



Democracy, Human Rights and Governance

Empowerment and Inclusion Division: Victims of Torture Program

The Empowerment and Inclusion Division (EI), Center of Excellence on Democracy, Human Rights and Governance (DRG), works to reduce risks to and reinforce the capacities of communities, local governmental organizations and governments to provide services and protection to vulnerable populations. Its programs and policies help vulnerable populations gain access to opportunities that support their full participation in society.

EI also manages five congressional directives and the Center on Children in Adversity. Each has its own purpose and strategy, but they share a focus on providing assistance to poor and vulnerable populations, child and adult. Each emphasizes the value of family and community as the first resort in providing protection, care and support to vulnerable children, civilian victims of war, torture survivors and people with disabilities. These are the Disability Program, the Displaced Children and Orphans Fund (DCOF), the Center on Children in Adversity (CECA), the Leahy War Victims Fund (LWVF), the Victims of Torture Program (VOT) and the Wheelchair Program.

The Torture Victims Relief Act of 1998 defines torture as deliberate mental and physical damage caused by governments to individuals to destroy individual personality and terrorize society.

The effects of torture can last a lifetime, affecting survivors' ability to perform tasks that are important to caring for themselves, their families and their communities. Recovery from the effects of torture and violence 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. Families and communities are included in the recovery process to affirm the dignity of the survivor and restore his or her position as a functioning and contributing member of society.

USAID works through its Victims of Torture Program (VOT) to assist the treatment and rehabilitation of individuals, families and community members who suffer from the physical and psychological effects of torture and trauma. VOT is housed within USAID's Center of Excellence on Democracy, Human Rights, and Governance (DRG) in the Bureau for Democracy, Conflict, and Humanitarian Assistance (DCHA). VOT works primarily through non-governmental organizations (NGOs) overseas that (1) provide direct services to survivors, their families and communities; (2) strengthen the capacity of country-based institutions in their delivery of services to survivors; and (3) increase the level of knowledge and understanding about the needs of torture and trauma victims.

Five principles guide USAID's programming for torture survivors: 1) improving access to and quality of services available to torture-affected communities; 2) targeting individuals who suffer reduced function due to direct or indirect exposure to torture; 3) building on existing community networks and resources; 4) breaking the silence experienced by individuals and communities affected by torture; and 5) expanding knowledge on the needs of torture and trauma-affected populations and the effectiveness of treatment.

Strengthening Organizational Capacity

Through VOT, USAID works to strengthen the organizational and managerial capacities of treatment centers that provide services for victims of torture and trauma. It has enlisted the Global Health Bureau's Leadership, Management and Governance (LMG) project to work closely with VOT partner organization, the Center for Victims of Torture (CVT), to bolster CVT's provision of organizational development technical assistance to 10 torture and trauma rehabilitation centers.

The partners work in tandem to assist the centers in strengthening their capacities in areas that the centers themselves identify such as leadership

photo: Daniela Greco/International Rescue Committee



Robert Horvath
Interim USG Advisor under PL109-95
Division Chief, Empowerment and Inclusion
Center of Excellence on Democracy, Human Rights
and Governance
U.S. Agency for International Development
Washington, DC 20523
Tel: (202)712-5239
rhovath@usaid.gov

skills, staffing patterns, roles and responsibilities, financial management and internet security. The two-partner team also captures lessons learned that can inform other capacity development efforts with torture rehabilitation centers. As part of this effort, in 2013 LMG and CVT hosted a workshop for representatives from all 10 centers. During this workshop, participants charted their progress over the course of the project and discussed how to sustain and build on the gains made from capacity development work.

