4)—another important aspect of their engagement. A predominant theme was a request for more time and opportunity to prepare for and engage in advocacy, and to have more follow-up after Advocacy Days to debrief and to keep track of how issues were unfolding. Participants also indicated that the training provided prior to Advocacy Day was very useful in helping them to feel adequately prepared. In 2019, responses to additional questions around factors that helped participants to engage in advocacy highlighted the importance of communication skills, feeling knowledgeable about the issues being advocated for, and feeling inspired and encouraged to speak out—all of which may be considered and incorporated in future training and preparation.

Comparison with past research

The results from TASSC's internal studies, as summarized above, appear broadly consistent with published research related to survivor engagement in advocacy. For instance, implicit references to truth-speaking, justice, and serving others (in this case, family members) in TASCC participants' responses echo the motivations to participate in public truth-speaking in the ECCC in Cambodia identi-

fied by Stammel, Burchert, Taing, Bockers, & Knaevelsrud (2010). Similarly, the themes of pride, relief, feeling listened to and feeling motivated to continue engaging in advocacy identified by TASSC have also been reported in studies on testimonial therapy in India, Sri Lanka, Cambodia and the Philippines (Agger, Igreja, Kiehle & Polatin, 2012; Jorgensen et al., 2015), public advocacy by women survivors in Peru (Laplante, 2007; Suarez 2011), and participants in the Special Court for Sierra Leone (Stepakoff, Shawn Reynolds, Charters, and Henry, 2015). Subsequent research on a smaller sample from the same broad population (O'Connor et al., 2021), involving in-depth qualitative interviews with survivors who gave personal testimony as part of advocacy efforts in government settings (as experienced in the TASSC Advocacy Day described above) as well as in wider education and community settings, has highlighted similar themes related to survivor motivations and their positive experiences during advocacy. The feedback given by participants in the TASSC surveys, reported in this paper, about how Advocacy Day may be developed and expanded in the future suggests that survivors see these benefits as being worth extending to others and as something they might build on for themselves in future.

At the same time, as identified in the TASSC surveys, advocacy experiences can be painfully emotional for some participants and even lead to negative reflections afterwards, perhaps particularly if the advocacy setting does not allow for the full benefits of feeling heard and seeing action taken to be realized. This has been highlighted in past research showing the strong emotional impact of speaking about traumatic personal experiences in public settings where participants may feel interrogated, and the fears that participants may have afterwards (e.g., Puvimanasinghe & Price's, 2016; Stepakoff, Shawn Reynolds, Charters, & Henry, 2015; Brounéas, 2008; Byrne, 2004). A further area of challenge that was minimally referenced in the TASSC survey responses is the difficult broader U.S. context for survivors—for instance, the long and uncertain wait for asylum to be granted, the pain of family separation, economic challenges from not being able to access a stable income, and the difficulties of facing racism and cultural and linguistic differences (further identified in a later study by O'Connor et al., 2021). Delker and colleagues (2020) propose that these types of oppressive factors and experiences of marginalization are important to further consider before assuming that advocacy is always "redemptive" or primarily positive for participants. Mohan (2009) and Taylor (2014) also suggest that expectation-management is an important factor in assessing the value of survivor engagement in tribunal or transitional justice settings, in particular, and caution against assuming that all participation will be positive or beneficial. Providing survivors with ongoing support before, during, and after advocacy may be helpful for mitigating against harm; TASSC's considerable efforts to provide adequate preparation and training ahead of time, and support during the day, were likely helpful for survivors in this respect, but further opportunities to debrief might also be beneficial.

The future: moving forward with research and survivor advocacy

Although undertaken primarily to inform internal processes (rather than as an academic research program), TASSC's four-year series of surveys with survivors who engaged in advocacy sheds some important light on the potential value of well-designed advocacy experiences. Future research could build on TASSC's monitoring and evaluation efforts

by treating these studies as pilots worthy of reproduction and expansion in a more robust research framework.

The limitations of these small studies include the variation in survey format and wording from year to year, the collection of pre- and post- data in only one year, the absence of demographic information for participants in earlier years, and the varying response rate that may have meant some survivor voices were not represented. Few survivors participated more than once, which may have been attributable to obstacles to participation in a full Advocacy Day and the proceeding training (e.g., work or personal obligations, costs involved); such barriers to participating could be further explored. We also note that survivor responses may not always have been fully anonymous to organization staff; although demographic information was only collected during years in which non-staff research associates were assisting in data collection, and this raw data was not directly shared with staff, in some cases participants were quite open in sharing their experiences with staff, or gave their surveys to staff directly and discussed them. In "real world" settings such blurring of the boundaries between "research" and relationship-building may comprise inevitable and culturally congruent lapses of anonymity, but should ideally be minimized in order to ensure survivors feel free to express negative as well as positive views.

In future research it would be helpful to engage in further pre- and post-advocacy "testing" to more precisely identify positive psychological and social outcomes attributable to participation, and to collect more information about participants' demographics, access to stabilizing resources, sense of safety, and existing skills and experience to help better identify the characteristics of survivors who may benefit the most from engaging in advocacy initiatives—as well as shedding important light on the contexts in which certain forms of advocacy may *not* be advisable. Research on related models of survivor engagement, such as recent research on the Communities Healing And Transforming Trauma (CHATT) initiative for diverse trauma survivors trained to participate in a speakers' bureau (Fields et al., 2020), could provide a useful model for future studies more specifically focused on torture survivors.

It would also be beneficial to further investigate the experiences of survivors engaging in advocacy in other country settings. Some survivor-led organizations already have well-established advocacy and activism processes in place—for instance, Sadiq-Tang (2018) describes the model of activism offered by Freedom from Torture in the UK and highlights multiple ways in which survivors find this model valuable (including, for instance, in increasing their skills and confidence).

The feedback collected from participants in TASSC's advocacy program suggests that it may also be a strong model that could be replicated elsewhere, with appropriate local modifications, to support other survivors to be directly engaged in collective efforts to end torture. In the process, many survivors may also find that they are supported in their healing journey and in moving towards a sense of justice, and become connected more closely with others. We hope that deeper evaluation of the effectiveness and impact of TASSC's model may further substantiate these claims.

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Torture survivors who engage in advocacy in the U.S.: Review, characteristics and policy implications

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Key points of interest

- Psychological symptoms are not predictors of advocacy participation, and thus should not necessarily be used to "screen" survivors from becoming advocates

Abstract

Introduction: Despite facing many challenges, some survivors of torture seeking asylum in the U.S. have courageously engaged in advocacy efforts to bring attention to human rights issues relevant to their own personal experiences. This study sought to add to our understanding of the characteristics of survivors who engage in advocacy in comparison with those who do not.

Method: We analyzed demographic, social, and psychological quantitative data collected from survivors (n=730) connected to a support agency that regularly facilitates advocacy events using between-groups t-tests and regression analyses. Based on theory, clinical insights, and past research around survivor advocacy we predicted that participation in advocacy would be associated with and predicted by factors indicating lower levels of trauma-related symptoms and higher social power and stability.

Results: We found no significant difference in clinical symptoms or most demographic or social characteristics between advocacy participants (n=75) and non-participants. However, advocacy participants had spent significantly more time in the U.S. and were less likely to have had employment authorization at time of service intake, and were more likely to be male, compared to non-participants. Without controlling for other demographic factors, higher spirituality and not having been detained at entry to the U.S. also predicted advocacy participation.

Discussion: Our findings suggest that, despite some patterns of difference indicating greater stability and access to power (e.g., being male, having more time in the U.S., more daytime availability, a strong sense of

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spirituality, and less experience of detention in the U.S.), survivor-advocates are diverse and not consistently differentiated from non-advocates by specific characteristics. Thus, we find no evidence to support using psychological or demographic indicators as a "screening" criterion for selecting advocacy candidates. We contend that it is important to adopt a gender-inclusive approach in providing wider opportunities that help more survivors overcome potential (racial, socio-economic, mental health, etc.) barriers to engagement, and to pay close attention to who is being left out of advocacy opportunities.

Keywords: Torture survivors, advocacy, activism, trauma healing

Torture survivors who engage in advocacy in the U.S.: Review, characteristics and policy implications

Many individuals tortured within their home countries have sought political asylum in the United States of America (U.S.). Despite the trauma and persecution they have endured, often for expressing their political views—and ongoing experiences of depression or post-traumatic stress as a result (e.g., see NCTTP 2015, Grasser, 2022)—some of these individuals courageously engage in advocacy activities in the U.S. to call attention to human rights abuses and promote more humane treatment for those seeking freedom. By doing so, they may place themselves at risk of further persecution or re-traumatization. At the same time, they may benefit from upholding their political ideals, influencing international policy on human rights abuses in their home countries, and affirming their personal worth (O'Connor, S., Byimana, L., Patel, S., & Kivlighan, D. M., Jr., 2021). This study sought to provide further insight into those survivors of torture who choose to participate in advocacy by identifying psychological and demographic characteristics as factors that may distinguish them from others who do not engage in advocacy. It focuses specifically on survivors connected with one of the agencies within the U.S.'s National Consortium of Torture Treatment Programs (NCTTP), which was established to both support survivors' healing and prevent torture worldwide.

Survivors engaging in advocacy

In its broadest sense, advocacy involves publicly supporting a cause or policy. In the context of the U.S., which has institutionalized structures for democratic political participation, advocacy activities may include meeting with politicians and their staff, making formal written or oral submissions during decision-making processes, or engaging in public speaking or writing about a cause.

The role of advocacy in torture treatment–impacts for survivors

Engaging in advocacy is less commonly seen as a form of "treatment" for trauma in the U.S. but is consistent with the emphasis placed on social justice by traditions such as liberation psychology (Martín-Baró, 1994), which points to the importance of collective anti-oppressive action in individual healing. It also presents a means of highlighting the political and socio-cultural origins of trauma, which have been increasingly recognized as important in work focusing on healing from complex, chronic, and interpersonal trauma (e.g., Herman, 2015). A more circumscribed form of advocacy, involving "testimony therapy" (in which survivors prepare a testimony of their torture experience within the safety of a therapeutic relationship), has been tested and incorporated in some torture treatment settings (Weine, 2006) but does not appear to be widely in use in the U.S. at

present.

Past research suggests that advocacy, activism, or giving public testimony can be beneficial for survivors of human rights violations. For instance, studies of the experiences of individuals testifying in Truth and Reconciliation Commissions and International Criminal Courts have found that some advocacy/testimony participants gained a sense of agency, empowerment, self-esteem, or tranquility from their sense of being able to hold government officials accountable for abuses they endured (Laplante, 2007; Stepakoff, S., Shawn Reynolds, G., Charters, S., & Henry, N., 2015), and felt pride or satisfaction about having the truth of their experiences known and shared (Stepakoff et al., 2015). Suarez (2011) identified higher resilience among women survivors of war in Peru who engaged in activism and participated in civic activities with indigenous NGOs and women's organizations. Sadiq-Tang (2018)'s review of survivor experiences of engaging in activism in the UK indicated that survivors reported starting to feel more control of their own narratives and viewed speaking out as important in their healing process. In the U.S., a recent study of survivors of torture who have participated in advocacy and given public testimony indicated that survivors benefited from feeling heard, from being "a voice for the voiceless", from relief at having been able to share their stories, from gaining a sense of hope and ongoing motivation, and from feeling more empowered and confident about speaking in public and influencing government policies on human rights (O'Connor et al., 2021). Other research suggests that the benefits of advocacy may be experienced by those not directly involved in the advocacy itself--for instance, in Sierra Leone Cilliers and colleagues (2016) found increased harmony, trust and cohesion within communities where Truth and Reconciliation Commissions had been held.

Within a therapeutic setting, researchers in multiple countries have found that survivors who engaged in testimonial therapy have experienced benefits such as decrease in distress, anxiety and post-traumatic stress symptoms (an increase in self-esteem, pride, and empowerment (Agger, I., Igreja, V., Kiehle, R., & Polatin, P., 2012), a sense of being able to help others by sharing their story, an increased sense of social support, and increased social functioning and participation (Agger et al., 2012; Cienfuegos & Monelli, 1983; Jorgensen, M. M., Modvig, J., Agger, I., Raghuvansh, L., Shabana Khan, S., & Polatin, P., 2015, Lustig, Weine, Saxe, & Beardslee 2004; Nickerson et al., 2013; Puvimanasinghe & Price, 2016; Shalhoub-Kevorkian, 2005).

However, research indicates that there may also be some notable costs or harmful impacts of engaging in advocacy, activism, or giving testimony. These may include fatigue and frustration involved in the logistics of being politically active and visible (Laplante, 2007), psychological stress from recalling and talking about traumatic experiences (Brouneas, 2008, 2010; Cilliers, J., Dube, O., & Siddiqi, B., 2016; Stepakoff et al., 2015), concerns about retribution (Brouneas, 2008, 2010; Laplante, 2007), pain and disappointment if appropriate restorative justice is not offered (Pham et al., 2011), or a sense that the space, time, or format available for communicating an important message or narrative is inadequate or tokenizing (Taylor, 2014). The context and framing of advocacy and giving testimony may also significantly alter its impacts—for instance, being more harmful if survivors feel pressured into speaking in a state of discomfort, or asked to engage in advocacy for the benefit of the audience more than the

benefit of the survivor and their message (e.g., Hamber & Lundy, 2020).

Factors influencing participation in advocacy

Clinicians and scholars have suggested that particular characteristics may be important for survivors engaging in advocacy to benefit and participate safely, particularly if it involves giving testimony about their personal traumatic experiences. These include good emotional coping skills and motivation (Van der Veer, 1992); feeling prepared to tell their story, not experiencing high symptoms of trauma, and feeling safe from threat (Weine, 2006); having support from others and faith within themselves to manage challenges as they arise (Mollica, 2006); and seeing the sharing of personal experiences in connection to collective issues as both culturally congruent and important for future social transformation (e.g., Lustig et al., 2004).

Similarly, research suggests that the impacts of participating in advocacy vary according to contextual factors. These include whether those who testify are still in the communities in which their abuse occurred and are visible there, placing them at more risk (Brouneas, 2010; Delker et al., 2020); feel listened to, rather than cross-examined on the veracity of their experiences (Stepakoff et al., 2015); and are supported in preparing for their advocacy or testimony experiences (Jorgensen et al., 2015; Stepakoff et al., 2015; Fields et al., 2020). Some research suggests that there may also be variations in outcome by gender-for instance, Jorgensen and colleagues (2015) found that men experienced greater increases in social participation and motivation to continue campaigning for human rights after giving testimony with a human rights organization. Based on a review of sociological and historical analyses, Delker et al. (2020) propose that individuals experiencing intersectional oppression are less likely to publicly engage in advocacy and testimony, or to benefit from it. In a recent qualitative study, O'Connor and colleagues (2021) highlighted the potentially moderating impacts of survivor-advocates' legal status and stability (e.g., whether they felt concerned about speaking out due to pending asylum claims), and their sense that some form of justice could be achieved by speaking out (e.g., whether the U.S. government was likely to influence their country's practices on torture and human rights violations). These findings also suggested that an existing identity as a professional, educator, or leader may be part of what motivates survivors to engage in advocacy-. Of note, survivor-advocates in O'Connor and colleagues (2021) study also identified feeling "ready" to engage in advocacy, indicating that this could take some time and may be linked to stabilization of (although not complete remission of) symptoms of distress and level of proficiency in spoken English.

However, there remain gaps in our knowledge about which survivors are most likely to *participate* in (and thus may have the opportunity to benefit from) advocacy. Understanding more about the characteristics of survivors who voluntarily engage in advocacy could assist in future efforts to support survivors' healing through empowering and culturally appropriate means by offering them opportunities to participate, and in efforts to effectively "screen" for advocacy participants who may experience more re-traumatization (Allan, 2000). Additional information about who is primarily participating in advocacy also sheds light on whose voices are being privileged–and whose may be omitted–in public spaces and in the representation of survivor experiences.

The present study

This study sought to identify, among a group of self-identified survivors of torture who sought services from a NCCTP member agency on the U.S. East Coast, characteristic features of those who decided to participate in advocacy activities. We took a quantitative approach to investigate whether certain demographic or contextual indicators were positively associated with participation in advocacy, usefully predicted participation in advocacy, or significantly differed between those who participated and those who did not. Drawing from the past research summarized above, we hypothesized that having lower levels of trauma-related symptoms (which may be suggestive of higher coping skills and a higher felt-sense of safety) and higher social power and stability (e.g., being a man, having a higher level of education, having employment authorization, and having a more secure immigration status) would be associated with, and differentially predictive of, participation in advocacy.

Methods

This study used archival data collected by one NCCTP member agency and was deemed exempt from Human Subjects Research requirements by the Loyola University Institutional Review Board for research ethics.

Participants

Data used in this study was collected by the agency during the period 2016 to 2019 from individuals who sought services at the agency and reported having been subject to torture in their home country. The study sample included 730 survivors (487 men, 243 women) with an average age of 36.63 years old at intake. The majority also identified their home country as Ethiopia (n= 500; 68.49 %), with others reporting countries of origin as Cameroon (n= 85; 11.65 %), Eritrea (n= 42; 5.75 %), Uganda, (n=17; 2.33%), DRC (n=9; 1.22%), and Honduras (n=7; .96%). The remaining of survivors were from 35 other countries; country of origin was not listed for only 1 survivor (.14%). Approximately 10 percent (n=75) had participated in advocacy. All 730 survivors were included in the analysis.

Measures

The majority of variables investigated in this study were collected using a standard intake assessment form developed by the NCTTP member agency in this study. This form included questions on demographic variables (e.g., age, gender identity, country of origin, years of education prior to arrival, and marital status), relevant immigration history (e.g., if client arrived in the U.S. with a visa, if client was detained at entry, if client had a lawyer, and if client applied for asylum), and post-migration factors impacting psychosocial wellbeing (e.g., housing status, if client has employment authorization, and if client needs an interpreter). The intake form also records clients' self-report of their level of connection to spirituality on a single item question with a scale from 1-4, with 1 being the least connected and 4 being the most connected. In addition, variables assessing psychological symptoms were collected using a formal clinical tool, detailed below.

Harvard Trauma Questionnaire (HTQ-30 Part IV; Mollica, McDonald, Massagli, & Silove, 2004): This measure comprises 30 questions on symptoms of post-traumatic stress that survivors of torture commonly experience, e.g., recurrent nightmares and difficulty concentrating.

Hopkins Symptoms Checklist (HSCL-25; Mollica & Caspi-Yavin, 1991; Mollica et al., 2004): This measure comprises 25 questions on symptoms of anxiety and depression. Re-

spondents were asked to identify on a 4-point scale how much they were bothered or distressed by each symptom over the last week.

Procedure

Data collection

Participant data was collected and securely stored by the NCTTP member agency for internal record-keeping purposes. Case managers (trained, licensed social workers and social work interns) conducted intake appointments in which they met with survivors to: (i) obtain their informed consent for services to be provided and for their personal data to be stored and used in a deidentified fashion for evaluation, research, and reporting; (ii) collect demographic and contextual information by giving survivors paper intake forms to self-complete and following up using clinical interviewing skills to verify, clarify, or expand on the information provided; and (iii) self-complete symptom measures to provide further details on their wellbeing. Professional interpretation was offered for intake appointments if required and (professionally translated) paper measures were available in English, Amharic, Tigrinya, Spanish, and French. Case managers then entered demographic data in a secure data management system, and stored scores from the symptom measures in a separate database (with unique identifying numbers for each survivor) for use in annual reporting. If not all information could be collected during a single intake session, later appointments were scheduled.

Separate from the social service intake process, survivors who visited the service agency offices or joined the e-mailing lists were invited by advocacy staff to participate in advocacy activities, including an annual "Advocacy Day" event involving visits to government offices. Survivors were informed that all participation was voluntary and would not impact on their receipt of any services from the agency. Some survivors were also referred to advocacy staff from social services after expressing an interest in advocacy to their case managers. Advocacy staff maintained a list of all advocacy participants for each year. For the purposes of this study, the advocacy list was linked to survivors' unique identifying numbers to identify those who were receiving social services.

Deidentified data was aggregated from the social service databases and advocacy lists to form the dataset for this study.

Data analysis

All analyses were undertaken using STATA version 16.1. In the initial stage of data analysis, data was cleaned, and missing data was coded as "missing". Variables with a high number of missing variables were removed from analysis. The following demographic variables were explored in this research study as dichotomous variables: gender (male/female), years of education prior to arrival (less than/more than 16 years of education), and marital status (married/not married). Country of origin was measured as a categorical variable and age was measured as a continuous variable in years.

