

# Tortured exiles on the streets: a research agenda and methodological challenge

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*The paired adversities of torture and exile form a particularly toxic combination that leaves people vulnerable to further abuse, and lacking support for recovery and integration. A descriptive study of tortured exiles living in Johannesburg explores this phenomenon in South Africa, and is presented as an example of a more widespread problem in the developing world. The authors argue that the challenges in studying this elusive group contribute greatly to its continued isolation and exclusion from care. A range of research challenges and possible solutions are discussed, including challenges relating to: sampling; the prevention of exploitation, distress and harm; interviewing challenges; language; research logistics; local laws; and care for research staff. Finally a broad research agenda is proposed in the hope that better information about tortured exiles living in the developing world will assist policy makers and service providers to build stronger and more accessible systems for the protection and support of this vulnerable group.*

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People who offer support and assistance to tortured exiles must engage with two deeply interconnected but, nevertheless, separate challenges, which these people face: namely that of recovery from the torture itself, and that of coming to terms with the terribly mixed blessings of exile. While torture damages bodies, psychological functioning and the capacity to trust others, exile uproots people from their social, linguistic,

and cultural worlds, leaving them without the means to provide for themselves or their families. While each of these is devastating in its own right, their combined effect is typically considerably worse (Hudnall Stamm, Stamm, Hudnall & Higson-Smith, 2004). Recovery from torture is so much more difficult when separated from the love and support of family, friends and compatriots. Forging a new life in a new country, while compromised by pain, injury, disability and distress is almost impossible. In their review of literature on torture rehabilitation, Quiroga & Jaranson (2005) state that:

*For Western countries, which face a serious refugee problem, research priorities need to include epidemiological studies to investigate the prevalence of past torture experience among refugee populations and the prevalence and nature of medical and psychosocial problems among torture survivors.'*

These authors also point out that there are virtually no epidemiological studies of torture in refugees, and those that do exist are conducted on refugees arriving in developed countries. Prevalence studies conducted in the developing world tend to be conducted in refugee camps (Quiroga & Jaranson, 2005). In fact, large refugee populations are a much greater challenge for countries in the developing world, than for Western

countries. Developing countries are host to approximately 80% of the world's refugees. Half of them live in urban areas and not in refugee camps. When the numbers of asylum seekers and undocumented exiles are considered, the burden on developing countries is proportionately even greater.

Different contexts have profound impact upon the toxic interplay between torture and exile. Failure of researchers, policy makers and clinical staff to pay sufficient attention to these contextual differences deeply compromises our capacity to protect vulnerable people, and to care for those who have already been victimised (Adams, Gardiner & Aseffi, 2004; Hollifield, 2005). A great deal of work has been done over many years with populations of torture survivors in some contexts, namely: those who are still living in their country of origin; those who have managed to travel

to countries in the developed world and who receive services at specialist torture rehabilitation sites; and those who are living in camps for refugees or internally displaced people (IDP). Because each individual situation is different, it is difficult and dangerous to generalise. There are, however, broad differences between the different contexts in which refugees find themselves, and some of these are summarised in Table 1 below.

Thus, while those torture survivors who are within their country of origin may be living under conditions of threat with limited resources and care, they often have access to the resources implicit within their families and communities. Torture survivors who were able to mobilise the resources to get to safety in countries that accept refugees may have many personal resources and access to high quality care, but must contend with

**Table 1. Differences in populations of torture survivors defined by current context**

	Country of origin	Developed country	Refugee/IDP camp
Current levels of safety or threat	Often ongoing threat	Mostly safe	Relatively safe
Basic needs including food, clothing, shelter	Often very limited	Basic needs met	Some basic needs met
Personal resources including financial, skills, qualifications	Varies enormously	Relatively good	Often very limited
Access to own family and community	Direct access	Far removed	Limited
Access to own cultural and language group	Direct access	Isolated	Some access
Opportunities for employment and education	Varies enormously	Good opportunities	Very limited
Access to torture related services / care	Basic care	Varies greatly	Basic care

the difficulties of being so far removed from their own families, communities and cultural groups. Finally, while refugee and IDP camps allow for a level of protection and services to torture survivors, their temporary and intermediate nature may also prevent survivors from being able to settle or progress.

