Marginalized and Underrepresented Groups: Victims of Torture

Torture, as defined by the United States Agency for International Development (USAID), is "the intentional infliction of physical, emotional, or psychological pain or suffering. The effects of torture are complex, resulting in psychological or physical trauma, and can have ongoing effects and impact, affecting victims' physical and mental health, including one's ability to perform tasks that are important to caring for themselves, their families, and their communities" (USAID 2023). Examples of torture include: "inflicting physical pain through whipping or beating, burns, electric shocks, sexual violence, and psychological suffering through detention such as solitary confinement, deprivation of sleep, water, food, threats of death or harm to themselves or family members, forcing the victim to witness or cause harm to others, and acts of humiliation verbally or physically" (Psychopedia n.d.). Entities use torture to suppress and silence civil society, often further repressing marginalized and underrepresented groups (IRCT n.d.). Torture is an issue of significant concern for marginalized and underrepresented groups around the world as they are disproportionately affected, particularly those with low educational attainment, increased family responsibilities, and older age (Duffy 2015).

It is challenging to quantify the global number of victims of torture because the global data are dependent on victims reporting torture to authorities, resulting in data that are limited to those who are able to leave their homes and seek protection from the international community. Consequently, they exclude those who are internally displaced or have chosen to remain in their home communities even when being victimized. These people may be even more vulnerable because they lack the protections provided to refugees under international laws. Victims of torture who remain in their countries of origin are often invisible and live under highly distressing circumstances. These victims are often not included in data on victims of torture. The box below presents the global data on victims of torture, including the percentage of refugees who are estimated to be victims of torture.

Box 1

A critical challenge in understanding the scope and scale of people who have been victimized is that collecting information on a highly vulnerable and hidden population is limited to only those who are able to speak out. USAID's Global Review of Victims of Torture highlights that torture is both highly prevalent and underreported (IDAMS 2023). In 2019, the United Nations High Commissioner for Refugees (UNHCR) estimated that 35 percent of the world's refugees are victims of torture (Physiopedia n.d.) and data from 2022 estimate 27 percent of refugees had experienced torture (UNHCR 2022). The International Rehabilitation Council for Torture Victims estimates that they support more than 50,000 victims of torture across 76 countries.

The Mental Health Needs of Victims of Torture

The mental health continuum acknowledges that everyone moves through life experiencing changes in their mental health and psychosocial well-being—from thriving to surviving, struggling, and in crisis—conditions that affect a person's daily functioning (University of Waterloo n.d.). Life events and circumstances influence where one sits on the mental health continuum at any given point in time, which includes opportunities and supports in a person's life, distressing events, the kinds of services they have access to, the quality of their relationships, and environmental factors. Traumatic events at any age have the potential to disrupt a person's development across social, emotional, occupational, and cognitive domains. Victims of torture often have multiple instances where they or their close friends and family members have experienced traumatic events (Abu, Grasser, and Javanbakht 2019). It is impossible to know exactly how an individual will respond to prolonged exposure to traumatic events and at what point those events will affect their day-to-day functioning. While one victim of torture may experience time-limited distress, returning to states of well-being where they feel optimistic and hopeful for the future, others may struggle with chronic or severely disabling conditions that require significant interventions to support their mental health and psychosocial well-being. The effects of torture on the individual and family systems are multi-dimensional and include social, political, medical, psychological, and biological dimensions for nearly all victims.

Figure 1: Mental health continuum

Source: Adapted from the University of Waterloo Thrive Toolkit

Victims of torture and their families may experience significant grief and loss that at times, may be difficult to fully understand. There may be a sense of loss of the person they were before they experienced torture, the loss of members of their family who were killed, loss of the community they once lived in, and the friends they had to leave behind. Family members may feel grief over the person they used to know. Victims of torture may have ambiguous loss, which is loss without closure or clarity as to why the loss occurred (Heal Torture n.d.). For example, individuals who have been victimized may experience significant personality changes that negatively affect their individual relationship skills, particularly with their family members. In these cases, family members may have ambiguous loss for the person they once knew and who, while still alive and with them, is forever a different person.

Experiences during childhood and adolescence affect a person's development throughout their life. These experiences may include violence in the home or community, the death of family members by suicide or murder, growing up in an environment where substance dependencies are common, instability in the home due to mental health challenges, family separation, and engagement with the law (CDC n.d.).

