



Evidence in Practice:

CSEL Research Dissemination
Project for Women Toolkit

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CSEL Research Dissemination Project for Women Toolkit

Between 2009 and 2012, the Centre for the Study of Emotion and Law (CSEL) ran training seminars, for refugee organisations and violence against women organisations, in how to understand and use CSEL's research findings on the effects of trauma on memory.

Traumatised people seeking asylum often have difficulties disclosing traumatic experiences, and the narratives of their experiences routinely contain discrepancies when related on more than one occasion. Yet these problems are often taken as suggesting that their claims are fabricated. CSEL's research can help to show that this is not always the case. Our training project took participants through the research, and showed how it can be used to help traumatised women facing challenges to their asylum claims.

This toolkit takes you through the training seminar, including exercises to help you assimilate and use the information, and to work

through issues in your own organisation.

We hope you find it useful.

Note: Our work with lawyers has shown us the importance of making sure that you understand research papers before you use them in your work. If you are going to be citing CSEL's research papers in your work, do consider contacting us for further guidance or training.

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Introduction

The Centre for the Study of Emotion and Law (CSEL) was founded in 2007 to undertake empirical research into aspects of psychology that have a bearing on justice. As research undertaken around the world has shown, particularly in the field of criminal law, an understanding of psychology is often important to ensure the fairness of legal proceedings. This includes research into the mental states of various participants in the process, both witnesses and decision makers, and includes eyewitness testimony and interviewing techniques, among others. However, until recently there has been very little relevant psychological research pertinent to refugee law and the asylum processes.

What is 'empirical' scientific research – and why use it?

The findings of scientific research often show something that was previously well known through experience; but their value lies in collecting data using the scientific method. This involves testing specific hypotheses (propositions or theories) by collecting information in a controlled manner. Two main principles characterise this method: objectivity and reproducibility. Objectivity refers to the fact that measurements and the sample of participants must be taken in the most unbiased way possible. Reproducibility simply means that the research can be reproduced by other researchers. These two features reduce biases, allowing one to make more reliable conclusions.

Because the scientific method takes such precautions to guard against biases, it gives empirical research findings greater value in a court of law, as they can be reasonably expected to hold true. Because of the weight of emphasis on credibility in the asylum process, this is particularly important.

What this means is that you may find that the results of CSEL's research do not surprise you or your colleagues - after all you've probably accumulated many years of experience between you. However, the research findings are useful not only in what they reveal, but in their reliability, and, having been published in peer-reviewed academic journals, their credibility.

About this toolkit – and how to use it

In 2009, CSEL began the Research Dissemination Project for Refugee Women to take our research findings to voluntary sector organisations and individuals who support traumatised women seeking asylum. Between February 2010 and February 2012, we trained 570 people in London, Cardiff, Glasgow, Brighton, Newcastle, Sheffield and Manchester in:

- How to understand the gender aspects of applying for asylum in the UK.
- How memory affects trauma.
- The value and importance of CSEL's research findings.
- How to make use of this knowledge when supporting a traumatised woman seeking asylum.


We've designed this toolkit to enable you and your group to go through our training seminar for yourselves. You can work through this pack together to find out:

- Some of the barriers faced by traumatised women in making a claim for asylum.
- How memory is affected by trauma, and how that makes for more difficulties for such women.
- How psychological research findings can help you and the women you're supporting to understand these difficulties.
- How you can use this information to help traumatised women seeking asylum ensure that their rights are fulfilled.

Some of the sections (such as section 3 on Women and the Asylum Process) refer to reports by other organisations. Where we refer to other documents, we try to refer to material that is easy to access, either online, or by communicating directly with the organisation that produced them.

The group exercises have all been tried in our seminars around the country, so we know that they work and are useful in helping to place the knowledge gained in each section in real contexts, based on your own experience.

Guide to recommendations we have made for further reading

Most of the further reading we have recommended is freely available either on the internet or from other refugee-supporting organisations. We have marked all these resources with this symbol: 

Academic papers on the CSEL website are all available in full, for free – where the final peer-reviewed and published paper is copyrighted to the publishing journal, the author has made available an original pre-review version. Check the 'our publications' section of the CSEL website.

Other articles published in journals are usually available electronically or by request through academic libraries, but your organisation will need to go through an academic library to access these.



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Note: Some of the material in this toolkit is challenging and difficult to discuss. Your group should set clear ground rules and you should make clear at the start of your workshop that:

- Anyone who needs to take a few minutes break at any time is welcome to do so.
- No one is ever expected to tell her own story – or anyone else's personal story.
- The group will respect the confidentiality of all participants – what is discussed in this workshop will stay private unless you have permission to share it.

Barriers to Seeking Asylum

1: Credibility and Related Key Issues

The emphasis on credibility

'Credibility' (or how believable a person or their story is), lies at the heart of the UK asylum system. This is because people applying for asylum in the UK often have little evidence, such as identity papers or other documents, to corroborate or 'back up' their story. This means that the caseworkers who decide on their claims have little physical evidence to go on when deciding whether someone is telling the truth about their fear of persecution.

It is important to note that 'credible' is not the same thing as 'proven'. In this context, it just means that an account has to be believable.