The following variables related to relevant personal history were coded as dichotomous variables: arrival to u.s. with a visa (yes/no), detained at entry to the U.S. (yes/no), did member apply for asylum (yes/no), and does member have an attorney (yes/no). The following post-migration variables impacting psychosocial wellbeing were coded as dichotomous variables: housing status (secure/insecure), employment authorization (yes/no), and does client need an interpreter (yes/no). Level of spirituality was coded as a dichotomous variable (1-2 / 3-4) and as a contin-

uous variable from 1-4. HSCL Scores were coded as a continuous variable and as a dichotomous variable if the client met criteria for clinically significant symptoms (Yes/No). HTQ scores were coded as a dichotomous variable if the client met criteria for clinically significant symptoms (Yes/No).

We then ran descriptive statistics and identified mean scores and associations across groups that participated in advocacy and those that did not participate in advocacy. In the next stage, we ran two separate sets of analyses.

First, we tested the null hypothesis that advocacy participants would not significantly vary in mean scores on any of the variables included in the study when compared to non-participants using a series of two-tailed t-tests comparing the group of participants in advocacy (n=75) with the group of non-participants in advocacy (n=655). Second, we ran a stepwise linear regression predicting participation in advocacy (the "outcome") from demographic variables and post-migration variables. We also checked if demographic variables and postmigration variables predicted HSCL scores.

Results

Descriptive statistics are presented in Tables 1 – 5. Results of further analyses are reported below.

Correlations between variables

Male gender and HSCL scores were strongly negatively correlated, $r(291) = -0.253$, $p=.01$. Men's average HSCL scores were 0.25 points less than those of women ($p < 0.01$).

Differences between advocacy participants and non-participants

It was hypothesized that having lower levels of trauma-related symptoms would be associated with higher levels of participation in advocacy. However, there was no significant difference in clinical symptoms between individuals that participated in advocacy and those that did not participate in advocacy. It was hypothesized that higher social power and stability (e.g., being a man, having a higher level of education, having employment authorization, and having a more secure immigration status) would be associated with participation in advocacy. Two variables were significantly different when looking at differences between those that participated in advocacy and those that did not participate. Consistent with the primary hypothesis, time in the U.S. was significantly longer for those who participated in advocacy, $t(730) = 0.459$ (years), $p < .05$. Contrary to the primary hypothesis, having employment authorization was less likely, $t(713) = –0.197$(percentage points), $p < .001$, in those that participated in advocacy.

Predicting participation

We hypothesized that greater participation in advocacy could be predicted by lower levels of trauma-related symptoms, male gender, higher levels of education, having employment authorization, and those that were not detained at entry to the U.S.. We found that while gender itself does not significantly impact participation in advocacy, adding controls including HSCL scores, marital status, years of education prior to arrival, and age at intake shows that being a male increases the likelihood of participation in advocacy by 10 percentage points (see Tables 6-10). The results of the regression indicated male gender explained 1.47% of the variance ($R2=.0147$, $F(1,294)=4.39$, $p<.05$).

Those with a higher level of self-reported spirituality of 3-4 (as opposed to 1-2) were 5.4% more likely to participate in advocacy at the 10% level. This difference, however, was not observed when controlling for de-

Table 1. Participant Characteristics for Categorical Variables

Variable	Category	Advocacy Participants (N=75). **n (%)**	Non-Advocacy Participants (N=655). **n (%)**
Gender	Male	54 (72%)	433 (66.1%)
	Female	21 (28%)	222 (33.9%)
Marital Status	Married	45 (60%)	323 (49.3%)
	Not Married	29 (38.7%)	306 (46.7%)
	Missing	1 (1.3%)	26 (4.0%)
Education Level	More than 16 Years	20 (26.7%)	160 (24.4%)
	13 – 16 Years	30 (40%)	260 (39.7%)
	9 – 12 Years	22 (29.3%)	189 (28.9%)
	5-8 Years	1 (1.3%)	25 (3.8%)
	1-4 Years	0 (0%)	1 (.2%)
	Missing	2 (2.7%)	20 (2.3%)
Arrived on a Visa	Yes	32 (42.7%)	309 (47.2%)
	No	1 (1.3%)	34 (5.2%)
	Missing	42 (56%)	312 (47.6%)
Detained at Entry	Yes	2 (2.7%)	57 (8.7%)
	No	69 (92%)	525 (80.2%)
	Missing	4 (5.3%)	73 (11.1%)
Applied for Asylum	Yes	65 (86.7%)	550 (84.0%)
	No	10 (13.3%)	105 (16.0%)
Has an Attorney	Yes	42 (56%)	289 (44.1%)
	No	20 (26.7%)	185 (28.2%)
	Missing	13 (17.3%)	181 (27.6%)
Interpretation Need	Yes	9 (12%)	132 (20.2%)
	No	56 (74.7%)	467 (71.3%)
	Missing	10 (13.3%)	56 (8.5%)
Housing Status	Stable	54 (72%)	389 (59.4%)
	Unstable	8 (10.7%)	85 (13%)
	Missing	13 (17.3%)	181 (27.6%)
Employment Authorization	Yes	28 (37.3%)	331 (50.5%)
	No	43 (57.3%)	283 (43.2%)
	Missing or Other	4 (5.3%)	41 (6.3%)
Spirituality Level	1-2	40 (53.3%)	242 (36.9%)
	3-4	22 (26.7%)	232 (35.4%)
	Missing	13 (17.3%)	181 (27.6%)

Table 2. Participant Characteristics for Continuous Variables

Variable	Advocacy Participants (N=75) *M (SD)*	Non-Advocacy Participants (N=655) *M (SD)*
Age at Intake (Years)	38.23 (10.32)	36.45 (9.76)
Spirituality Level (1-4)	2.77 (.80)	2.61 (.93)
Time in U.S. Before First Advocacy (Months)	17.1 (13.92)	N/A

Table 3. Descriptive Statistics of HSCL Scores for Advocacy Participants

Factors	N	Range	M	SD	Prevalence
Anxiety	48	1.00-4.00	2.17	.65	79%
Depression	48	1.00-4.00	2.21	.59	81%
Emotional Distress	48	1.00-4.00	2.18	.61	83%

Note: Prevalence was determined by a score equal to or greater than 1.75

Table 4. Descriptive Statistics of HSCL Scores for Non - Advocacy Participants

Factors	N	Range	M	SD	Prevalence
Anxiety	254	1.00-4.00	2.22	.75	68%
Depression	254	1.00-4.00	2.34	.75	74%
Emotional Distress	254	1.00-4.00	2.26	.67	73%

Note: Prevalence was determined by a score equal to or greater than 1.75

Table 5. Descriptive Statistics of HTQ PTSD for Participants

Category	N	Prevalence
Advocacy Participants	46	70%
Non-Advocacy Participants	219	68%

mographic variables including marital status, gender, age at intake, and years of education prior to arrival. Those being detained at entry were 8% less likely to participate in advocacy. This was significant at the 10% level. This difference, however, similarly was not observed when controlling for demographic variables including Marital Status, Gender, Age at Intake, and Years of Education Prior to Arrival.

Discussion

Survivors of torture seeking asylum in the U.S. face many challenges, including coping with the sequelae of their trauma while navigating the multitude of social and cultural obstacles involved in resettling in a new country, often with minimal support. Despite this difficult context, some survivors have courageously engaged in advocacy efforts to bring attention to human rights issues relevant to their own personal experiences. This study sought to add to our understanding of the characteristics of survivors who engage in advocacy by examining demographic, social, and psychological data from survivors connected to a support agency that regularly facilitates advocacy events.

Based on theory, clinical insights, and past research around survivor advocacy (e.g., Herman, 2015; Laplante, 2007; Sadiq-Tang,

Table 6. Multiple Linear Regression 1

Variable	*B*	*SE(B)*	p
Constant	-0.009	0.086	0.920
Spirituality	0.042	0.029	0.150
Marital Status	0.042	0.029	0.152
Age at Intake	0.022	0.027	0.401
Years of Education	0.003	0.009	0.698
n	517		
F	1.72		
R^2	0.013		

Table 7. Multiple Linear Regression 2

Variable	*B*	*SE(B)*	p
Constant	0.118	0.013	<0.001
Detained at Entry	-0.082	0.044	0.062
n	626		
F	3.49		
R^2	0.006		

Table 8. Multiple Linear Regression 3

Variable	*B*	*SE(B)*	p
Constant	0.105	0.012	<0.001
n	686		
F	0.00		
R^2	0.000		

Table 9. Multiple Linear Regression 4

Variable	*B*	*SE(B)*	p
Constant	0.089	0.038	0.020
Gender	0.096	0.046	0.037
n	296		
F	4.39		
R^2	0.015		

2018; Stepakoff et al., 2015; Suarez, 2011; Weine 2006), we predicted that participation in advocacy would be associated with and predicted by factors indicating lower levels of trauma-related symptoms (e.g., PTSD, anxiety and depression) and higher social power and stability (e.g., being a man, having a higher level of education, having employment authorization, and having a more secure immigration status). Our findings provided some support for these predictions, although we found that most variables we investigated did not have any statistically significant relationship with engagement in advocacy, especially when controlling for other variables such as demographics and symptom scores.

Compared to the non-participants, advocacy participants were more likely to, at the time of their intake at the NCTTP-member agency in this study, have spent more time in the U.S. and not yet be authorized for employment. These differences may reflect that advocacy participants had more stability in and familiarity with the U.S., given their longer period of living in the country, but also had more time available to engage in daytime advocacy activities given their employment status. Given the variation across survivors, and time between intake and time of advocacy, however, it may be the case that their employment status had changed by the time of participation, which was not captured in the available data, and some survivors may also have been engaged in informal ("under-the-table") jobs.

Survivors who had not been detained at entry to the U.S. were more likely to participate in advocacy than those who had been detained (who may have felt more fearful of negative consequences from the U.S. government if they spoke out, and less secure in their immigration status; Keller et al., 2003). However, this difference did not persist once other demographic factors were taken into account, reflecting the higher incidence of detention among some groups of survivors who may face additional barriers to participation in advocacy.

Similarly, survivors who identified as having a higher level of spirituality were more likely to participate in advocacy. This may reflect a sense of moral compulsion, a spiritual meaning placed on participation (e.g., Boehlein, 2006), a sense of protection and guidance from a higher power when engaging in advocacy, or a broader sense of connection to and support from others through a spiritual community (noting that collective identity may be particularly salient for torture survivors–Kira et al., 2019). However, once again, this difference did not persist once other demographic factors were taken into account, which may reflect varying rates of spiritual identification among different groups of survivors who also share other motivations for or barriers to participation in advocacy.

Only one demographic characteristic appeared to most reliably predict advocacy participants, even after controlling for other factors: being a man. This may be attributable to a range of factors that could increase men's feelings of readiness, motivation, and ability to engage in advocacy, including gender norms in their countries of origin that may have made men more likely to have a history of being politically active and vocal; men feeling a duty and being more equipped to travel independently to the U.S. (potentially ahead of their families), and then less consumed with the daily tasks of caring for dependents once in the U.S.; or men being socialized to feel more empowered to speak out and more drawn to an action-oriented approach to channeling their thoughts and emotions (rather than to more private, in-depth interpersonal exchanges)-e.g., see Griffiths, 2015; Crawley & Lewis, n.d..

Significantly, symptom scores alone did not appear to predict participation in advocacy. Interestingly, however, men did appear to have lower symptoms of concern than the women in the sample, which may have contributed to their higher participation rates. Studies with torture survivors have been mixed on the connection between gender and clinically significant mental health symptoms. Some studies have found that female torture survivors often endorse higher levels of symptoms including depression, anxiety, and trauma (Chu et al., 2013; Song et al., 2018) while other studies found that gender was not a significant predictor variable (Bazaz, 2020; Carswell et al., 2011).

Implications

The findings from this study suggest that, although it may be the case that survivors feel more inclined to engage in advocacy or give testimony about their personal experiences if they are in positions of greater current stability and safety (as proposed in existing literature), survivor-advocates are diverse and not consistently differentiated from non-advocates by their demographic, economic, or psycho-social characteristics. Thus, such indicators should not necessarily be a "screening" criterion for participation, especially if taken alone. By focusing on specific aspects of a survivor's current situation or mental health, for instance, other important aspects of their lives that influence their engagement in advocacy may be missed. This may be especially important in the context of social support agencies that are organizing advocacy activities (such as the agency involved in this study), where survivors may be differentially encouraged to participate in advocacy efforts based on staff assessments–a process that may be either explicit or unconscious. It may be important to provide wider opportunities for engagement that help survivors overcome potential barriers (including both physical barriers such as transport, and internal barriers such as a lack of knowledge that speaking out in a public way might be something they *could* do in the

U.S.) A relational approach to understanding each survivor's unique context and motivations in a richer, qualitative way may also be helpful for facilitating engagement when and in the manner that survivors feel ready.

Our findings also point to the need for further conversation around potential concerns (consistent with a Western diagnostic perception of trauma as a disorder, invoking fragility; e.g., see Nickerson, Bryant, Silove, & Steel, 2011) that participating in advocacy may be "too much" or even detrimental to mental health. Although we adopted a cross-sectional design and did not specifically measure mental health indicators *after* advocacy participation, the measures we did include did not show a significant association between anxiety or depression and participation. Additionally, other recent research (e.g., O'Connor et al., 2021) suggests that although symptoms may be triggered around advocacy participation, the overall experience could be viewed by survivors as healing and positive. This suggests that symptoms may be only one aspect of a broader sense of "health", and that being "stirred up" may be inherent to the process of engaging in advocacy, but not an indicator of being broken or too fragile. Excluding survivors with higher levels of symptoms may prevent them from engaging in an activity that they have other strong motivations for–for instance, as an important form of healing, conscientization (Martín-Baró, 1994), ongoing connection to their homeland and community, or means of assuaging their sense of survivor guilt (e.g., Boehnlein, 2006; Agger et al., 2012).

Furthermore, it appeared that average levels of trauma, depression, and anxiety symptoms were clinically significant across the study's sample, indicating that those who are "doing better" may be outliers and are not necessarily representative of the survivor population–thus, they may have different advocacy messages to communicate, and if selected to speak on behalf of the community may not represent its full range of views. It is also important to note that survivors' trauma, unfortunately, is not solely located in their past; in the U.S. context there are many ongoing stressors involved in awaiting asylum outcomes, adjusting to a new culture, and coping with racism and other forms of systemic oppression, all of which can contribute to chronic traumatization (O'Connor et al., 2021). Those less distressed by these stressors may have different concerns to share compared to those who are deeply affected by them but nevertheless still motivated to advocate.

Importantly, this study's findings also suggest that men may be overrepresented among survivor-advocates, reinforcing societal privileging of male perspectives and their resulting ability to shape policy. It is important to pay close attention to who is being left out of advocacy opportunities (Waxman, 2003)–for instance, if women's voices are less heard, or if people who are more expressive in their grief are held back from public advocacy spaces because of the potential discomfort of the audience, key messages in our ongoing efforts to prevent torture and to support individual and societal healing from torture may be missed.

Limitations

The above suggestions should be viewed with this study's limitations in mind. Despite examining data from a relatively substantial, multi-year, sample of survivors, the variables included in our analyses were limited to those historically collected by the NCTTP member agency at the point of service intake and were reliant on the level of detail collected. As a result, some of the measured social factors (e.g., employment or housing status) may

have changed by the time that survivors participated in advocacy. There may also have been several important factors that influence participation that were not included in our analyses (e.g., situational factors such as not receiving emails notifying them of advocacy opportunities or not being around people who were talking about upcoming opportunities, background factors such as types of torture experienced or past advocacy activities in country of origin, or logistical factors such as current transport or support in caring for dependents). Additionally, some of our analyses were limited because psychological measures were not completed by all survivors, perhaps owing to the additional time involved in completing these multi-item assessments; in the context of a busy service and when social needs are pressing, detailed mental health assessments may be a lower priority to complete, especially if not directly related to accessing priority services.

Another contextual factor that may limit this study's generalizability is its connection to a specific agency and geographic region; the agency's historical trajectory (initially established by a survivor who was strongly engaged in advocacy, and expanding to provide psychosocial services over time, in contrast to other agencies that may initially have been developed as health service providers) and its location on the U.S. East Coast where there is a larger population of survivors with certain countries of origin (e.g., Ethiopia), and where there are more accessible opportunities for high-profile advocacy and political engagement may have influenced the likelihood of participation in advocacy in ways that this study did not capture. Additionally, the results may not be generalizable to forced migrant populations who were not politically persecuted or not as politically or socially active prior to migration.

Recommendations

To better understand longer-term patterns and impacts of advocacy engagement among survivors, it is important to have increased ability to follow survivors' wellbeing and advocacy activities over time. Clinical settings such as torture treatment centers do not necessarily collect data in a systematic way, are responding to survivor needs in the moment, and the impact of their services is not necessarily well captured. Thus, although larger-scale quantitative studies across centers could further test and expand on this study's findings, such investigations may also be limited in their ability to explore determinants and outcomes of survivor engagement in depth.

Future research could usefully expand our understanding of survivor engagement in advocacy by exploring the stories of advocates in more depth (e.g., using qualitative approaches) to gain a richer understanding of their characteristic features, what influenced their participation over time, and both the costs and benefits of speaking out publicly in the shorter and longer terms. Spirituality and its connection to advocacy could be a particularly rich avenue to explore. Multiple time point studies with pre- and post- testing around advocacy engagement could also help to better measure potential changes associated with participation. It would also be helpful to have further consideration of the focus, type, audience, and content of the advocacy (noting that the advocacy in this study involved speaking to political staff, with a focus on briefly sharing personal experiences and addressing contemporary human rights issues).

Additionally, it is important to further investigate potential barriers to participation by exploring the experiences of those who have not participated in advocacy, focusing in particular on women's experiences. As future planning around advocacy efforts takes place,

researchers, clinicians, and human rights supporters could all invest further in survivor-centered discussions around the factors influencing participation, what different groups of survivors want to see represented in advocacy messages, ways in which forms of leadership and advocacy might look different across different cultural groups and between genders, and what visibility as a survivor means in a public space.

In terms of practice, study findings suggest that survivors who report interest in participating in advocacy should not be discouraged or prevented from doing so even if they also present with high symptoms of distress or other variables that may be associated with higher levels of post-migration psychosocial stressors (i.e., employment, housing, language, etc.). Instead, it is recommended that programs take a survivor-centered approach to supporting advocates before, during, and after their advocacy experiences to help manage and make meaning from their experiences. If programs do not cast a wide net in advocacy participation, they run the risk of potentially selecting advocates that are not representative of the population of torture survivors as well as potentially limiting access to what can be a meaningful experience for survivors themselves.

Conclusion

In summary, this study has contributed to our evolving understanding of survivor engagement and advocacy by highlighting the complexity behind participation. When controlling for demographic variables, there was no single factor that distinguished survivors who participated in advocacy from those that did not participate. However, it was found that those who participated in advocacy were more likely to be male when controlling for other demographic and symptom variables. Thus, participation largely cannot be attributed to any one factor, which has implications for future research and practice with survivors of torture. In particular, more qualitative and longitudinal lines of research, as well as studies covering a wider survivor population, are needed to build a more detailed understanding of survivors' experiences when engaging in advocacy, and the potential risks and benefits involved. In practice settings, findings from this study can be drawn on to inform further survivor-centered programming that incorporates advocacy as a central element for survivors who would most benefit from it. Researchers and practitioners should also make a concerted effort to understand why men are more represented in advocacy and how to amplify the voices of female torture survivors. All of these efforts are essential in our collective, survivor-led work to build a world in which torture no longer exists.

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The community pillars project: engaging survivors as cross- cultural facilitators in Aotearoa/ New Zealand

Refugees as Survivors (RASNZ), Auckland, New Zealand[1]

Key points of interest

- In Aotearoa New Zealand, some survivors (former refugees) have been engaged as Cross-Cultural Facilitators, providing cultural bridging services
- A co-designed pilot training programme has supported these Facilitators to become "community pillars"—individuals who can help enhance mental health by delivering information and providing direct support to their communities
- This model could be adapted in other countries as one method of supporting survivor engagement in addressing the impacts of trauma

Abstract

Introduction: Communities who have fled torture and persecution in their home countries can find it difficult to access services in new cultural settings. Past research has shown that it is helpful to provide cultural bridging services to form a connection between locally-trained professionals and newly relocated communities.

Method: This article presents, from a practitioner's perspective, a case example of cultural bridging involving a pilot programme to train individuals with refugee-like backgrounds (including torture survivors, former refugees, forced migrants) to become Cross-Cultural Facilitators supporting mental health services for displaced communities.

Results: The Cross-Cultural Facilitator role has become an integral part of the case example agency's services. Internal agency reviews of the Cross-Cultural Facilitators' work shows that they have been continuing to operate successfully through challenging times, including the many societal disruptions and stressors entailed in the Covid-19 pandemic. The agency has also gathered notable anecdotal evidence that the pilot training programme has been positively impactful and supportive not only for the Cross-Cultural Facilitators but for the communities they serve.

Discussion: Healthcare workers and civil society organisations have an important role

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to play in supporting survivors to engage in this form of cultural facilitation aimed at addressing the consequences of traumatic experiences at a community level. In doing so, they must balance efforts to empower survivors and former refugees to participate as agents of change with a duty of care not to push individuals into roles or settings that may diminish their own wellbeing.