There is, however, a fourth group of torture survivors. This is the sizable population that has fled to other developing countries, but who are not living in camps. These people are living on the outskirts of society in the large cities of the developing world. While this group is particularly vulnerable in South Africa, this is by no means a local problem only. Alexander (2008) writes about refugees from Burma living in similar circumstances in India and Malaysia, and Quiroga (2009) describes similar groups in Brazil, Chile and Argentina. It is this fourth group that is poorly represented in the research on torture and who are the subject of the remainder of this paper. As illustrated in Table 2, this group has neither protection, access to services, nor the support of community and family. They are also the people about whom policy makers and service providers know the least, due partly to the difficulties inherent in learning about them.

South Africa's recent political stability, economic strength relative to most other

countries on the African continent, and progressive human rights based constitution, have resulted in increased numbers of tortured exiles looking to the country for asylum (Belvedere, Mogodi, & Kimmie, 2003; Spiegel & Qassim, 2003). In 2008, South Africa received over 200 000 asylum applications, approximately one quarter of all applications received worldwide (United Nations High Commission for Human Rights, 2009). The majority of these people (and an unknown number of undocumented exiles) are living in and around the larger South African cities of Johannesburg, Pretoria, Cape Town and Durban. This paper describes one study of this elusive group of tortured exiles with particular emphasis on the methodological challenges inherent in studying this group. The authors hope to draw attention to this poorly understood subpopulation of torture survivors, and to provide suggestions as to how they might be better understood in future.

### **Tortured exiles in Johannesburg, South Africa**

The Centre for the Study of Violence and Reconciliation (CSVR), a nongovernmental organisation (NGO) based in Johannesburg, became aware of a significant population of torture survivors from other African countries living in the city. Since many of

**Table 2** *Tortured exiles on the streets*

Current levels of safety or threat	Often ongoing threat
Basic needs including food, clothing, shelter	Often very limited
Personal resources including financial, skills, qualifications	Often limited
Access to own family and community	Far removed
Access to own cultural and language group	Limited
Opportunities for employment and education	Very limited
Access to torture related services / care	Very limited

these people have not been granted refugee status, they have very limited legal protection, access to services, or legal means of earning enough to pay for food and shelter. While a great deal was known about particular cases that had received extensive psychosocial support through the centre, little was known about the population as a whole. This lack of information greatly compromised advocacy work aimed at increasing protection and services for tortured exiles living in South Africa. To address this problem, the CSVR teamed up with the Rehabilitation and Research Centre for Torture Victims (RCT) to conduct an epidemiological study of tortured exiles living in South Africa. It soon became clear, however, that a study of that nature was virtually impossible given the marginalised, hidden, fragmented and itinerant nature of the population. Instead, the project team opted for a smaller descriptive study of tortured exiles from seven different countries that are currently living in Johannesburg, South Africa.

*Method:* A survey design was used to explore the histories, current lives, current health status and experience of health services of refugees and asylum seekers in South Africa. Using snowball sampling (where each respondent is asked to introduce researchers to other possible respondents), the researchers constructed a sample of 77 respondents (48 men and 29 women, with a mean age of 31 years). Criteria for inclusion in the sample were that each person should be currently an asylum seeker or refugee in South Africa, be currently living in Johannesburg, have experienced torture in their country or origin, be 18 years or older, and come from Burundi, Democratic Republic of Congo (DRC), Ethiopia, Rwanda, Somalia, Uganda, or Zimbabwe. For the purposes of this study, torture was

