

Lesson Plan Overview

Course Asylum Officer Basic Training

Lesson *Interviewing Part V: Interviewing Survivors*

Note: This lesson is based on the experiences of the authors in their work with refugees. It is also based on trainings conducted between 1992 and 1997 for asylum officers by the following individuals: Dr. David Eisenman, Dr. Pamela Elizabeth, Dr. James Jaranson, Dr. Allan Keller, Dr. Antonio Martinez, Dr. Andrea Northwood, and Dr. Jack Saul. In addition, two individuals who work with survivors, one a survivor herself, gave invaluable input into the development of this lesson; however they requested that their names not be included.

Field Performance Objective Given the field situation of interviewing an applicant for asylum (and witnesses, if any), the asylum officer will be able to elicit in a nonadversarial manner all relevant information necessary to adjudicate the asylum request and to issue documents initiating removal proceedings.

Interim (Training) Performance Objectives

1. Identify factors that may impede communication at an asylum interview.
2. Identify symptoms of Post Traumatic Stress Disorder or other trauma-related conditions.

Student Materials/References Handouts, Participant Workbook

Background Reading

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Presentation**References****I. INTRODUCTION**

Instructor Note #1

This lesson covers the definition of torture, the motives and methods of torturers, and the recovery of survivors. The lesson also discusses the effects of torture and severe trauma and how these effects can affect the interview process. The lesson offers interviewing techniques and discusses how asylum officers can be affected by secondary traumatization.

II. OVERVIEW**A. The Global Situation**

Torture victims are male, female, adults, children. According to Amnesty International, torture occurs in approximately 114 countries. The practice of torturing individuals is not limited to a particular political ideology; it is an abuse of power that covers the entire range of the political spectrum. Torture of prisoners is routine in many countries. Torture may occur while individuals are serving sentences for having committed crimes, are incarcerated pending judicial hearings, are detained without being formally charged, or are in the informal custody of another person (or persons) who have control over them.

Amnesty International, *Amnesty International Report 1997*, (London, England, 1997).

Note that the UN definition of torture, cited below, limits the definition to that which is performed by or with the consent of a public official.

B. Common Experiences of Torture Survivors

In many cases, the experiences of torture survivors are similar in that usually the victims have been abruptly taken away from their familiar “world,” held in captivity where they were tortured, then escaped or were released. The specter of the tortured individual instills terror in the community. The victim is stigmatized, often ostracized.

In addition, torture survivors have all experienced a loss of control. Usually when faced with danger, an individual can fight or run; torture victims cannot do either of these and have no control over their lives and fate. This loss of control and helplessness often remain with the survivor long after the experience, as does the sense of estrangement and isolation.

C. Treatment Centers

Because of the widespread use of torture and the problems encountered by survivors of torture, treatment centers for

survivors have been increasing around the world in recent years, and the mental health field is learning more about the psychology of survivors of torture. There are several centers in the United States, including the "Center for Victims of Torture" in Minneapolis, the "Bellevue/NYU Program for Survivors of Torture" in New York, "The Marjorie Kovler Center for the Treatment of Survivors of Torture" in Chicago, and "Survivors International" in San Francisco.

D. Sensitivity to Torture Survivors

Asylum officers are not expected to be psychologists, but they can be sensitive to persons who have experienced torture and understand how the experience of torture can potentially inhibit applicants from fully expressing an asylum claim.

III. DEFINITIONS

Article 1, United Nations Convention against Torture and Other Cruel, Inhumane or Degrading Treatment or Punishment, 27 June 1987, states:

"For the purposes of this Convention, the term 'torture' means 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, 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. It does not include pain or suffering arising only from, inherent in or incidental to lawful sanctions."

This definition of torture is for purposes of the Convention. Since only states are parties to the Convention, the focus is on severe harm inflicted by officials or individuals acting in official capacity.

(Adopted and opened for signature, ratification, and accession by General Assembly resolution 39/46 of 10 December 1984; entry into force on 26 June 1987; ratified by the US Senate in 1990; US became a party in 1994.)