Keywords: Mental health, Survivor engagement, Cultural bridging, Community services

In-depth community knowledge, cultural understanding, and skills in effective communication are essential for providing high-quality health and social services (e.g., see O'Keefe et al., 2021). For communities who have fled torture and persecution in their home countries and been relocated to a new and very different cultural setting, it can be difficult to locate professionals with the requisite skills and knowledge to adequately serve their needs. In such settings—in particular, in countries such as Aotearoa New Zealand that provide refuge and asylum for forcibly displaced people—past research has shown that it is helpful to provide cultural bridging services to form a connection between locally-trained professionals and newly relocated communities (e.g., Salami et al., 2018). In this article, we describe, from a practitioner's perspective, an example of such cultural bridging involving a pilot programme to train individuals with refugee-like backgrounds (including torture survivors, former refugees, forced migrants) to become Cross-Cultural Facilitators supporting mental health services for displaced communities. We reflect on the role of healthcare workers and civil society organisations such as the mental health agency described in this case (Refugees as Survivors New Zealand—RASNZ), in supporting survivors to engage in this form of cultural facilitation aimed at addressing the consequences of traumatic experiences at a community level. In particular, we note the importance of balancing efforts to empower survivors and former refugees to participate as agents of change in their communities and of holding a duty of care not to push individuals into roles or settings that may diminish their own wellbeing.

Background: refugee context in Aotearoa New Zealand

Aotearoa New Zealand has a quota of UN-designated refugees whom it admits for in-country resettlement each year (recently increased to 1500 from a former cap of 750). The country also receives approximately 300-400 spontaneous refugees each year who seek asylum (Ferns et al., 2022) and status as refugees under the 1951 UN Convention Relating to the Status of Refugees and its 1967 protocol, which New Zealand is a signatory to. Records on the proportion of these refugees who have survived torture (as defined by the UN Convention Against Torture) are not readily accessible, but one locally based study estimated that 20 percent of the so-called "quota refugees" arriving during 2007-08 were survivors of torture (Poole & Galpin, 2011); the proportion among more recent arrivals, and among those seeking status as "convention refugees" may be higher.

Refugee experiences for those resettled in Aotearoa New Zealand are diverse. Some refugees, such as those from Southern Sudan, have endured years of warfare. Others, such as the Hazara from Afghanistan, have suffered internal displacement or repression within their own countries for long periods. Still others have been subjected to siege conditions in their hometowns and cities, as in Myanmar and Syria, or have lived through the terror of total anarchy, as in Somalia.

It is estimated that 40 percent of refugees have experienced severe trauma, such as witnessing killings – often of their own family members (Abu Suhaiban et al., 2019). Many have survived detention, physical violence, rape and perilous journeys to countries of asylum, only to endure a hand-to-mouth existence in dangerous overcrowded camps or urban refugee environments.

Families from refugee backgrounds are overrepresented in poor health and social statistics in Aotearoa New Zealand (Marlowe et al., 2023). Many live in poverty and hardship, with difficulties covering basic needs, financial uncertainty and dependency on income support. Post COVID 19, family coping skills have been further challenged with high unemployment, overcrowded housing, the effects of digital exclusion on education for children and youth, and access barriers for poor and older people to timely health, social and income support services (Mortensen, 2020).

Brief overview of RASNZ

Although experiences differ across countries of origin, most former refugees have been exposed to war, violence, persecution, extreme resource limitation, and many years of displacement prior to their arrival in Aotearoa New Zealand. Most do not require specialist services to support their mental health as they transition to life in Aotearoa New Zealand—and indeed, may be influenced by strong stigma against seeking such support. However, there is a need for culturally-appropriate support for those who face challenges in processing their trauma and adjusting successfully in the face of ongoing stressors, which mainstream services have struggled to provide (Mortensen, 2020; Ward et al., 2018).

Refugees As Survivors New Zealand (RASNZ) , a member of the International Rehabilitation Council for Torture Victims (IRCT), was established in 1995 as a small charitable trust to fill this need for mental health and wellbeing services to former refugees, from the time of their first arrival in Aotearoa New Zealand and beyond. It is a politically neutral, non-denominational organisation governed by an elected Board of Trustees. RASNZ is largely government-funded, although philanthropic individuals and organisations, and global sources such as The United Nations Voluntary Fund for Victims of Torture, have also provided financial support. The additional funds are particularly important for extending RASNZ's services into areas that may not receive mainstream public health funding but that are effective in, and essential for, meeting community needs (such as the community pillars programme).

RASNZ is based in Tāmaki Makaurau, Auckland—the largest city and first point of arrival for most people entering Aotearoa New Zealand. The nature and shape of its services have changed over time, often shaped by funding streams and policy priorities (RASNZ 2021). Currently, the organisation works from two main locations: (i) Te Āhuru Mōwai o Aotearoa (TAMA), the Refugee Resettlement Centre in Māngere, where former refugees first arrive and are welcomed and oriented as new New Zealanders during a 5 week stay, before being resettled in towns and cities around the country; and (ii) a community clinic that is more centrally-located in Auckland for former refugees to access, and from which staff can also arrange to travel out to community venues around the city (e.g., halls, libraries, and other local organisations with private meeting spaces) to meet with clients. Both sites provide mental health clinical services, including assessment, psychotherapy, and outward referrals, as well as body therapy, social work, psychiatry, youth-focused activities supporting psychosocial development, and

cross-cultural facilitation as appropriate. Staff speak multiple languages, but also work closely with professional interpreters to ensure clear communication with clients.

Much of RASNZ's work is focused on supporting clients as they adjust to a new way of life in Aotearoa New Zealand. Service users often request pragmatic solutions rather than psychological assistance. The process of integrating into New Zealand society involves: addressing language barriers; adaptating to the new culture while attempting to maintain one's own culture; changing family roles and dynamics; navigating health, education and social services; and facing racism, discrimination, loneliness and isolation. Many experience survivor guilt, anxiety about family members still in home countries, and the expectation of family obligations to support family and friends offshore.

Effectiveness of cross-cultural bridging in refugee-background communities

Internationally, research with refugee-background populations, including survivors of torture and other displaced persons, has pointed to the importance of including individuals who can "broker", bridge, translate, and navigate between cultural communities as an integral part of health and social service provision. For instance, in a recent study of immigrant service providers in Canada, Salami and colleagues (2018) identified that frequent barriers to refugee-background populations accessing mental health services included stigma and linguistic difficulties, and one of the approaches most commonly seen as mitigating these barriers was to give interpreters and "cultural brokers" an increased role. In a meta-review of published research, Herati and Myer (2020) also found that cultural brokers and interpreters in school settings were important for improving outcomes for refugee-background youth. Using a thematic analysis of data collected from a series of workshops with diverse migrants and former refugees in a region of Aotearoa New Zealand, Ward and colleagues (2018) identified six overarching themes among participant needs: language and communication support, easier-to-navigate systems and services, opportunities for employment and more affordable living situations, inclusion and a sense of connectedness, support with acculturation challenges, and support for improved health and wellbeing. Participants also identified key opportunities for better meeting their needs, including more community initiatives such as support groups, community exchanges, and a refugee council, more information and training to help with practical skills and intercultural understanding, and increased availability of interpreters and culturally congruent mental health services. All of these opportunities appear well-suited to cross-cultural brokers or facilitators.

O'Keefe and colleagues (2021) have proposed that it is important to ensure clients are served by culturally-matched community mental health workers who have a good understanding of clients' community history and who are able to communicate culturally-relevant / traditional models of mental health and wellbeing, focusing in particular on North American indigenous communities. Importantly, however, Liu (2013) cautions that culture or language matching alone is not sufficient for culturally competent care. Drawing from a qualitative study of bilingual social workers, Liu identified that participants varied in their approaches to managing mental health concerns in the ethnic communities they were working with, and benefited from appropriate supervision that could help them grow their skills, reflect on their unique perspectives, and adjust their services to most effectively meet client needs.

Incorporating such guidance, and drawing from their recent qualitative study of refugee, torture survivor and migrant health needs in a metropolitan area of the US, Sheth and colleagues (2021) recommended that health and social service providers increase staff cultural humility through regular training. They also recommended that agencies increase engagement with—and from within— the communities they serve, including by recruiting providers with the same gender, language, or culture as clients, including cultural brokers or "health navigators" who could help increase community engagement through regular outreach.

Case example: training cross-cultural facilitators at RASNZ

Drawing on models of best-practice from around the globe, as well as local knowledge on how best to provide holistic care to help communities thrive (including indigenous conceptions of health in Aotearoa; e.g., Durie, 2011), RASNZ has included cross-cultural facilitators among its key personnel from its early days as a mental health organisation. Although not all of these cross-cultural facilitators—nor indeed, all of the communities that RASNZ serves—would identify as survivors of torture, RASNZ works from the understanding that torture is among the many traumas that refugees have endured and operates from a trauma-informed model.

Challenges with Western Biomedical Models

The western biomedical model maintains that mental health disorders are brain diseases and emphasizes pharmacological treatment to target presumed biological abnormalities (Deacon, 2013). Western models of mental health care focus on medical symptoms management and rehabilitation; whereas culturally-informed models view physical and mental health holistically, as an equilibrium model (Lee & Armstrong, 2016; Marques et al., 2021). Explanatory models may include mystical, personal, or naturalistic causes (Benning et al., 2019). The basic logic of traditional models of health and illness consist of prevention (avoiding inappropriate behaviour that leads to imbalance) and curing (restoring balance). These systems are oriented to moderation. For example, in Chinese and Indian cultures, rather than talking about depression, Traditional Chinese Medicine (TCM) and Ayurvedic Medicine practitioners talk about balance and harmony in health, e.g. yin, yang and qi in TCM and Traditional Indian Medicine (TIM) (Gopalkrishnan, 2018; Patwardhan et al., 2005). If balance is maintained, then a disease-free state of mind and body can also be maintained. Hence, many non-Western cultures integrate the entire body, mind, and relations with family and society in the treatment of mental health disorders (Jimenez et al., 2012).

Seeking counselling for psychological issues is a western therapy. For many from refugee backgrounds it is an unfamiliar process which will need explanation. Counselling requires high levels of engagement and investment of time by the client, who may be preoccupied with the immediate challenges of resettlement. The client's priorities need to be respected. Some clients may not want counselling, fearing that talking about their experiences may make them feel worse. As well, counselling, with its focus on the individual, may be unacceptable in some cultures in which greater emphasis is placed on whole families or communities working through a problem together. Many clients are wary about a referral to counselling services, seeing this as reserved for people they deem "mad" or "crazy"- a highly stigmatised group in many cultures. Clients may fear that confidential-

ity will be breached by the counsellor and or the interpreter.

The Cross-Cultural Facilitator Role at RASNZ

In seeking to find balance between a western clinical service model and a more community-development-oriented approach, RASNZ has worked to integrate both modes of care into its practice model (RASNZ, 2021). A key part of this integration has involved seeking to employ people from refugee backgrounds in both clinical and community-oriented roles, with an attempt to have staff matched to the different ethnic origins of former refugees settling in Aotearoa New Zealand—although this has proved challenging with an increasing diversity among the different groups of refugees arriving in the country over time.

Likely reflecting a range of factors—including educational and training disparities and inequities, the difficulty of having international qualifications in mental health recognised in Aotearoa New Zealand, and cultural/national differences in the way that mental health and wellbeing may be conceptualised and prioritised in career decisions—more refugee-background individuals seek positions and are employed as interpreters or as part time Cross-Cultural Facilitators (CCFs) at RASNZ than as full-time clinical staff. Nevertheless, in the small number of paid hours that CCF are allocated (and often working well beyond these hours out of their own drive and dedication), CCFs undertake invaluable work in community health education and resettlement support, drawing from their own experiences with resettlement and the knowledge they have acquired to successfully establish new lives in Aotearoa New Zealand.

The CCF role was established in 2000 (under the name "community facilitators") when RASNZ first expanded its services beyond the initial resettlement space and into the community to provide ongoing support to refugee-background individuals over time. By 2000, with the increasing numbers of refugees being settled in the Auckland region, RASNZ was aware that while its clinical work at the Mangere Refugee Resettlement Centre was vital, there was no mental health promotion or prevention work to respond to the stressors of resettlement once people left the centre. The need to train bilingual community-based staff led to the employment of ten Community Facilitators from different refugee communities for eight hours a week. Each facilitator had a refugee-like background (with lived experience of migration and direct or indirect trauma) and was identified as being active in their community already, thus well-placed to provide mental health support and leadership.

Community Facilitators were given the opportunity to undertake a six-week community development training programme. The programme was driven by community needs and together the team decided what issues to address. The subsequent community groups were language based, offering practical support and psycho-education in neighbourhood locations that were accessible to communities. As trust developed within the groups, they began to function as a support network, crucial for people who were socially isolated. The Community Facilitators were encouraged to enrol in tertiary education and were supported financially to study counselling, interpreting, social work and community development (Hood, 2021). The Community Facilitators team received regular training and supervision related to their community work roles and practice.

Since 2018, the team of CCFs (currently representing Afghan, Iraqi, Iranian, Burmese, Rohingya, Colombian, Eritrean, Burundian, Sri Lankan, and Rwandan communities) has

been managed by a Cultural Director from a refugee background, who oversees community-based work with a holistic, culturally informed approach. Over the years that CCFs have been in operation their work has included providing educational groups at TAMA on social and health-related topics, including smoking cessation and positive parenting[1]; offering driver safety education and computer training under targeted, government-funded programmes; facilitating community-based empowerment groups for specific ethnic or gender groups in different parts of Auckland, often with a practical activity focus (e.g., sewing, job skills) to bring people together; and working directly with individuals and families to offer guidance on practical topics (e.g., good nutrition) and connect them with ongoing support in the community (often including supporting access to government financial support, health services, immigration guidance, safe and healthy housing, social groups, ongoing education and language tutoring, and jobs).

CCFs are seen as strong figures in their communities who can help newly arrived families break down social barriers and make changes towards healthier lifestyles as they cope with the stressors of adjustment. The CCFs liaise with clinical staff when additional support may be needed for mental health or family violence concerns. Clinical staff also reach out to CCFs for cultural insights and to coordinate in meeting client needs as appropriate.

Community Pillars—"Train the Trainers" programme

To support them in their roles, the 11 current CCFs are asked to attend regular training meetings on topical mental health and wellbeing issues, both as their own group and with the wider body of RASNZ staff and are offered individual and group supervision to discuss challenges faced in their work. To further deepen their knowledge and expertise, RASNZ recently developed and piloted a two-phase Community Pillars professional training programme, in which CCFs were identified as metaphorical "pillars" and cross-cultural wellbeing "trainers" for their broader communities. The main purposes of the programme were to help CCFs to reduce stigma and discrimination towards people with mental health challenges, and to develop CCF confidence to recognise, relate and respond to people experiencing mental health challenges. To achieve these aims, the training was delivered in a way that encouraged critical thinking and explored influences on community beliefs about mental illness and mental distress.

The development of the Community Pillars, mental health destigmatisation train-the-trainers program is shown in Figure 1 below. Each phase organically built on the previous one. The first phase of Community Pillars, delivered in 2020, offered 20 hours of instruction in mental health models and guided discussion and group planning around adaptation of these models to best fit com-

1 These groups are part of a programme called "Health introduction Programme (HIP)", which CCFs during former refugees' 5-week initial stay at TAMA. The HIP aims to provide the families in the centre with relevant and useful information for their resettlement in New Zealand, in addition to promoting RASNZ services. During each intake there are around 8 sessions with the residents on the following topics: Introduction to New Zealand, Healthy Living (Mental health and Physical health), Addiction Prevention and Smoking Cessation, Nutrition and Vitamin deficiency, Building Healthy Families (Parenting Session), and the New Zealand Health System. These sessions are run by every CCF in their own language with their community, thus promoting a safe and culturally appropriate space.

munity needs. The focus was on increasing early interventions to support community wellbeing and to identify potential concerns that community members could proactively work on to decrease the need for clinical services further down the track. The training involved five modules, covering: a framework for thinking about the learning process and the impacts of stigma on mental health issues; an understanding of the mind-body connection in responses to stressful events and situations; opportunities and challenges for CCFs to use their language skills and cultural knowledge in mental health discussions in community and family settings; culturally appropriate ways to maintain health and well-being; and an opportunity for feedback and evaluation. CCFs were provided with a manual of simple but powerful visual tools for communicating key ideas around mental health and wellbeing. These tools included calming activities, simple breathing exercises, suggestions for increasing social connection and activity, and *Te Whare Tapa Whā* (Durie, 2011), a Māori (indigenous) mental health model from Aotearoa New Zealand that asserts the importance of balance in each of the four *taha* (walls)—*tinana* (physical), *wairua* (spiritual), *hinengaro* (mental), and *whanau* (family)—resting on a firm foundation of connection to *whenua* (land, place) in supporting a strong overall metaphorical *whare* (house) of *hauora* (health).

In the second phase of Community Pillars, CCFs and other RASNZ staff involved in training drew from phase 1 ideas and plans to co-design activities that could be used to de-stigmatise mental health within their different communities. CCFs creatively incorporated the content they had been introduced to during their training into their various community empowerment groups (including making mental health connections when talking about spirituality, or about cooking and eating), which any community members experiencing stress and anxiety or feeling isolated were invited to attend. They also integrated mental health content into their more instructional and "coaching" type roles, such as in relation to smoking cessation and guidance on parenting in the Aotearoa New Zealand context, and in one-on-one interactions. During Covid-19 "lockdowns", in which the New Zealand government mandated venues to close and individuals to stay home to stem potential spread of disease, CCFs creatively adapted their content to deliver online programmes with material especially relevant to the stressors of the pandemic and of increased physical isolation.

RASNZ clinician engagement with CCFs to support clients increased over the course of phases 1 and 2, facilitating the development of a short series of psychoeducation groups run by CCFs at TAMA for newly-arrived individuals. In these large, gender-and language-separated groups, often including more than 50 people at a time, CCFs provide information on key wellbeing topics such as breathing and movement, sleeping well, and raising children in a healthy way. These groups provide an important form of early intervention for potential mental health and relational issues, and can be a reference point (either in terms of the skills learned, or the special trusting relationships with CCFS that are initially developed) for individuals who later engage in more intensive or targeted community support.

The third phase of Community Pillars, rolled out in 2022, involved additional specialised training for CCFs on addressing family violence and ensuring child protection, which in turn enabled them to incorporate this content into their groups. CCFs had requested further training in these areas due to their concerns that the stressors of Covid-19 appeared to be exacerbating family strug-

gles and straining relationships in sometimes harmful or destructive ways, and their observations that existing mechanisms for responding to family harm were not always culturally responsive or adaptive. The additional training supported CCFs in better understanding risk factors for harm and abuse, cultural perspectives on family violence among different ethnic and national groups, dynamics impacting disclosure of harm and help-seeking preferences and actions, and safe and sensitive ways to screen for and provide support around family harm concerns.

A fourth phase of training for CCFs is being provided in 2023 which focusing on mental health and wellbeing support for youth from refugee-backgrounds. Based on outcomes from all phases of the pilot, the Community Pillars model may be rolled out more widely and integrated in a more sustainable way into ongoing services.

The Phases of the Community Pillars Training Program are shown in Figure 1.

Outcomes

RASNZ has attempted to assess the outcomes of the CCF's work through collection of anecdotal reports from clients used to inform regular supervision and training, through reviews prepared for funding agencies (including internally-assessed descriptions of outcomes and illustrative participant quotes), and through a more systematic external review of RASNZ's various forms of community support that drew from direct participant feedback, collection of staff observations, and interviews with external agencies (Dawnier & Trotman, 2021).

On the training side, RASNZ initially assessed the effectiveness of the first two phases of the Community Pillars pilot through a structured internal feedback session with CCFs. During this session, CCFs identified several of the analogies and metaphors presented in the training as being particularly helpful for explaining concepts to community members in a culturally congruent way, as well as for deepening their own understanding. These included the "stress bucket" (representing an increasing load of stress, built up by accumulating experiences, that needs to be drained / lightened regularly to enable us to continue carrying it) and the "iceberg" model (representing ways in which visible behaviour can be only part of the picture of someone's mental health, and that there can be a lot more happening below the surface). CCFs also reported appreciating information on the mind-body connection, common unhelpful thought patterns, and ways in which their body language and verbal communication could be influential in helping to address mental health issues in a calm way. They noted practices such as paced breathing and doing a regular health "check in" using the *Te Whare Tapa Whā* model were important for themselves to experience and practice together as well as being useful for the clients they worked with. They stated that having the workbook or manual to take away was very valuable for them, providing an ongoing resource and source of reference, and requested further training in the future that would bring them together in a similar way (allowing open discussion about mental health and ways to engage in self-reflection and self-care to ensure the sustainability of their work) and that could further deepen their understanding of the psychological impacts of trauma for their communities.