The UK Border Agency has published an Asylum Policy Instruction (API) which states the UKBA's policy – and acts as guidance to

UKBA staff – on how credibility should be assessed. According to this API, when assessing credibility, an assessor is advised to check for:

- **Internal consistency:** Does the story match up with itself, or do different parts of the story not 'add up'?
- **External consistency:** Does the story match known facts – eg the kinds of facts found in Country of Origin Information reports, or news reports.
- **General credibility:** Including giving the benefit of the doubt where appropriate, and
- **Plausibility:** Does it seem believable?

This means that, especially in the last test of plausibility, there is room for subjective judgements by decision makers. The advice also guides assessors to look out for



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mitigating circumstances which may cause inconsistencies, such as trauma, but it does not go into detail about this.

Imagine that you are a caseworker faced with deciding whether what someone is telling you is believable: The person says they come from country A, but they are carrying what seem to be false documents from country B. They say they've experienced torture, but they have no physical or visible scars. They say it was 'really bad' but they won't go into details. When you ask them to tell you more they either clam up or seem to drift off partway through telling their story. How would you make a judgement in this situation?

Like any person, decision makers in the asylum system rely on their own assumptions about what is true, or how to tell if something is true, to decide whether a person's story is credible. Unfortunately, these assumptions are often inaccurate, like the assumption often cited in refusal letters: that a true account of a traumatic event does not change even if retold on different occasions. On pages 14-15 and 16-17 you'll read about our research which shows this is not always true.

Resources

-  UK Border Agency Asylum Instruction on credibility in the asylum claim, '*Considering the Protection (Asylum) Claim and Assessing Credibility*', downloadable from the UKBA website: www.ukba.homeoffice.gov.uk/sitecontent/documents/policyandlaw/asylumpolicyinstructions
- Feder, B, 2010 'A Credible Judge of Character? A psycho-legal analysis of credibility assessments for asylum applicants with a history of sexual violence', *Journal of Immigration Asylum and Nationality Law* 24 (4)
- Jane Herlihy, Kate Gleeson & Stuart Turner, 2010, 'What Assumptions about Human Behaviour underlie Asylum Judgements?', *International Journal of Refugee Law* 22 (3)
- Jane Herlihy & Stuart Turner, 2009, 'The Psychology of Seeking Protection' *International Journal of Refugee Law* 21 (2)
- James A Sweeney, 2009, 'Credibility, proof and refugee law', *International Journal of Refugee Law* 21 (4)
- Guy Coffey, 2003, 'The Credibility of Credibility Evidence at the Refugee Tribunal', *International Journal of Refugee Law* 15 (3)

Barriers to seeking asylum

2: Women, Gendered Persecution and the Asylum Process

Women face a number of particular challenges when making an 'application for protection', or an asylum claim, in the UK.

Gendered experiences of persecution

Many women's experiences of persecution are very similar to those of men, for example, imprisonment or threats to one's life by the state because one is involved in a particular political organisation, or because one practices a particular religion. In addition, people may experience gendered forms of harm just because of their sex – because they are men or women.

- **Gender-based persecution:** When the reason someone is persecuted is *because of* his or her behaviour *as* a man or a woman.
- **Gender-specific persecution:** When the *form* of the persecution, or the way a person is persecuted, is specific to their sex.

These often overlap, and some experiences fall into both.

Credibility and rape

In addition, rape allegations are often disbelieved and notoriously difficult to prosecute in the UK. This is a double disadvantage for women seeking asylum who have experienced sexual violence.

Examples where gendered experiences of persecution overlap

Gender-based persecution	Gender-specific persecution
Punishment for relationships outside marriage, having same-sex relationships, marrying someone you are not supposed to, or any kind of behaviour that transgresses the social and cultural rules governing the behaviour of men and women.	Rape and sexual violence.
Forced marriage.	Female Genital Mutilation.
Forced abortion or forced family planning that a woman has not agreed to.	Forced marriage.
Honour-based violence.	Forced prostitution.
Dowry related violence.	
Female Genital Mutilation.	
Rape as a weapon used in war.	

The 1951 Refugee Convention

The 1951 Refugee Convention (see illustration) is both a living document and a historically specific document. It was drafted at a time when the differences between men and women's experiences (and therefore the possibility that women may have specific experiences or different needs) were rarely taken into account.

For example, the Refugee Convention was put together to address persecution of individuals by the state, but gender persecution is often carried out by what are known as 'non-state actors' – people who are not the government or employed by the government.

However, although the Refugee Convention does not explicitly address gender persecution in its categories, the 'particular social group' category has been used to define groups of women who are at risk of gender persecution, and enabled the convention to be used to offer protection to these women. For more details see *Seeking Refuge? A handbook for asylum-seeking women*, by Rights of Women, and 'As A Woman I Have No Country' by Francis Webber, published by Women For Refugee Women (see resources list).

The UK asylum process








There are many aspects of the asylum process, which can be difficult for women because of their gender. For example, because they are mothers and need childcare to attend interviews, or because there are reasons they cannot talk to male interviewers about their experiences.

The UK Border Agency (UKBA) has gender guidelines in place (see resources section) to help decision makers take gender into account. These guidelines cover both understanding the gendered aspects of a woman's claim, and respecting the rights of a woman going through the asylum process, such as the right to request an interviewer of the same sex, although there is no guarantee the UKBA can provide one.