The World Medical Association in its "Declaration of Tokyo," (1975), defines torture in the following manner:

"For the purpose of this declaration, torture is defined as the deliberate, systematic or wanton infliction of physical or mental suffering by one or more persons acting alone or on

the orders of any authority, to force another person to yield information, to make a confession, or for any other reason.”

A more descriptive definition of torture is offered by Elena O. Nightingale, M.D., Ph.D, in “The Problem of Torture and the Response of the Health Professional,” *Health Services for the Treatment of Torture and Trauma Survivors*, J. Gruschow & K. Hannibal, Eds., (Washington, DC: American Association for the Advancement of Science, 1990), p. 8-9:

“Torture is the deliberate infliction of pain by one person on another--that is the unique feature of torture. It is very different from the trauma that is suffered from a natural event, such as an earthquake or flood...

See also the article by Lira Salimovich noted above in the *Background Reading* section of this lesson.

“There are at least four characteristics of torture that seem to be quite consistent. First, at least two persons are involved--a perpetrator and a victim, and often, though not always, they are face-to-face. Second, the torturer has complete physical control over the victim. This is important because the helplessness of the victim[s] remains with [them] long after the torture episode is over. Third, pain and suffering are an integral part of torture, but the main purpose is not really pain and suffering but rather humiliation and breaking of the will. Therefore, there are means of torture that do not involve physical pain and suffering, including sensory deprivation, continuous noise, light, hunger, cold, and so on. Finally, torture is a purposeful, systematic activity. In addition to breaking the will of the victim, the intent is to obtain information or a confession, to punish the victim, or to intimidate the victim and others. That is, the purpose is not only to destroy the person who is being tortured, but to have that person be a lesson to others so they will not do whatever the government that sanctions torture feels is not in its interests. And that=s a very important component. The torture we are speaking about is the systematic government-sanctioned use of torture that is for political purposes. ”

IV. MOTIVES OF TORTURERS

“[T]he body [is] abused to gain access to the mind.”

Torturers attempt to destroy the political opposition in order to gain or maintain power. Although the immediate goal of torturers in some cases is to extract information, obtain a confession, or to destroy the

Amnesty International.
“Treatment of Survivors of Torture,” John Denford. *A Glimpse of Hell - Reports of Torture Worldwide* (London: 1996), p. 155.

person as a participant in or leader of a group that the torturers oppose, in most cases the goal is to give an example for others; it is a means of destroying the emotional, spiritual, social, and political well-being of a group or community.

Torturers attempt to

- destroy the personality of the victim
- weaken the individual, the family, the community, and/or the society
- create a climate of fear or apathy

Torture leaves the survivor as well as the family and community of the survivor feeling afraid, vulnerable, humiliated, intimidated, and isolated. Distrust among community members may also develop, diminishing supportive community ties.

V. FORMS OF TORTURE

A. Overview

Against all professional ethics, medical personnel and psychologists have sometimes assisted in torture, devising methods of torture that maximize the long-term effects of torture and do not leave physical signs. Medical personnel are often present when victims are being tortured to assure that the victims do not die. Their presence makes them culpable of crimes against humanity; it does not legitimate the acts being performed.

Though some methods of torture leave no physical marks, they may have devastating physical, neurological, and psychological effects, disabling the person for life.

B. Methods

Torture can take many forms including

1. Psychological torture (e.g., threatening to harm or kill the victim or relatives of the victim; mock executions; witnessing or hearing the torture of others; forced nudity); most victims are subjected to some form of psychological torture
2. Sensory deprivation (e.g., depriving the victim of food,

sleep, light, and protection from the elements) or sensory overload (e.g. loud noises, glaring lights)

3. Sexual violence (men, women, and children are all victims of sexual violence);
4. Electric shocks to all parts of the body (most frequently to the genitalia)
5. Beatings / Physical assault (the majority of torture victims are subjected to beatings)
6. Burning the victim
7. Forcing the body into contorted positions or forcibly stretching it beyond normal capacity
8. Non-therapeutic administration of drugs

Sexual violence other than rape can also have lasting psychological effects.