Interviews undertaken as part of the 2021 external review (Dawnier & Trotman, 2021) identified that many clients found community empowerment groups run by CCFs as safe, supportive, inclusive, and helpful for connecting socially with people who spoke the same language and had similar life experiences. The

Figure 1: Phases 1 to 4 of the Community Pillars Training

PHASE 1: Train-Trainers Workshops - Destigmatising Mental Health in Refugee Communities. Learning about the impact of stigma on mental health

What is mental health and well-being in your community	The role of CCFs and of facilitators	Understanding the mind-body connection	Understanding mental health and stigma	Checking stereotypes and biases	Managing stress and emotions	Self-care and resilience	Post training feedback and evaluation

PHASE 2: Facilitating Group and Individual Conversations about Mental Health and Wellness in Refugee Communities. Community Pillars Train the Trainers Workbook Co-designed with Cross-Cultural Facilitators

Te Whare Tapa Whā – (Holistic Health and Well-being Check-in)	Social Inclusion	Talking about the mind-body connection	The impact of stigma	Self-care and resilience	Using the mental health destigmatisation workbook	Pilot with women's well-being groups

PHASE 3: Family Violence and Child Protection Intervention Training for n Refugee Background Communities

Risk factors for partner and child abuse in refugee communities	Cultural and faith-based perspectives about family violence	Dynamics and impacts of family violence	Safe Screening and Intervention practices	How to respond	Mandatory reporting and processes

PHASE 4: Supporting refugee background youth mental health and well-being

Thriving, well-adjusted, integrated young people in work or study programmes	Keeping young people safe from harm	Early intervention, assessment and referral	Managing acculturation and intergenerational challenges

review also reported that one-on-one support from CCFs (including regular phone calls) was highly valued by more isolated and vulnerable clients, particularly during COVID-19 lockdowns when many locations in Auckland were closed and movement was restricted for extended periods of time. In addition to providing such social support, the review also identified ways in which CCFs provided valuable information about services available around the city (e.g., health, education, other social supports), and support and guidance in connecting with these services. Feedback collected from clients at the end of specific programmes run by CCFs, such as the Computer in Homes programme, showed a high degree of satisfaction with the programme and an increase in specific skills and knowledge (e.g., knowing how to use the computer and internet, ability for children in the family to use the computer for schoolwork and to access resources).

The 2021 review (Dawnier & Trotman, 2021) concluded that CCFs played a key role in helping former refugees and survivors of torture in feeling safe and supported, feeling welcome, included and connected, being able to access opportunities equitably, and being able to heal and experience wellbeing. However, it also noted a potential positive bias in client / participant evaluations (e.g., consistently choosing the highest ratings on Likert scales seeking to measure various potential outcomes such as skill acquisition or sense of confidence), making it difficult to identify which elements of groups and programmes were most successful and which elements could be improved. The review also reflected that, as noted above, CCFs often worked substantially beyond their paid hours, and thus the impact and scope of their work was not necessarily being accurately captured.

An internally-generated report on phase 3 of the Community Pillars programme, prepared for an external funding agency (RASNZ, 2022), solicited CCF feedback on their training experience and identified several key benefits. These included increased understanding of the impacts of family violence and the dynamics that maintain silence about it within communities, increased skills in assessing for and reporting family harm, and increased knowledge about services and supports available to protect women and children from family harm (including more personal familiarity with the agencies providing such support). The 2022 report also summarised feedback from refugee-background participants in the psychoeducation and informational groups run by CCFs at TAMA, collected via the interpreters for various language groups. The interpreters stated that participants found the sessions interesting and useful, and felt that receiving answers to many of their questions and concerns helped to instil hope and alleviate some anxieties.

Role of CSOs in supporting survivors to engage in community roles

Reflecting on their roles, CCFs have identified that to do their work well they need to have a passion for community service (including humility and a willingness to do a lot of volunteering), an ability to listen deeply to each individual or family's concerns, and the good judgement to take a practical approach to solving problems. CCFs understand what the communities they are supporting are going through and how they perceive the challenges they are currently facing, because they have had similar experiences and are survivors themselves. These qualities are valuable strengths, but also come with risks: CCFs can experience vicarious trauma, whether acting in more of a cultural brokering or an interpreting role, and need emotional support and opportunities for debriefing on a regular basis.

Community Service Organisations (CSOs) such as RASNZ can play an important role in offering support to the CCFs working with them by providing both formal and informal spaces for CCFs to connect with clinicians to process emotionally difficult content or to discuss strategies for coping with trauma and stress, and to experience being part of a supportive team working together. Support offered between and among CCFs is important, as well as working alongside other professionals in a mutually respectful way to provide holistic support. CSOs operating in other country contexts, such as the Tree of Life organisation in Zimbabwe, have described similar forms of peer support and appropriate supervision for survivors engaged in offering healing and group facilitation for other survivors (Reeler et al., 2009).

CSOs also bear responsibility when recruiting CCFs into their roles to be sensitive to the unique demands of the role, and consider carefully who is motivated, ready, and well-placed to undertake it—for instance, as RASNZ does, individually inviting CCFs to come on board based on observed experience and well-cultivated relationships, rather than an impersonal competitive recruitment process. Actively offering ongoing learning and development comes as a next step, supporting CCFs to build up to taking on other roles within the organisation, while also being mindful of the strains on CCFs of "wearing many hats" (e.g., running groups and interpreting and providing community-based support) and the fact that professional development paths may look different, as the CCF role is more integrally connected to personal and social identity than many careers or jobs. For instance, part of a CCFs development may involve building wider connections, facilitated by their organisation's reputation, giving them increased status and authority both within their communities and with other professional agencies. The sustainability of their involvement also needs to considered in light of the considerable time and emotional demands.

Future directions

As described above, the Cross-Cultural Facilitator (CCF) role has become an integral part of RASNZ services, actively engaging survivors of forced migration in efforts to address the consequences of trauma and displacement at a community level. The Community Pillars training pilot programme has been rolling out successfully through challenging times, including the many societal disruptions and stressors entailed in the Covid-19 pandemic, and has gathered notable anecdotal evidence of being positively impactful and supportive not only for CCFs but for the communities they serve.

A more comprehensive evaluation of the programme's impact, including qualitative and quantitative studies, could be a valuable next step in further substantiating its benefits and gathering insights to shape further programme development. However, we note that such research can be very resource-intensive and requires careful development to ensure it is inclusive and culturally-safe and serves to address rather than unintentionally perpetuate the mechanisms of power that can inflict trauma. Participatory action research type models, led by communities themselves, may be the most appropriate approach (Hall & Tandon, 2017), but have not generally been as closely linked to securing ongoing funding for services as more traditional Westernised models of research. It can be difficult to find appropriate research partners or time for community practitioners to undertake action research directly.

With respect to future development of Community Pillars and similar programmes involving survivor engagement in community healing,

Foundation House (2017), a CSO working in Victoria, Australia with people of refugee backgrounds who have experienced torture and other traumatic events, has recommended a number of trauma-informed, best-practice approaches for community capacity building that others can learn from. They emphasise building community relationships and creating spaces for ongoing dialogues as a core component of wider capacity building efforts to address systemic factors and promote healing and recovery. Thus, training and service provision should not be a one-off or one-directional offering, but a continued process of mutual engagement with and within communities.

Funding, of course, is important for growing the role of CCFs, enabling ongoing training and development opportunities and further formalising pilot models such as Community Pillars training, providing more resources directly to communities (e.g., as in the case of the computer training efforts CCFs have been involved in, providing devices as well as instruction on how to use them; or offering community members scholarships to engage in further education that would equip them to fill more of the service roles as CSOs such as RASNZ). With a sustainable resource backing, the Community Pillars model could be embedded as an ongoing training programme both for training new CCFs and for expanding the skills and knowledge of existing facilitators.

We hope that by sharing the RASNZ model of enduring and evolving survivor engagement in community wellbeing in Aotearoa New Zealand we have offered an example that other communities internationally can feel connected to as they engage in similar work, can draw useful lessons from, or can be inspired by. We encourage further international connections and knowledge sharing to foster mutual support.

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'I was lost in my life and they helped me find my way again': Befriendee and befriender experiences of the Spirasi Befriending Programme for survivors of torture in Ireland

Rachel Hoare[1]

Abstract

Introduction: Befriending is one of the rehabilitative services embedded in the holistic approach adopted by Spirasi, the Irish National Centre for the Rehabilitation of Survivors of Torture. Their befriending programme offers survivors one-to-one companionship from trained volunteer befrienders. The literature suggests that befriending programmes can improve quality of life, provide emotional support and combat loneliness. However, there is little empirical research of the effectiveness of befriending programmes for torture survivors.

Objective: The main objective was to explore, in complementary ways, the impact of the Spirasi befriending programme on befrienders and befriendees and to incorporate their voices into recommendations for optimising the service.

Methods: The methodology consisted of five focus groups (two with befriendees, two with befrienders and one with both) and a portrait workshop facilitated by two community artists, where each befriending pair member created a portrait of their partner to express and visually explore the befriending relationship. Data comprised the focus group transcripts and written feedback on the portrait-creation process.

Results: The themes identified in both data sets firmly ground the befriending programme in Spirasi's holistic approach to recovery. For the focus group participants, befriending promotes integration; models trusting, kind and reciprocal relationships; combats loneliness and protects against suicide. They also highlighted the importance of regular befriender training, increasing the programme's reach and developing a befriender community of practice. The portrait workshop was found to strengthen relationships and provide a context of normality, acceptance and shared humanity through compassionate and creative exchanges.

Conclusions: This paper highlights the benefits of the befriending programme within Spirasi's holistic approach and the importance of collaborative expressive arts activities in building befriending relationships. It provides recommendations for good befriending practice which are relevant to all organisations working with survivors of torture as well as those working with people seeking international protection more broadly.

Keywords: Torture survivor, befriending, focus group, expressive arts, holistic approach

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International Rehabilitation Council for Torture Victims.

According to the United Nations Refugee Agency, by mid 2022, 103 million people worldwide had been forced to flee their homes (UNHCR, 2022). This figure includes 53.2 million internally displaced people who did not cross an international border during flight; 4.9 million asylum seekers who sought sanctuary in another country and 32.5 million refugees who were granted sanctuary in another country. Of those who have been forcibly displaced, up to 35% report being survivors of torture (Abu Suhaiban, Grasser, & Javanbakht, 2019), widely considered to be a conservative estimate (Perez-Sales, 2018). As recent figures from the Irish International Protection Office (IPO) report 13651 applicants for international protection in Ireland in 2022 (IPO, 2023), it is likely that during this period, approximately 4700 survivors of torture sought refuge in Ireland.

The mission of Spirasi, the National Centre for the Rehabilitation of Survivors of Torture in Ireland, established in 1999, is to rehabilitate asylum seekers and refugees who have experienced torture, 'through the delivery of evidence-based, multi-disciplinary models of person-centred care' (Spirasi, 2022). As a member of the International Rehabilitation Council for Torture Victims (IRCT), Spirasi abides by the UNCAT definition of torture (UNCAT, 1984) and its work is informed by global best practice and established standards for holistic rehabilitation delivery (IRCT, 2020). Spirasi's befriending programme is embedded in their holistic approach and has been offering service users one-to-one companionship from trained volunteer befrienders since 2017 (Spirasi, 2022).

Befriending is a form of volunteering which involves supportive one-to-one companionship over a defined time period (Thompson, Valenti, Siette, & Priebe, 2016). Befriending programmes match people with limited support networks with volunteers who offer support and friendship and facilitate integration (Siette, Cassidy, & Priebe, 2017). The existing literature suggests that befriending programmes can improve quality of life (Silverman et al., 2017), provide emotional support (Askins, 2014); and combat loneliness (Stephens, et al., 2015). However, there remains a lack of empirical research of befriendee and befriender experiences, particularly in relation to refugees and survivors of torture (Salway, et al., 2020).

This paper attempts to address this dearth of research by contributing to the literature on refugee befriending in two distinctive ways: firstly through focusing on befriending experiences for survivors of torture and their befrienders, and secondly through combining focus groups, an interview with key informants (hereafter 'interview') and a portrait workshop in order to explore and deepen the participant experiences of the programme and look at possibilities for improvement. The recommendations made from the findings form the basis of an evidence-informed policy revision of the befriending programme.

This paper firstly surveys the nature and impact of befriending programmes in different contexts and then focuses on refugees and survivors of torture. It then situates the Spirasi Befriending Programme in their holistic approach to the rehabilitation of torture survivors. The methodology section is followed by a discussion of the findings from the focus groups and portrait workshop and the article concludes with recommendations for best practice.

The impact of befriending programmes

Befriending has been found to be particularly effective for people experiencing mental health challenges, older people and those with disabilities where the provision of befriending support in different community and home settings can

help develop social networks and other forms of support (Thompson et al., 2016). Cassidy et al., (2019:8), highlight the positive impact of 'doing things' rather than 'just being there' for those experiencing mental health challenges, whilst Devine (2014) emphasises the benefits for older people who are vulnerable to social isolation and loneliness. Silverman et al., (2017), identify the benefits for members of befriending pairs who share a disability. Supporting befriendees with mental health challenges, experiences of loss, feelings of loneliness and the desire to be connected with those with shared experiences, aligns with the experiences of refugees and survivors of torture. There are therefore many ways in which learnings can be shared and activities replicated within and between these communities.

The theoretical underpinnings of befriending programmes range from intentional friendship models, where the befriending alliance can develop into a reciprocal and equal relationship, to mentoring initiatives where the relationship facilitates the achievement of personal goals (Thompson et al., 2016). In practice, many befriending programmes enjoy aspects of both models. Predominantly intentional befriending models such as that adopted by Spirasi, have been shown to foster befriendee feelings of validation and acceptance within the context of the typical navigation and management of natural friendships. Although a focus on goals may be beneficial for some befriending pairs, the possibility of goal non-attainment may constitute a risk in this model by setting the befriendee up for failure, although this can be mitigated through collaborative goal shaping and refining (Balaam, 2014). Irrespective of their different characteristics, training, supervision and on-going support are common features of most programmes (McGowan & Jowett, 2003).

Devine (2014) outlines different befriending approaches including face-to-face befriending, telefriending, e-befriending and community-based befriending. Examples of diverse approaches internationally include a peer visiting programme for older adults with volunteers of a similar age in Ireland for the reduction of loneliness (Lawlor, 2014); culturally-sensitive befriending activities which respected Māori cultural practices in New Zealand community settings through telephone calls (care calling) or home visiting (Chal, 2004); and an inter-generational technology instruction programme in London (Mulvihill, 2011).

Although many refugee befriending programmes have been set up in host countries by charities aiming to facilitate refugee integration (e.g. Bridges for Communities, Host-Nation and Restore in the UK; Jesuit Mission in Indonesia; SCARF in Australia; Rescate in Spain), relatively little empirical research has explored befriendee and befriender experiences of these programmes. Notable exceptions include Behnia's (2007) review of the befriender recruitment obstacles faced by 25 refugee befriending programs; Askins' (2014) evaluation of a refugee befriending scheme in north-east England and McCarthy and Haith-Cooper's (2013) evaluation of the impact of befriending for pregnant refugee women. Furthermore, a comprehensive search of Psych-INFO, Psych-Articles, and the Social Science Database suggests that there is very little representation of torture survivor voices in the befriending literature, with the notable exception of Chambon et al's., (2001) review of befriending for survivors of torture in Canada.

Situating the Spirasi Befriending Programme in the holistic approach to the rehabilitation of torture survivors

The severe physical and psychological impact of torture and other cruel, inhuman or degrading treatment can have devastating con-

sequences for survivors, their families and their broader communities (Williams & van der Merwe, 2013), creating barriers which prevent survivors from building and maintaining relationships and pursuing personal and professional goals. For those fleeing violence, the physical and psychological consequences are often compounded by further traumatic experiences during flight, and in reception and detention centres in the host country (Morina & Nickerson, 2018).

To be effective, the rehabilitation of torture survivors must therefore recognise and address the complexity and potential impact of interacting psychological, cultural, social, political, economic, biological, medical and spiritual dimensions as well as developing survivor's agency and empowerment (IRCT, 2020). Spirasi's holistic approach to rehabilitation which has been adapted from Herman's Phase Model Approach to Trauma (Herman, 1992), emphasises the need for safety and stabilisation before moving towards trauma processing and integration, principles reflected in their provision of medical, therapeutic, psychosocial, befriending and language support. The integration phase is very well served by the Spirasi befriending programme which aims to reduce isolation and loneliness whilst providing integration opportunities. Spirasi befrienders offer emotional, informational, instrumental and language supports to their befriendees, which may take the form of witnessing stories, providing information about educational opportunities, practical support such as taking children on trips and language practice.

Potential volunteers are provided with information about Spirasi and the befriending programme and invited to complete the application and police vetting forms. They then meet with the befriending coordinator (hereafter coordinator), who is responsible for recruiting, matching and supporting befrienders and befriendees as well as managing the befriending programme within the multidisciplinary Spirasi team. If the applicant is considered suitable for befriending, they will be invited to a half day online induction session with other new befrienders which covers the Irish International Protection Process, building relationships and respecting boundaries and developing cultural competency and humility. Ongoing support is provided by the coordinator after the matching process, with scheduled meetings every three months and periodic information sessions.

Referrals are made to the befriending programme by Spirasi clinicians either through initial assessment or their therapy work. Any client who wishes to engage in befriending meets the coordinator so that their needs and interests can be assessed. Befriendee-befriender matching is based on an alignment of mutual interests and the skill set of the befriender to meet the befriendee needs. As of February 2023, the programme has 109 befriendees aged between 29 and 46 (see Table 1 for their countries of origin) and 82 active befrienders with an average age of 63 years. The majority of befrienders are Irish and come from diverse backgrounds in 17 of the 26 counties in the Republic of Ireland.

Methodology

Approach

An inductive qualitative approach was considered appropriate given the relatively small number of befriending programme participants and the importance of an in-depth exploration of their experiences. Although the research is not truly participatory as the participants were not involved in its planning or design, every effort was made at all other stages to respond sensitively to their ongoing needs. For example, although individual interviews were part of the original research design, it

became clear after the first focus group that participants were likely to feel more comfortable in a group setting where they could safely share their insights with other participants, so individual interviews were not run and replaced with additional focus groups. In relation to the proposed fifth focus group, several participants were unable to attend at short notice and it was decided to change the format to an interview with key informants (hereafter interview) comprising one male befriending pair and the coordinator.

Ethical considerations

Given the vulnerabilities of the befriendee participants, a clear process was followed to ensure that participation was voluntary. The Spirasi coordinator e-mailed a request for expressions of interest to all Spirasi befriendees and befrienders which included detailed information emphasising the voluntary nature of participation and the fact that participants could withdraw at any time. Informed written consent was sought from those who expressed an interest and oral consent was sought again on the day of the data collection. A *Protocol for dealing with Stressed Participants* was developed which outlined the procedure to be followed if a participant seemed disinterested, uncomfortable or upset at any stage, and included follow-up after the session.

As a practising psychotherapist working with vulnerable populations, the researcher is skilled in talking to individuals about sensitive and emotional topics and participant safety and welfare was prioritised at every stage of the research. To minimise the chance of causing psychological harm, questions were not asked about befriendee experiences before arrival or their reasons for leaving. It was, however, recognised that participants may have chosen to impart this information and also that participants may have become upset for unpredictable reasons. The researcher was mindful of this throughout the data collection process and ensured that every effort was made to minimise stress. Ethical approval for the research was granted by Trinity College (FREC-FAHSS-2122-42).

Participants

The befriendees were aged between 29 and 46. As documenting country of origin and exact age in the individual focus group extracts would increase the possibility of befriendee identification, neither age nor country of origin were included. Table 1 shows that the origins of the participant befriendees are broadly representative of the befriending programme as a whole.

The gender ratios of befrienders and befriendees in the programme and in the research, which are provided in Table 2, show that 78% of active befrienders are female, thereby reflecting the predominance of women in the volunteering sector in Ireland (Donoghue, 2001). The ratio of male befrienders and befriendees was higher in the research than in the programme.

It is important to note that when the call was made for participants for portrait workshop participants, only females expressed an interest, a familiar pattern in other community and therapeutic arts production contexts (Askins, 2014).

Methods

Four focus groups and one interview were firstly conducted to explore befriender and befriendee experiences of the programme and to look at possibilities for improvement. A portrait workshop for seven befriending pairs was then facilitated by a community artist working in Ireland and a Syrian artist who was seeking asylum in Ireland. In a non-intentional version of befriending, the two

artists had met through an artist network and become friends. Each pair member created a portrait of their partner to express and visually explore the friendship formed through befriending. Feedback on participant experiences of the portrait-creation process focused on how it helped develop their befriending relationship. Thematic analysis was used to analyse the focus group, key informant, and portrait workshop data.