Grounds for seeking protection under 1951 Refugee Convention (Article 1):

'owing to a well founded fear of being persecuted for reasons of race, religion, nationality, membership of a particular social group or political opinion, is outside the country of his nationality and is unable or, owing to such fear, is unwilling to avail himself of the protection of that country...'

Resources

-  UK Border Agency Asylum Policy Instruction (API), 'Gender Issues in the Asylum Claim', downloadable from the UKBA website www.ukba.homeoffice.gov.uk/sitecontent/documents/policyandlaw/asylumpolicyinstructions
-  UK Border Agency Asylum Policy Instruction (API), 'Sexual Orientation Issues in the Asylum Claim', downloadable from the UKBA website www.ukba.homeoffice.gov.uk/sitecontent/documents/policyandlaw/asylumpolicyinstructions
-  UK Border Agency Asylum Policy Instruction (API), 'Victims of Trafficking: guidance for frontline UK Border Agency Staff', downloadable from the Special Cases part of the UKBA website www.ukba.homeoffice.gov.uk/sitecontent/documents/policyandlaw/asylumprocessguidance/specialcases
-  *Seeking Refuge? A handbook for asylum-seeking women*, 2009, Rights of Women, www.row.org.uk
-  Francis Webber 'As A Woman I Have No Country', available online at: www.refugeewomen.com/images/Pdfs/asawoman.pdf
-  Christel Querton, 2012, 'I feel like as a woman I'm not welcome': A gender analysis of UK Asylum law, policy and practice', Asylum Aid, available online at: www.asylumaid.org.uk
-  Black Women's Rape Action Project, 2006, 'Misjudging Rape: Breaching gender guidelines and international law in asylum appeals', Available online at www.womenagainstrape.net

Barriers to seeking asylum

3: Memory, Trauma and Post-Traumatic Stress Disorder

By definition, a refugee has been persecuted, and this is likely to involve a 'traumatic experience'. In this case, 'traumatic' is defined as: experiencing serious injury oneself, witnessing death or serious injury to someone else, a threat of either of these, or a threat to one's own physical integrity or that of others, and a response involving intense fear, helplessness, or horror. This is the definition used for the diagnosis of post-traumatic stress disorder (PTSD). Traumatic experiences can have a particular and profound impact on a person's ability to recall those events.

Trauma and memory

After most 'normal' experiences, we have memories that we can describe in words like a story, if we choose to. We are clear that the event happened in the past and we can update the memory if we learn new information. When something traumatic happens, the more primitive part of our brain keeps only the key information.

Unlike normal memories, a 'traumatic memory' consists of fragments of the incident - sensory memories not verbal ones (e.g. images, or sounds). A 'traumatic memory' is not updateable with new information, and has no sense of being in the past. Such memories are triggered, rather than being voluntarily recalled. They might be triggered by external cues (the sight of a man in uniform) or internal cues (a feeling of shame). Because they have no 'time-stamp' of being in the past, a person feels as though she is reliving the event in the present, rather than remembering it.

After any traumatic experience, it can take time to process the associated emotions, and to start to form a more normal verbal memory. All of this helps to explain the importance of understanding post-traumatic stress symptoms.

Post-traumatic stress disorder

After traumatic experiences, some people (not all) struggle to develop a normal memory of the event, and go on to develop PTSD. PTSD can only be diagnosed after one month has passed, as some time is necessary for all of us to process particularly distressing experiences. However, if the incident is particularly awful to recall due to strong connected feelings, such as fear or shame, and you make a lot of effort to push away memories and avoid reminders, then the formation of a normal memory is delayed and the pattern of PTSD symptoms may become a problem.

PTSD Symptoms:

- **Persistent re-experiencing:** Intrusive memories; recurrent nightmares; a sense of reliving the experience; hallucinations and flashbacks; and emotional and/or physical arousal when these occur. *One of these is necessary for a diagnosis.*
- **Persistent avoidance:** Making efforts to avoid thoughts, feelings or conversations associated with the trauma; efforts to avoid activities, places or people that arouse recollections of the trauma; inability to recall an important aspect of the trauma; feelings of detachment or distance; a loss of a sense of future. *Three of these are necessary for a diagnosis.*
- **Increased arousal:** Sleep problems; poor concentration; irritability and/or outbursts of anger; exaggerated startle response, exaggerated awareness of possible danger (hypervigilance). *Two of these are necessary for a diagnosis.*

Symptoms must persist for more than one month. The diagnosis is fully described here: www.ptsd.va.gov/professional/pages/dsm-iv-tr-ptsd.asp.

Dissociation is also a common response to a traumatic experience. This is when someone ‘cuts out’ while the event is happening and consequently later cannot remember everything that happened. People can also learn to ‘cut out’ as a way of coping with high stress, for example when being asked about their experiences.