The most common forms of torture are beatings and psychological torture.

VI. THE EFFECTS OF TORTURE AND OTHER FORMS OF SEVERE TRAUMA

A. Overview

Torture can have lasting physical and psychological effects. The most debilitating long-term effects of torture, however, tend to be psychological rather than physical. Symptoms affect a high percentage of survivors. This is also true of other forms of traumatic abuse, such as witnessing the assault, mutilation, or murder of others; experiencing the burning or bombing of communities; forced separation from loved ones; and other exposure to horrific sights or events.

B. Physical Effects

There are many possible physical effects of torture. Physical effects include (but are not limited to) the following.

1. Musculoskeletal pain
2. Loss of use of body mobility (due to nerve damage, muscle damage, etc.)
3. Loss of complete use of certain body functioning
4. Loss of vision
5. Hearing loss

6. Headaches
7. Pregnancy
8. Sexually transmitted diseases
9. Scars (most forms of torture, however, do not leave lasting scars)

C. Psychological Effects

The psychological effects (and corresponding symptoms) of torture and other forms of severe trauma can include the following.

The following list is one of several ways of categorizing the effects of trauma on survivors.

1. Emotional
 - a. blunted affect, or restricted affect (psychic numbing, showing no emotion or inappropriate emotion)
 - b. depression
 - c. panic disorders / panic attacks
 - d. phobias
 - e. anxiety
 - f. suspiciousness; distrust
 - g. detachment
 - h. feelings of isolation / alienation
 - i. feelings of guilt, shame, humiliation, worthlessness, or helplessness
 - j. loss of confidence
 - k. lack of interest in previously enjoyable activities
 - l. anger (at those who perpetrated the trauma or those who were exempted)
 - m. thoughts of death or suicide
2. Psychosomatic
 - a. headaches
 - b. pains for which there is no medical explanation

- c. nervousness
 - d. insomnia or hypersomnia
 - e. gastrointestinal complaints; diarrhea
 - f. fainting
 - g. sweating
 - h. weakness; fatigue
 - i. loss of appetite; weight loss or gain
 - j. nightmares
 - k. flashbacks
 - l. reliving the physical pain of what happened
3. Behavioral
- a. substance abuse
 - b. aggressive behavior
 - c. irritability
 - d. withdrawal
 - e. sexual dysfunction
4. Mental
- a. confusion
 - b. loss of concentration
 - c. loss of memory
 - d. mental dullness
 - e. attention blocking
 - f. recurring thoughts of the traumatic event(s)

It is important to note that although most psychological effects of torture are universal, some may vary somewhat across cultures, and some may be culture specific. For example, to a Tibetan

Buddhist, body fluids are considered to have a spiritual energy and are not replenishable. A form of torture which has been used against Tibetans is drawing blood and discarding it in an inappropriate manner. This can have severe psychological effects on the individual; his or her energy and spirit is irreversibly depleted.

Eisenman, Dr. David.
Associate Medical
Director, Bellevue/NYU
Program for Survivors of
Torture. Interview, 17
December 1997.

Many of these psychological effects (as well as certain physical effects) can lead to a deterioration of the family structure and community ties. Social functioning of the individual is often impaired; this affects parenting skills, the ability to interact as a family member or part of a community, and the ability to hold a job and support oneself and one's family. The socioeconomic functioning of the entire community may suffer, as the effects of torture and other forms of severe trauma have a far-reaching impact on the community as well as the individual.