Data collection

Three of the focus groups, the interview and the portrait workshop were conducted in Trinity College, Dublin between February and May 2022. An additional focus group took place via Zoom to facilitate participants unable to travel to Dublin. All participants engaged fully with the research and no-one withdrew during the study. The composition of each focus group and the interview were as follows:

Focus groups

It was decided that mixed focus group compositions would provide richer more meaningful data. One group therefore consisted of befriendees, one of befrienders and the other two, together with the interview, were a mixture of befriending pairs and the befriending coordinator. The rationale for this was that it would provide the befriendees and befrienders with the opportunity to interact solely with one another but also with the coordinator, sharing ideas, experiences

Table 1. Befriendee countries of origin

Befriendee origin by region	Number of befriendees in programme	% of befriendees in programme	Number of befriendees participating in research	% of befriendees participating in research
Africa	76	70%	11	73%
Middle East	11	10%	1	7%
South Asia	18	17%	2	13%
Europe	4	4%	1	7%
Total	109		15	

Table 2. Gender ratios of befrienders and befriendees

Befrienders	Male	Female
Overall in Programme	22%	78%
Focus Groups	40%	60%
Portrait Workshop	0%	100%
Overall in research	25%	75%
Befriendees	**Male**	**Female**
Overall in Programme	40%	60%
Focus Groups	33%	67%
Portrait Workshop	0%	100%
Overall in research	20%	80%

Table 3. Focus Group Composition

Focus group	Composition
1	2 male and 5 female befriendees
2	3 male and 4 female befrienders
3	1 female befriending pair, 1 male befriender, coordinator
4	2 female befriending pairs, 1 male befriender, coordinator (online)
Interview	1 male befriending pair, coordinator

and opinions which would lead to knowledge creation. There was already a very close, respectful and caring relationship between the coordinator and the participants meaning that there was no signs of power dynamics in operation.

While the topics for the semi-structured focus group and interview guide (the same guide was used for both methods) were identified through discussions between the coordinator and the author and informed by the former's interactions with befrienders and befriendees over a five year period, as well as the author's therapy work with people seeking international protection, the discussion was directed by participant voices. The following exploratory topics were included in the focus group and interview guide:

- experiences of being befriended
- nature of the befriending role
- befriending as part of a holistic approach
- distinguishing between Spirasi support services
- explaining befriending
- experiences of befriender recruitment and training
- evolving befriender perceptions of those seeking asylum
- improving befriending supports

At the beginning of each focus group the researcher re-introduced the objectives of the study and obtained verbal informed consent having already obtained written consent, as part of the process of obtaining ongoing consent. All focus groups and the interview were conducted in English as all participants had high fluency levels. They were recorded using a digital audio recording App and lasted for between 44 and 55 minutes.

One day portrait workshop

The portrait workshop took place in Trinity College, Dublin. The seven female befriending pairs who came forward to participate were invited to bring images, text and photographs for incorporation into a collage background. A wide range of art materials was also provided by the artists on the day. The pairs were encouraged to discuss together which colours, patterns and textures they thought might best convey their personalities and to include something in the collaging which would link them, such as a matching pattern, colour or texture. They were then provided with a template to draw their partner's facial features and were guided through all stages of the process.

Debriefing arrangements and payment

The author thanked the participants, asked for any further questions and again provided her contact details during a ten minute debriefing period at the end of each focus group, interview and the portrait workshop. For further support, participants were encouraged

to contact their Spirasi therapist or psychosocial coordinator both of whom had been notified. The participants were informed that they would be given the opportunity to review the focus group transcripts. All befriendees were reimbursed travel costs and paid 25 euros for their participation.

Data analysis

The focus group and interview audio data was transcribed using the Jefferson Conversation Analysis transcription system (Hepburn & Bolden, 2012). The transcripts were then reviewed for precision and de-identified. Joint befriender/befriendee evaluations of the portrait workshop focused on the extent to which it had helped to develop their friendships. The author also recorded her reflections through written observations and photos. The data was analysed using inductive thematic analysis (Braun and Clarke, 2006; 2014), with no predetermined coding frame. Participants were informed that all potentially identifying information would be removed and pseudonyms used, to ensure confidentiality and anonymity.

Results and analysis

Focus groups and interview

Transcripts were read repeatedly for familiarisation with the complexity and scope of the data and interesting features were assigned initial codes which were combined into potential themes according to similarity and prevalence and re-checked against the data. The thematic analysis identified 38 categories, comprising 86% of the data, which were grouped into the following key themes:

1. Befriending as part of the holistic approach to recovery
2. Need for regular trauma-informed training
3. Building trust and providing support
4. Combatting loneliness and protecting against suicide
5. Mutual kindness and reciprocity
6. Increasing the programme's scope and developing a community of practice

As the themes which came up in the face-to-face and online focus groups and the interview were closely aligned, they were all considered together.

Theme 1: Befriending as part of the holistic approach to recovery

This was a strong theme in the data as befriendees described their experiences of being able to engage in different services as they needed them:

> *When I first came to Spirasi I was feeling bad and I felt welcomed and listened to. I went to therapy not knowing what it was but they were so patient and said it would be good to have a befriender so I agreed and those two things together literally saved my life.* (Afiya, F, befriendee, Africa)

Claude appreciated having access to all Spirasi services as well as being helped to identify which services he needed:

> *It was like one place with different ways of helping and that works best cos you need different things at different times. They helped me know that I needed befriending.* (Claude, M, Africa)

For Tanya, the befriending programme was a vital part of her healing process :

> *When I went to Spirasi I wasn't sure exactly what I was looking for. I was lost in my life and they helped me to find my way again*

between the doctor and my befriender. (Tanya, F, Africa).

The befrienders also recognised the value of this holistic approach and their important role within it:

This rehabilitation reminds me of a clock where every moving part is important and befriending is a vital part. (Joyce, F, befriender)

Theme 2: Need for regular trauma-informed training

Several befrienders suggested that it would be really useful to have refresher training just before their first befriendee meeting, given that the matching process could take some time:

I'd have liked a refresher just before the first meeting because it took a while to be assigned a person and I'd forgotten a lot. (Jim, male befriender)

Anna was in agreement, highlighting the amount of information presented during the training:

Yeah there's a lot – it's intensive and you can only take in a certain amount. (Anna, female befriender)

Patrick suggested that regular sessions would be useful:

I'd like a drop -in session every three months to be able to raise questions or share ideas about things I find difficult. (Patrick, male befriender)

The question of how much information befrienders should be given about the befriendee before they met for the first time was also raised:

It would have been useful to have a little bit more background information, so that you know how you approach the friendship. I had to feel my way around because I didn't know what topics to avoid. (Naomi, female befriender)

Anna suggested that at the very minimum, it would be useful to have some information about the family situation:

Yeah, more information, especially like are their families alive or dead? There is just this big gap when you're befriending someone and you have absolutely no knowledge about the person whose standing in front of you. (Anna, female befriender)

Alan wondered if this could be agreed beforehand:

Maybe befrienders could be trusted with a little bit more information which could be agreed with the befriendee before meeting? (Alan, male befriender)

Joyce was more circumspect:

I think even a tiny bit of information like are they alone, but we don't need to know much as that can make a friendship difficult. (Joyce, female befriender)

This discussion illustrates the importance of addressing this issue in the training.

Theme 3: Building trust and providing support

Several befriendees talked about the high level of trust which they experienced with their befrienders:

You don't trust the people around you. When I talk to a friend in the centre about my problem, she'll tell everyone. The befrienders they're playing a big role, we get to trust them - they won't pass information on. (Tanya, F, Africa)

This also came up during a discussion around differentiating befriender and therapist roles:

A befriender is a friend I can open myself up to. A therapist is about my case – what affected me and what brought me to Ireland. A befriender wants to spend time with me and get to know me. That builds longer-lasting trust. (Tanya, F, Africa)

Joyce talked about the different ways in which trust could be developed naturally:

I found it easy to connect with her around faith – myself and my husband have different faiths so I understand different religions. Food and health also interested us both and trust built from there. (Joyce, female befriender)

The time taken to build up this trust was articulated by Kayla whose first befriender moved away:

It was like starting all over again but over time we built something and shared things I wouldn't share with others. (Kayla, F, Africa)

Befriendees evoked many practical supports founded on trust which their befrienders provided:

She helped me with things I didn't know how to do like healthcare and education. She's always in front of me helping me. I trust her. (Miremba, F, Africa)

Befrienders are also reported as providing support with the children:

My befriender helped me communicate with school staff and she takes the kids out to give us a break. (Tanya, F, Africa)

The importance of supporting befriendees in their navigation through the Irish asylum-seeking process was highlighted by several befriendees:

He helped me to understand the system and how to be in the interview. (Abdul, M, Asia)

Support with documentation was also important:

The documentation was a big deal. I was able to help with it which was really important cos it's so confusing (Mary, female befriender)

Yes to explain in simple English what the form means – it really helped. (Alan, male befriender)

This trusting and confidential relationship was also an important dimension of the fourth theme.

Theme 4: Combatting loneliness and protecting against suicide

Several befriendees talked candidly about their Spirasi befriender helping them to move from suicidal thoughts into a more hopeful less lonely space:

I'm alone here. I don't have anyone to talk to and she's so helpful. I stay next to her. I once wanted to commit suicide and Spirasi and my befriender helped me through the hardships. (Miremba, F, Africa)

The importance of the befriender in helping to combat feelings of loneliness was evoked by a number of befriendees:

> *I never feel alone since I got this befriender. Imagine my wife and kids in another country and me here and now my befriender makes me feel less alone.* (Claude, M, Africa)

This participant evoked the strong sense of loneliness which could be experienced in communal living with many people around and the difference made by the befriender just being available:

> *Even though there are lots of people in the Direct Provision Centre[1] I felt really lonely until I accepted a befriender. Now I have someone who I can always call on for help when I'm not feeling good in my mind.* (Muzhir, M, Asia)

The feelings of isolation in Direct Provision were also evoked by befrienders:

> *I think that loneliness is the biggest problem, even in Direct Provision where there are so many people.* (Naomi, F, befriender)

Anna talked about times when loneliness was more strongly felt:

> *I know that certain times she can be especially lonely like her kids' birthdays so I always organise something for those days.* (Anna, F, befriender)

Theme 5: Mutual kindness and reciprocity
Examples of reciprocity and mutual kindness were also strongly present in the befriending pair data, often involving food:

> *When we were coming out of lockdown (from Covid-19) we'd meet in the park and she would bring homemade cakes. From the beginning we would always bake for each other.* (Anna, female befriender).

Anna also evoked the humanity which characterised their relationship from the beginning:

> *I was terribly impressed for my birthday when you asked your mother to get me a beautiful picture from your country. There was kindness and connection between us from the beginning.* (Anna, female befriender)

Patrick talks about the tradition of bringing gifts which developed between himself and his befriendee:

> *Even when we meet in a café he always brings something - a packet of biscuits, little cake or sweets - you can't stop him. Just something small - it's the thought.* (Patrick, male befriender)

All of the befrienders spoke about the privilege of being a part of the befriendee's life and how they gained so much from the relationship:

> *I feel extremely inspired by her– to hold down a job in another country, to stay mentally stable and still give to others – she's an inspiration to me and I definitely get more than I give.* (Naomi, female befriender)

1 Reception system for those seeking International protection in Ireland.

Anna also feels inspired by her befriendee:

> *My befriendee has an allotment and her mother sends her seeds and she's developed a little business. She's hugely inspirational and I feel honoured to be her friend.* (Anna, female befriender)

Theme 6: Increasing the programme's scope and developing a community of practice

As well as this reciprocity within befriending pairs, befrienders talked about wanting to share experiences and ideas with other befrienders:

> *Maybe a message board where we could share things that have worked well.* (Naomi, female befriender)

> *Good to be put in touch with other befrienders because sometimes I might get asked a question which I don't know the answer to, and another befriender might know.* (Alan, male befriender)

Mary suggested a buddy system:

> *A buddy system would be great - one person you could bounce ideas off – face to face or Zoom.* (Mary, female befriender)

This pooling of resources could also expediate the expansion of the programme, a recommendation made by the befriendees:

> *Everyone in Direct Provision needs Spirasi friends to talk to because we are dealing with real mental health struggles. Not every issue or incident must go to therapy but sometimes you have to talk to someone instead of bottling up because that's what's killing us.* (Tanya, F, Africa)

Veronika suggests that Spirasi should go to all of the reception centres and explain the benefits of befriending:

> *I think if people knew how helpful it could be they would want to do it.* (Veronika, F, Eastern Europe)

In addition to expanding the befriending programme, it was clear that the befriendee participants had benefited from coming together as a group and were keen to meet again. Miremba suggested organising social events for befriendees and befrienders:

> *I've enjoyed meeting the others and it would be lovely if we could meet once or twice a year with our befrienders too.* (Miremba, F, Africa)

So strong was the desire to keep in touch as a group that they set up a WhatsApp group[2].

Portrait Workshop

The portrait workshop was facilitated by the artists and attended by seven befriending pairs, the author and Spirasi's befriending and psychosocial coordinators. The befriending pairs were asked to provide joint written feedback in response to the following questions, thereby including both voices:

- What did you enjoy about the workshop?
- How did it impact your befriending relationship?
- What are your ideas for future workshops?

Hyphenated pseudonyms ensured anonymity. Thirty-one categories relating to experiences of the portrait workshop were

2 A messaging app that send messages, images, audio or video

identified across a combination of the responses to the questions and the author reflections and grouped into five themes:

- Theme 1 Deepening social connections
- Theme 2 Intercultural and creative exchanges
- Theme 3 A safe space
- Theme 4 Normality and acceptance in times of conflict and struggle
- Theme 5 Shared humanity and inclusivity

Theme 1: Deepening social connections
The importance of the workshop for deepening social connections was an experience shared by all participants:

> *A wonderful shared experience which felt very equal. It deepened our friendship and enriched our journey together.* (Jane-Dembe)

This pair highlighted the value of sharing a creative experience together:

> *When you do special activities together it adds another layer of getting to know each other. It reinforced how much we have in common and how easy it is to be in each other's company.* (Gillian-Zendaya)

Befriending pairs also made suggestions for other creative activities to ensure regular deeper connecting experiences:

> *Maybe a writer's workshop, where we're given random words to create a story about our experiences and dreams.* (Diana-Nina)

> *Creative dance or movement, puppetry, cookery or a textile project.* (Gillian-Zendaya)

Theme 2: Intercultural and creative exchanges
Gillian-Zendaya described the benefits of connecting people through intercultural and creative exchanges:

> *Amazing to be with people from other cultures and share creative experiences together* (Gillian-Zendaya)

This was echoed by another befriending pair:

> *So wonderful to witness and experience the arts bringing people closer and forging connections. Strangers quickly become friends.* (Andrea-Uma)

This deepening of social connections and validation of creativity was also in evidence in the creative exchanges which happened throughout the day, including at lunchtime where one of the befriendees shared, for the first time, some art which she had made from paper bags.

Theme 3: A safe space
The participants commented on how safe they felt throughout the day and Alison-Shyla linked this to group connections:

> *Being held so safely in the group, enabled us to go beyond the limits of two which was really special.* (Alison-Shyla)

An environment of respect was also evoked:

> *The presence of artists who could guide as well as the researcher's warm empathic presence created safety and respect.* (Jane-Dembe)

Participants also talked about feeling safe enough to produce art when they did not consider themselves artistic:

There was no pressure to create something conventionally perfect. (Andrea-Uma)

The creative process was also perceived as stimulating a sense of playfulness within the safety of the workshop:

What I liked most is that the process itself was effortless and playful. (Andrea-Uma)

Theme 4: Normality and acceptance in times of conflict and struggle

There was a strong feeling amongst the participants that the day took them out of their usual difficult lives and made them feel 'normal'.

That day we were all friends, I felt normal and accepted for being me. (Andrea-Uma)

This was echoed by Andrea-Uma who enjoyed the time away from everything:

The normality in the middle of our horrible lives struck me. We could forget, just for a day. (Andrea-Uma)

The room was filled with much activity and laughter and the intensity of the befriending pairs looking at each other's faces as if they were discovering one another for the first time was very powerful to observe.

Theme 5: Shared humanity and inclusion

Alexandra-Malia evoked the compassion of the workshop:

This workshop wove a deep thread of our shared and common humanity. (Alexandra-Malia)

Gillian-Zendaya articulated the felt sense of belonging:

We loved the equality and respect evident in the gentleness and inclusivity of this workshop. (Gillian-Zendaya)

Andrea-Uma described its humanity:

It was like we were all there together doing the same thing, all just human beings wanting the same things in life and I felt so welcomed and included. (Andrea-Uma)

Discussion

Main findings

For all of the participants, the themes identified in the focus group, interview and portrait workshop data firmly ground the Befriending Programme in Spirasi's holistic approach to recovery. Befriendees participating in the focus groups articulated the importance of having access to all of the services and, of equal importance, of being signposted to the appropriate service in a compassionate way, which respected their agency whilst recognising the need for different parts of the service at different times. One befriender evoked the very powerful metaphor of the holistic approach to recovery as a clock with befriending as one of the vital moving parts.

Befrienders and befriendees also clearly articulated that the programme encouraged the modelling and building of trusting, kind and reciprocal relationships, as well as helping to combat loneliness and protect against suicide. Befriendees in one focus group agreed that they had grown to trust their befrienders more than their friends from the state-provided accommodation, whom they felt were likely to betray personal information. Several befriendees also talked about how their befrienders had empowered them to see alternatives to suicide.

One of the themes identified for the befrienders was the need for regular, trauma-informed training and the development of a community of practice. Suggestions included refresher training just before the first meet up, quarterly drop-in sessions, more specialised training addressing specific issues and the provision of a handbook for befrienders. The amount of befriendee background information which should be made available before the first meeting was identified as needing further consideration. Finally, the overall results of the focus groups suggest that for all participants, although the mission of the befriending programme of reducing isolation and loneliness ,whilst providing support with integration into Irish society is being achieved, the demand for this service is far higher than current capacity can satisfy, and there is an urgent need to increase the scope of the programme by recruiting additional staff.

The portrait workshop evaluations illustrate the importance of sharing creative experiences to further strengthen relationships. Participants experienced strong connections being forged through spontaneous befriendee art-sharing at lunchtime, and enjoyed getting to know other befriending pairs in a safe environment. The provision of a context of normality and acceptance in times of conflict and struggle and the experience of a shared humanity were evoked by many participants. Several described how they were able to forget about their everyday struggles and feel normal and accepted for a day. Befriending pairs described sharing creative experiences as adding another dimension to their friendships and were keen to engage in regular intercultural creative activities to develop deeper connecting experiences. The researcher's observations described a room filled with activity and laughter and the intensity of the befriending pairs discovering each other's faces.

Limitations of the research

Although this study is based on the experiences of 15 befriendees and 16 befrienders from different regions of Ireland, which means that the findings are not representative of all befriending experiences for survivors of torture in Ireland, it provides a rich and in-depth exploration of participant experiences. Furthermore, the greater number of female befrienders in the befriending programme (78% of active befrienders are female), reflecting the prevalence of women in the Irish volunteering sector (Donoghue, 2001), means that there was a higher number of female focus group participants (11 females and 5 males). The participants were exclusively female in the portrait workshop, reflecting a typical pattern of greater female participation in community and therapeutic arts production contexts (Geue, et al., 2010). Given the finding that such activity can provide a restorative and validating experience, it is important to try to address this gender imbalance in future projects by actively encouraging male participation.

Although it is possible that the participants may not have been comfortable sharing feedback that was not positive in the context of the focus groups or the portrait debriefing when their partner was present, the potential advantages associated with the richness of the data to be elicited from the discussion generated in mixed composition focus groups were considered to outweigh any potential disadvantages. Furthermore, the befriendee-only focus group was designed to provide the opportunity for befriendees to voice their experiences of the programme without their befrienders being present.

There were some disparities between the expected number of focus group participants and the number who attended, including befriendees who had not signed up, who there-

fore had to engage in the ethics process upon arrival. This reflects the complex lives of people seeking asylum and the need for flexibility by research teams working with such populations. In spite of these limitations, this in-depth exploration of befriendee and befriender experiences of the befriending programme through focus groups and the portrait workshop, provides important multi-layered data.

Recommendations and future research

This data then shaped the following ten recommendations. It is important to note that the research has led to the securing of additional funding which will ensure the concretisation of recommendations 1-4 through the appointment of an additional befriending staff member:

1. Continue the programme and recognise and develop its status as an important element in the holistic rehabilitation procedures for refugee survivors of torture.
2. Develop focused awareness-raising of the befriending programme.
3. Increase the scope and reach of the befriending programme to offer residents of all reception centres the opportunity for engagement.
4. Review the delivery methods and timeframe of the befriending training to ensure optimal delivery and retention of the training information by the befrienders.
5. Organise regular social events for groups of befrienders and their befriendees to deepen relationships, expand social networks and offer additional integration opportunities.
6. Develop a befriender handbook.
7. Set up a peer support service for befrienders to facilitate the sharing of experiences and the development of mutual empowerment.
8. Set up a befriending platform where befrienders can share ideas and resources to ensure the dissemination of best practice.
9. Review the optimum amount of information about potential befriendees which should be provided to befrienders.
10. Use expressive arts with befrienders and befriendees to build strong social connections and trusting relationships.

