

# How others have done it- a desk study of community projects related to torture

## Appendix C<sup>1</sup>

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### Questions which form the basis of this desk study

In order to produce a strategy for community work at the Centre for the Study of Violence and Reconciliation (CSV), it has been found useful to generate a set of questions or areas of interest that should be covered. These questions are inspired by the Rehabilitation and Research Centre for Torture Victims (RCT) publication, "An exploratory literature review on community interventions in four Latin American countries" (Jessen, Modvig & Rønso, 2010). The authors assess a variety of community interventions and suggest a number of areas that need description. These areas are deduced from the many projects that were evaluated and hence represent an empirically based set of questions. CSV-RCT project partner staff involved in this project found it relevant to ask the following six questions.

**a. What is the context?**

A description of the context will include the rationale for doing an intervention, identifying the problem it aims to address clearly and considering how community factors will impact and should impact on the intervention.

**b. Who is the target population?**

Describing the target group should establish clear criteria of inclusion and exclusion, consider how the targeted beneficiaries are reached and the extent to which this actually happens.

**c. What is the theory that informs the intervention?**

All projects work with theories but these are seldom or often not explicated. By breaking up a project into a series of causal links, "if x, then y", the theoretical assumptions that are implicit can be identified and assessed.

**d. What are the indicators that the assumptions of change are correct?**

It is important to be able to measure each of the links in the causal chain leading from project to effect. At each link, one must determine which indicators of the desired effect would be meaningful to measure. This enables a more systematic reflection on what can be learned from the project.

**e. What resources are needed?**

The professional composition and other characteristics of the staff, networks and the costing of other resources should be considered and documented in planning interventions and is useful for replication purposes.

**f. How is sustainability being facilitated or addressed?**

Sustainability should be part of the discussions from the beginning of planning projects. This might be in relation to exit strategies (how do we exit?), efficacy and sustainability (does our intervention work and does its impact last?) and efficiency (at what cost).

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<sup>1</sup> This paper also serves as an appendix to an unpublished *internal* CSV paper called "Finding our way: developing a community work model for addressing torture. Version 1, 2011). In 2012, a condensed version of the paper which incorporated the appendices was made available with the same title on the CSV and Dignity websites (by Bantjes, M, Langa, M & Jensen, S).

A more detailed explication of these questions is given in Appendix B, “Questions about community work” (Jensen & Bantjes, 2011).

This desk study examines four projects reported on in the literature against these six questions. Using information gathered in interviews with staff, two additional projects are examined. The objectives of CSVR’s community work on torture – transformation, prevention and amelioration – provide the framework for considering the implications of each of these projects for CSVR. These implications are presented in table format after a discussion of each of the projects.

## **Literature review of four community projects**

### **The Tree of Life: a community approach to empowering and healing survivors of torture in Zimbabwe<sup>2</sup>**

The Tree of Life is a once off residential group intervention facilitated by trained torture survivors with a group of eight to ten people over a period of three days. It uses the metaphor of a tree for exploring and understanding the trauma experience in the context of a person’s life. The process of the workshop leads participants to appreciate their strengths and the support of the community in surviving. It involves “story telling, healing of the spirit, reconnection with the body and re-establishing a sense of self-esteem and community” (Reeler, Chitsike, Maizva, & Reeler, 2009, p.182).

#### **a. What is the context?**

Torture and organised violence have been documented in Zimbabwe over the last thirty years. Human Rights Forum recorded 39 000 violations from July 2001 to August 2008 with 4 765 allegations of torture. These figures are seen as underestimations of the prevalence of torture. The need to provide psychological assistance to large numbers of victims of torture in a cost-effective way is thus, the problem facing Zimbabwe. Zimbabwe is considered to be in a state of “complex emergency”, defined by Mollica et al. (cited in Reeler et al, 2009, p 182) as “a social catastrophe marked by the destruction of the affected population’s political, economic, sociocultural, and health care infrastructure”. Reeler et al. (2009) argue that individual interventions are not cost effective in a complex emergency and this is why a group based intervention was designed.