D. Post Traumatic Stress Disorder (PTSD)

Although reactions to torture and other forms of severe trauma differ among individuals and cultures, the most common conditions are depression and "Post-Traumatic Stress Disorder" (PTSD). According to "The Dilemma of Revictimization: Survivors of Torture Giving Testimony" by Antonio Martinez, Ph.D., and Mary Fabri, Psy.D.,

“The dynamics of the disorder are best understood by the interaction between two factors: the painful intrusive memories of the trauma, and the defenses used to ward off these memories. **The questioning during investigations, hearings, etc. is an extremely emotional event for the survivor. The story is rarely recounted without an actual sensory reliving of the experience (physical pain, tastes, sounds, and smells). It is not simply a recollection of events.**”
(emphasis added)

E. Other Factors

There are other issues which may compound the effects of torture and other forms of severe trauma on survivors.

1. The survivor may be overwhelmed by grief or bereavement due to separation from and/or loss of loved ones that has occurred as a secondary consequence of his or her torture.
2. The survivor may experience an overwhelming sense of

guilt, especially if he or she survived while others continued to be tortured or were killed after the survivor was freed, or if their torture was due to their association with the survivor. Survivors may feel that they were somehow to blame for their own torture or for the torture of others.

3. Survivors who have resettled in a country other than their own face difficulties adjusting to unfamiliar customs and a new language. They may also feel that they do not fit into the new environment. Their established position in their family and society may have been greatly altered by their resettlement, and they may feel a loss of purpose in their lives, especially if it is difficult for them to get and keep a job, and if economic survival is problematic for them.
4. Uncertain immigration status in the country of refuge can be very stressful for a survivor and can add greatly to his or her feeling of instability and uncertainty. The survivor may fear being deported and returned to the country where the abuse occurred. Waiting for a decision on a request for asylum can be very stressful; being denied asylum can have profound negative effect on a survivor.
5. The survivor may have a physical disability as a result of the torture / trauma that he or she experienced. He or she may also, as noted above, be especially susceptible to illness.

VII. TRIGGERS

As noted above, torture and other severe trauma can leave lasting psychological effects on survivors. Often, symptoms appear after a latency period and do not usually subside merely with the passing of time. A survivor may appear to be adjusting fairly well, only to have symptoms triggered without warning.

There are many possible triggers: an event may trigger painful memories or an individual may remind the survivor of the torturer. Even sounds and smells can trigger symptoms.

The implications for the asylum interview are great. Recollections of the traumatic events, such as are required in the asylum hearing, can be expected to trigger symptoms. If the survivor was interrogated, the mere experience of the asylum interview can remind the survivor of being interrogated where his or her life was dependent upon the whim of the interrogator. Uniformed security guards, a particular manner of

questioning or particular questions, certain objects in the interview room or office environment, etc., can trigger memories of the trauma and cause “flashbacks” for the survivor. A survivor may be very fearful of symptoms being triggered during the asylum interview.

VIII. RECOVERY FOR SURVIVORS OF TORTURE AND OTHER FORMS OF SEVERE TRAUMA

A. Overview

Individuals heal in a variety of ways and at different rates. Individuals never fully recover from an experience of torture; rather, it is a question of healing as much as possible from the pain and trying to regain stability and normalcy in life.

B. Factors Affecting Recovery

1. It is difficult to predict how a particular individual might heal from a torture experience. Psychologists have found, however, that the situations listed below may help in recovery.
 - a. the survivor was an activist and was abused due to his or her activism

Such individuals tend to recover more easily than someone who was tortured merely to serve as an example or to Aget at≅ others in the community.
 - b. the survivor holds strong religious beliefs
 - c. the survivor is able to seek legal redress for the past abuse (for himself or herself, or to help others)
 - d. the survivor has access to rehabilitation
 - e. the survivor is in a supportive environment where he or she can be productive
 - (i) Being in an environment that is permanently safe where there is no threat of future harm is important in recovery. Having regularized his or her immigration status in the country of resettlement can add greatly to the feelings of safety and security of a survivor.
 - (ii) Being able to continue with normal family, social, and work-related functions without being

viewed by others as having been somehow diminished by the past experiences can help in recovery.

