



TRUSTEES' ANNUAL REPORT

For the period 19 July 2024 to 31 December 2025

TortureID (TID)

Registered Charity Number: 1204023

Identify · Document · Rehabilitate

PURPOSE & CHARITABLE OBJECTIVES

TortureID (TID) works to improve early identification, documentation, and clinical responses for refugees and people seeking asylum who are survivors of torture and other human rights abuses, so that they can access healthcare and realise rehabilitation.

Refugees and people seeking asylum who are survivors of torture and other human rights abuses are frequently not recognised within UK health and safeguarding systems, and consequently routes into healthcare and rehabilitation are delayed.

As a result, survivors may experience prolonged and avoidable harm, including missed opportunities for protection, timely care, and recovery.

TID addresses this gap by strengthening healthcare practice so that survivors are recognised, supported, and able to access their wider right to rehabilitation.

Our Charitable Objectives

TID operates under two formal charitable objectives as registered with the Charity Commission:

1. To advance the health and rehabilitation of adults and children in the UK who have applied for asylum and experience impaired physical or mental ill-health or disability as a result of torture or other cruel, inhumane or degrading treatment or punishment.

2. To promote human rights (as set out in the Universal Declaration of Human Rights and subsequent United Nations conventions and declarations) by:

- Monitoring abuses of human rights
- Relieving need among the victims of human rights abuse
- Contributing to the sound administration of human rights law
- Raising awareness of human rights issues

OUR DISTINCT CONTRIBUTION

TID's distinct contribution lies in responding to a persistent gap: refugees and people seeking asylum who are survivors of torture and other human rights abuses are often not recognised, asked about harm, or supported appropriately within routine healthcare.

TID's health assessments, model what high-quality, trauma-informed enquiry, documentation, and safeguarding responses look like in real-world health settings. Learning from this clinical work is then used to inform training, develop practical tools, and build evidence, supporting the embedding of safe enquiry, documentation, and response within routine healthcare.

Through this approach, TID acts as a catalyst for systems change: strengthening mainstream health services so that trauma-informed assessment becomes a routine and equitable part of healthcare, and reliance on specialist services reduces over time.

IMPACT AT A GLANCE (2024-2025)

100+

Health assessments for survivors

4

Sites across Northern England

899

GP registrars trained

51

Assessments evaluated

98%

Trainees rated session excellent/good

IRCT

International membership secured

“It helped me. You took it seriously.” “I really feel less burden on my heart.”

— Patient feedback, TortureID health assessment (2024)

“This session changed how I document safeguarding - I’ll use this in every clinic.”

— GP registrar feedback, TID training (2025)

These activities reflect TID’s commitment to strengthening healthcare systems so that survivors of torture and human rights abuses are recognised earlier and can access the care and protection they need.

ACTIVITIES AND ACHIEVEMENTS

1. Direct Service Delivery: Supporting Survivors

Expanding Our Clinical Leadership and Delivery Team

TID remains heavily dependent on our lead clinician, who has led the organisation’s clinical work since its inception. She has continued to develop the TID health assessment model, train new clinicians, mentor colleagues undertaking assessments, represent TID within NHS forums and at meetings with other medical human rights organisations, and develop the resources that underpin TID’s work. She has generously donated most of her time to TID as a volunteer in this period to free up funds to support the recruitment of additional clinicians.

During this period we also recruited a newly qualified GP (on a sessional, voluntary basis) who had previously worked with TID during her GP training in Huddersfield. Her skills and enthusiasm have been exceptional and she has played a leading role in developing and delivering training. We now have two doctors working with TID developing and delivering health assessments, designing training, mentoring clinicians, and contributing to clinical development work.

Expanding Assessment Capacity

The Board decided to recruit additional clinicians to conduct TID health assessments so that more survivors of torture and human rights abuses could be identified and supported.

As a result, TID's services expanded significantly. We now have four clinicians regularly seeing patients, including two GPs, a psychologist and a psychiatry trainee.

Geographic Expansion and Service Delivery

During the reporting period TID recruited three new clinicians and established new project sites in Liverpool, Leeds, and Manchester. Health assessments also continue in Huddersfield.

Current delivery includes:

- Two projects in general practice in Huddersfield and Liverpool
- A project based at Refugee Action in Manchester
- A project based at Solace in Leeds

Across these settings, TID provided over 100 health assessments to people seeking asylum and recognised refugees. These assessments identify and document the physical and psychological effects of torture and other human rights abuses and make recommendations for treatment and follow-up care.

DIRECT SERVICE IMPACT

- **88%** of survivors assessed had significant mental health needs.
- **66%** had no prior documentation of abuse in NHS records.
- **33%** started or changed mental health medication after assessment.
- **74%** said the assessment improved their health.

