

VICTIMS OF TORTURE PROGRAMMING GUIDELINES

The following technical guidance is intended to inform the field on victims of torture programming. Within USAID, the Victims of Torture programs are managed under the Vulnerable Populations Programs (VPOPs) portfolio. VPOPs is housed in the Bureau for Democracy, Conflict, and Humanitarian Assistance, Center of Excellence on Democracy, Human Rights and Governance, Human Rights Team at USAID. Activities under VPOPs seek to reduce the risks and reinforce the capacities of communities, local nongovernmental organizations, and governments to provide services and protection for vulnerable groups. In some cases, funding for these projects is apportioned directly to the USAID missions, which manage the projects in consultation with USAID/DG/VPOPS in accordance with the guidelines. USAID currently supports the delivery of services in countries with individuals affected by torture through international and local NGOs.

I. INTRODUCTION

In keeping with its legislative mandate under the Torture Victims Relief Act (TVRA) of 1998 and other applicable legislation for assistance to torture victims, USAID works to assist the treatment and rehabilitation of individuals, families and community members who suffer from the physical and psychological effects of torture.

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Under the TVRA, the definition states:

1. Torture means an act committed by a person acting under the color of law specifically intended to inflict severe physical or mental pain or suffering, (other than pain of suffering incidental to lawful sanctions) upon another person within his custody or physical control.
2. Severe mental pain or suffering means the prolonged mental harm caused by or resulting from:
 - the intentional infliction or threatened infliction of severe physical pain or suffering,

- the administration or application or threatened administration or application of mind-altering substances or other procedures calculated to disrupt profoundly the sense or the personality, or
- the threat of imminent death, or
- the threat that another person will immediately be subjected to death, severe physical pain or suffering or the administration or application of mind altering substances or other procedures calculated to disrupt profoundly the sense or the personality.

As used in this Act, the term torture includes the use of rape and other forms of sexual violence by a person acting under the color of law upon another person under his custody or physical control.

Torture survivors may suffer the prolonged effects of trauma which can affect their ability to perform tasks that are important to caring for themselves, their families and their communities. Recovery from the effects of torture requires thoughtful psychological and medical attention. Treatment aims to restore the survivor’s position as a contributing and functioning member of the family and community.

II. BACKGROUND

USAID envisions a world free of torture where survivors, their families and communities receive the support they need. With this aim, USAID primarily supports programs that help treat and heal the psychological and physical trauma caused by torture. Additionally, USAID recognizes that communities are an integral component to facilitating the recovery of the survivors. To this end, USAID supports programs that affirm the dignity of the survivor by restoring his or her position as a functioning and contributing member of the family and community.

USAID promotes the treatment of individuals, families and community members who suffer from the physical and psychological effects of torture. USAID supports nongovernmental organizations that (1) provide direct services to torture survivors; (2) build the capacity of individuals and organizations to treat and help restore the functioning of those affected by torture; and, (3) increase the level of knowledge and understanding about the effectiveness of treatment methods.

USAID projects work with various community stakeholders to treat and rehabilitate individuals and communities affected by torture. In particular, effort is made to increase access to and improve the quality of services that improve the status and function of survivors; bolster the capacity of organizations and individuals delivering services to torture-affected individuals, families, and communities; and, improve the quality of interventions through evaluation and the dissemination of findings related to long-term improvement in function.¹

Improving access through local partnerships

Enlisting local organizations and strengthening their ability to deliver services and effectively assist target populations has long been a central component of USAID’s approach. In countries where torture has been widespread or systematic—with effects reaching into all or most communities and

¹ Within the context of this program description, “function” refers to the tasks that persons in the affected communities do on a regular (daily or weekly) basis in order to care for themselves, their families and their communities.

regions—it is unrealistic to expect a single group or organization to effectively tackle all areas of social reintegration and healing.

For this reason, USAID projects include a deliberate “multiplier effect” that incorporates local NGOs, and community-based organizations and supports them in identifying and meeting the needs of the populations they serve. Building the critical threshold of local services for survivors through foreign torture treatment centers and local NGOs is an important goal of USAID as it strives to bring services to where survivors live. Past projects have featured capacity building of local staff and organizations as a means to improve and sustain services for torture survivors through local providers. In addition to expanding organizations’ capacity, USAID works to build networks and coalitions and to strengthen connections among diverse providers of supports and services to meet the wide range of practical, psychological, and social needs of people and communities affected by conflict and torture.