One of the primary objectives of torture is to inflict humiliation and shame upon an individual or a specific social, ethnic, religious, or minority group of people. Torture is effective because it generates deep feelings of shame and inferiority (Vorbrüggen and Baer 2007). Thus, humiliation and shame are a significant psychosocial experience for victims of torture. Programs that aim to disrupt these feelings of shame, humiliation, and inferiority by restoring a sense of agency, autonomy, respect, and purpose are vital for supporting the improved mental health and psychosocial well-being of victims and their families (Vorbrüggen and Baer 2007). This includes integrating MHPSS across sectors (such as health, human rights, conflict and peace, gender and GBV) to help victims gain a sense of agency and autonomy through therapy, occupational therapy, vocational work, education, livelihoods, and life skills.

The social, emotional, mental, and psychological consequences on one generation can be passed down to subsequent generations (Isobel et al. 2021). Research conducted across generations, races, and cultures shows that there is a direct connection to the mental health and psychosocial well-being between grandparents, parents, and their children. Children and youth whose parents and grandparents were tortured for any reason are at increased risk of developing intergenerational trauma (Isobel et al. 2021). Research in Afghanistan found that intergenerational trauma contributes to an increased risk of mental health challenges among the Afghan population. The article discusses the signs and symptoms of intergenerational trauma, including depersonalization (you see yourself from outside your body or sense that things around you are not real, or both), emotional numbness (feelings of flatness, shutting down feelings), depression, anxiety, and a lack of self-worth and life skills (Ullah et al. 2023; Mayo Foundation for Medical Education and Research 2023).

Structural and Historical Factors That Influence the Mental Health and Psychosocial Well-Being for Victims of Torture

Inclusive Development Considerations for MHPSS

SIX DOMAINS OF INCLUSIVE DEVELOPMENT	STRUCTURAL AND HISTORICAL FACTORS	BARRIERS TO MHPSS SERVICES
LAWS, POLICIES, REGULATIONS, AND INSTITUTIONAL PRACTICES	Many victims of torture are forced to migrate from their homes of origin. It can take anywhere from 3 to 9 years to complete the process, which limits their ability to work. When victims cannot obtain full-time work due to delays in not only the asylum process, but also work permits, this takes a toll on emotional and social support.	Funding and accessibility. Because of income restraints, there is a need for local funding for immigration attorneys. Additionally, many countries do not have programs that address MHPSS needs.
CULTURAL NORMS AND BELIEFS	In many countries, historical xenophobia is used to justify torture.	Cultural beliefs around accessing mental health services, asking for help, and understanding preventative care. There is a norm in many cultures that asking for psychological assistance means one is "crazy."
ROLES, RESPONSIBILITIES, AND TIME USE	As a result of political involvement, sexual orientation, or religious beliefs, victims can lose their jobs and are often coerced to change into state-approved ideology. For example, journalist and researchers the state targets may have all their research destroyed by the authorities as part of the systematic harassment and torture they experience at the hands of their government, and thus lose all the data after years of work.	Victims of torture often cannot access care due to a lack of resources or as a result of political, sexual, religious, or ethnic affiliation. State sponsorship of institutions like hospitals deters victims' access because of fear of retaliation.

SIX DOMAINS OF INCLUSIVE DEVELOPMENT	STRUCTURAL AND HISTORICAL FACTORS	BARRIERS TO MHPSS SERVICES
PATTERNS OF POWER AND DECISION MAKING	Torture is performed by those who are in power to silence the victim. Victims are left with very few options and are frequently stripped of any ability to make their own decisions.	Victims often distrust government service providers. It is essential for services to make sure that victims feel empowered. For this reason, strength-based approaches are essential in working with victims of torture.
ACCESS TO AND CONTROL OVER ASSETS AND RESOURCES	Most victims have lost everything and sometimes, left their home country with nothing. Depending on where the victims end up, they may not have any ability to get housing.	There is a lack of financial resources for access to MHPSS services.
PERSONAL SAFETY AND SECURITY	Victims leave their home country due to loss of personal safety and security. There is not a place to go within their homeland due to lack of safety.	There is distrust in service providers. Also, if service providers offer care, confidentiality is key to making sure victims continue to seek services. Victims often distrust those from their homeland because of the political tension.

Recommendations for Program Design and Illustrative Interventions for Victims of Torture

When developing programming for victims of torture, it is important to take a holistic approach to the mental health needs of people who have been victimized, including children, youth, and adults. Holistic treatment plans and strategies may include interventions that treat and prevent vicarious/secondary trauma for family members and colleagues of missing people and victims of torture.