"Talking to someone always helps." - Survivor, TID assessment (2024)

2. Building NHS Capacity

A core part of TID's work is supporting clinicians to recognise and respond appropriately to survivors of torture and human rights abuses within routine healthcare.

Training Healthcare Professionals

In November 2025 TID delivered online training to 899 GP registrars across Yorkshire and Humber on recognising and recording human rights abuses in general practice.

TRAINING IMPACT (438 feedback forms)

~98% rated the session excellent or good

80%+ reported it changed how they approach safeguarding

~98% said they were likely to apply the learning

Participants particularly valued the practical guidance on documentation, communication strategies for asking about abuse, and case-based discussion of complex safeguarding situations. Further training is planned for Health Equity trainee GPs in early 2026.

TID also delivered training to primary care safeguarding leads in Kirklees and Calder Integrated Care Boards on safeguarding people seeking asylum and refugees in general practice.

Developing Tools and Resources for Clinicians

TID continued developing practical tools to help clinicians identify and document torture and other human rights abuses more effectively. These include:

Clinical IT Templates

In partnership with Ardens (a health informatics company), TID developed a clinical template for GP electronic record systems (SystemOne and EMIS) enabling clinicians to record suspected human rights abuses systematically and generate safeguarding documentation.

Template Letters

TID developed 15 template letters responding to common requests from people seeking asylum to GPs (for example relating to accommodation or information to take to an interview). These letters have since been taken up by Doctors of the World UK and published on their widely used [clinical resources](#) website, supported by a campaign event to promote their use among healthcare professionals.

Resources for Clinicians and Patients

TID also developed:

Patient information leaflets explaining the purpose of health assessments, what patients can expect during the appointment, and how they may feel afterwards. These leaflets help asylum-seeking and refugee patients understand the process and prepare for the assessment. They have been translated into six languages, are available on TID's website, and have also been shared with medical human rights organisations.

Guidance explaining terminology used in TID medical reports, designed to support clinicians, asylum and human rights lawyers, and asylum decision-makers in understanding the clinical language used when documenting torture and other human rights abuses.

An appendix and glossary accompanying TID medico-legal reports, providing key information in an accessible format while meeting the requirements of the new Tribunal Practice Directions.

Together, these resources support survivors to better understand the assessment process and help clinicians, lawyers and decision-makers interpret clinical documentation accurately and appropriately.

3. Evidence Generation: Demonstrating What Works

Generating evidence about effective ways to identify survivors within routine healthcare is central to TID's approach.

Commissioned Literature Review

During the reporting period TID commissioned and published a literature review on the prevalence of human rights abuses among people seeking asylum. The review was undertaken to inform the development of TID's work and to share learning with other UK medical human rights organisations.

Evaluation of Health Assessments in Primary Care

TID also commissioned and published an evaluation of 51 health assessments conducted in a GP practice in Huddersfield, with the aim of understanding the impact of these assessments and the potential for using a similar approach in other settings.

All patients assessed disclosed human rights abuse. Nearly half reported torture and one in five reported rape or sexual abuse.

Most had significant health needs linked to this abuse:

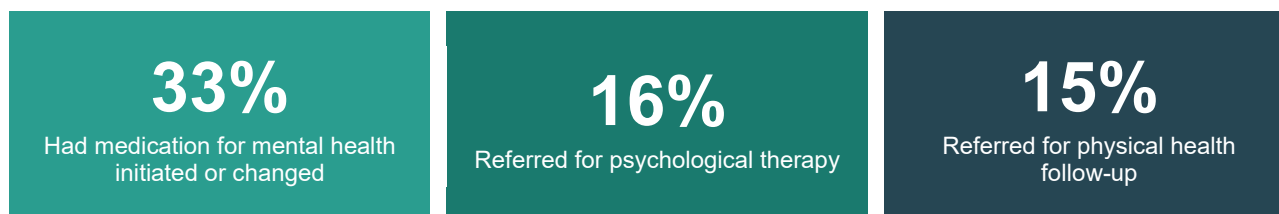
- 88% had mental health problems
- PTSD in over half; depression in over two-thirds
- 60% had physical findings consistent with abuse

Serious safeguarding concerns were identified, including suicide risk.

- 8% were at significant short-term risk
- 45% showed indicators of increased risk

Evidence of Impact on Patients' Health

The evaluation also found that health assessments led to direct improvements in patients' care:



Among those who provided feedback, 74% reported that their health had benefited from the assessment. Feedback suggested that the opportunity to discuss their experiences in a safe clinical setting could itself be beneficial, for example through emotional relief and a sense of being heard and validated.