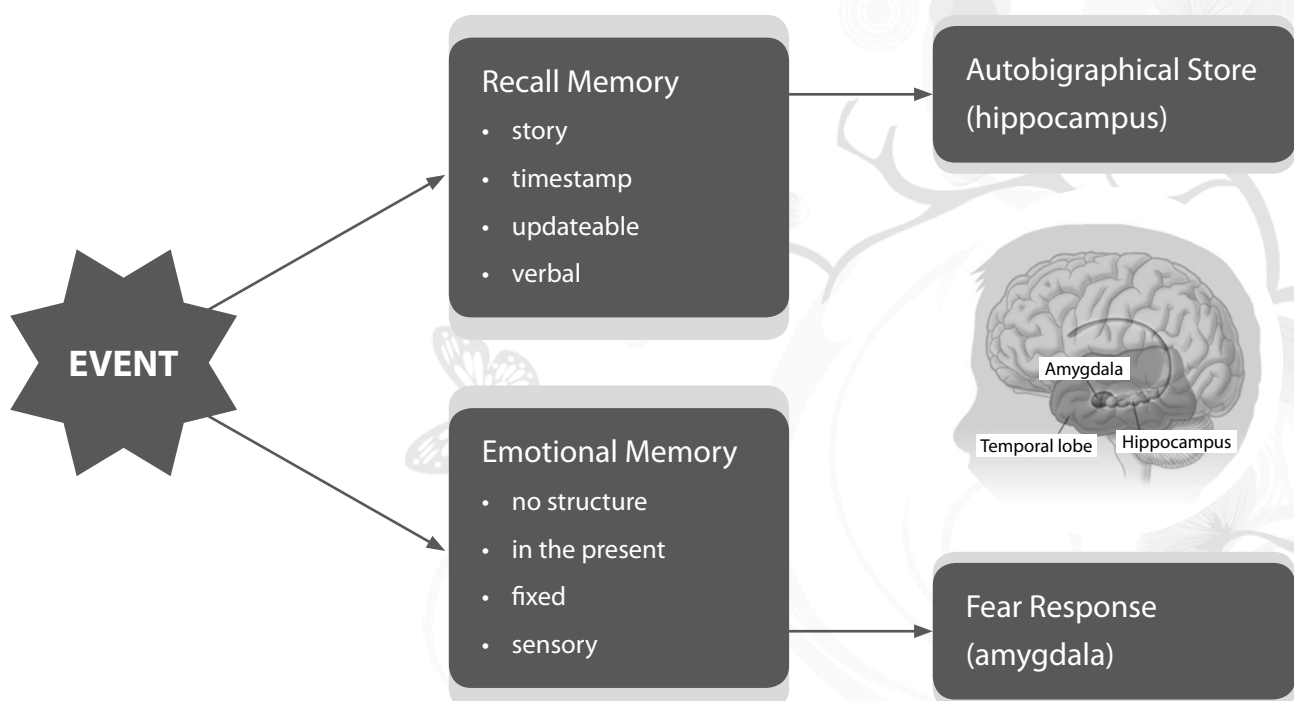
Depression can follow traumatic experiences – particularly for people with PTSD. This includes low mood and loss of interest or pleasure, sleep and appetite disturbance, loss of energy, strong feelings of worthlessness and guilt and possibly thoughts of suicide.

A person can suffer any of these symptoms without meeting all of the criteria for a full

diagnosis. For example, if, when someone is reminded of her experience, she hears screaming and feels her heart rate increase, then she may have a ‘traumatic memory’ of that event, even if she does not have sufficient symptoms to be diagnosed with PTSD. A person may also have a sufficient range and severity of symptoms and yet not have received a diagnosis due to lack of access to medical treatment or therapeutic support.

Resources

- Brewin, C, 2007, *‘Post-Traumatic Stress Disorder: Malady or Myth?’* London: Yale University Press



The ‘dual representation theory’ of traumatic memory, developed by Chris Brewin and colleagues, explains that recallable / narrative / autobiographical memory is stored in the hippocampus. Traumatic / emotional memory is associated with the amygdala, where the body’s physiological responses to fear are activated. These include the production of high levels of adrenaline and stress hormones, the ‘fight or flight’ response, and a heightened state of sympathetic nervous system arousal.

Group Exercise: Supportive Communication

This exercise is to help your group understand how the psychological effects of trauma present barriers for a woman seeking asylum, and how you can support her through the asylum process. The discussion helps to make the theory real by discussing these issues in a way that is grounded in your experiences, and those of your colleagues and others you have worked with.

You will need:

- Thirty minutes
- Three large sheets of paper: one headed 'What to look out for when working with a traumatised client'; one headed 'What you can do to help her'. Post-it notes
- A person to take a lead on running this exercise
- Someone to keep time (this could also be the exercise leader).
- What to do:
- Split the group into twos or threes and give out post-it notes (and pens!) Each post-it note will be for one answer.
- Give each group 10 minutes to discuss and come up with:

Give each pair or trio 10 minutes to discuss and come up with:

- Three ideas for things you can do (or say) to help her communicate (one sticky note per answer).

After ten minutes, bring everyone back together into a big group and stick the large sheets up on the wall.

Over the next ten minutes, ask people to call out what "signs of trauma" are written on their sticky notes, and put them on the first large sheet of paper. After everyone has put their sticky notes up, check whether there are any signs missing (check the information about PTSD on page 10 of this toolkit), and if anyone comes up with more, write them onto the sheet of paper. Do the same with "ideas to help your client", and stick these on the second sheet of paper.

During the last ten minutes, you can discuss as a group how your organisation can make sure that the ideas and suggestions to help clients are implemented, supported, and made easier.