- (iii) In some instances, peers/the community may view the survivor as having been strong to have survived.
- (iv) Having someone who is easily accessible with whom the survivor feels comfortable talking about the experience can also help in recovery.
- (v) The survivor has family with him or her in exile and/or is assured that his or her family is safe.

- f. certain cultural values can have a positive impact

A survivor's belief in "karma" may help him or her to release feelings of revenge or anger toward the perpetrator: suffering is part of one's fate that one must accept; the perpetrator cannot escape his or her own fate because of his or her actions so justice will eventually prevail.

Cultural factors can also have a negative impact; see the section immediately below.

- 2. Certain situations can have a negative impact on recovery

- a. certain cultural values can adversely affect recovery

For example, women who have been sexually abused in cultures which view such women as responsible for their own abuse have an especially difficult time accepting what happened to them and overcoming their shame.

- b. culture differences or "culture shock" -- difficulty living in a culture that is different from one's own -- can have a negative impact on recovery
- c. lack of economic resources can also have a negative impact on recovery
- d. bias and discrimination (such as anti-immigrant bias) can have an adverse impact on the recovery of those survivors who resettle in a country other than their own, or in an area that is culturally different from their own

- e. uncertain future can negatively impact recovery

An uncertain future can negatively affect a survivor's rate of recovery. Survivors who are under the surveillance of their torturers may not know if or when they may be forced to again undergo torture. Even if survivors have resettled in another country and are out of immediate harm's way, their future may still be uncertain if they have no legal status in the country of resettlement or if their immigration status is pending.

IX. HOW TRAUMA-RELATED CONDITIONS CAN INTERFERE WITH THE INTERVIEW PROCESS

A. Overview

If an applicant is suffering from Post-Traumatic Stress Disorder or other trauma-related conditions, the ability of the asylum officer to gather information on which to base a decision may be affected.

See also section VII. Triggers, above.

An interview - even a job interview - can be a stressful experience for any individual. An interview as crucial to an individual's future as an asylum interview, by its very nature, is very stress-producing. Symptoms of trauma-related conditions are often exacerbated in stressful situations. Therefore, the asylum interview can be extremely difficult for a survivor of torture or other severe trauma.

Undergoing questioning about the events that occurred can be very emotional for the survivor. The survivor can actually relive sensory experiences, such as sounds, smells, and physical pain. Various factors such as contact with persons in uniform (e.g. immigration inspectors, border patrol agents) or being questioned in a particular manner may trigger symptoms of Post-Traumatic Stress Disorder because this can remind the survivor of the individuals who harmed him or her. The survivor may feel robbed of power, vulnerable, and defenseless, as he or she felt during the torture experience. The survivor may react in a variety of ways during the interview.

B. Effect on Interview Process

Often, the symptoms of PTSD that may be triggered in the survivor during the interview are experienced internally and he or she will not discuss this with those present. These symptoms,

Instructor Note #2

however will have an impact on the survivor's ability to portray his or her asylum claim.

1. Survivor may avoid discussing events

A survivor may use avoidance as a means of coping. He or she may do whatever necessary to avoid thinking about the events due to the humiliation and the emotional pain evoked. He or she may not wish to discuss the details of the experience with others, may not sleep to avoid having nightmares, or may isolate himself or herself from others to avoid talking about past events. A survivor may also avoid contact with others from his or her country who may remind him or her of the experience. A survivor also may avoid such contact because they are fearful that "spies" associated in some way with their abusers may have "infiltrated" their community. (This is not an unrealistic fear, as there have been cases in which government agents from countries have developed ties to communities in resettlement countries in order to report information back to their governments on the activities of certain individuals.)

A torture survivor may be more willing to discuss the physical symptoms resulting from the experience(s) than the psychological symptoms.

2. Survivor may have difficulty remembering events

A survivor may have suffered brain damage as a result of abuse such as blows to the head and other forms of trauma. This may lead to cognitive problems and an inability to remember certain things.