Impact on Asylum Claims

Health assessment reports also played a role in supporting asylum processes:

- 45% of patients shared their assessment letters with legal representatives or the Home Office directly (43% of patients did not have a solicitor)
- In all cases the reports were permanently available within GP records, which is increasingly important as the Home Office and courts rely more heavily on primary care documentation.

Under-identification of Abuse in Routine Healthcare

The evaluation also revealed significant gaps in routine NHS care:

66%

Of patients had no previous record of their human rights abuse history in GP records

27%

Of patients recalled ever being asked about human rights abuses by healthcare providers

Overall Conclusions

The evaluation provided strong support for two important conclusions:

1

When asylum-seeking patients present to primary care, routine enquiry about human rights abuse is feasible and beneficial, and can lead to needed health interventions as well as potentially contributing to asylum decision-making.

2

Current routine NHS care does not adequately identify survivors of torture and other cruel, inhuman or degrading treatment, and often fails to identify or treat the health consequences associated with this abuse.

Published Research

During the reporting period TID also published [a letter](#) in the British Journal of General Practice relating to the use of GP records in asylum claims.

4. Strategic Partnerships and Recognition

Membership of the International Rehabilitation Council for Torture Victims (IRCT)

In January 2025 TID applied for membership of the International Rehabilitation Council for Torture Victims (IRCT), the largest membership-based organisation specialising in the treatment and documentation of torture. IRCT brings together 176 rehabilitation centres across more than 80 countries, working at the intersection of medicine and law to support survivors of torture and strengthen documentation practices worldwide.

Following discussions between TID's clinical lead, chair of trustees and the IRCT Secretary General in May 2025, TID was accepted as a member organisation in July 2025.

TID is now one of four IRCT member organisations in the UK - an important milestone in the organisation's development.

IRCT's Strategy 2026–2030 includes developing tools, expertise and e-learning to strengthen global practice in the documentation and investigation of torture. TID intends to contribute to this work by sharing learning from its approach to clinical assessment in primary care settings and aims to publish an article in the Torture Journal.

Engagement with Other Organisations

TID clinicians have continued to engage with a range of human rights, healthcare and refugee-support organisations through meetings, professional networks and training events. These have included organisations working with survivors of torture and people seeking asylum such as Doctors of the World UK, Freedom from Torture, the Helen Bamber Foundation, Medical Justice, Solace, and Refugee Action, as well as participation in professional networks such as the North East and Yorkshire Migrant

Health Network and the Medico-Legal Report Writers' Network. TID also maintains links with the Royal College of Psychiatrists Working Group on Mental Health and Forced Migration.

Through these engagements TID has shared learning from its work on routine enquiry about human rights abuse in healthcare settings, its approach to conducting focused health assessments in primary care, and its model for producing concise clinical documentation that can support both healthcare provision and asylum processes.

These exchanges contribute to wider sector efforts to improve the identification and documentation of torture and other human rights abuses and to strengthen clinical responses to the health needs of survivors.

MEDICO-LEGAL REPORT WORK

Producing medico-legal reports (MLRs) has historically been part of TID's work but has become less central during this reporting period.

The Board decided that the organisation should prioritise expanding free health assessments and promoting routine enquiry within healthcare settings. It was decided that by taking this approach, more people seeking asylum who have experienced torture or other forms of human rights abuses would be identified and have their health needs documented and met.

This decision coincided with a reduction in referrals from Legal Aid funded lawyers, reflecting wider reductions in access to legal representation for people seeking asylum.

Despite producing fewer than 30 reports during this period, TID successfully adapted its reporting format to comply with new Immigration and Asylum Tribunal Practice Directions issued in November 2024. The Direction set out requirements for the format and length of expert reports presented in appeals before the Tribunal, stressing that reports should be concise and focused on the issues in dispute. TID already satisfied many of these requirements as our aim has always been to produce concise, easy to understand documentation detailing evidence of torture and human rights abuses.

TID would like to thank the clinicians who have volunteered their time to produce medico-legal reports, contributing both expertise and income to support the organisation's development.

STRUCTURE, GOVERNANCE AND MANAGEMENT

Governing Document

TID is governed by its constitution as a Charitable Incorporated Organisation (CIO).

Trustee Recruitment and Appointment

During the period the Board welcomed Petra Mäkelä, a rehabilitation physician and academic with particular interest in how health and care services can better work with survivors of human rights abuses. We said farewell to Dave Cooke who resigned from the Board during the year. The trustees thank him for his valuable contribution, particularly in relation to finance.

TID continues to work towards strengthening the diversity of its Board, including increasing representation of people with lived experience of human rights abuses and the UK asylum system.

Organisational Structure

All trustees are committed to supporting TID's work and contribute significant time and expertise.