MHPSS interventions can be effectively integrated into a wide range of sectors and programs. When integrating MHPSS interventions, strategies, and approaches, the program should have an MHPSS technical advisor who provides technical oversight and leadership to MHPSS programming and training for program staff. Programming should follow the socio-ecological model with strategies at the individual, peer/family, community, and society levels.

Individual Services

Make sure individuals have access to support for developing and maintaining improved MHPSS.

Services should include both mental health and psychosocial interventions that are tailored to individual needs in overcoming distress brought on by traumatic events and the aftereffects of torture to regain self-dignity and stability, carry out daily tasks, process trauma to gain peace of mind, and regulate emotions and flashbacks. Victims of torture should have access to individualized services to help them work though psychological, emotional, and psychosocial distress related to their traumatic events. An individualized plan of care may include interventions where the person works one-on-one with an MHPSS worker or group-based interventions. Individual services for mental health treatment should bear in mind that symptoms can present somatically, such as headaches or stomach aches.

Some victims will experience both physical and psychological torture, making it critical to combine psychotherapy with physical rehabilitation.

Additionally, family members may also need individualized care to help the victims to adjust to new life outside of their home country and understand the complexity of mental health and the effects of trauma. Many family members are secondary victims of trauma and have also received indirect threats because of their relationship to victims.

Table 1. Examples of Illustrative Individual Interventions that can be Contextualized for this Population

EXAMPLES OF ILLUSTRATIVE INDIVIDUAL INTERVENTIONS THAT CAN BE CONTEXTUALIZED FOR THIS POPULATION
Life skills sessions for victims of torture with the purpose of increasing their assets, social networks, and safety (Stark et al. n.d.) (Gender and GBV Sector Pullout). **Sectors:** Education, protection, health, youth employment, gender and gender-based violence (GBV)
Clinical case management services for victims [of GBV and other forms of torture] that respond to their psychosocial needs (GBVIMS 2017) (Gender and GBV Sector Pullout). **Sectors:** Protection, health, education, gender and GBV
One-on-one counseling with an MHPSS worker trained in trauma-focused cognitive behavioral therapy (CBT). (Health Sector Pullout), Narrative exposure therapy (NET), or KidNet. KidNet is a version of NET specifically designed for use with adolescents (Neuner et al. 2008). **Sectors:** Protection, health, education, gender and GBV
Provision of clinical mental health services by a trained clinician (Health Sector Pullout). **Sectors:** Protection, health, education, gender and GBV
Structured group activities that target physical activity, interpersonal skills, and curriculum focused on developing coping skills (McFarlane 2017) (Violence Prevention, Peace and Security Sector Pullout). **Sectors:** Protection, health, education, gender and GBV

Family-Based MHPSS

Use family-based MHPSS strategies that include providing caregivers with opportunities to strengthen their caregiver–to–family member relationships and social connections.

Family support was described as a strength and a resource for victims of torture, particularly when families support and love each other and are sacrificial and loyal. Family-based mental health interventions should be developed through the lens of transnational families, including their needs before, during, and after reunification. Additionally, family members may also need individualized care to help the victims to adjust to new life outside of their home country and understand the complexity of mental health and the effects of trauma. Many family members are secondary victims of trauma and have also received direct or indirect threats because of their relationship to victims. Family members may be separated for a long time due to the asylum process and the years lived apart make reunification difficult.

Table 2. Examples of Illustrative Family-based Interventions that can be Contextualized for this Population

EXAMPLES OF ILLUSTRATIVE FAMILY-BASED INTERVENTIONS THAT CAN BE CONTEXTUALIZED FOR THIS POPULATION
Parent and caregiver group discussions that provide parents/caregivers with the necessary space to talk about fostering supportive attitudes toward family members (Stark et al. n.d.) (adapted from Gender and GBV Sector Pullout). **Sectors:** Protection, health, education, gender and GBV

EXAMPLES OF ILLUSTRATIVE FAMILY-BASED INTERVENTIONS THAT CAN BE CONTEXTUALIZED FOR THIS POPULATION
Strengthen capacity of families and caregivers in self-help and mutual support for specific psychosocial challenges (e.g., scalable problem management, self-help interventions) (UNICEF MHPSS Framework, Outcome 2.3).
Strengthen capacity among community MHPSS workers in identification, referral, and case management (e.g., coordination and follow-up support) for families in need of care. For example: ▪ Secure referral and access to clinical MHPSS and professional social services for caregivers and family members with mental health conditions or protection concerns (UNICEF MHPSS Framework, Outcome 2.1) ▪ Assist vulnerable families with referral and access to therapeutic interventions (e.g., evidence-based psychological interventions) and specialized social services (UNICEF MHPSS Framework, Outcome 2.1) **Sectors:** Cross-sectoral

Community-Level Interventions

Raise awareness and support approaches for positive behavior change around mental health and psychosocial needs within health care, school, and community settings to address stigma and discrimination.