Additionally, a survivor may have an emotional remembrance of what happened but may not remember the details. He or she may experience intense fears and anticipation of going through the experience but may not be able to remember what it was that happened. This may be due to:

- a. defensive techniques to avoid reliving the events, which include
 - (i) denial that events occurred
 - (ii) minimizing the events

being detained and undergoing torture.

- f. A torture survivor may be unresponsive to questions posed by the asylum officer, even if he or she knows the answers and could speak extensively on the topic.
4. Survivor may distrust the interviewing officer and may therefore avoid revealing certain information

A torture survivor may have a distrust of others, particularly persons in positions of power or authority (e.g., asylum officers). (Survivors may also distrust even family members and friends.) The survivor may be fearful of what the asylum officer will do with the information obtained at the interview, and so may not fully disclose to the officer the experiences he or she had.

Often, a distrust of others helped survivors escape further abuse and survive in their countries. Therefore, survivors may attempt to protect themselves by distrusting others in other situations as well.

The effects listed above can also have an impact on interactions other than at the asylum interview. Individuals who work with survivors in a counseling capacity are often not able to elicit all that happened to the survivor during the first few counseling sessions. In addition, a survivor may not have explained everything about the claim to his or her representative prior to the asylum interview.

Consider the implications for the asylum interview.

X. INTERVIEWING SURVIVORS OF TORTURE AND OTHER SEVERE TRAUMA

A. Interview Techniques

At every interview there is a potential for retraumatizing an applicant who may be a survivor of torture or other severe trauma. Asylum officers must be aware of the effects of trauma on certain applicants and use this awareness in formulating interview strategies. The asylum officer may have to modify his or her interview techniques to adapt to certain situations. Unfortunately, asylum officers will not always know who is a survivor and who is not a survivor. As noted above, some asylum applicants will not fully disclose all information about their past to an asylum officer. Asylum officers should therefore treat each applicant as a possible survivor and attempt to be as sensitive as possible during all interviews.

Instructor Note #3

Interview techniques that may be helpful include the following.

1. Treat the applicant with humanity

The manner in which an asylum officer approaches the applicant and the interview can greatly affect the way in which the applicant will respond and be able to express his or her claim at the interview.

The asylum officer should attempt to build rapport as soon as he or she meet the applicant and should find some way to connect with the applicant about issues not related to the torture experience. Setting the tone at the beginning of the interview can assist the asylum officer in eliciting the necessary information throughout the interview and can assist the applicant in relating his or her claim.

2. Try to help the person feel safe and in control

- a. The asylum officer should recognize the power differential that exists between the applicant and himself or herself and take care not to exploit it.
- b. The asylum officer should explain the purpose and process of the interview, including the fact that the asylum officer will be taking notes and the reason for taking notes. In this way, a survivor will know what he or she can expect during the interview, thus relieving some of the anxiety of the unknown.
- c. If the claim involves sexual abuse and the asylum officer is not the same sex as the applicant, the asylum officer can give the applicant an opportunity to be interviewed by an asylum officer of the same sex, if one is available.
- d. The asylum officer should start with easy topics in order to establish rapport.
- e. The asylum officer can ask open-ended questions that give the applicant some control over the information he or she must give.
- f. The asylum officer can acknowledge how difficult it

Instructor Note #4

Sometimes just giving the applicant the opportunity to be interviewed by someone else can relieve some of the applicant's stress about the interview as it indicates that the asylum officer is sensitive to and understanding of the applicant's situation.

may be for the applicant to answer certain questions; he or she can give the applicant Apermission≡ to let the asylum officer know when something is too difficult.

- g. The asylum officer can acknowledge that an event may have been particularly traumatic for an applicant (e.g., “That must have been very difficult for you.”)
- h. The asylum officer can elicit sufficient detail to establish credibility and gain an understanding of the basis of the claim without probing too deeply into all the details of a painful experience.

Questions such as “Was your life different after your experience?.....How?” can also give the asylum officer further insight into the nature of the event as well as an understanding of the long-term effects of the experience on the applicant.

