

“You can break my body but you will not break my will”

- how clinicians and their teams can support survivors of torture

LNNM Conference London

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Aims

- Torture and its consequences
- Working with survivors
- Looking after ourselves

Definition of torture

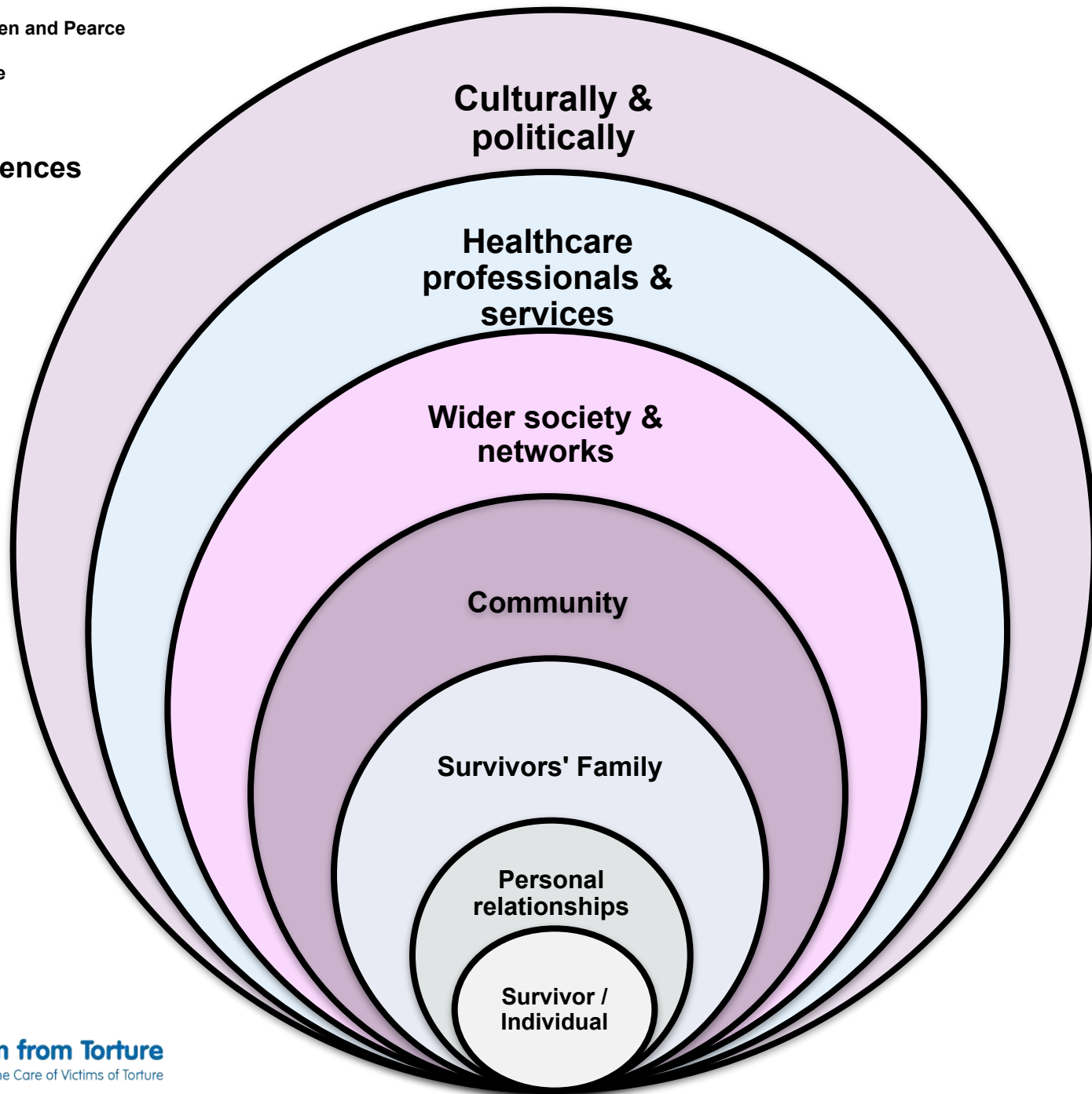
United Nations definition of torture incorporates these aspects:

- severe pain and suffering
- physical and/or psychological pain
- intentionally inflicted
- committed for a specific purpose
- committed by an agent of the state, which can include rebel factions

UN Convention Against Torture, Article 1.1

Based on CMM Cronen and Pearce
(1985)
Building a full picture

The Consequences of Torture



Working with torture survivors – helpful interventions

- Consider torture
- Listen and be interested
- Aim to encourage resilience and empowerment
- Maintain contact – even if you refer – support and ‘hold’ the survivor

Working with survivors of torture

- Time
- Empathy
- Continuity
- Communication – interpreters integral
- Trust

“Refugees are looking for safety - after some time, if we feel safe, we will open up”

Healthworker with refugee status



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Significance of culture

- Importance of culture
- Recognise natural psychological reactions to highly unusual experiences
- Be cautious of over-medicalising what may be appropriate responses
- Physical expressions of distress
*“The mind that has no vent in tears makes other organs weep”
(Henry Vaughan)*

Rape and other sexual torture

- Stigma – confidentiality
- Sexually Transmitted Infections
- Pregnancy may have resulted from rape
- Do not make assumptions
- Cultural and religious considerations

“This baby represents the only family which I have remaining. I couldn’t let go of it.”

young person pregnant as a result of
rape



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Looking after ourselves



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“The expectation that we can be immersed in suffering and loss and not be touched by it is as unrealistic as expecting to walk through water without getting wet.”

Kitchen Table Wisdom: Stories That Heal,
Rachel Remen (1996)

Vicarious Trauma

“The cumulative transformative effect on the helper of working with survivors of traumatic life events.”

(Bloom 2003 p.459)

Also described as...

- Secondary Traumatic Stress
- Compassion fatigue
- ‘Drowning in empathy’

Impact on us

- Anyone working with traumatised people / material will be impacted at some point
- Normal part of empathy / being human
- May be intense feeling that dissipates quickly or may be longer lasting
- Important that we have tools for dealing with it so it doesn't become destructive / impair functioning
- Duty to look after ourselves / our colleagues / those we care for

What are the signs of vicarious trauma?

Possible signs of vicarious trauma

- Phoning or checking work from holiday destinations
- Being “indispensable”
- Scepticism / cynicism
- Resentment, resistance to change
- Short temper, “seen it all before”
- Indecision, avoidance, withdrawal
- Apathy, inability to listen
- Inability to learn or accept criticism
- Alcohol excess
- Symptoms of anxiety or depression

Barriers to recognising vicarious trauma

- Problem = failure = unacceptable
- ‘Must soldier on’
- Fear of stigma
- What will happen if I say something?
- I will feel better once I get a break...
- Survivors have experienced worse...who am I to be ‘suffering’
- Not knowing whom to tell



You can't pour from an empty cup

What can we do to help ourselves?

- Be aware of own emotional state, how we deal with stressful situations and about self-expectations
- Seek senior colleagues' advice and support early
- Share with colleagues at meetings and study days
- Take time out and say if you need a break
- Encourage survivors' resilience

*“You (the torturer) can break my body
but you will not break my will”*

*Sangul, a Turkish Kurdish woman seen at the
Medical Foundation*

*“Help me to stand up and I will go on
fighting”*

*Theresa, a Latin American woman seen at the
Medical Foundation*

(Patel and Mahtani 2004)





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