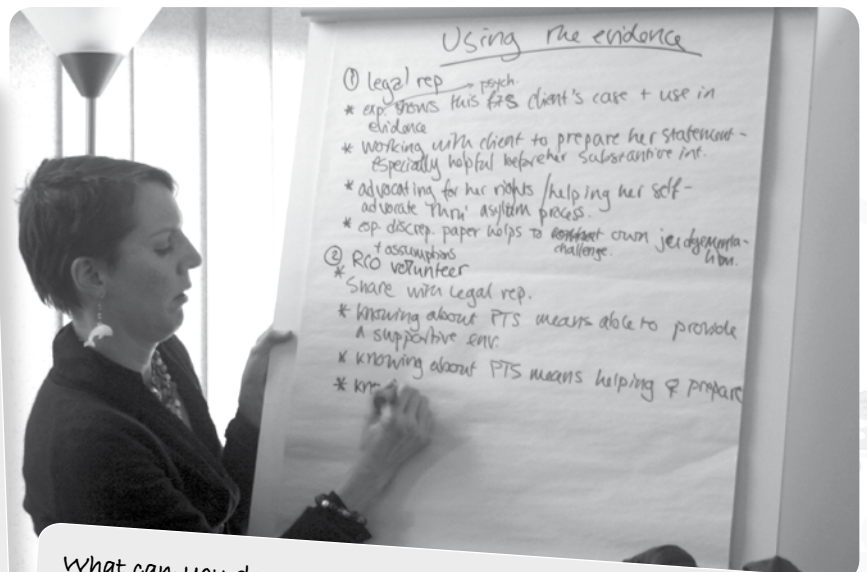
Hints and tips

- Has your group taken account of the symptoms of PTSD listed in section four?
- How might these symptoms, and those of dissociation and depression, make it hard for a woman to communicate?
- How might you be able to tell she is having trouble communicating because of these symptoms?

Suggestions for Group Exercise

What to look out for in a traumatised client?

- Body language – tapping feet, clenching jaw, or hands; somatic evidence
- They become distressed
- ...Or don't become distressed – seem unemotional; display 'inappropriate' responses, eg smiling
- 'Going absent' – seems asleep with eyes open. Absence, a form of Dissociation
- Self-harming
- Voice – not just what they say but how
- Changes in breathing
- Sleeping and eating patterns
- Not connecting with other people – seeming to be 'out of it' or always isolated and doesn't join groups
- Or over-enthusiastically involving herself in group activities
- Shame, agitated, withdrawn, anxiety, crying
- Keeps quiet on some issues – avoids talking about things
- Looks fearful / mistrustful, lack of eye contact
- Physical illnesses
- Angry & shows anger – eg swearing
- Missing appointments
- Rejecting Help



What can you do or say to help her?

- Reassure her she is safe
- Encourage her to write her life story down – even in own language
- Give time to talk – don't rush her
- Phone an interpreter
- Invite her to bring friend to interpret if she would prefer
- Assure her of transparency – you won't do anything without discussing with her
- Ask her what she wants
- Be honest and realistic
- Actively listen and believe
- Develop self awareness
- Acknowledge and witness – allow the full horror of someone's situation to be told and acknowledge that it is awful
- Make it an "encounter with the person" – they are not just a victim
- Acknowledge difficult feelings
- Emphasise confidentiality
- Be aware of your own body language – ensure it is welcoming
- Acknowledge and understand the importance of shame
- Normalise her reaction to extreme events
- Say something about your own experience of working with people with traumatic experiences (especially sexual violence) as a way of opening the door for client to disclose
- With either male or female clients who have experienced sexual violence, talk about gender

Research Summary: Discrepancies in Autobiographical Memories

Discrepancies in autobiographical memories – implications for the assessment of asylum seekers: repeated interviews study By Jane Herlihy, Peter Scragg, and Stuart Turner.

British Medical Journal, 2002, volume 324, pages 324-327 (available online via subscription).

Note: *If you are citing this study in medico-legal reports or legal papers, you must read the original article to ensure relevancy and accuracy and cite it as described in the guidelines on page 22.*

Summary of research

Introduction and Aim

Asylum seekers often give accounts of persecution that differ between each telling. These discrepancies (differences) between accounts of an event are often used to judge the credibility of asylum seekers and are frequently given as a reason for refusing an application for protection. This study provides scientific evidence that such discrepancies do not necessarily imply that an account is fabricated.

Overview

The study examined whether or not discrepancies between accounts of an event would arise even when participants had no reason to fabricate their stories. The researchers interviewed participants about the same event at two different times, with varying intervals between the interviews. The participants in this study were refugees who had all been granted leave to remain in the United Kingdom under the United Nations High Commissioner for Refugees (UNHCR) programme. This meant that they had not had to go through the individual protection application process. The researchers could therefore assume that the study participants did not have any incentive to make up their stories. Any differences between the two interviews were therefore assumed to be associated with the way a memory of an event might change between two reports, rather than due to a fabrication of their stories.

The researchers asked three main questions:

1. Are traumatic or non-traumatic accounts associated with a greater number of discrepancies?
2. Does the length of time between two reports increase the chance of discrepancies, and does this depend on whether or not a person has symptoms of post-traumatic stress disorder (PTSD)?
3. Are there more discrepancies in the details that are central to an event or in the details that are irrelevant or “peripheral” to an event?