It is important to add that although the content of the initial training will still cover the Irish international protection process, the impact of trauma, guidelines for building relationships and maintaining boundaries, and the development of cultural awareness and humility, it was clear that participants wanted more regular training, the content of which would be informed by issues which arose for them during their befriending experiences. In addition, longitudinal research is needed to explore the aspects which lead to enduring friendships and integration opportunities as well as identifying those factors which may contribute to befriending relationship rupture.

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Note from Guest Editor (C.A.): Survivor Engagement can be understood as a spectrum of survivor participation such as the one established by the IRCT. The following article would not draw on more typical survivor engagement practices such as delegation of partnership with the survivors for service delivery, delegated organizational power on to the survivor, or survivor led or implemented activities. However, the survivor engagement spectrum of participation includes elements of survivor engagement practice from a 'therapy/client' role if the service provided is restoring the dignity of the survivor, if the survivor can access choice in the therapy or service accessed, if there is client consent on information storage and sharing, and so on. In this sense, the Guest Editor of the Torture Journal considered the inclusion of the present article as relevant for the section.

Medico-legal evaluation of torture victims in the USA before the Istanbul Protocol

José Quiroga[1] and Ana Deutsch[2]

Now that the updated version of the Istanbul Protocol has been published, there is an opportunity to reconstruct pieces of history on the long road to having forensic torture assessment tools. This article is an attempt to contribute to that journey through our first-person personal memories of those experiences, especially in the early years, far before the drafting and approval of the Istanbul Protocol: Amnesty International (AI).

Peter Benenson, a British lawyer, published in 1961 a prominent article in The Observer: "The Forgotten Prisoners". Simultaneously, he launched a worldwide campaign called, "*Appeal for Amnesty*." His appeal was printed in newspapers across the world and turned out to be the genesis of AI, a movement that opened the first doors to the anti-torture movement.

The first international meeting of AI was held in July 1961, with delegates from Belgium, the United Kingdom, France, Germany, Ireland, Switzerland, and the United States. It was agreed to establish "a permanent international movement in defense of freedom of opinion and religion ". In the following year, a conference in Belgium led to the formation of a permanent organisation that would be known as *Amnesty International*. Sometime later, in 1972, the organisation launched its first worldwide campaign for the abolition of torture.

The first full Urgent Action was issued in 1973 on behalf of Professor Luiz Basilio Rossi, a Brazilian who was arrested and tortured for political reasons. Luiz himself believed that Amnesty International's appeals were crucial: "*I knew that my case had become public, I knew they could no longer kill me. Then the pressure on me decreased and conditions improved.*"

That same year, AI in London published the first report on the prevalence of torture worldwide with data detailed by country. At that time there was not even a legal definition of torture. AI proposed the first operational definition in that early study: "*Torture is the systematic and deliberate infliction of acute pain in any form by one person on another, or in a third person, in order to accomplish the purpose of the former against the will of the later*" (Amnesty International, 1974b, 1974a). The World Medical Association adopted a similar definition in its Declaration of Tokyo (WMA, 1975). AI was awarded the Nobel Peace Prize in 1977 for "*having contributed to securing the ground for freedom, for justice, and thereby also for peace in the world*".

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International Rehabilitation Council for Torture Victims.

Military coup and military dictatorship in Chile

On September 11, 1973, the democratically elected government of Salvador Allende in Chile was overthrown by a military coup instigated by the USA. The new regime agreed to admit a three-person AI's mission for an on-the-spot probe into allegations of massive violations of human rights (Kornbluh, 2003). The United Nations approved the AI-inspired resolution formally denouncing the systematic use of torture in Chile (Quiroga & Lira, 2022).

At that time, José Quiroga (the first author of this paper) was one of President Salvador Allende's personal physicians and witnessed the armed action that ended in his death. He was detained inside the government Palace on the day of the coup. After four years in Chile, he came into exile to the United States as faculty of the School of Public Health at the University of California in Los Angeles (Quiroga & Lira, 2022). Very soon, working with exiled people coming from Chile and other Latin American countries was part of his remit.

Refugee and AI medical groups in the USA and the foundation of the Program for Torture Victims

In 1972, David Kinzie founded the Intercultural Psychiatric Program, at the Oregon Health & Science University (OHSU) for the treatment of refugees, some of them torture victims, from the Indo-Chinese, Viet Nam, Cambodia, and Laos wars. The program started developing the first model of transcultural evaluation and therapy (Kinzie, 1972; Kinzie et al., 1980).

In 1979, Michael H. Nelson MD, a practicing psychiatrist from Boston, organised the first medical groups of Amnesty International in the USA. The objective was to document the consequences of torture among refugees and asylum seekers in the USA. He developed a comprehensive medico-legal evaluation protocol to be used by all AI medical groups, and was able to organise AI medical groups in Boston, Washington DC, Seattle, San Francisco, and Los Angeles. These medical groups had a short life - only the Los Angeles program has survived until now: *Program for Torture Victims* (PTV). It is the oldest program in the United States and the only program of its kind in the Los Angeles area.

Nelson visited Los Angeles late in 1979 where José was in charge to organise the Los Angeles AI Medical Group, with the help of Jack Rendler, Director of AI in Los Angeles at that time. Glen Randall was the chairperson of the San Francisco AI medical group, Ellen L. Lutz JD. was the local Director of AI. Cornelius Kolft, and Roscius Doan organised the Seattle AI medical group.

Foundation of the Program for Torture Victims

At that time, a reduced group of physicians met regularly to help design the program: Kevin O'Grady, a physician of the Department of Medicine at UCLA, and Kim Thorburn and her husband Terence Allen, both experts in prison health care. The objective of the medical group was to document cases of torture among immigrants and refugees in Los Angeles. Soon, Anne Deutsch (the second author of this paper), a psychologist and refugee from Argentina, joined the group to provide the psychological perspective that the team urgently needed. In the Supplementary Material of this paper, we include the first medical and psychological assessment protocol drafted by Michael Nelson and adopted by the authors and the Los Angeles group.

A group of Chilean torture survivors had arrived in Southern California in a special

parole program of the Justice Department in 1976. They had been selected by the USA embassy in Santiago amongst political prisoners in different detention centres in Chile. All of them were torture survivors of the Pinochet regime. The selection criteria used by the US Embassy is not known. Furthermore, the Lutheran Immigration and Refugees Services (LIRS) brought nearly 400 Chilean people to the Agate Refugee Center in Chula Vista, San Diego. These Chilean refugees later resettled in different cities in California. We had the difficult task of persuading them to come to the program. It is well known that the military coup in Chile was promoted by the Nixon administration, so, naturally, Chilean refugees did not want to be examined by American physicians. They agreed to attend the program because there were bonds of political confidence being the first author a known person among the exiled Chilean community (Kornbluh, 2003).

In January 1980, we began to document the first cases of torture allegations in the Los Angeles area. After two years ,the AI Los Angeles, San Francisco, and Seattle programs had examined 42 torture survivors.

It was clear from the beginning that refugees needed more than a forensic evaluation. The Los Angeles AI's regional office was advised by the central headquarters in Washington and London that AI could not be involved in treatment. As the survivors had already been evaluated and were in urgent needed of rehabilitation, we decided to establish the Program for Torture Victims (PTV) as a completely independent organisation of Amnesty International.

The objective of PTV was to create a program for the rehabilitation of torture victims, but in those years, there was no experience on the treatment of torture survivors. Even the Convention against Torture had not yet been approved. The only way to learn was to exchange experiences with similar groups already founded in Chile (1973, 1977), Argentina (1980) and Uruguay (1980), which were pioneers in the theoretical reflections and design of therapeutic models, beyond the first programs being stablished in Denmark, England and other places in Europe. The *Christian Churches' Welfare Foundation (Fundación de Ayuda Social de las Iglesias Cristianas-FASIC)* had begun in 1977 in Chile to use the testimony of trauma as a therapeutic instrument (Cienfuegos, J., & Monelli, 1983). As most of the torture survivors evaluated for us were also Latin Americans, we began to use Testimony Therapy used in Chile (Quiroga, Lira, 2022).

A first descriptive study on torture

PTV presented the data of the 42 initial forensic reports in a thematic symposium at the 89th Annual Meeting of the American Psychological Association (Quiroga J et al., 1981). There were also presentations and debates at the symposium on *Torture, Medical Practice, and Medical Ethics* at the American Association for the Advancement of Science (AAAS) Annual Meeting in Washington DC in January 1982. Federico Allodi, head of the Transcultural Psychiatric Unit at Toronto (Canada) began to develop a model for the forensic assessment of refugees and began to apply a consistency analysis between allegations of torture and physical and psychiatricexaminations (Allodi, 1982). Allodi had a similar study. Both teams made, sometime later, a joint publication, and the assessment tools used by the US and Canadian teams became a core element of the Istanbul Protocol (IP), as we now know it (Allodi et al., 1985).

Justice and Reparation

Immigration courts in the US: some figures

As explained, PTV began as an AI Medical program with the objective of supporting torture survivors in their claims as asylum seekers in US. At the same time, the program aimed to help in the rehabilitation of the severe medical and psychological sequelae and provide medical support in the fight for justice and reparation, if possible. It is difficult to estimate how many survivors we had the opportunity to document during the more than 40 years working with torture survivors since then. It might be several hundred. PTV contracted with the US Office of Refugee Resettlement (ORR) to take care of 100 new and 150 old survivors of torture per year.

Federal Court in the US: The Filártiga v. Peña-Irala Case

Filártiga v. Peña-Irala is a significant international law case in the USA. It established the precedent for US federal courts to punish non-American citizens for torturous acts committed outside the US in violation of relevant treaties. This expanded the jurisdiction of US tribunals to cover torturous acts worldwide in 1980.

The case involved Dolly and Joel Filártiga, citizens of Paraguay, who claimed that his son, Joelito Filártiga, was kidnapped and tortured to death on March 29, 1976, by Américo Norberto Peña-Irala, who held the position of Police Inspector General in Asuncion at that time. Dolly Filártiga and Américo Peña separately arrived to the US. Dolly sought political asylum, while Peña remained on a visitor's visa. Dolly discovered Peña's presence in the US and reported it to the Immigration and Naturalization Service, resulting in his arrest and deportation order due to overstaying his visa.

Dolly Filártiga sought assistance from her immigration attorney, Michael Maggio, who reached out to Peter Weiss, the Director of the Center for Constitutional Rights (CCR) in New York. The CCR filed a civil lawsuit against Peña-Irala, using the Alien Torture Statute (ATS), a US federal law established in 1789 that grants federal courts jurisdiction over lawsuits filed by non-US citizens for torture committed in violation of international law. Initially, Judge Nickerson ruled in Peña's favour, citing jurisdictional concerns.

The Filártiga family's lawyer appealed the judge's decision to the Second Circuit Court of Appeals. During the hearing, Glenn Randal, Jose Quiroga, and Ana Deutsch provided testimony on the medical and psychological effects of torture on the victim and his family. Chief Judge Wilfred Feinberg and circuit judges Irving Kaufman and Amalya Lyle Kearse presided over the case. On June 30, 1980, they unanimously decided that "deliberate torture perpetrated under an official authority violates universally accepted norms of International Law of Human Rights regardless of the nationality of the parties." They concluded that the Alien Torture Statute (Title 28 of the United States Code, Section 1350) provided a basis for US jurisdiction in the lawsuit. This landmark decision led to a surge of ATS litigation, particularly concerning corporate liability, in the following decades.

Table 1. Inter American Court of Human Rights Cases where PTV team provided forensic expertise.

Number	Cases	Psych.	Med.	Sentence date
1	Villagran Morales and others vs Guatemala	X		November 19, 1999
2	Bamaca Velazquez vs Guatemala	X		November 2000
3	Las Palmeras vs Colombia	X		December 9, 2001
4	Niños del Centro Panchito López vs Paraguay	X		September 2, 2004
5	Tibi vs Ecuador	X		September 7, 2004
6	La masacre de Maripán vs Colombia	X		September 15, 2005
7	Gutiérrez Soler vs Colombia	X		September 12, 2005
8	Hermanas Serrano Cruz vs El Salvador	X		March1. 2005
9	Penal Miguel Castro vs Perú	X	X	November 25, 2006
10	Cabrera García y Montiel Flores vs México	X	X	November 26, 2010
11	Gelman vs. Uruguay	X		February 24, 2011
12	Masacre de Santo Domingo vs. Colombia	X	X	November 30, 2012

PTV has been working for justice and reparation for victims of torture in other Latin American countries specially providing expert witnessing before in the Inter-American Court of Human Rights.

Table 1 shows some of the most prominent historical cases in which PTV provided expert witnessing. The psychological expertise provided by the second author, Anna Deutsch, was essential in all cases.

In future research, it would be interesting to analyse the psychological and medical affidavits of these historical cases and see how the reports evolved over time as the demands of the Court also evolved.

When the IP appeared, the reports followed the IP, which was, by then, the international tool of reference for the forensic documentation of torture. We hope that our efforts, in close links with our Latin American colleagues, helped to provide the strong theoretical basis that the forensic documentation of torture now has with the updated version of the IP.

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Supplementary material

In the website of the Journal, as a supplementary material, the reader can find the Amnesty International Medico-Legal Evaluation Format from 1979, in the same presentation and typeset that was used at that time.

Torture beyond carceral settings against individuals from marginalized communities: the important role for clinical documentation

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Introduction

Historically, torture often was understood as physical and/or psychological pain inflicted by governmental agents on an individual who is detained or imprisoned in governmental custody. As defined by the United Nations Convention Against Torture (UNCAT), however, torture is increasingly recognized as occurring in settings far beyond carceral settings. UNCAT, to which 173 states are currently party, defines torture as:

> "Any act by which severe pain or suffering, whether physical or mental, is intentionally inflicted on a person for such purposes as obtaining from him or a third person information or a confession, punishing him for an act he or a third person has committed or is suspected of having committed, or intimidating or coercing him or a third person, or for any reason based on discrimination of any kind, when such pain or suffering is inflicted by or at the instigation of or with the consent or acquiescence of a public official or other person acting in an official capacity" (Burgers & Danelius, 1990).
>
> The Convention also prohibits ill-treatment, an umbrella term that covers other forms of abuse prohibited by international law that do not constitute torture as such, including cruel, inhuman, or degrading treatment (CIDT), outrages upon personal dignity, and physical or moral coercion. Notably, ill-treatment unlike torture does not require a specific purpose behind the act.

Despite its prohibition, torture and ill-treatment against detained and imprisoned individuals continue to be widely perpetrated. According to Human Rights Watch's 2022 annual report, torture in carceral or custodial settings is practiced in over 140 countries (Human Rights Watch, 2022). Moreover, economically and socially marginalized persons and communities are at disproportionately high risk of being subject to pretrial detention, torture, incarceration, and harassment (OMCT, 2006; Jensen & Andersen, 2017; Celermajer, 2018). And there is a growing body of evidence on the socio-economic roots

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International Rehabilitation Council for Torture Victims.

of violence, including torture (Oette, 2021; OMCT, 2006).

Over the past decades there has been increased awareness of how other governmental practices directed against those living in poverty or members of other socially and/or economically marginalized groups can also constitute torture or cruel, inhuman, and degrading treatment (TCIDT) (Oette, 2021). Clinicians and researchers increasingly are documenting the severe physical and psychological pain and suffering that such practices can inflict, and demonstrating how they lead to both individual and community-level trauma and other health harms (Çelebi et al., 2022; Cooper et al., 2004; DeVylder et al., 2020). Indeed, the recent update to the Istanbul Protocol, which sets out internationally recognized standards for conducting legal and medical investigations into allegations of TCIDT and documenting physical and psychological evidence of such, now includes best practices and guidelines for documenting torture and ill-treatment occurring outside of custodial settings (Iacopino et al., 2022).

Accordingly, this perspective piece has three goals. First, it builds on scholarship that has begun to describe a broader conception of what constitutes TCIDT to further examine the intersection of structural discrimination, poverty, and state responsibility. We advocate for this more contextual approach to the understanding of what constitutes TCIDT that falls within UNCAT's definition, and, consequently, a more expansive interpretation of states' obligations to prohibit and prevent it under international law.

Second, we describe several case examples of more systemic forms of abuse directed at economically and socially marginalized groups that might constitute TCIDT. As Lutz Oette has argued, such abuse "has been perceived as a national problem of dysfunctional institutions and criminal justice systems," but not as part of a set of "routine, institutionalized practices" (Oette, 2021). Viewed as a set of institutional practices, the conception of TCIDT as the egregious (but largely exceptional) abuse of state power gives way to a more contextual understanding that understands it as endemic, "part of everyday, violent relationships with authorities and others that persons living in poverty must navigate" (Oette, 2021).

Third, we offer recommendations for how clinicians and health and human rights researchers, in particular, can better elucidate the links among TCIDT, poverty, and vulnerability to hold perpetrators accountable and help states develop laws, policies, and other measures to prevent the perpetration of state-promoted or sanctioned acts of TCIDT. As Pau Perez has posited, scientific research can contribute significantly to the legal debate on when state actions in non-custodial settings constitute actions banned under UNCAT (Perez, 2018). Thus, we discuss how clinicians' rigorous documentation of the psychological and physical symptoms and signs that individuals experience – and corroboration of these symptoms with their reported experiences of state-sponsored violence – may be one important means for qualifying them as TCIDT. An important means to achieve this is through medical-legal assessments grounded in the Istanbul Protocol, whose recent revisions reflect the more expansive approach for which we advocate and which remains the internationally recognized standard for investigating and documenting torture and ill treatment (Iacopino et al., 2022).

A. Structural discrimination and poverty increase risk of experiencing torture and ill-treatment

Discriminatory policies and practices across generations compound inequities in income

and wealth, in health and health outcomes, in access to opportunity and advancement, and in disparate treatment within the criminal justice system (e.g., disproportionate police violence against certain groups and increased incarceration rates) (Nsorhaindo, 2021). These limited opportunities and disparities across different systems limit power and resources for individuals and populations based on race/ethnicity, sexual or gender identity, religion, immigration status, or socioeconomic status. Collectively, forms of structural discrimination are major drivers of poverty (Nsorhaindo, 2021; OMCT, 2006).

Structural discrimination further places marginalized groups in a position of vulnerability. The Special Rapporteur for Torture has defined vulnerability as a "degree of disempowerment relative to the prevailing environment and circumstances, entailing diminished independence and capacity for self-sustenance, self-protection, or self-preservation and, conversely, an increased exposure to risks of injury, abuse or other harm" (UN Human Rights Council, 2018). The risk of experiencing abuses, including those by state authorities, is relative to the position of vulnerability that an individual or group may experience. Put simply, abuses that constitute torture and ill-treatment are disproportionately experienced by the most vulnerable groups (Cakal et al., 2021). And indeed there is a growing body of jurisprudence recognizing torture linked to structural discrimination and poverty (International Court of Human Rights, 2010, 2020; European Court of Human Rights, 2011, 2015).

B. Case examples

Throughout the world, government policies and actions target and harm socially and economically marginalized individuals and communities in ways that could be considered as meeting criteria for TCIDT. We illustrate these in four case examples. The first is police violence that disproportionately affects marginalized communities. We briefly illustrate how this could represent TCIDT with reported instances in the Bronx in New York City, Rio de Janeiro, and Angola. A second example explores how Cambodia's authoritative regime used violence to impose restrictions that prevented people from meeting basic needs necessary for life, and then punished those who defied those restrictions to meet those needs. A third example is that of government laws against the LGBTQ community that promote violence and threats, including in some cases of TCIDT by health care workers. The fourth example examines the case of government policies separating families who were seeking asylum at the southern border of the United States and state violence against asylum seekers in Greece.

1. Police violence

Low-income communities are much more likely to come into contact with law enforcement and experience disproportionate police violence (Oette, 2021; Perez, 2018). Many countries have laws that disproportionately target vulnerable communities while also lacking systems to monitor and punish law enforcement, which often uses excessive force to police these laws (Jensen & Andersen, 2017). This sets up the conditions for structural forms of discrimination and oppression that cause and enable unfair treatment of certain groups through the criminal justice system, employment, housing, education, or health.