- i. If the applicant does not speak English, and it is necessary for the asylum officer to discuss issues with the interpreter, attorney or legal representative, dependents on the applicant’s file, or anyone else at the interview, the asylum officer should have translated to the applicant what he or she is discussing. This keeps the applicant informed of what is going on and can diminish the loss of control the applicant may feel.
- j. The asylum officer should respect a survivor’s need to protect himself or herself during the interview and should respect the survivor’s need to have a sense of control during the interview. This is a major issue for survivors, as their control has been completely stripped from them in many situations; thus lack of control can be very unnerving.

See lesson, Interviewing Part VI, Working with an Interpreter.

- 3. Be thorough but sensitive
 - a. The asylum officer should explain to the applicant the process and roles of the individuals at the interview to reduce the feeling of anxiety.
 - b. The asylum officer can ask broader, open-ended questions in the beginning of the interview to give the applicant a feeling of control, then go back for details.

- c. The asylum officer should not speak in a loud voice, should avoid changes in mood or attitude toward the applicant, should avoid reacting with disbelief, and should avoid being confrontational or argumentative with the applicant.

It is important to remember that there is a range of behavior that a survivor may exhibit when confronted with discrepancies in his or her story. Some survivors may be able to explain in a rational manner the discrepancy, while others may become more confused. This may have very little to do with an attempt to fabricate a claim.

- d. The asylum officer should approach the interview as a means of gathering information rather than an interrogation, and should convey that message to the applicant by way of the officer's manner.
 - e. The asylum officer should allow the applicant to ask questions or ask for clarification; the officer should rephrase questions that appear to be confusing or not understood by the applicant.
4. Remember the purpose of the interview
- a. The asylum officer should be knowledgeable in human rights conditions in the applicant's country so that he or she can ask relevant questions and avoid unnecessary questions.
 - b. The asylum officer should give the applicant time to recompose himself or herself if necessary during the interview, and to relate the account of his or her experiences in a manner that is the most comfortable for the applicant.

At times after asking a question, it may be appropriate to allow the applicant several seconds of silence to organize his or her thoughts and determine how to answer a particularly difficult question. Although the asylum officer may feel a need to fill in the silence by asking additional questions, it may be more beneficial to allow for some silence at particular times during interview.

Instructor Note #5

This issue is also discussed briefly in lesson, *Interviewing Part III, Eliciting Testimony*.

If an interview with a survivor of torture is particularly long or difficult, the asylum officer can give the applicant an opportunity to take a break, get water, etc.

- c. The asylum officer can emphasize mutual goals held by the applicant and the officer.
- d. The asylum officer should respond non-defensively if an applicant exhibits suspiciousness or distrust.

It is important to keep in mind that the asylum officer will not be aware of what the applicant is going through during the interview and that the asylum officer cannot change the manner in which the applicant presents himself or herself. Rather, the asylum officer must be aware of how he or she is conducting the interview, and adapt his or her own behavior whenever necessary to be able to effectively elicit the applicant's claim.

B. Documentation

Documentation of a survivor's experience from his or her country is usually not available; persons who practice torture usually do not leave written accounts of their actions, and physicians and psychologists who might provide treatment and/or documentation may themselves be harmed if caught. In addition, many in the medical profession may not be trained in recognizing the signs of torture. Furthermore, a survivor may be afraid to go to a doctor if a doctor was present during and involved in the torture. Although survivors are often not able to seek medical or psychological attention, some are able to obtain care and documentation of their abuse.

See the articles by Adrienne Aron and Sandy Rovner, noted in the *Background Reading* section of this lesson. See also the sample letters from medical personnel referred to in the *Background Reading* section of this lesson.

Documentation of physical symptoms and conditions, however, may not necessarily be able to verify the cause of the symptoms or conditions.