Methods

Thirty-nine refugees were interviewed twice about traumatic and non-traumatic experiences. The time between the two interviews varied from three to 32 weeks. The researchers asked each interviewee the same 15 questions about the events they described during each of the two interviews. After each question, they stated whether they considered this detail to be a central part of the event or a peripheral detail. Each interviewee also completed measures of post-traumatic stress disorder (PTSD) symptoms.

The interviews were then read by the researchers to see how many discrepancies there were in both central and peripheral information between the details given in the two interviews. The number of discrepancies were compared to the number of symptoms of PTSD and to the length of time between the interviews.

Results

There were three key findings:

1. There were discrepancies between the two reports, despite the fact that the refugees had no motivation to lie.
2. High levels of post-traumatic stress **in combination** with longer delays between the two interviews resulted in a greater number of discrepancies.
3. When the refugees talked about **traumatic** experiences, there were more discrepancies in the **peripheral** details of their stories than in the **central** details.

Conclusions

This study provides evidence that discrepant accounts cannot serve as a reliable measure by which to judge the credibility of an asylum seeker's account of her experiences.

These findings imply that asylum seekers who have more symptoms of PTSD and who have longer delays between interviews are systematically more likely to be seen as non-credible, due to higher levels of discrepancies in their accounts.

The peripheral details of traumatic memories are particularly susceptible to discrepancies between reports. Although the study does not confirm why these differences arise, it does show that they do not necessarily arise because of intended fabrication. Therefore, inconsistencies between two reports of an account are not enough evidence to prove that someone is fabricating their story in the context of seeking asylum.

Note on 'Central' vs. 'Peripheral' details

The distinction between central and peripheral details is a well-established measure, drawn from a long history of research on eyewitness accounts. Central details describe the "gist of an event", i.e., the details that are critical to a story. Peripheral details are pieces of information that are not essential to a story, ie, minor or unimportant details. It is important to note that these constructs are subjective - so that it is the individual who decides whether a detail is peripheral or central to their own account.



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Research Summary:

Disclosure of Sexual Violence in Home Office Interviews

By Diana Bögner,
Jane Herlihy and
Chris R. Brewin.

Published in:
British Journal of
Psychiatry, 2007,
volume 191, pages
75-81.

Note: *If you are citing this study in medico-legal reports or legal papers, you must read the original article to ensure relevancy and accuracy and cite it as described in the guidelines on page 22.*

Summary of research

Introduction and Aim

Late or non-disclosure during Home Office interviews is often cited as a reason to doubt an asylum seeker's credibility. However, other psychological factors are likely to contribute to such late disclosures, particularly for those who have experienced sexual violence. The aim of this study was to determine whether, and how, sexual violence affects asylum seekers' disclosure of personal information during Home Office interviews.

Methods

Twenty-seven refugees and asylum seekers who had experienced traumatic incidents before fleeing to the UK were interviewed about their experiences of their main Home Office interview. Of the 27 interviewed, 15 refugees (11 women, four men) had experienced sexual violence.

The refugees were assessed with five quantitative measures:

1. Severity of post-traumatic stress disorder (PTSD) symptoms
2. Severity of depression symptoms
3. Severity of feelings of shame
4. Severity of dissociation (see section four on PTSD)
5. Difficulty of disclosure

The experiences of the refugees during Home Office interviews were also assessed qualitatively through semi-structured interviews that asked questions about how comfortable they felt disclosing information and why they might not have felt comfortable (eg cultural factors).

Results

Quantitative Findings

Those with a history of having experienced sexual violence showed greater severity of PTSD symptoms, greater avoidance and dissociation symptoms, and importantly, they had more difficulty disclosing their story in the Home Office interview. The relationship between sexual violence and greater difficulty in disclosure remained even after controlling for the severity of PTSD symptoms. Moreover, the data indicated that those with higher levels of shame demonstrated greater severity in PTSD symptoms. Similarly, those with higher dissociation scores had higher levels of shame and PTSD symptoms. Greater difficulty of disclosure was also associated with greater PTSD symptoms and greater avoidance, shame, depression and dissociation scores.

Qualitative Findings

- Twenty out of the 27 interviewees said that the first time they talked about their experience was after arriving in the UK, most of them (14) in the Home Office interview.
- Of these 14 people, 10 said they initially did not tell the Home Office interviewer everything.
- Ten out of 12 refugees who said they had difficulty disclosing their story during the Home Office interview were people who had experienced sexual violence. They said that their difficulty was because they felt too traumatised and ashamed.
- Ten out of 15 people (both men and women) who said that there were still things they had not told the Home Office had experienced sexual violence.
- Eight people, all with a history of having experienced sexual violence, said there were things they had not talked about because in their culture it is considered wrong.

Conclusions

- Refugees who have experienced sexual violence experience high levels of feeling shame.
- There is a significant association between shame and PTSD avoidance symptoms.
- There is a link between feeling shame and having difficulty disclosing a history of sexual violence.
- Many people talk for the first time about their experiences in the Home Office interviews, but find it difficult to do so
- There are many reasons for this difficulty including: shame; feeling traumatised by past experiences; being asked questions in a way which increases stress and difficulty; having dissociative ('phasing out') and intrusive (flashbacks) experiences during the interview cultural inappropriateness; and the Home Office interviewer preventing a refugee from telling her story in full.