defined in accordance with the interpretation of the United Nations Convention Against Torture and Other Cruel, Inhuman and Degrading Treatment or Punishment of 1985, contained within the *Robben Island Guidelines* (African Commission on Human and Peoples' Rights, 2002). A specially trained researcher interviewed each respondent privately with the assistance of an interpreter, where necessary. The interview combined more highly structured and unstructured questions, and included a detailed discussion of the respondent's demographic profile, family structure, history of torture and related traumatic experiences, journey to Johannesburg, current life situation, current legal status in South Africa, current health needs (both torture related and other) and experiences of South African health services. Data were analysed using thematic content analysis and a range of descriptive statistical procedures. Respondents were compensated for their time and, where necessary, were provided with psychosocial services through the trauma clinic of the CSVR or referred to partner organisations for legal, material and other needs.

*Results:* Despite their histories of torture, only 8% of respondents had been granted refugee status, with 80% currently listed as asylum seekers. Nevertheless, the majority of the sample had been in South Africa for more than 12 months (74%) with some having been in the country for six years or more. The most common forms of torture were: death threats, beatings, and being forced to witness the torture of others. Women were more likely to have been sexually tortured than men. Men were more likely to have experienced other forms of physical torture. Fifty-three respondents (70% of the total sample) were parents, and of these 37 had

been forced to leave at least one child behind when they fled their country of origin. This was equally true of men and women in the sample. Mostly commonly, parents had brought between one and four children with them to South Africa, although one respondent had 10 children. The majority of these families passed through four other countries on their journey to South Africa, with journeys taking up to three years. Approximately one third of respondents and their families were on the road for more than a month.

The most commonly expressed needs in this group were for accommodation, refugee status and employment. Access to medical assistance and health care was the fourth most commonly mentioned need. Sixty-five percent of the sample mentioned needing health care, and 66% wanted assistance with mental health issues. Of those who mentioned specific medical needs, 19 people (45%) listed health problems directly related to their torture histories. Of these, only one had received assistance. Fifty people (69% of the overall sample) reported one or more severe and chronic psychological symptoms resulting from the torture.

Experiences of health services in South Africa ranged widely. Although most tortured exiles rate South African health facilities highly, they rate health service providers very negatively. While a few people recounted positive stories about service delivery, the majority are much more negative. Tortured exiles narrated incident after incident of being turned away from health institutions and being treated badly.

Experiences of the asylum seeking process produce very similar results. Although a few people were processed relatively efficiently, the majority recounted stories of great inconvenience, cost, and in some cases, distress arising from the asylum seeking process. This may be one of the reasons

why so few torture survivors in this sample have refugee status. Of the tortured exiles that described their asylum seeking experiences in South Africa, approximately half informed refugee reception officers that they had been tortured. Others did not either because they had not been asked or because they were afraid to talk about those experiences.

The final report (Higson-Smith, Mulder & Masitha, 2006) lays out a range of practical recommendations for implementation by various departments of the South African government, health and mental health institutions, tertiary education institutions, civil society structures concerned about human rights and refugees, the media, as well as structures within expatriate refugee communities in South Africa. Issues relating to health service provision are explored more deeply in Higson-Smith & Bro (2007). However, one of the important contributions of this study, other than shedding light on an otherwise largely overlooked population, are the questions it raises and the methodological challenges it highlights.

### **Key questions about tortured exiles on the streets**

If governments, international human rights agencies and local service providers are to develop effective policies and programmes to protect and care for this most vulnerable group, a great deal more information than is currently available is needed. Important dimensions to be considered when exploring this population include:

The size of this population in different regions, countries and cities around the world must be considered. In answering this question it is important to remember that the majority of these exiles may not have received refugee status and may be living

illegally in their country of current residence, or be there on work or study permits. A clear demographic profile of this population in different countries is also important. Such a profile should include the nationalities, language and cultural groups of the population, age distributions, the gender proportions, education and skills levels, current living conditions, family structures and number of dependents, as well as current income and means of earning (if any). The legal position of members of this population is also critically important given that people who have entered the country illegally have limited rights or legal protection, and are in danger of imprisonment and deportation.