One case example of police violence that could clearly constitute torture is the New York City Police Department's (NYPD) use of force against protestors in the low-income, predominantly Black and Latino community of Mott Haven. (PHR Expert Statement,

2020; Human Rights Watch, 2020). The Bronx is the most racially diverse borough of New York City. It constitutes 17% of New York City's population, yet 25% of incidents involving police force since 2019 were against its residents (PHR Expert Statement, 2020). The Mott Haven community has historically experienced high rates of poverty and homelessness. During the days of the COVID-19 pandemic before widespread vaccination, this community had disproportionately high rates of infection and death. The murder of George Floyd on May 25, 2020, spurred hundreds of thousands of people to protest in the following days and weeks across the country against systemic racism and police violence, including one protest on June 4, 2020, in Mott Haven (PHR Expert Statement, 2020). That night a curfew was to take effect at 8 PM. When the time came, police forces encircled about 300 protesters who had been marching, preventing them from dispersing.

The protestors were entrapped by the police and experienced excessive force. Many were beaten with batons, thrown to the ground, mocked, and denied medical care for injuries. Many were then held in unsanitary crowded conditions, were forced to remove their masks during the height of the COVID-19 pandemic, and were denied food and water during their detention. Physicians for Human Rights conducted a review of the cases of 23 protestors who had experienced or witnessed police violence during the protest and found that months after their experiences, all manifested symptoms of depression, anxiety, and PTSD (PHR Expert Statement, 2020). These police acts of violence against protestors could themselves be considered as acts of TCIDT, in light of both the physical and/or psychological harms inflicted and the intent of the police's action to deliberately intimidate, punish and prevent future protests.

Another case example is that of police practices in Rio de Janeiro, Brazil. Tensions have continued to rise in recent years between the military police and the residents of Rio's favelas, which are communities with majority Black and low-income populations. According to HRW, three quarters of the 8,000 people Rio police killed between 2005 and 2015 were Black men (Muñoz Acebes, 2016). Brazil's military police have been accused of employing many cruel and inhuman methods to fight drug traffickers in favelas, including torture and extrajudicial killings.

For example, in 2013, bricklayer Amarildo de Souza was tortured and killed in the Rocinha favela in a police sweep of possible drug traffickers (Watts, 2013). He was classified as "missing," sparking protests about his suspicious vanishment. Two months after his disappearance, the *Jornal Nacional* discovered that the police had suffocated him using a plastic bag while he received electrical shocks for up to two hours before drowning him in a bucket (*MP vai investigar…*, 2015). De Souza was never accused of any crimes.

There are many more well-documented examples of police torturing individuals in Rio's favelas. For example, in 2011, police were accused of torturing a 14-year-old boy to death to obtain information about the whereabouts of his mother (Muñoz Acebes, 2016). In 2014, a former police officer admitted to torturing four 18-year-olds suspected of concealing guns by beating them and spraying them with pepper spray (Muñoz Acebes, 2016).

In May 2022, military police conducted a raid in the Vila Cruzeiro favela, killing 26 people. Eyewitness accounts described one body with what appeared to be cocaine covering his face. "Whoever killed this person smeared it all over his face and may have forced him to eat it. It's an act of torture,"

said Rodrigo Mondego, the head of the human rights commission at Rio's Bar Association (*Shock over Brazil*…, 2022). Mondego also claimed that people who surrendered to police were summarily executed, a tactic used to terrify populations (*Shock over Brazil*…, 2022). These cruel and inhuman actions by Rio's police usually go unpunished. According to the *Jornal Nacional*, an official inquiry revealed that 98% of investigations into police misconduct in Brazil were dismissed without charges being filed, generally at the behest of Brazil's Public Prosecutor's Office (*Relatório final*…, 2016).

Examples of "normalized" day-to-day torture and ill-treatment of a vulnerable, impoverished group are also documented in HRW's 2013 report on violence against street vendors in Angola (Human Rights Watch, 2013). HRW researchers found that street vendors in Angola, who were mostly comprised of impoverished, internally displaced girls and women, frequently experienced daily roundups by police who used physical violence (including beatings with batons, kicking, and punching) and degrading treatment while confiscating their goods and taking bribes. HRW found that police brutality against vendors was enabled by the October 2012 government policy of removing street vendors to formal markets still under construction, thus "criminalizing" the activities of street vendors. Street vendors were required to have identity cards to enter the formal market, which most were unable to acquire due to cost or other barriers. These practices as documented by HRW meet the definition of torture, as during the police's daily round-ups of street vendors, as their physical violence and threats caused physical and mental pain and suffering and were intended to coerce and intimidate street vendors into entering a formal market to which street vendors had little to no access.

2. Preventing attainment of adequate standards of living in the context of the COVID-19 Pandemic

Marginalized groups often face significant barriers to meeting social determinants of health and well-being, and these barriers have been further compounded during the COVID-19 pandemic. Moreover, some states exploited the pandemic to further expand control over populations, particularly marginalized groups, by restricting civil rights and failing to protect basic social rights of vulnerable communities. These restrictions disproportionally affected vulnerable communities and increased the risk of torture.

One recent case example is seen in Cambodia. Prime Minister Hun Sen exploited the COVID-19 pandemic during the national elections in 2022 to expand authoritarian control by restricting civil rights, while failing to protect marginalized groups' economic and social rights (Human Rights Watch [HRW], 2021). His government imposed a severe COVID-19 lockdown that prohibited residents from leaving their homes, particularly affecting vulnerable communities that already faced difficulties accessing food, health and other basic necessities. No steps were taken by the government to ensure access to these necessities. Furthermore, in April 2021, a color-based zoning system was issued in areas with higher COVID counts. Residents in red zones (disproportionately low-income populations) were banned from leaving their homes; thus, they were unable to work and access food, medicine, and other necessities. According to Amnesty International, the only way to deliver food in the red zones was through an online shop launched by the government (Amnesty International, 2022). However, the products, which were linked to the business interests of senior members of the Prime Minister's party, were too expensive for the vast

majority of residents in the red zones. When those residents voiced their concerns about the red zones online and in protests, the Prime Minister warned in a speech that those who were complaining about conditions could have food withheld from them (Amnesty International, 2022).

Those who protested were accused of being with the opposition party and were met with police violence. Police officers severely beat people on the streets in Phnom Penh with bamboo canes for leaving their homes, and the law allowed for up to 20 years in prison for violation of these harsh COVID-19 laws. According to the US Secretary of State's Office, the government significantly increased the use of arbitrary "incitement" charges to suppress and punish peaceful protesters (*Cambodia - United States Department of State*, 2023).

The conduct in this case example should also be considered to meet the definition of torture. The state imposed severe, unrealistic restrictions on accessing basic necessities of life that disproportionately affected vulnerable communities. When residents failed to adhere to or protested these restrictions, the state responded with physical violence and harsh threats that likely caused significant pain and suffering both physically and mentally.

3. Involvement of health care workers and facilities in violence and threats against LGBTQ individuals

Another example where vulnerable populations can suffer from torture is through discriminatory laws that restrict access to healthcare and the involvement of healthcare workers in violent practices. In some countries in Africa, laws against the LGBTQ community promote both state and non-state violence against members of this community and place them at risk for torture and ill-treatment. A 2022 REDRESS report on violence against LGBTQ in Africa outlines various laws in states such as Ghana, DRC, Morocco, Algeria, and Malawi, that criminalize same-sex conduct as "unnatural offenses," while simultaneously promoting prejudice and violence against LGBTQ individuals (REDRESS, 2022).

In the setting of these laws and associated stigma, many members from the LGBTQ community are denied access to necessary healthcare (Malaw, 2021). In Uganda, there are reports of healthcare workers providing patient information to the state to arrest LGBTQ patients (UK Home Office, 2022). Some patients are beaten in clinics when they seek medical assistance. In Mozambique, medical staff have been reported to chastise and threaten LGBTQ patients (US Department of State, 2019). In some countries, healthcare workers are asked by the state to perform forced anal examinations to provide evidence of homosexual activities. In Uganda, for example, as documented by HRW in 2019, the police carried out two mass arrests for suspected LGBTQ members and forced at least 16 to undergo anal examinations (HRW, Uganda, 2019). The UN Special Rapporteur on Torture, The Committee against Torture (CAT) and the UN working Group on Arbitrary Detention have described these medically unnecessary exams as torture and ill-treatment (UNHRC, 2016). These practices can be considered to meet the definition of torture as these states have laws set up to target and punish LGBTQ people based on sexual and gender identity subjecting them to pain and suffering. And health care systems participate in these practices by identifying LGBTQ individuals and performing cruel, unnecessary medical exams that themselves constitute torture and ill-treatment.

4. State violence against asylum seekers

Refugees and asylum seekers are a vulnerable

population with increased risks of experiencing discrimination, violence, and other human rights violations (Amnesty International, 2022). One recent governmental practice against asylum seekers that meets the definition of torture (and arguably crimes against humanity) is that of the forced separation of families seeking asylum at the US southern border that occurred in 2018 (Seville & Rappleve, 2018). As described in a 2020 PHR investigation, in 2018, under the Trump administration, the family separation policy was established to ostensibly deter illegal immigration (PHR, 2020). Under this policy, state officials were authorized to separate children from their parents while deciding whether the parents' asylum claims were credible. Most adults were held in federal jails or deported, without being informed where their children were held or allowed contact with them (PHR, 2020). More than 5,400 children were separated from their parents over this time period (AP-NBC News, *2022)*.

PHR clinicians conducted Istanbul Protocol-based medico-legal assessments of 17 adults and nine children who had been separated under the policy for an average of 60-69 days to evaluate the psychological impact that separation had on them and their families (PHR, 2020). At the time of the evaluations, all but one individual had been reunited with their family members. The clinicians found that all individuals examined had symptoms consistent with Post-Traumatic Stress Disorder (PTSD), and the majority met criteria for at least one mental health disorder, such as major depression, generalized anxiety disorder, and PTSD that were all linked to the trauma of family separation. Four adults reported cruel, degrading treatment after asking about the whereabouts of their children. PHR found the family separation policy, apart from being cruel and inhumane, also met the definition of torture. The US government intentionally caused severe pain and trauma to families in a discriminatory fashion to intimidate them and deter others from seeking asylum in the US.

In Greece, government border agents have also used violence to deter asylum seekers from even reaching the country's border. According to a HRW report, asylum seekers attempting to reach the border between Greece and Turkey were fired upon by Greek police officers, soldiers, and special forces agents with tear gas, rubber bullets, and even live bullets (HRW, 2020). One Turkish asylum seeker said he was shot in the leg and there have been unverified claims that at least three Turkish citizens were shot and killed by Greek border agents. Even if asylum seekers reached the border, their safety from state violence was not guaranteed. There have been multiple documented cases of sexual assault by Greek forces on asylum seekers in search and seizure situations. For example, in one case a man told HRW that his wife's breasts were touched during a search by Greek state agents and when he tried to stop them, they beat him with a metal bat and beat his 2-year-old daughter with a plastic rod. Other cases included asylum seekers being stripped down to their underwear before being forced to swim back across the river to Turkey. As in the case of US border officials, Greek officials intentionally inflicted harm on asylum seekers from Turkey in an attempt to intimidate them, coerce them to leave Greece, and deter others from seeking asylum in Greece.

C. Recommendations for key potential areas of future work for clinicians, health and human rights researchers and advocates to elucidate and help address these abuses.

Marginalized persons are at higher risk of undergoing torture both in carceral settings and in non-carceral settings including in their

own communities. Notably, the UN Committee against Torture has recognized that the Convention imposes a heightened obligation on states parties to protect marginalized persons from such risk (Committee against Torture, 2022). The UN Special Rapporteur on Torture has likewise called on states to "ensure special protection of minority and marginalized groups and individuals as a critical component of the obligation to prevent torture and ill-treatment," and to interpret the "torture protection framework" with particular reference to human rights norms prohibiting discrimination and protecting vulnerable persons (*Report of the Special Rapporteur on torture and other cruel, inhuman or degrading treatment or punishment*, Juan E. Méndez, 2013). As the above examples illustrate, however, there is an urgent need to provide rigorous evidence to underpin efforts to achieve accountability for state actions constituting TCIDT that occurs outside carceral settings and targets individuals living in poverty and other socially marginalized persons.

Clinicians trained in the rigorous documentation of torture and ill-treatment can play a critically important role in such efforts. As the World Medical Association (WMA) declared in a 2007 resolution

> *[T]he careful and consistent documentation and denunciation of torture or cruel, inhuman or degrading treatment by physicians contributes to the human rights of the victims and to the protection of their physical and mental integrity. The absence of documentation and denunciation of these acts may be considered as a form of tolerance thereof (The World Medical Association, 2022).*

The introduction and wide international acceptance of the Istanbul Protocol (IP) has led to IP-trained clinicians worldwide who conduct IP-based medico-legal evaluations. Their medico-legal affidavits have enhanced efforts to achieve accountability for the perpetration of torture in carceral settings and accountability for sexual and gender-based violence as a form of torture (UN CEDAW, 2017). And IP medico-legal affidavits have significantly increased the success of asylum-seeker claims for asylum, in the United States increasing success rates up to three times more than if there is no such corroboration (Atkinson et al, 2021).

Rigorous IP-based medical documentation outside of carceral settings can similarly increase public awareness of the physical and psychological sequelae of state acts such as those highlighted in this paper and to a better understanding of how these acts can also constitute torture. Moreover, IP-trained clinicians can partner with lawyers and human rights experts in strategic litigation and in advocacy denouncing such acts as torture and ill-treatment, seeking to hold perpetrators accountable, and informing legislation and other measures to prevent future human rights violations. A good example of such a partnership can be seen in current efforts to seek accountability and reparations in the United States for those parents and children who suffered from forced separation at the hands of US government border.

More broadly, in line with clinicians' ethical and professional obligations, front-line clinicians who in the course of caring for patients identify that a patient has experienced such abuse should seek informed consent from that patient to make a report or file a complaint to competent, local, national or international entities for further investigation. Toward that aim, especially in countries in which there are credible reports of both carceral and extra-carceral acts of torture and ill-treatment,

it is critically important that physicians and other clinicians who provide health care for vulnerable patients receive training in several key areas. The first is in the identification of different methods of TCIDT and their potential sequelae. The second is in the assessment and documentation of signs and symptoms of torture or ill-treatment in medical records, including correlation between the alleged abuse and the clinical findings. Such high-quality medical documentation can then effectively be used as evidence in later legal or administrative proceedings.

Moreover, many of these state violations affect not only directly targeted individuals but other members of their community. There is a dearth of epidemiological data on the psychological harms of the types of TCIDT noted in this paper, which are often used as means of social control and to terrorize or intimidate others in the same population. Systematic population-based surveys are needed to rigorously examine the broader health impacts on those indirectly involved in the community. The injuries from TCIDT are compounded by the same conditions that make torture more likely to be perpetrated on some populations more than others: poverty and other forms of marginalization that increase vulnerability to illness and disability. Survivors of these state acts often lack access to medical and psychological care. It is critical that there be health care workforce well-trained to recognize and treat health harms from TCIDT and to rigorously document evidence of these harms.

As part of efforts to build just societies and systems in which torture and other forms of ill treatment never occur, we must examine in depth ways in which state practices outside carceral settings, such as the few examples we briefly delineated here, may also constitute TCIDT. Clinicians, legal experts, and other anti-torture advocates should work together to rigorously document, call attention to, and mobilize to achieve accountability for and prevent such practices.

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The use of the Istanbul Protocol in Israel: Insights at the reception of the revised (2022) version

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Objective

Health professionals and lawyers in Israel have used the Istanbul Protocol (IP), the internationally accepted protocol for documenting torture and ill-treatment, for many years (Abu Akar et al., 2014; Weishut, 2022). A complete IP report requires substantial effort and investment of -mostly pro bono- experts, while the IP interview on which it is based is often an emotionally burdensome experience for clients. This paper presents insights about the use of the IP in Israel, as collected by a group of experts in the documentation of torture and ill-treatment, at the reception of the revised (2022) version.

Keywords: torture and ill-treatment, interdisciplinary encounters, Istanbul Protocol, health professionals, legal system, Israel.

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International Rehabilitation Council for Torture Victims.

Introduction

Since 2001, over 1,400 complaints of torture by the Israeli Security Agency have been submitted to the Ministry of Justice, which resulted in only three criminal investigations and no indictments (Public Committee Against Torture in Israel, Situation Report 2022). Most of these complaints involved alleged torture or ill-treatment of Palestinians by Israeli authorities, and more than a few were supported by IP reports, which, in two cases, were submitted to the Israeli High Court of Justice. In contrast with the lack of legal success regarding claims of torture and ill-treatment, authorities sometimes accepted IP reports submitted to support asylum seekers in Israel, asking for a release from detention or recognition as victims of trafficking and slavery (The Public Committee Against Torture in Israel & Israeli Medical Association, 2014). The lack of recognition of the value of the IP in Israeli courts and other authorities has caused doubts regarding its implementation.

The Istanbul Protocol in Israel

In 2022, the United Nations issued a revised version of the IP (United Nations Office of the High Commissioner for Human Rights, 2022). The revised IP was created by more than 180 experts, a process that took six years (Koseoglu, 2022). A compilation of the main

changes was published by Pérez-Sales (2022). The revised IP is a 220-page document that details many topics essential to legal, health, and mental health professionals examining torture and ill-treatment. The downside is that the document is overwhelming and challenging to handle, especially for those who are not fluent in English.

We dealt with the abundance of information in the new IP in two steps. First, we held a workshop for the IP documentation trainers; each prepared one chapter to be discussed in three consecutive meetings. Then, we organized a study day for which we invited lawyers, medical doctors, and mental health professionals, who were trained previously in the IP to update them with information from the revised version. Fifteen professionals participated in the study day. We discussed selected themes: the IP use in Israel, vulnerable populations, specifically children and members of the LGBTIQ community, the applied use of the IP, and ideas for the future. Here are some of the insights we collected.

Foremost, we realized that there is a significant gap between the IP recommendations and the situation in Israel. Israel ratified the UN Convention Against Torture, and the IP establishes the minimum standards for an effective torture investigation. Nonetheless, the present reality is that the Israeli High Court of Justice and authorities do not see the value of IP-based reports in clarifying a complaint's factual or legal questions. There are several reasons the Israeli High Court of Justice and authorities do not grant weight to IP reports; the revised IP addresses each, which makes the current attitude a rejection of the IP itself.

Reasons for disregarding Istanbul Protocol reports

The reports are often not given any weight because the clients provided in their testimonies a different version of what happened to the one on record or the one provided by the interrogator. Minor discrepancies between different versions of a person's story are viewed as signs of lying, despite the many possible reasons for inconsistencies in the testimonies of torture survivors (Weishut & Steiner-Birmanns, 2023). The IP emphasizes that: "discrepancies in those statements should not be considered per se as denoting the falsehood of the testimony" (§ 76) and that "inconsistencies are common in the accounts of events by victims of torture and occur for many reasons. Adequate explanation of such inconsistencies should be understood as an indication of the reliability of the clinical findings rather than a matter of untruthfulness" (§ 351).

Furthermore, the Israeli High Court of Justice and authorities claim that too much time has passed between the alleged torture and the IP evaluation. The IP responds that "the physical and psychological after-effects of torture can be devastating and last for years" (§ 57).

In addition, the Israeli High Court of Justice and authorities sometimes argue that narratives of IP reports rely on the client's story alone, as do the psychological complaints. It is self-evident, though, that the testimony provided by a victim of torture, as in other cases of abuse, will often be the primary source since the people present are usually only the victim and the perpetrator(s).

Moreover, courts occasionally claim that the reported post-traumatic symptoms have different etiologies, regardless of psychological evidence showing the link with the alleged torture. The IP refers to these issues as follows: "Clinicians routinely consider the cause of the symptoms of their patients. In the case of medico-legal evaluations of torture or ill-treatment, clinicians have the necessary knowledge and experience to formulate an opinion on the possibility of whether the clinical findings that

they observe were caused by the infliction of the severe physical and/or mental pain or suffering alleged" (§ 384).

One more reason for Israeli authorities to disregard complaints of torture or ill-treatment is the the assessed level of consistency between the findings of IP evaluations and the alleged torture or ill-treatment. A couple of reports assessed this level as "consistent", leaving space for other possible causes, and not as "highly consistent", "typical", or "diagnostic". This situation occurred when symptoms were non-specific. The IP addresses this misinterpretation of the level of consistency and states that "the absence of physical and/or psychological evidence of torture or ill-treatment, however, does not mean that it did not take place. Many factors may account for the absence of physical and psychological findings" (§ 390).

It is important to note that there is no change in the principle that the IP report should, at a minimum, "include an assessment of the level of consistency between all clinical evaluation findings and the allegations of torture or ill-treatment" (§ 379). At the same time, "clinicians are not advised to comment on the credibility of an alleged victim or suspect in their medico-legal reports or witness testimony" (§ 389). This guideline is a change from the previous IP version. In Israel, the clients' lawyers customarily ask to include a section referring to credibility in the report, as there is often little evidence to support credibility otherwise. This request is because, in Israeli courts, it is common to doubt the truthfulness of the testimonies of alleged torture survivors (and other abuse victims).