Implications

These findings have serious implications for people who have experienced sexual violence and who are being interviewed for asylum claims in the UK. They find it very difficult to disclose information about their experiences and they will most likely require more time to build up trust with the interviewer. Given these findings, information collected in Home Office interviews with people who have experienced violence, especially sexual violence, is not the best quality evidence to support their claims. Discrepancies in the disclosure of information between Home Office interviews should be regarded carefully before deciding the validity of an asylum seeker's claim. Home Office interviews should consider these issues by taking into account the special needs of victims of sexual violence and dealing with an asylum seeker's feelings of shame in an empathic manner.

Group Exercise: How to Use the Evidence

We have designed this exercise to help your group to work out how you and others you work with (either in your own organisation or in other organisations) can make use of the scientific research findings to help a traumatised woman who is making an asylum claim.

You will need:

- Thirty minutes
- Three large sheets of paper
- Pens
- One group member to lead on this exercise, write on the large sheets of paper and keep time.

Split the group into three smaller discussion groups. Each group will have a 'role' and will discuss how a person with that role would be able to use the evidence to help a traumatised woman client who they are working with.

- The first group's role is a legal representative or case worker in an advice service – how would this person be able to use the evidence?

- The second group's role is a volunteer in an organisation that supports refugees and asylum seekers.
- The third group's role is a worker in a women's sexual violence support project.

Note: It doesn't matter if you aren't experts in any of the above roles, this exercise is designed to encourage you to think about the research in practical ways, from different viewpoints.

After ten minutes, bring the groups back together and stick up the three large sheets of paper. On the first sheet of paper, write the ideas that the first group had for how a legal representative or case worker would use the evidence in their work. On the second, write the ideas of the second group, and on the third, write down the ideas of the third group.

When each group has finished calling out their ideas and you have written them down, ask whether anyone in the other groups has more ideas to add from their own experience.

Keep these sheets of paper to refer to at future team meetings.

Hints & tips

If you are in a group with a different role from your job / volunteer role, use your imagination and your experience to work out how someone who does a different job from you might use the evidence about memory and trauma, and the scientific research findings in this training.

Don't forget that often knowledge helps empowerment – sharing this research with the women you work with can help a client go through the asylum process feeling a bit more in control of her circumstances, and can help her understand her rights.

If you are making referrals or recommending / suggesting this information to another professional, think about how you will share the information – respect each others' expertise.

Suggestions from Training Seminars for Group Exercise

Some of the things that have been suggested in CSEL training seminars – these may help, but make sure you come up with your own answers:

Immigration lawyer / legal rep:

- Medical report to substantiate diagnosis
- Use published research to challenge credibility finding
- Find precedents of similar cases which successfully quoted research to use in your case
- Find judgements referring to CSEL research and send round
- Be aware of cultural taboos
- (With the agreement of your client) Work in collaboration with other support services who have built up trust with your client – to stronger support the case (eg women's centres / community groups)
- Use as basis for reports to submit in the legal process, i.e. requesting psychologist writes a medical report after seeing this client
- Could alert legal rep to the need to look out relevant material to counter arguments about lack of credibility, eg NGO research, PTSD research, etc

Refugee organisation volunteer

- Alert worker to need to link client in to appropriate medical personnel
- Research underlines need to talk to GPs and legal rep about this evidence – ensure communication between agencies
- Ensure colleagues understand this research – run internal skill / knowledge sharing
- Ensure clients are told about the reality of the asylum process – link to good refugee support organisation
- Share research with women themselves to empower and reassure her that what she is experiencing is normal for people in her situation
- Tool for education – can challenge assumptions within own organisation and externally, of colleagues and in the community
- Give info to legal reps
- Advocate on behalf of client – and support client to self-advocate
- Signpost in a sensitive way – encourage women to disclose to eg GP
- Encourage use of report in legal case
- Strengthen rapport and see someone as person, not just 'a case'

Women's sexual violence project worker

- Alert other agencies to this study
- Putting together medical reports (eg for fresh claims)
- Gently encouraging building trust
- Be aware of the results of this study when interviewing
- Offer to be 'a witness', offer to accompany her to HO interview (although be aware you cannot speak if you do go with her)
- Signpost her to other agencies, and use to inform other agencies working with her eg counselling, housing, legal rep
- Raise awareness among refugee communities of importance of supporting and taking seriously sexual violence – maybe can be used to change attitudes in community work
- Working with volunteers at own organisation, internal training / knowledge & skill sharing
- Use to prepare people for interviews, anticipating the challenges they may face

Self Care

Working with traumatised people is often extremely rewarding, and can bring positive benefits including, perhaps ironically, strengthening one's beliefs in human nature. Some of the people in our training seminars have talked about feeling inspired by the strength of the people they have worked with, and privileged to be involved in important human rights and social justice work. But there can be a cost to caring. Working with traumatised people, especially those seeking asylum, can be hard work emotionally. Listening to distressing narratives of trauma on a regular basis, supporting very vulnerable people who may, from time to time, behave in ways that are difficult to deal with, and often working in small, pressured organisations is by no means easy. It's no wonder that people often get tired, upset, and even show signs of distress themselves. Charles Figley pointed out in *Compassion Fatigue* that the definition of post-traumatic stress disorder recognises that PTSD symptoms can be experienced by people who 'learn' or hear of a traumatic event from someone they are close to. He argues that this can include not just family and friends, but also counsellors and support workers.