Improving quality of services through training and evaluation

Improving quality of services through comprehensive and consistent evaluations across programs and regions is an ongoing challenge. Because contexts and countries vary as do priorities of implementing organizations and their choice of mental health interventions, USAID emphasizes the use of rigorous measurement standards to improve practice. An understanding of programs’ impacts is essential to identifying best practices and lessons learned, building capacity of service providers, replicating and scaling programs, and ensuring the ongoing sustainability of efforts.

III. PROGRAM ACTIVITIES AND GOALS

The goal of the Victims of Torture Program is to enable torture affected persons and communities² to resume their roles within family and community.

The objectives under this goal are:

1. Improved access to services that improve functioning in torture affected individuals and communities.
2. Improved quality of interventions for torture affected individuals and communities through the study of the impact of interventions.

Objective 1: Improved access to services that improve functioning in torture affected individuals and communities.

To achieve this objective, consideration should be given to an integrated service delivery program that meets the expressed needs of torture-affected persons and communities, and includes interventions designed to improve the functioning of torture-affected survivors and torture-affected communities in selected areas. The program should include linkages to existing local NGOs and CBOs which are providing medical, psychological, social, protection (human rights, legal) or economic assistance to communities that have been affected by torture.

² Defined as persons currently suffering reduced function due to direct or indirect exposure to torture, and communities with many such persons.

Discussion: Individuals who have experienced torture directly or indirectly often need specialized medical and/or psychological assistance to meet their unique needs. A broader range of interventions also may be needed to help improve function, particularly in the context of rehabilitation following treatment where individuals returning to communities need to meet the challenges of everyday life.

Linkages among the key local organizations are essential to building a successful community-based program that addresses treatment through a tiered approach and provides opportunities for social and economic reintegration or rehabilitation once treatment is concluded. An active psychological education and outreach program might be considered to inform others about the medical and psychological effects and symptoms associated with torture (such as, insomnia, psychosomatic complaints, anxiety, depression) and how to access assistance.

Illustrative Partners:

- National and local NGOs and CBOs and governmental partners who are connected to target communities and have the capacity to provide services needed by individuals and communities with reduced function. Where clinical services are provided, the implementing partners should provide clinical supervision to ensure delivery of quality care.

Illustrative Results:

- Number of individuals with reduced function due to torture accessing services in selected torture-affected communities.
- Number of available interventions focused on supporting improved functioning.
- Number of affected individuals (percentage of program participants) who achieve significant recovery of their ability to perform their roles within family and community as a result of the intervention.

Illustrative Deliverables:

- In collaboration with local communities, undertake a needs assessment that identifies local priorities and service delivery modalities (as tied to a tiered program).
- Based on identified needs, an integrated service delivery program to meet needs of torture survivors and torture-affected communities in selected areas.
- Assessment of improvements in functioning.
- Mapping of local resources.
- Training programs for local NGOs/CBOs to incorporate basic forms of psychosocial care and referral into their regular programs.

Objective 2: Improved quality of interventions for torture-affected individuals and communities through training, monitoring and evaluation.

To achieve this objective, the program should measure the effectiveness of interventions in terms of improving function as part of an overall Monitoring and Evaluation strategy.

Discussion: Torture treatment centers and programs can strengthen services by (1) building evidence-based treatment protocols, (2) elevating capacity of counselors and therapists through training, (3) strengthening linkages with other service providers to complement mental health services in the treatment of survivors, and (4) evaluating the effectiveness of interventions.

Successful programs are able to present clear criteria for selecting mental health interventions for training, describe interventions and their suitability to the culture and needs of populations being served, develop training programs (which include follow up and clinical supervision), and utilize a strategy for measuring the effectiveness of interventions selected for training. Training for service providers can include linkages with local or regional universities, certification programs, mentoring, and in-country training institutes.