During 2025 the Board undertook an organisational review which highlighted the need to strengthen organisational capacity and reduce reliance on volunteer labour.

In Spring 2025 the Board decided that it had to prioritise recruiting an employee to work with them on strategy, governance, finance and operational management. TID received 65 applications, shortlisted six candidates and in October 2025 successfully appointed its first employee - a Director on a 12-month fixed-term contract.

The Director brings extensive international experience in the non-profit sector, including a decade working for the Open Society Foundations, and has expertise in strategy development, programme management, communications and partnership development.

One of the Director's first priorities in post was to undertake an organisational audit and lead a strategy consultation process with trustees, clinicians and partners. This work has involved reviewing all aspects of the organisation and refining TID's vision, mission and strategic objectives for the next five years and beyond. It has resulted in the development of TID's first five-year Strategic and Operational Plan (2026–2030), providing a clearer long-term framework for the organisation's mission, priorities and development.

TID also contracts with five clinicians on a sessional basis, delivering training and conducting health assessments.

At the end of 2025 the Board appointed a Quality Assurance and Evaluation Lead on a sessional basis to develop systems ensuring that documentation produced following health assessments is of a high standard and that relevant data are collected for monitoring and evaluation purposes. We were fortunate to recruit an experienced lawyer and researcher in the international human rights field for this role, bringing a strong understanding of both the needs of survivors of torture and human rights abuses and the workings of the UK asylum system.

Risk Management

The trustees regularly review risks and have implemented appropriate controls and procedures.

FINANCIAL REVIEW

TID operates without a fixed office and maintains relatively low running costs. At the end of the reporting period the charity held reserves sufficient to cover approximately six months of operating costs.

During the year TID:

- employed a Director on a fixed-term contract
- contracted five clinicians on a sessional basis
- appointed a quality assurance and evaluation lead

BOARD FUNDING PRIORITIES

Board priorities include securing funding to:

- Extend the Director's role
- Maintain clinical contracts
- Support monitoring and evaluation
- Ensure core organisational roles are sustainably funded

PUBLIC BENEFIT

The trustees confirm that TID has carried out its purposes for the public benefit, having regard to the Charity Commission's guidance.

TID works to improve the health of refugees and people seeking asylum in the UK who have experienced torture and other human rights abuses. Evidence shows that this group has significant unmet health needs, particularly in relation to the identification of past abuse and assessment of its physical and psychological consequences. These steps are often necessary for survivors to access appropriate treatment, safeguarding and rehabilitation.

Although many people seeking asylum have experienced serious human rights abuses, these experiences are not routinely enquired about within healthcare settings. As a result, many survivors remain unidentified and do not receive appropriate care. TID's work seeks to address this gap. Evidence gathered through our activities, and referenced elsewhere in this report, demonstrates the scale of unmet need and the benefits of improved identification and assessment.

The charity benefits a section of the public - refugees and people seeking asylum in the UK, many of whom are experiencing poverty. In 2025 there were around 111,000 asylum applications made in the UK. The trustees receive no personal benefit from the charity's activities.

The trustees have not identified any significant detriment arising from TID's activities.

ACKNOWLEDGMENTS

TID would not have been able to achieve any activities highlighted in this report in this period if we had not had the invaluable support of our funders. We are extremely grateful to them. We also thank our individual donors.

OUR FUNDERS

The Evan Cornish Foundation

The Allen Lane Foundation

LB Cadbury Charitable Trust

Hilden Charitable Fund

Mears

Network for Social Change

We extend particular thanks to all the experienced, skilled clinicians who have volunteered their services to TID, especially our lead clinician who has generously donated most of her time as a volunteer to free up funds for expansion. Their commitment enables TID to support survivors while strengthening systems for recognising and responding to torture and other human rights abuses.

REFERENCE AND ADMINISTRATIVE DETAILS

Charity Name:	TortureID (TID)
Registered Charity Number:	1204023
Principal Address:	19 Church Avenue, Leeds, LS6 4JX

Trustees Who Served During the Period

Hermione McEwen	<i>Chair</i>
Jude Boyles	<i>Vice-Chair</i>
Ruth Heatley	<i>Treasurer</i>
Alison Summers	
Peggy Mulongo	
Alice Nicolay	
Dave Cooke	<i>Resigned during period</i>
Petra Mäkelä	<i>Appointed during period</i>

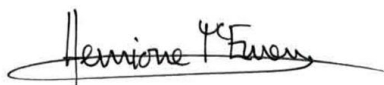
DECLARATION

The trustees of TortureID declare that they have approved the trustees' report above.

Signed on behalf of the charity's trustees:

Signature:

Name:
Hermione McEwen



Position:
Chair, Board of
Trustees

Date: 23.03.26