Tortured exiles histories and experiences of torture must be documented in terms of the *Istanbul Protocol* (United Nations High Commission for Human Rights, 1999) to provide for different forms of legal protection and redress.

The health needs of members of this population must also be documented with a view to creating appropriate service provision. Such an assessment must include both physical and mental health needs, and should focus on both general health challenges and those that are specifically related to the history of torture.

The degree of community and political organisation in this population of exiled torture survivors is also an important dimension as it creates opportunities for community mobilisation and support. This dimension would include the existence of expatriate community structures, connections with local and international human rights organisations, as well as exiles' capacity to engage effectively with local asylum seeking processes, legal systems, health and mental health care systems, as well as welfare and education systems.

Each of these dimensions unfolds into many complex questions that are often difficult to answer due to serious methodological challenges

### **Methodological challenges in research with tortured exiles**

Research with this population involves many challenges which involve: sampling and sampling bias; ethical dangers of causing undue distress or harm; complexities in data collection arising from the sensitivity of the topic; logistical problems relating to data collection, management and analysis; legal problems; and ethical concerns relating to the wellbeing of research personnel.

#### *Sampling challenges*

Direct access to tortured exiles is very important. The various groups that purport to represent the interests of tortured exiles, while typically well intentioned, have their own prejudices and agendas. Such groups are key stakeholders and participants in any research process, but without speaking to tortured exiles themselves, researchers, and by extension, policy makers and service providers will always be compromised in the provision of care and protection to this population. Unfortunately, many tortured exiles are very difficult to find, and the more vulnerable and marginalised people are, the less likely their circumstances and views are to be included. Problems with sampling create profound biases in our understanding of tortured exiles. The reasons that tortured exiles are so elusive are multiple.

Many tortured exiles are living in developing countries that do not have adequate systems for the administration and regulation of asylum seekers and other immigrants. Most national borders in the developing world are extremely porous and so people enter unnoticed and remain unnoticed.

Although governments are aware that there are many unregistered people living within a country, they are typically unable to provide accurate information as to how many people fall into this group, or where they come from. In the Johannesburg sample described above, roughly 10% were entirely undocumented.

Mobile populations present particular challenges to epidemiological studies. Many tortured exiles move around, between and within countries, in search of safety, food, shelter, work and education. In the Johannesburg sample, most respondents had lived in several other countries before coming to South Africa, and many had lived at different times in different South African cities. A smaller percentage also reported plans to leave the country at the first opportunity.

Tortured exiles often live among other expatriate populations including immigrants, and migrant labourers. Very often torture is not distinguished from other forms of adversity (such as poverty and unemployment) and so torture survivors do not see themselves as a special group, deserving special protection or care. In the search for tortured exiles living in the Johannesburg area, many people from other countries came forward claiming to have been tortured, but closer examination revealed that, although undoubtedly disadvantaged, they had not in fact been tortured.

In developing countries with few opportunities and widespread poverty, foreigners are typically viewed as threatening. Many respondents in the Johannesburg sample spoke about being attacked or exploited by hostile South Africans. For these reasons tortured exiles typically exist on the fringes of society, working hard not to draw attention to themselves.

While researchers and policy makers often refer to various expatriate 'communities', the

Johannesburg study revealed that this term is often a misnomer. Many exile populations are very poorly organised. The reasons for this are multiple, but include: the small numbers of people; the reproduction in exile of ethnic, political, religious or linguistic divisions present in their societies of origin; and suspicion of fellow countrymen based in fear of informants and enemy agents operating in their adopted country.

The combination of torture and exile has a profound impact upon physical and mental health. Physical disability, chronic sickness, pain and general physical weakness, as well as depression and trauma related disorder all contribute to more severely tortured exiles being less likely to be included in research with this population. Several of the respondents who participated in the Johannesburg study did so in spite of severe emotional and physical challenges.