There is a widely held belief that psychosocial interventions should be an essential component of a treatment program for torture-affected individuals and communities. However, the field is challenged by the appearance of numerous approaches and methods without clear evidence of what works in low resource environments. This situation has resulted in a wide range of interventions, titles, and training models, but little agreement on the efficacy of various psychosocial interventions and, therefore, the appropriate training needs for such interventions.

Based on these concerns, and because of a dearth of scientific evidence of the effectiveness of psychosocial interventions for torture victims, as well as a lack of standardization of these same interventions, Objective 2 is an analytical component to accompany service delivery in order to investigate the true effectiveness of interventions. This component will require the applicant to select and test those interventions they believe are most likely to be effective in helping restore function. In the context of these guidelines, ‘function’ refers to the tasks that persons in the affected communities do on a regular (daily or weekly) basis in order to care for themselves, their families and their communities. USAID is interested in the extent to which the ability to do these tasks is affected by torture, and the extent to which psychosocial/counseling and other interventions can help to restore functioning.

Illustrative Partners:

- Private and public researchers and research organizations including universities, institutes (national, international).
- Training organizations (national, international).

Illustrative Results:

- Evidence of the effectiveness (or lack of effectiveness) of tested interventions in improving function.
- For those interventions (if any) found to be effective, evidence that at least one of the implementing organizations will continue to provide this intervention/s as part of their programming. This evidence would include training programs for participating organizations in the effective intervention(s).
- Refined roles for professionals and community workers engaged in service delivery, treatment or rehabilitation based on the interventions found to be effective.

Illustrative deliverables:

- Record of research/impact analysis into the effectiveness of the project interventions, conducted using sound qualitative and quantitative methodology.
- Research findings shared through meetings, publications, media and the Internet.
- Only if possible, scientific (using controlled comparisons) assessment of the impact of program elements designed to improve function.

IV. USAID PRINCIPLES OF PRACTICE IN ASSISTING TORTURE SURVIVORS

USAID believes that a number of fundamental principles must be incorporated in the implementation of all programs for torture-affected populations. These principles derive from an underlying commitment to (1) increase access to services that treat and thus improve the status and function of victims of torture and promote healing; and, (2) improve the quality of interventions for torture-affected individuals through the study of the impact of interventions.

Recipients shall adhere to the following USAID principles in programming for victims of torture:

Community-based. To be accessible, interventions need to be based in communities where survivors live. Referral networks incorporating professionals at all levels of technical expertise in rural and urban settings improve coverage and opportunities for survivors to receive the services they most need. The design of community-based mental health interventions specific to torture affected populations should be appropriate for low resource environments.

Culturally grounded. USAID recognizes the importance of understanding local definitions of function and well-being. Ethnographic assessment methods can help identify local meanings, evolve appropriate strategies and interventions to improve the status of torture survivors, and contribute to a baseline of information that can serve as a marker of progress.

Evidence-based. The organizations that USAID supports must demonstrate the effectiveness and impact of interventions to improve the functioning and well being of victims of torture and build an evidence base for practice. USAID asks that grantees incorporate monitoring and evaluation systems to measure improvements. Interventions should be matched to population needs. Culturally adapted measurement or screening mechanisms should be employed to determine need and most appropriate services for affected populations.

Holistic. Affected populations have multiple needs and not all survivors may suffer the long-term effects of trauma. Trauma specific interventions should be applied only if indicated through appropriate screening. Counseling can effectively link individuals with appropriate services, based on assessment of need. Services for torture affected individuals should incorporate several avenues to healing, such as medical attention, physical rehabilitation, documentation of experiences, and mental health support and socio-economic activities which can help individuals reintegrate into families and communities.

Collaborative. Collaboration with and among other organizations is critical to ensuring a holistic and integrated approach. USAID supports interventions that build and strengthen existing community networks and resources. Working through local organizations, USAID hopes to improve access to services and strengthen responses to torture.

In-country capacity. The human factor is the key to sustainable, quality care and services. Appropriately trained, supervised and supported service providers are essential to success.

Sustainable practice. Follow-up is vital to the success of any program, during implementation and after a project cycle has ended. Programs should demonstrate a clear and feasible exit strategy or plan for continuance after the initial grant.

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