XI. EFFECTS ON INDIVIDUALS WHO ARE CLOSE TO OR WHO WORK WITH SURVIVORS

A. Secondary Trauma

The term "secondary trauma" (also called "vicarious trauma") is used to refer to the psychological and physiological effects experienced by individuals who work with or are close to trauma survivors. Symptoms of secondary trauma mimic the symptoms of PTSD. Secondary trauma is a normal reaction and is

experienced in varying degrees by most individuals who are in constant contact with survivors of trauma.

Instructor's Note #6**B. Family Members of Survivors**

Secondary trauma may affect family members of the survivor as well as individuals who were closely associated with the survivor, such as a friend or colleague who escaped being tortured. (This is important to note when interviewing an applicant who is related to or closely associated with someone who was a victim of torture or other severe trauma.)

C. Care-Givers and Others

Secondary trauma can affect individuals who work intensely or frequently with survivors, including service providers such as doctors, nurses, social workers, and mental health care providers.

Although asylum officers do not have the same in-depth contact with torture survivors that certain service providers have, asylum officers may still be affected by the stress from continually interviewing applicants who have undergone hardships and may be survivors of torture or other forms of trauma. Asylum officers need to recognize how this stress may be affecting them, and should address problems that may arise as a result.

D. Interactions with Others

Secondary trauma can have an effect on an individual's interactions with others and his or her work performance, decreasing objectivity, tolerance, patience, and the ability to listen dispassionately to others. He or she may overreact or react with disbelief and sarcasm to stories of torture or other forms of abuse and may develop a decreased sense of personal accomplishment.

Instructor Note #7**E. Prevention**

There are various ways individuals can prevent or treat secondary trauma, including getting regular physical exercise, adequate sleep, and proper nutrition. Taking breaks and being assigned to different types of tasks can also help. It is also important to have a supportive environment of family and friends with whom to discuss feelings. In addition, a service provider who is suffering from secondary trauma can share his or her experiences with co-workers who are likely to understand what he or she is going through.

XII. SUMMARY

Torture is practiced in over 100 countries covering the entire political spectrum. It affects persons of all ages, including children.

A. Motive of Torturers

1. To give an example to others
2. A means of destroying the emotional, spiritual, social, and political well-being of a group or community
3. Torturers attempt to:
 - destroy the personality of the victim
 - weaken the individual, the family, the community, and/or the society

B. Forms of Torture

Torturers use a variety of methods of torture that leave long-lasting psychological damage but that do not usually leave lasting physical evidence.

1. Psychological torture
2. Sensory deprivation / Sensory overload
3. Sexual violence
4. Electric shocks
5. Beatings
6. Burns
7. Forcing the body into contorted positions or forcibly stretching it beyond normal capacity
8. Non-therapeutic administration of drugs

C. Effects of Torture and Other Trauma

Symptoms affect a high percentage of survivors. Symptoms exhibited by applicants suffering from trauma-related conditions may be physical or psychological and include:

1. Emotional
2. Psychosomatic
3. Behavioral
4. Mental

Such symptoms can affect the asylum officer's ability to elicit necessary information.

Post-Traumatic Stress Disorder (PTSD) and depression are the most common long-term reactions to torture and other forms of severe trauma.

Often, symptoms appear after a latency period and they do not usually subside merely with time. Symptoms may be "triggered" without warning at any time. The rate of recovery for survivors varies from individual to individual and a variety of factors can influence the rate of recovery. However, survivors never fully recover from a torture experience.

An applicant suffering from PTSD or other trauma-related condition may

1. avoid discussing events
2. have difficulty remembering events
3. respond in unpredictable ways
4. avoid revealing certain information

D. Interviewing Survivors of Torture

Asylum officers need to be aware of the possible symptoms of trauma-related conditions and elicit information in the most effective and sensitive way possible.

1. Treat the applicant with humanity
2. Try to help the applicant feel safe / in control
3. Be thorough but sensitive
4. Remember the purpose of the interview

E. Effects on Individuals who are Close to or Who Work with Survivors

Individuals who work with trauma survivors, as well as family members and others who are close to trauma survivors may experience secondary trauma, the symptoms of which are similar to those of PTSD.