Cultural sensitivity and awareness around access to service are essential for victims of torture. Some cultures do not have a common understanding of preventative care. Psychoeducation is important to help victims of torture develop the capabilities they need to acquire effective and applicable coping skills. It is best practice to use their language—for example, stomach pain may be anxiety (somatic terms).

Table 4. Examples of Illustrative Peer-based Interventions that can be Contextualized for this Population

EXAMPLES OF ILLUSTRATIVE PEER-BASED INTERVENTIONS THAT CAN BE CONTEXTUALIZED FOR THIS POPULATION
Afterschool programs with structured psychosocial activities (Education Sector Pullout) **Sectors:** Cross-sectoral
Access to safe spaces, where girls can increase their protective factors and build positive peer relationships (UNFPA n.d.) (Gender and GBV Sector Pullout) **Sectors:** Cross-sectoral
Deliver a weekly CBT group-based curriculum to adolescents (Catholic Relief Services 2019). (Youth Employment Sector Pull-out)
Structured activities for youth that target physical activity, interpersonal skills, and curriculum focused on developing coping skills (Waves for Change 2019/20; McFarlane 2017) (Violence Prevention, Peace and Security Sector Pullout). **Sectors:** Protection, health, education, gender and GBV

Society and Systems

Secure an effective policy, legislative, and financing environment that is inclusive of marginalized and underrepresented groups, available and accessible, and puts supportive mechanisms in place for quality MHPSS service delivery for all.

For victims of torture, the freedom to speak out and take meaningful action to prevent torture from continuing can be a critical aspect of their healing journey. This is particularly important because torture is often performed to silence a victim. 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 recommends that organizations make victim engagement core to their work, highlighting the importance of providing safe and inclusive spaces for victims to speak out and taking meaningful action to prevent torture from continuing.

Table 4. Examples of Illustrative Society and Systems Interventions that can be Contextualized for this Population

EXAMPLES OF ILLUSTRATIVE SOCIETY AND SYSTEMS INTERVENTIONS THAT CAN BE CONTEXTUALIZED FOR THIS POPULATION
Legislation secures the rights of people with mental health conditions. This may include supporting law reform processes to abolish laws and regulations that permit coercion and discriminate against service users and persons with disabilities who are receiving mental health care. (UNICEF MHPSS Framework, Output 4.1).
Mental health considerations are integrated into health policies that focus on specific populations at higher risk of mental health challenges, such as people with HIV, pregnant adolescents, and humanitarian and migrant populations (UNICEF MHPSS Framework, Output 4.1).
Legislation secures access to mental health care for all, including establishing policies and financing for the delivery of MHPSS services within the community (UNICEF MHPSS Framework, Output 4.1).

List of References used in this Pullout

Abu, Suhaiban, H., Grasser, L. R., and A. Javanbakht. 2019. "Mental Health of Refugees and Torture Survivors: A Critical Review of Prevalence, Predictors, and Integrated Care." International Journal of Environmental Research and Public Health, 16(13), 2309.

Catholic Relief Services. 2019. I Am Ready – Cognitive Behavioral Therapy Informed Curriculum. (Learning briefs). Accessible at: https://www.crs.org/our-work-overseas/research-publications/cognitive-behavioral-therapy-informed-curriculum#:~:text=CRS'%20I%20am%20READY%20curriculum,thoughts%2C%20feelings%2C%20and%20behaviors.&text=The%20curriculum%20prepares%20participants%20to,contribute%20positively%20in%20their%20communities.

Centers for Disease Control and Prevention (CDC). n.d. Fast Facts: Preventing Adverse Childhood Experiences. Accessed June 23, 2023. https://www.cdc.gov/violenceprevention/aces/fastfact.html.