By definition, torture is committed by people in positions of authority and power, therefore, some tortured exiles consciously or unconsciously avoid contact with officialdom of any kind. Several people in the Johannesburg sample reported feelings of anxiety when confronted by people wearing uniforms, or when asked questions about themselves. For this reason alone, tortured exiles are less likely to keep their documentation up to date, report crimes committed against them, seek health care, pursue legal cases, and participate in research.

Various attempts were made to overcome these challenges in the Johannesburg study. Initially the researchers had hoped that the various expatriate organisations within South Africa would be able to identify tortured exiles and encourage them to participate in the research. Although representatives of these structures assured researchers that they would be able to do this, very few appropriate contacts were forthcoming.

The researchers quickly became aware these representatives were not able to reliably identify torture survivors, and that they were not often trusted by members of their community. Additionally, very few tortured exiles were involved in these representative organisations. A similar attempt with organisations that provided shelter, and other forms of care to refugees, also failed. These service providers were also not able to reliably identify torture survivors, and typically did not ask asylum seekers and refugees whether or not they had been tortured. Unsurprisingly, very few people volunteered this information.

Ultimately the sample was achieved through the process of snowball sampling. Using this technique, each respondent is asked to introduce the researchers to other possible respondents of their acquaintance. Those respondents, in turn, are asked to introduce the researchers to others. While this technique is controversial due to its vulnerability to bias it did enable the researchers to penetrate beyond the 'surface' of higher functioning activists and community organisers. People who would not otherwise have participated in a research study, were encouraged to tell their story, and the researchers were able to construct a more inclusive picture of the lives of tortured exiles living in the city. Although there is evidence that snowball sampling can produce reasonably representative samples (Spring, Westermeyer, Halcon, Savik, Robertson, Johnson, Butcher & Jaranson, 2003), the question of bias cannot be discounted. Another way of obtaining a representative sample is through respondent-driven sampling, a relatively new sampling method that has been recognised as a promising alternative when there is no frame to sample from. It is a chain-referral sampling technique that uses statistical adjustments for network size to

produce generalised samples (Salganik & Heckathorn, 2004; Malekinejad, Johnston, Kendall, Kerr, Rifkin & Rutherford, 2008).

#### *Preventing exploitation, distress and harm*

It is of primary importance when working with very vulnerable populations to be aware of the danger of causing distress, or doing harm. With these populations, the usual requirements of informed consent do not go far enough, and researchers must take additional precautions to ensure that respondents are appropriately protected.

Regardless of qualifications and employment history in their country of origin, most torture survivors who have settled in another developing country are unemployed, or working in relatively unskilled and unstable positions. Many also have emotional and physical health needs that have not been attended to. Sometimes the act of participating in research, and revealing a history of torture, raises expectations of assistance that may be difficult to provide within the existing services available in the adopted country. Even when the limits on assistance are explicitly discussed prior to participation, some respondents will cling to the hope that something more tangible might be forthcoming in future. When this hope is ultimately frustrated, the resultant disappointment and sense of betrayal may deepen the respondent's distress.

Tortured exiles have often been exploited repeatedly, both in their country of origin and in their adopted country. Participation in this kind of research is time consuming and potentially exhausting. It is important that respondents' contributions are appropriately recognised. However, in populations that are so poor that they cannot afford to turn down the smallest amounts of money, offers of payment compromise

the inviolable principle of voluntary participation.

Traumatic memories are, by nature, intrusive and are accompanied by unexpectedly strong distress. It is quite possible for both the respondent and the researcher to underestimate such distress during initial discussions of the research objectives and process. The triggering of traumatic memories may result in overwhelming emotional pain, and if not immediately contained, may cause further damage to the mental health of the respondent. The dangers are multiplied when the person is living in very threatening circumstances, such as on the streets of an unfamiliar city or in an informal settlement among hostile local people. In such cases, the emotional overload might significantly compromise all important survival skills.