Improving Clinical Effectiveness

USAID is also interested in strengthening the planning, implementation, monitoring and evaluation of its programs. A particular focus is improving and evaluating interventions to treat the physical and mental health problems of torture-affected populations. USAID's VOT notes that the capacity of service organizations to correctly plan, monitor and evaluate programs is often weak due to lack of experience, funding, skills or a combination of these factors. Torture-treatment organizations frequently fail to formally assess the needs of survivors prior to program planning and to plan interventions that respond to local needs. Groups who implement programs often do so without a clear statement of their anticipated impact, which frequently follows from weakly formulated statements of goals and objectives. The actual impact is rarely assessed and decisions on interventions are frequently driven by organizational mandates or capacity, which varies widely across organizations (many of which are local NGOs). The choice of interventions is of great concern since most psychosocial interventions have little evidence of effectiveness among the populations for whom they are provided.

USAID provides clinical support for organizations that seek improvement in these areas. The success of evidence-based randomized control trials and other quality research efforts provides compelling proof for public health visionaries who view mental health services as a key component of health care.

USAID also recognizes that the needs of torture-affected populations can vary, and that there is much uncertainty about what constitutes appropriate and effective interventions, particularly in low-resource environments. Therefore, USAID has enlisted the assistance of the Johns Hopkins Bloomberg School of Public Health, to address these uncertainties and thereby try to enhance service providers' program quality and impact.

Johns Hopkins University (JHU) has provided technical assistance to NGOs serving torture-affected populations in Mexico, Guatemala, the Democratic Republic of Congo, Indonesia, Iraq, Haiti and Sri Lanka. This assistance has taken the form of conducting needs assessments, designing and assisting with implementation and monitoring of interventions and assessing the impact of those interventions using scientific methods including randomized controlled trials. Alongside this technical support has been the ongoing development of a new approach to

program monitoring and evaluation (M&E). JHU has expanded previous approaches to M&E to produce a single integrated approach that encompasses program design, implementation and monitoring and evaluation. As JHU has worked with NGOs, the group has refined this approach to make it suitable for use in low-resource environments, while retaining scientific rigor.

How VOT Information is Being Disseminated

Though research is costly and labor intensive, with little to go on in the torture field, the investment has been worthwhile. Here are some of the presentations and publications that have been presented in public forums

1. At the International Society for Traumatic Stress Studies (ISTSS), presentation entitled, "Improving Resiliency and Mental Health of Sexual Violence Survivors in Low-Income Conflict-affected Contexts in Sub-Saharan Africa Through Economic Programming."
2. At the World Bank, presentation entitled, "Identifying impacts of Sexual and Gender Based Violence Programs for women in South Kivu, DRC."
3. At the United Nations for International Day for People with Disabilities, presentation entitled, "Mental Well-being, Disability and Development."
4. At the Columbia University Seminar on Global Mental Health, presentation entitled, "The Development of Effective Treatments to Address Interpersonal Violence in the Congo."
5. At the meeting of the Society for Applied Anthropology in Albuquerque, New Mexico, a presentation entitled, "Depression symptoms across contexts: Development of a cross-contextually valid measure of depression."
6. In Paris, at the International Conference on Applied Psychology, the South African torture treatment organization the Centre for the Study of Violence and Reconciliation presentation entitled, "Illuminating the path: Exploring clinicians experiences of developing and implementing an African rehabilitation model for victims of torture."
7. In Moldova, the torture treatment organization RCTV Memoria participated in public discussions of the *Report on the Implementation of the National Plan for Human Rights* organized by Ministry of Justice, and talked about the role of Memoria in promoting the Istanbul Protocol as well as prevention of torture. It also organized an informational tour, "Rehabilitation works and is a right of victims" for representatives of NGOs, partners and other interested persons.
8. The cover article of the Summer 2009 issue of *The MAGAZINE of the Johns Hopkins Bloomberg School of Public Health*, "Mending Wounded Minds," describes the efforts of a team of mental health researchers at the school who are working with in-country professionals and trainees to devise ways to provide mental health assistance to victims of torture in the developing world. The article uses as an example a USAID-funded program to assist torture victims in Kurdistan.