We were content to read that the revised IP addresses another concern of ours: "some courts have also rejected relevant clinical opinions by asserting incorrectly that they are beyond the remit or expertise of the clinician. On the contrary, as directed by the Istanbul Principles, all clinicians should always include opinions on the possibility of torture or ill-treatment in their medico-legal evaluations" (§ 392).

Applied uses of the Istanbul Protocol

We appreciate the increased attention in the revised IP to its alternative and applied uses. Using the IP has had more positive results when submitted to Israeli authorities for aid on humanitarian grounds. Thus, IP-based reports have assisted tortured African asylum seekers in pleas for non-refoulement or recognition as being subject to trafficking or slavery. It is noteworthy, though, that these cases refer to offenses that took place neither in Israel nor by Israelis, unlike the situation of complaints by Palestinians.

With a lack of proper investigations of torture by the relevant authorities, the documentation by physicians and other health professionals - in prison clinics, emergency rooms, and community and family practice - seems essential, even though these settings allow documentation of only the most critical parts of the IP. The revised IP elaborates on applying its principles in different settings where victims of torture or cruel, inhuman, or degrading treatment may receive initial or partial treatment. In these situations, time, privacy, or freedom of speech are challenges that interviewers will have to deal with. The participants of the study day conveyed that in Israel, many medical professionals lack education on human rights and fail to recognize the importance of accurately recording a patient's medical history (cf. Weishut et al., 2021). Consequently, professionals are reluctant to provide proper documentation or sometimes write dismissive and laconic reports that do not adhere to IP principles. This problem is pronounced in cases where the complaint is

about violence by state actors and especially in cases of patients under arrest.

Conclusion

Health and legal professionals in Israel welcome the revised (2022) Istanbul Protocol and believe it is exhaustive in its information on many aspects of the documentation of torture and ill-treatment. It will be an asset in our attempts to bring justice to victims of torture and ill-treatment.

It must be noted that the length and detail of the revised version make it less applicable as a practical guide for professionals for whom torture documentation is not the main focus or who work in languages other than English. The IP annexes contain succinct summaries of the instructions for taking a history, which is helpful. Still, we encourage the creation of a user-friendly handbook that is readily translated into many languages and could guide health professionals with no particular focus on torture documentation in writing IP-based reports.

There is minimal recognition of the IP in the Israeli court system and enormous difficulty in bringing justice to victims of torture and ill-treatment. However, it was suggested that "significant advances in protecting the rights of victims of torture and similar crimes can be achieved through domestic courts even in countries with limited respect for the rule of law" (Lisitsyna, 2022, p. 201). Related fields, like sexual violence, coped with comparable difficulties, such as trials focusing on inconsistencies, the truthfulness of victims (Smith & Skinner, 2017), and the complexities of the interchange between mental health and legal discourses (Cohen & Enosh, 2021). Over the years, there has been increasing recognition of various forms of sexual assault in courts (Tracy et al., 2012). With this in mind, the forensic group of the Public Committee Against Torture in Israel will continue using the IP relentlessly.

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Migration and torture in today's world

fabio Perocco (ed.)
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The goal of the volume *Migration and Torture in Today's World*, curated by Fabio Perocco, is to show the existence of a link between torture and current migration policies. In the different essays that make up the book, the term "torture" is understood in a broad sense and used with a broader meaning than the mere legal definition. In this context, the legal distinction between the concepts of torture, inhuman and degrading practice and deliberate violence is put aside in favour of a more multifaceted look that includes all the forms of violence – physical, psychological, and moral – perpetuated against migrants. In this regard, it should be noted that the passive acceptance of any form of violence and/or cruelty prevents the real abolition of torture (Scott, 1999). What the different authors highlight as particularly relevant is thus the deliberateness of the realised violence: "The constructed and intentional character of what the judges of the ECHR most often designate as "ill-treatment" through, on the one hand, an institutional organisation and the legitimisation of the violent practices of the agents, and, on the other hand, their indelible consequences on the mental and physical health of migrants (and their children) as powerful as those resulting from torture, would they not suggest re-labelling and recognising these inhuman practices as typical forms of torture (punishment, pressure, intimidation) […]?" (p. 220-221)[2].

The 11 articles that make up the book, put into frame thanks to the curator's broad introductory essay, show how violence constitutes a structural element of the migration experience. In fact, a general atmosphere of insecurity and fear – if not of widespread violence – characterises the migration journey in each of its stages, from the decision to emigrate itself to the conditions born by the migrants, both in transit and destination countries (Sane, J. & Holmblad, M., 2021). "Migration is often triggered by violence *from* which people move *into* violence when crossing borders. Although these violent events take place across distant geopolitical contexts – 'non-European autocracies' and 'European democracies' – I noticed that violence at the EU border was often intertwined with abuses in one's home […]" (p. 140). In this context, the reader is invited to reflect on the universality of torture, which, far from being a phenomenon of the past exclusively linked to the horrors of history and unconceivable in modern democracies, is still current, widespread, and organised practice. The geographical breadth covered by the various episodes of the volume shows how no political form is immune from that violent exercise of power that constitutes the core of torture. Bringing to the reader's attention some of the main violent practices that characterise today's global migration policies, such as

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2 All numbers in parentheses refer to page numbers in the book.

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International Rehabilitation Council for Torture Victims.

pushbacks, detention centres confinements, forced deportations etc., the essay aims to deconstruct the idea, shared by Western countries, of being immune from the danger of torture. In this regard, it is highlighted how the denial of the possibility of torture constitutes a double threat: on one hand, the non-recognition of torture itself; on the other hand, its legitimisation and normalisation (Di Cesare, 2016).

The volume's importance therefore lies in the provision of a free tool[3] of dissemination and comprehension of the perils – above all, the one relative to the violation of the prohibition of torture and other inhumane and degrading practices – that are intrinsic in the repressive approach that characterises current migration policies. The educational goal of the book is also clear from its interdisciplinarity: the different articles are written by professionals like sociologists, psychiatrists, psychologists, anthropologists, jurists, philosophers, activists and doctors whose backgrounds are varied and complement one another. This gives the text a wide-ranging and shared value that is capable of going beyond the pure academism to become social action and transformation. When writing their pieces, the authors relied on different instruments of research and analysis; this approach provided the book with a particular richness of eclecticism and dynamism. Even the language chosen, clear and to the point, seems in line with the goal of dissemination and comprehension for the reader.

The book begins by providing a theoretical analysis of the key concepts of torture and racism and the systematic relation between the two to demonstrate how and why that relation became central and structural in today's migration policies. In this regard, the book analyses both the phenomena of racism and torture starting from their social production: as a matter of fact, both are structural elements of the social system and expression of the unequal power relationships that the system contains. It is shown how torture and racism represent, at the same time, the reflection and the mechanism of production of a certain kind of social relationship: that of oppression and exploitation. As a consequence, racism and torture are in each structurally unequal society, that is, a society based on discrimination, hierarchy and exploitation, regardless of the specific form of political government. If we define racism as the mix of violent theories and practices that the dominant classes produced to legitimate unequal relationships of power, competition and hierarchy between classes and nations through the submission and dehumanisation of the oppressed, we can reach the conclusion that the full realisation of the racist ideology can only be achieved with torture, that is violence built in the system. It is, therefore, an inseparable *continuum* through which torture takes shapes in (and from) racial discriminations and racism in (and from) the structural violence that is inherent in the social system. They feed each other and together they feed and maintain the material relationships of exploitation and submission of which they are expression (Pettenò, 2010).

By unveiling the social origin of the link between torture and racism, the book allows the reader to understand a third linking element represented by the productive dynamics on which modern economic systems are founded. In fact, for the capitalist system to maintain itself, it is necessary to start a progressive process of labour devaluation:

3 The book is published as *open access* by University of Venice Ca' Foscari Editions. Free download from: https://edizionicafoscari.unive.it/it/edizioni/libri/978-88-6969-636-7/.

lowering the costs of production through a global compression of the labour force that is conducive to the hyper-exploitation of the workers, their work instability and devaluation, is the key through which many countries try to remain competitive in the market. As a result, torture and racism, conceived as the effective instruments through which fulfil the submission and exploitation of the oppressed, become an integral part of the economic market dynamics. In this context, we can understand how the real goal of evermore restrictive and discriminatory migration policies is not the complete elimination of migration flows, but rather the reduction of immigrants to a mass of interchangeable, precarious, and exploitable workers. "This system of immigration treatment offers the labour market a mass of frightened workers, extremely prone to be blackmailed, who, after having experienced incredible hardship, are willing to accept the most miserable conditions" (p. 37).

After analysing the specific factors that have determined the establishment of the preconditions favourable to the spread, on a global scale, of a general climate of violence against immigrants, the book offers a broad overview of the phenomenon. Specifically, the cases of USA-Mexico, Spain, the Balkans, Greece, mid Mediterranean, Italy, Libya, Belgium, Israel, and Myanmar. The goal is to shed light on how the mistreatment of migrants is a global phenomenon, intrinsically linked to the countries' policies and, as such, systematic and organised. The physical and psychological damages suffered by migrants do not constitute the unexpected and unwanted consequences of what is defined as a migration crisis or emergency, but it is rather the structurally violent form that the current "anti-migrant war" has taken globally.

Finally, the last contribution of the book is on the medical-psychological dimension of the migrants as victims of torture and other inhumane and degrading practices, suffering from invisible wounds that are equally as painful and hard to cure. In this context, violence is often accompanied by the discomfort of telling and sharing the story and of external recognition. The *non-visibility* of the damage risks to further aggravate the conditions of the victim, for instance by making obstructing access to the international protection the victim would be entitled to. In the analysis, it is therefore crucial to include not only the physical, but also the psychological and moral violence. The latter, just like the first one, can leave permanent scars on the mental health of the victim. That is why the conditions of access to care and hospitality offered by the destination country are crucial. However, they often are inadequate and end up worsening the migrants' health further (Barbieri *et al.*, 2019).

To sum up, I believe that the greatest merit of the book is that of providing the readers with an all-encompassing instrument of knowledge and awareness that reunites, in one single book, contributions from different contexts and methodologies that share the common goal of unveiling (and thus, fight) the systematically violent nature of current migration policies.

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Torture Journal CTI Prize - 2023

Pau Pérez-Sales[1] and Berta Soley[2]

The Convention Against Torture Initiative (CTI) launched the second year of the annual prize for the most valued article published in Torture Journal in 2022, with an economic endowment of 1000 dollars. Members of the board and editorial team are excluded from the Prize.

CTI is an intergovernmental initiative to strengthen institutions, policies and practices and reduce the risks of torture and ill-treatment by promoting universal ratification and implementation of the UN Convention against Torture by 2024[3].

The 33 articles published in Vol. 32 No. 1-2 and No. 3 during 2022, once excluded ineligible papers, were submitted to vote by the IRCT membership and Torture Journal's readership through a survey:

Articles published in 2022 to be voted for CTI Prize

Choose the 5 articles that you consider to be the most relevant contributions to the Journal in 2022:

Vol. 32 No. 1-2 (2022):

Personal reflection. *Mahmud Sehwail*

Reflections on healing and recovery from the legacies of trauma and violence. *June Caridad Pagaduan-Lopez*

Healing the wounds - personal reflections on the evolution of therapeutic methods for survivors of torture. *Inger Agger*

Reflections on 30 years of anti-torture experiences. *Vincent Iacopino*

Reflections on an international engagement in the fight against torture. *Henrik Døcker*

Inside the belly of the beast. Reflections on the history of IRCT. *Christian Pross*

From untried steps to omnipresence. *Peter Vesti*

Making the road as we go... *Diana Kordon, Darío Lagos*

Towards a systematic approach for the treatment and rehabilitation of torture and trauma survivors: The experience of STARTTS in Australia. *Jorge Aroche, Mariano Coello*

From sunrise to sunset: personal memories of the early years. *Lilla Hardi*

30 years of solitary confinement: what has changed, and what still needs to happen. *Sharon Shalev*

Refugee children's mental health and development - A public health problem in Europe. *Edith Montgomery*

Healing and reintegration of former child soldiers: A relational resilience perspective. *Michael Wessells*

The Committee Against Torture tackles violence against women: A conceptual and

1 Editor-in-Chief, Torture Journal
2 Editorial Associate, Torture Journal
3 Read more about CTI here: https://cti2024.org/

political journey. *Nora Sveaass, Felice Gaer*

Operational psychology, professional ethics, and democracy: A challenge for our time. *Stephen Soldz*

Strategic litigation against torture: Why domestic courts matter. *Maria Lisitsyna*

Visions from the past: Reflecting on the history of epidemiological research in the refugee and post-conflict mental health field. *Derrick Silove*

Rehabilitation for torture survivors: Six evidence myths and their implications for future research. *Nimisha Patel, Amanda Williams*

Control-Focused Behavioral Treatment: A brief intervention for survivors of war and torture. *Metin Basoglu*

From rehabilitation to prevention: The need to move one step further. *Tony Reeler*

Torture, that recurring nightmare. Social crisis and pandemic. *Carlos Madariaga*

30 years on: A brave new world or an unfolding disaster? *Stuart Turner*

Vol. 32 No. 3 (2022):

Hunger and torture. *Ergun Cakal*

Identifying resilience-promoting factors for refugee survivors of torture. *Phyu Pannu, Keith Burt, Karen Fondacaro*

Asylum seeker trauma in a student-run clinic: reducing barriers to forensic medical evaluations. *Aaron Gallagher, Gabriela Steiner, Martha Michel, Cesar Nava Gonzales, Sabrina Mendez-Contreras, Alice Lu, Marcos Armendariz, Triveni DeFries, Suzanne Barakat, Coleen Kivlahan*

The manipulation of minds: reckoning with the legacy of the American post 9/11 torture program. *Maria Hartwig, Mark Fallon*

Literacy limitations to psychological evaluation tools: The case of MU. *Cynthia Luo, Claire Ufongene, Jennifer Weintraub*

The results of the survey

Therefore, the 2022 CTI prize has been awarded, according to the members' and readers' votes, to Dr. Mahmud Sehwail's contribution to the Torture Journal:

Sehwail, M. (2022). Personal reflection. *Torture Journal*, *32*(1-2), 30–42. https://doi.org/10.7146/torture.v32i1-2.131290

It can be accessed here: https://tidsskrift.dk/torture-journal/article/view/131290

This paper constitutes a contribution to the 30th Anniversary of the Torture Journal by Dr. Mahmud Sehwail4. The author brings an account of his life trajectory as a psychiatrist born and working in Palestine. The author dives in his early memories, including those of his brother's death, that shaped his character and the way he lives his rejection of occupation and violence. Besides the early institutional beginnings of the Trauma Rehabilitation Center (TRC) in Ramallah, the author describes the subtle forms of the daily abuse that a doctor working in Palestine must endure. We encourage you all to read it, if you haven't done so already.

CTI and the Torture Journal's Editorial Team congratulate you, Dr. Mahmud!

Dr. Mahmud Sehwail decided to donate the $1,000 prize to TRC to support their work helping survivors to heal. You can read more about TRC's work here: http://english.trc-pal.org/AboutUs

4 General Director of Trauma Rehabilitation Center (TRC) in Ramallah

Call for papers. Special section of Torture Journal: Journal on Rehabilitation of Torture Victims and Prevention of Torture

Integrating livelihoods in rehabilitation of torture survivors

Pau Pérez-Sales, Editor-in-Chief, and Berta Soley, Associate Editor. Torture Journal.

Background

There is an on-going discussion about the need for a holistic approach to torture rehabilitation, claiming that psychosocial and medical services are not effective if basic needs remain uncovered. Mental and physical health has been a primary focus of rehabilitation programmes, but many found that progress was difficult to maintain without socio-economic support as well. Survivors still have households to feed, battled unemployment and disabilities caused by the atrocities committed against them.

Recognising the complexity and inter-connectivity of social, economic, medical and psychological sequelae of torture, where one aspect can negatively or positively affect the other, **this special edition of the Torture Journal seeks to explore how the integration of rebuilding a life project and the livelihood's component can influence rehabilitation processes**. Indeed, additional academic contributions are required to better understand how healing processes can be enhanced by including socio-economic support in rehabilitation programme.

Call for papers

Torture Journal encourages authors to submit papers with a psychological, medical or legal orientation, particularly those that are interdisciplinary with other fields of knowledge. We welcome papers on the following:

a. Defining livelihoods and its relationship with the concept of development in the context of the work with torture survivors. Going beyond a definition centered in material outcomes and working with the idea of life projects and finding meaning as part of the work with torture survivors.
b. Survivor participation in design and implementation of livelihoods programs
c. Innovative experiences in livelihoods programs: evolving from a business perspective to livelihoods programmes for social change.
d. Transcending the individual or family perspective: from cooperatives to collective forms of organisation in livelihoods programmes.
e. Beyond vulnerability: innovative approaches to resource allocation in precarious

environments.

f. Ensuring sustainability of livelihoods programs. The role of the State and civil society.
g. Working in unstable contexts: livelihoods programs under conflict situations.
h. Barriers to livelihoods programmes: limitations to work and employment integration in asylum seekers and refugees.
i. Transnational experiences connecting refugees, relatives and comrades in country of origin.
j. Effects on the overall well-being and quality of life resulting from the integration of a socioeconomic component into the rehabilitation processes.

Deadline for submissions
30th of September, 2023

Submission guidelines and links

- **Submit your paper here**: https://tidsskrift.dk/torture-journal/about/submissions
- Author guidelines can be found here: https://irct.org/uploads/media/2eefc4b785f87c7c3028a1c-59ccd06ed.pdf
- Read more about the Torture Journal here: https://irct.org/global-resources/torture-journal
- For general submission guidelines, please see the Torture Journal website. Papers will be selected on their relevance to the field, applicability, methodological rigor, and level of innovation.

For more information
Contact Editor-in-chief (pauperez@runbox.com) if you wish to explore the suitability of a paper to the Special Section.

About the Torture Journal
Please go to https://tidsskrift.dk/torture-journal - a site devoted to Torture Journal readers and contributors – to access the latest and archived issues.

Call for papers. Special section of Torture Journal: Journal on Rehabilitation of Torture Victims and Prevention of Torture

Torture in prison

Pau Pérez-Sales, Editor-in-Chief, Torture Journal

About the call

Torture Journal encourages authors to submit papers with a psychological, medical or legal orientation, particularly those that are interdisciplinary with other fields of knowledge. We welcome contributions related (but not limited) to:

1. Conditions of detention as environments of torture: overcrowding, food, inhuman treatment...
2. Carceral geographies: emotional cartographies in detention spaces.
3. Impacts of isolation and closed regime units. Alternatives.
4. Use of mechanical restraints, chemical restraints and other methods of control and coercion. Intervention programs to abolish restraints.
5. Challenges of forensic documentation in prisons and other closed institutions.
6. Studies on reprisals against persons deprived of their liberty following monitoring visits to investigate allegations of torture.
7. Violent institutional cultures. Generating and perpetrating factors, and intervention programmes on violent millieus.
8. Violence by other inmates and staff. Methods of detection and prevention.
9. Effectiveness of torture prevention measures: videotaping, civil-society monitoring, medical documentation of injuries and others
10. Sexual torture and abuse in closed institutions.
11. Short or adapted forms of the Istanbul Protocol for documenting torture during monitoring visits or short-time evaluations in closed institutions.
12. Self-harm and suicide. Self-inflicted violence in closed institutions.
13. Severe Mental Illness and Torture in closed institutions.
14. Legal contours of torture in detention centers: legal reviews with a special focus on the intentionality and purpose criteria

Deadline for submissions

31st of December, 2023

Submission guidelines and links

- **Submit your paper here**: https://tidsskrift.dk/torture-journal/about/submissions
- Author guidelines can be found here: https://irct.org/uploads/media/2eefc4b785f87c7c3028a1c-59ccd06ed.pdf
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Survivor-organisation in the search for justice and reparation: a vision from grassroots organising

SPECIAL SECTION: SURVIVOR ENGAGEMENT IN THE REHABILITATION OF TORTURE SURVIVORS

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

Best practices in survivor engagement in IRCT member centres

Self-organisation and empowerment in the struggle against silence. Network of Tortured People of Navarre

Survivor engagement: Experience with an advocacy-based model in Washington, D.C.

Torture survivors who engage in advocacy in the U.S.: Review, characteristics and policy implications

The community pillars project: engaging survivors as cross- cultural facilitators in Aotearoa/ New Zealand

'I was lost in my life and they helped me find my way again': Befriendee and befriender experiences of the Spirasi Befriending Programme for survivors of torture in Ireland

PERSPECTIVE

Medico-legal evaluation of torture victims in the USA before the Istanbul Protocol

Torture beyond carceral settings against individuals from marginalized communities: the important role for clinical documentation

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The Torture Journal is published by the International Rehabilitation Council for Torture Victims which is an independent, international organisation that promotes and supports the rehabilitation of torture victims and the prevention of torture through its over 150 member centres around the world. The objective of the organisation is to support and promote the provision of specialised treatment and rehabilitation services for victims of torture.

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