Many tortured exiles report being under continued threat from government agents from their countries of origin, as well as members of opposing groups. While there is certainly evidence that such agents do operate across borders in developing countries, it is also true that complex post-traumatic stress disorder (PTSD) is characterised by a loss of ability to accurately appraise degrees of threat or safety. It is not unusual for trauma survivors to underestimate (denial and avoidance) or overestimate (hyper-vigilance) danger. As a result, it is very difficult for service providers and researchers in the adopted country to accurately evaluate the level of threat. It is necessary to err on the side of caution and the security of data becomes of critical importance.

In the study of tortured exiles in Johannesburg, respondents were repeatedly informed of the limits of services that could be provided. Respondents were able to receive counselling, support with the asylum

seeking process, as well as referral for medical care, shelter and limited provision of other basic needs. Nevertheless, disappointment at not receiving further assistance was voiced, both in the interviews, and in a subsequent feedback meeting. Respondents were given a cash honorarium in recognition of their investment of time and energy. This amount was paid once the interviews had been completed and respondents were not told about the payment in advance. While this unavoidably involves a small degree of deception, the respondents were in no way disadvantaged by the deception, and the researchers were able to limit the effects of incentives to participation without exploiting already impoverished people. Predictably, however, word of mouth communication between tortured exiles resulted in respondents knowing that they would be paid for their contribution, and voluntary participation was compromised to a limited extent. In future, it would be better to pay the honoraria to respondents at the end of the data collection phase of the research, although this has the disadvantage of withholding payment from people in extreme need, and who might be difficult to locate at a later date.

In an attempt to ensure psychological safety, interviewers were put through a training programme that included information about traumatic stress reactions and basic counselling skills. Researchers were taught to recognise when a person was becoming hyper-aroused or beginning to dissociate, and how to provide effective support, distraction, and grounding to contain respondents. In addition the researchers had the support of psychologists and social workers with extensive experience in care of torture survivors and refugees. Several interviews were stopped due to rapidly increasing distress, and it is not clear whether the

researchers were able to adequately contain all respondents. This is particularly true when interviews were conducted away from the counselling centre where the researchers were based.

Finally, any identifying information was separated from interview recordings and transcripts in order to protect the identity of respondents. Nevertheless, the stories contained within these transcripts often contain clues as to the identity of the speaker, and with a relatively small number of people participating in the research there is still the risk of respondents being identified. Problems of security become more serious when more people are involved in the research, a difficulty that is discussed in more detail under the logistics section below.

#### *Complexities in talking about torture*

Discourse on torture is constructed in complex ways, both conscious and unconscious. The narratives of tortured exiles are profoundly influenced by psychological, interpersonal, social, political and cultural variables. It is important that those responsible for data collection, analysis and reporting, reflect continually on these dimensions. Exiled people may actively hide or minimise their torture histories for several reasons. These include: fear of reprisals by agents of their own country; fear of being viewed as political trouble makers; avoidance of the distress involved in talking about such experiences; shame and stigmatisation deriving from the humiliation implicit in most forms of torture; and cultural and gender prohibitions against talking about oneself or one's suffering, particular body parts, sexual acts and so on. The possibility of discussing such things also depends upon the interviewer's cultural background, gender, age, language and skill.

There are, of course, also reasons to fabricate or exaggerate torture experiences. First among these is the desperate need to secure refugee status, and the protection, services, rights and opportunities attached to that status. It is likely that survivors of less obvious forms of torture, such as solitary confinement, withholding of medical care, sleep deprivation and so forth, may feel that they need to exaggerate their experiences in order to elicit the sympathy and support of potential helpers.

Implicit to the field of torture prevention and the care of survivors is the manner in which cases of torture are documented (United Nations High Commission for Human Rights, 1999). Full documentation of torture demands a clinical interview and medical examination. Psychometric test results may also form part of the examination. Such documentation requires appropriately qualified and skilled professionals, as well as a great deal of time and expense.