It's important to both understand what the effects on you as a worker or volunteer can be, and to be able to take care of yourself in order to be able to sustain yourself and the work you do.

What's happening?

The negative effects of doing this kind of work can manifest in a number of ways. Some of the effects can be low-grade and simple, such as a prevailing bad mood or often feeling worn out and fed up. Other symptoms can be a sign of a more serious issue, for which you may need to seek professional help. It can be helpful to

categorise the different ways that doing this work can have an impact on you, to help with working out how to prevent and manage the effects on you, or to decide what kind of help you might need. The categories below, defined by Najjar et al (2009) in a review of the literature, provide a useful way to distinguish between the different levels of effects that you might be experiencing – although these concepts have been used interchangeably and researchers recognise that there are currently no tools to differentiate between them.

Vicarious traumatisation

This refers to the profound transformation of a person's beliefs from basically positive to deeply negative beliefs about the world, their own safety, or the reliability or goodness of other people, as a result of prolonged exposure to others' trauma. For example, a change from seeing the world as a basically good place where bad things can happen, to seeing it as a bad place where tragedy and distress is inevitable and can happen anywhere to anyone, at any time.

Secondary traumatisation

This refers to symptoms which mirror the symptoms of PTSD, following exposure to a person who is experiencing the effects of trauma. For example, having nightmares about a traumatic experience that someone else has told you about, or avoiding conversations about this experience or issues related to it.

Burnout

Burnout is a state of total exhaustion that results from being in a stressful and emotionally demanding environment for a long period of time. Burnout can happen to anyone in almost any job, and isn't specific to working with

traumatised people. It can leave a person tired, listless, unmotivated, anxious, stressed, and overwhelmed by their work.

Group exercise: What can you do?

Dealing with the effects of this work requires both prevention and recovery strategies.

These can be both personal and social such as ensuring that you have a strong family or friendship support network, a healthy work/life balance and a life outside work. It should also come from the organisation or professional network within which you work.

As a group, take half an hour to come up with ideas for ways to prevent and to aid recovery from the negative effects of highly emotionally stressful work. We have provided some ideas in the box below – but make sure you come up with your own!

Resources

- Figley, C., 1995, *Compassion Fatigue* New York: Brunner/Mazel
- Guhan, R., Liebling-Kalifani, H, 2011, 'The Experiences of Staff Working with Refugees and Asylum Seekers in the United Kingdom: A Grounded Theory Explanation', *Journal of Immigrant and Refugee Studies*, (9) 205-228
- Najjar, N., Davis, L.W., Beck-Coon, K., Doebbeling, C.C. 2009, 'Compassion Fatigue', *Journal of Health Psychology* 267-277
- Westaby, C. 2010, 'Feeling Like A Sponge', *International Journal of the Legal Profession* 153-174

People who have been to CSEL training have also talked about Babette Rothschild's work as helpful.

Her website is www.somatictraumatherapy.com

A simple explanation of the terms Secondary Traumatic Stress, Burnout and Vicarious Trauma is available from

www.childtraumaacademy.com/cost_of_caring/lesson02/page02.html

Prevention	
Social Support/personal strategies	Professional support
Wearing different clothing for work and home – so you can 'take off your uniform' and leave work behind	Help to manage your workload
A social life you enjoy / hobbies outside work	Regular supervision or peer support – not just for professional counsellors but for any staff / volunteers doing this work (even lawyers!)
	Taking breaks during meetings
Recovery	
Social support / personal strategies	Professional support
Take a holiday	Good staff policies on leave, health and related issues
	Access to counselling services

Guide to Recommendations:

Tips on Applying Psychology Information in the Asylum Process

How to use the resources sections

It is one thing to understand psychological information that can help you support a traumatised woman who is seeking asylum, but how do you refer to it in medico-legal reports, support statements and letters, and other paperwork?

Citing a paper in the text of your document

If you refer to a research paper, make sure you explain why it is relevant to your client. For example:

"Mrs X has been diagnosed with severe PTSD and there was a delay of three years between her first interview and her appeal hearing. Research by Herlihy, Scragg and Turner in <insert the year of publication of the discrepancies paper> has shown that people with high levels of PTSD symptoms are more likely to be inconsistent if there is a long delay...". You then need to write out the full

reference for the research paper in a footnote.

Or: "Herlihy & Turner <insert the year of publication of the relevant paper> reviewed the research literature on memory and stated that <insert quote from the paper>". You can provide the full reference for the research paper in a footnote.

Reference list

When giving a reference to a published journal paper, you need to ensure that you cite the authors, the year of publication, the title of the article, and the journal name. There are various recognised formats that you can use to ensure that all the relevant details are given in your reference list. The Harvard System of Referencing uses the following order of details, with this punctuation:

Author, Initials., Year. Title of article. Full Title of Journal, Volume number (Issue/Part number), Page numbers as in the lists of resources in this toolkit.

Lydia Besong's play "How I Became an Asylum Seeker" depicting the experiences of a woman seeking asylum in the UK after fleeing persecution





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