Duffy, R. M., and Kelly, B. D. (2015). Psychiatric assessment and treatment of survivors of torture. BJPsych Advances, 21(2), 106–115. doi:10.1192/apt.bp.113.012005

GBVIMS. 2017. Interagency Gender-Based Violence Case Management Guidelines. Accessible at: http://www.gbvims.com/wp/wp-content/uploads/Interagency-GBV-Case-Management-Guidelines_Final_2017.pdf.

Heal Torture. n.d. Applying Ambiguous Loss Theory to Torture Survivors: A Conversation with Pauline Boss. Accessed June 23, 2023. https://healtorture.org/courses/applying-ambiguous-loss-theory-to-torture-survivors-a-conversation-with-pauline-boss/.

Inclusive Development Activity for Mission Support (IDAMS). 2023. "Global Review of Victims of Torture." (Report). Washington, D.C. and Making Cents International.

IRCT. n.d. Strategy 2022–2025. Accessed June 19, 2023. https://irct.org/wp-content/uploads/2022/05/IRCT-Strategy-2022-2025.pdf.

Isobel, S., A. McCloughen, M. Goodyear, and K. Foster. 2021. "Intergenerational Trauma and Its Relationship to Mental Health Care: A Qualitative Inquiry." Community Ment Health J. May;57(4):631-643. doi: 10.1007/s10597-020-00698-1. Epub 2020 Aug 17. PMID: 32804293.

Mayo Foundation for Medical Education and Research. 2023. Depersonalization-Derealization Disorder. Mayo Clinic. Accessible at: https://www.mayoclinic.org/diseases-conditions/depersonalization-derealization-disorder/symptoms-causes/syc-20352911.

McFarlane, Judith. 2017. "Preventing Peer Violence Against Children: Methods and Baseline Data of a Cluster Randomized Controlled Trial in Pakistan," Global Health: Science and Practice, vol. 5, no.1, (March):115-137.

Neuner, F., C. Catani, M. Ruf, E. Schauer, M. Schauer, and T. Elbert. 2008. "Narrative Exposure Therapy for the Treatment of Traumatized Children and Adolescents (Kidnet): From Neurocognitive Theory to Field Intervention." Child Adolesc Psychiatr Clin N Am. Jul;17(3):641-64, x. doi: 10.1016/j.chc.2008.03.001. PMID: 18558317. https://pubmed.ncbi.nlm.nih.gov/18558317/.

Psychopedia. n.d. Methods of Torture. Accessed June 19, 2023. https://www.physio-pedia.com/Rehabilitation_for_Survivors_of_Torture#cite_note-9.

Psychopedia. n.d. Rehabilitation for Survivors of Torture. Accessed June 19, 2023. https://www.physio-pedia.com/Rehabilitation_for_Survivors_of_Torture#cite_note-9.

Stark et al. n.d. "Preventing Violence against Refugee Adolescent Girls."

Ullah, H., H. Ahmad, Z.H. Tharwani, S.K. Shaeen, Z.S. Rahmat, and M.Y. Essar. 2023. "Intergenerational Trauma: A Silent Contributor to Mental Health Deterioration in Afghanistan." Brain Behav. Apr;13(4):e2905. doi: 10.1002/brb3.2905. Epub 2023 Feb 27. PMID: 36847689; PMCID: PMC10097044.

UNFPA. n.d. Women & Girls Safe Spaces. Accessible at: https://www.unfpa.org/sites/default/files/resource-pdf/woman%20space%20E.pdf.

UNHCR. 2022. Resettlement Fact Sheet 2022. Accessed August 29, 2023. https://www.unhcr.org/media/resettlement-fact-sheet-2022.

University of Waterloo. n.d. Defining the Mental Health Continuum. Accessed September 26, 2023. https://uwaterloo.ca/thrive/resources/thrive-toolkit/defining-mental-health-continuum.

USAID. Pre-publication. 2023. "Inclusive Development Policy, Additional Help for ADS 201."

USAID. Forthcoming. "Victims of Torture Fact Sheet."

Vorbrüggen, Meike M.D., and Hans U. Baer. 2007. "Humiliation: The Lasting Effect of Torture." Military Medicine, Volume 172, Issue suppl_2, November 2007, Pages 29–33. https://doi.org/10.7205/MILMED.173.Supplement_2.29.

Waves for Change. 2019/20. Reflections. Accessible at: https://www.waves-for-change.org/wp-content/uploads/2020/09/Waves-for-Change_2019-Annual-Report.pdf.