It is virtually impossible for researchers to verify torture narratives, beyond checking on the internal consistency of the narrative, and the consistency of the narrative with the reported and observable medical and psychological consequences. However, extremely skilful and extensive interviewing does increase the likelihood of the entire narrative being revealed, and can produce opportunities to confront internal contradictions where appropriate.

#### *Language and the logistics of data management*

Language always presents tricky challenges to social research. It is essential that interviewers, translators and transcribers are fluent in *both* the original language and the language of the research. Only then is it possible to discuss the equivalence of meanings between different language groups.

Studies of tortured exiles must allow for data collection in multiple languages. In the sample of 77 tortured exiles living in Johannesburg, a total of 24 different home languages were listed. Of course, it was not possible to work in this many languages, and many people are fluent in languages other than their home language. Nevertheless, interviews were conducted in eight different languages, of which only two are commonly spoken in South Africa. These interviews were then transcribed and translated into English. As discussed above, interviewing people about experiences of torture requires great skill and experience. The problem then becomes finding skilled and experienced interviewers that also have the necessary language skills. Moreover, the work of translation adds a substantial burden of time and cost to the research.

A much more serious concern relates to the principal researcher's responsibility for ensuring the professionalism of the interview process and the quality of the results. Most commonly, this is achieved by the principal researcher listening to recordings of interviews and comparing the results with the transcriptions. Corrective feedback can then be provided to both interviewers and transcribers. This is not possible unless the principal researcher understands the language in which the interview was conducted.

The language challenges require that the overall research team is much larger than might otherwise be expected. The process of interviewing, translating, transcribing, correcting, and analysing means that a larger set of people have access to the data. This presents very real risks to the integrity and confidentiality of this extremely sensitive data.

In this study, the research team included exiles from the same countries as the survi-

vors. This, together with intensive training in interviewing vulnerable groups, created a team more able to meet the demands of the study. However, employing exiles in this manner presented a new set of problems. While some respondents clearly found it comforting to talk to someone of their own nationality, others were suspicious while the complex, uncomfortable histories of their countries of origin played out in the interview process. The problems of quality control were, in part, managed through the principal researcher working off the translated transcriptions with the interviewers and transcribers. Nevertheless, quality control remained a concern throughout the study.

#### *Legal challenges*

As the Johannesburg sample so clearly demonstrates, it is likely that many of the respondents will be discovered to be illegally living in the country in which the research is being conducted. Researchers, who have no legal privilege, are placed in the difficult position of concealing a crime, something for which they could be prosecuted. Furthermore, there is the danger that should authorities learn of the nature of the research, they might demand incriminating data from the research team.

The solutions to this problem depend on the context in which the research is being conducted. In South Africa, it was possible to encourage and assist undocumented exiles to apply for asylum seekers' permits that allowed them to remain in the country legally for at least three months.

#### *Care for research staff*

Researchers are vulnerable to distress and possible emotional harm through repeated exposure to the traumatic life histories of people in their care. The ethical imperative

to do no harm must also be applied to them. Researchers who are, themselves, exiles or who have suffered some of the same experiences as respondents are particularly at risk. Careful selection of research staff, training on dealing with research related emotional distress, as well as staff support mechanisms are all aspects of the solution to this problem.

### **Towards a research strategy**

While the list of challenges is certainly daunting, not one of the problems listed above is insurmountable. However, no single research strategy is likely to be able to answer the complex set of questions detailed near the beginning of this paper. What is clearly needed is a close connection between two different forms of social research: epidemiological and ethnographic.

#### *Epidemiological information*

As mentioned earlier, questions as to the size of tortured exile populations, geographic distribution, and other population demographics can only be properly answered through epidemiological research. Epidemiological research depends heavily on generalisation from a probability or representative sample of the population in question. A probability-based sampling method is the gold standard for collecting unbiased and generalised data. However, this method is limited because these populations generally do not have sampling frames from which to draw random samples using conventional probability-based sampling methods. Thus, in a researcher controlled setup, it is possible to obtain high internal validity, but due to the limitations in the sampling process the findings may not be able to be generalised. An alternative is to use routine data.

Although laws and procedures differ between countries in the developing world, most demand that people seeking asylum

register either with a government department or with a local office of the United Nations High Commission for Refugees (UNHCR). Typically this process involves the submission of a written application and supporting documentation, followed by detailed interviews with the individual as to their history and motivation for asylum. On the strength of these a decision is made as to whether or not the asylum seeker will be granted refugee status and allowed to remain in the country. Throughout this process, a great deal of data collection is already taking place, and were it to be enhanced, it would create an extremely valuable information resource to guide the work of policy makers and service providers.

Unfortunately, it is not merely a case of making existing data available for analysis and dissemination. At the moment, there is no guarantee that asylum seekers will even be asked about possible torture experiences. Furthermore, neither the skills nor the attitudes of many administrative personnel involved in the asylum seeking process encourage exiles to reveal torture histories. Similarly, the circumstances in which asylum applications are made often do not provide the privacy that some applicants would require in order to talk about their experiences of torture.

These are not, however, insurmountable problems. Were the personnel responsible for processing asylum applications trained to conduct a short but skilled interview, which included an opportunity to reveal torture experiences, the asylum seeking process might be greatly enhanced and an important information resource would be quickly developed. Highly structured question formats would support ease of administration, standardisation and ease of data management and analysis. It would

be important to ensure that this interview was not overly intrusive, that individual data remained confidential, and that where torture was uncovered, personnel were able to provide appropriate referral information.

Extracting data from administrative information will improve representation of the population group, as compared to an ad hoc research setup, at the cost of less control of the data gathering and thus a loss on the internal validity. In addition, the process itself could enhance the quality of the asylum seeking procedure itself.

#### *Ethnographic research*

While such epidemiological information might map out the size and characteristics of the exile population, a different kind of research would be necessary to understand the complex interactions of torture and exile; the core needs, risk and resilience factors of this population; and patterns of service usage. This, and much other information besides, is necessary in order to design systems of protection and care which truly cater to the circumstances of tortured exiles on the streets. To answer these questions, an altogether different kind of research is needed.

In contrast to epidemiological research, ethnographic research depends less on the capacity to generalise from a large representative sample, but on the depth of information gleaned on a much smaller and carefully selected group of people. These people might be carefully selected to embody the diversity of people within a particular population, or might be selected as typical members of that population. Respondents might also be selected for their particular point of view, or on their ability to reflect on and articulate the circumstances of their own community. Depending on the purpose

of the specific study, the researchers must clarify the limitations of their findings in relation to population and context, and specify the extent to which their findings can be extrapolated.

Data collection in ethnographic research involves spending substantial time with each respondent, asking searching and often challenging questions. Interviews would typically be less structured and much longer, often taking place over several sessions. In this way, respondents are challenged to assist the researcher to understand the inner workings of their worlds, explaining the choices that they make, and the ways that they have found to survive adversity.

Ethnographic research requires highly skilled interviewers and data analysts with a deep understanding of a wide range of issues relevant to the lives of tortured exiles, as well as the complexities of qualitative data analysis. Since this work typically takes both respondents and interviewers into very painful psychological work it is essential that interviewers are skilled in basic counselling and have close support from specialist mental health professionals. Questions of voluntary participation, not doing any harm, and protection of privacy become even more important and strict ethical controls are critical.

#### *Twin strategies*

No single research design can adequately meet the requirements of both epidemiological and ethnographic research, and scarce resources often pressure researchers to try to achieve more than is possible in a single study. A great danger is to produce research that achieves neither the objectives of epidemiological, nor ethnographic, research. It is important that the goals of future studies are clearly defined. The

combination of epidemiological data to map out the size and characteristics of various populations of tortured exiles, and ethnographic studies to explain the methods these individuals and families, within those populations, used to manage their lives, is a potent one. Together these two forms of research provide the information that is necessary for the design and implementation of appropriate strategies to meet the extensive needs of this most vulnerable of populations.

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