#### **b. Who is the target population?**

Victims recruited to participate are from the same community as this has been found to facilitate trust and respect as well to allow participants to identify security risks, like informers. Facilitators are usually from the community and use their local networks to contact known activists. Over its lifespan the Tree of Life has had

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<sup>2</sup> Most of the information in this section was taken from the following article: Reeler, T., Chitsike, K., Maizva, F. & Reeler, B. (2009). The Tree of Life: a community approach to empowering and healing survivors of torture in Zimbabwe. *Torture*, 19, 3, 180-193. Information about this project was also gained from the Tree of Life Trust brochure and through personal communication with Jane Mushonganyika, a Tree of Life facilitator working in Zimbabwe who I met at a sub-regional meeting of anti-torture organisations.

different target populations, but since 2004 it targeted survivors of political violence. Many of the participants still live under threat. Initially, primary and secondary victims participated but later a decision to concentrate on primary victims was made, due to the high numbers of primary victims. Facilitators assess potential participants against the following two criteria, having an experience of organised violence and, or torture, and having a score on the World Health Organisations' SRQ-20 above the cut off of 7 out of 20, which indicates a negative psychological state.

**c. What is the theory that informs the intervention?**

**d. What are the indicators that the assumptions of change are correct?**

The tenets behind the method are that torture and organised violence lead to intimidation and fear. Torture isolates and divides people. Thus, an intervention is needed, firstly, for victims to break the isolation and reconnect with the self, nature and others; and secondly to restore people's sense of personal power and facilitate healing. The theoretical focus is individual empowerment and does not address change beyond the lives of individuals. The methods are informed by traumatic stress treatment for individuals which relate to safety, connection, empowerment and meaning making through story telling and body work. These theoretical assumptions are applied using the following activities. Participants' functioning is evaluated against related indicators as described below.

1. Telling personal stories and having them heard in a context of trust and respect results in victims reclaiming personal power and changing feelings of fear, powerlessness, guilt, sadness, anger and loneliness. Clinical improvement in psychological state is the indicator. The study did a pre and post test for "psychological state" measured by the SRQ-20. Specific indicators were levels of depression and anxiety. Improvement in post-scores to below the threshold for "caseness" was the indicator for the return to psychological health. Sense of improvement in coping and sense of personal power was measured through self-reports.
2. Doing bodywork including breathing, stretching, relaxing and dancing leads to people reclaiming their bodies from which they may have become disconnected by violation. Changes in health problems were recorded, improved health being the indicator of physical and, or emotional healing.
3. Connecting with the natural system in which people live to reclaim the connection between nature and themselves. No specific indicator was noted.
4. Seeing oneself as part of a larger system, through the metaphor of a tree as part of a forest, allows people to reclaim their connection to the community. Decrease in social isolation and increase in participation in mutual support groups measured by self-reports was an indicator.
5. Another indicator that the project measures, is participants' perception of the workshop as useful. This is not related to the theoretical assumptions in any relevant way.

**e. What resources are needed?**

The Tree of Life makes use of **facilitators** who are survivors of organised violence and torture. Resources to train them are required. The length and intensity of training is not known. Two to three facilitators facilitate each group of eight to ten participants. It is not known whether the community facilitators are paid for their work or not. The facilitators should be from the community in which the intervention will be run. Care for the facilitators is essential. Hence, an experienced supervisor, familiar with the methodology, but who did not participate in the workshop is required to meet with the facilitators after each workshop "to de-brief and assess the workshop" (Reeler et al., 2009, p.186).

**Accommodation and catering** is required in addition to a venue as the workshop method relies on participants being together for two to three days.

A suitable place to do the individual **screenings** prior to selecting participants for the workshop is needed. This could be done at people’s homes or at a communal meeting place where the intervention is explained to potential participants.

**f. How is sustainability being facilitated or addressed?**

The method seems to be efficient in that it makes use of community members as facilitators rather than professionals. Professionals occupy training, supervision and support roles. Where health services are in disarray and mental health professionals are scarce, Tree of Life provides an important resource to communities. By training members of communities and torture survivors themselves to be Tree of Life facilitators, the potential for further workshops and healing remains within the community. Back up support provided to communities and organisations in post-workshop activities aims towards sustaining the empowering impact of the workshops whereby people are spurred into taking action in their communities.

The efficacy of the intervention has been measured against the indicators mentioned above. A three month follow up interview with 33 of the 73 participants, shows statistically significant improvements in their psychological state on the SRQ. Social functioning and sense of coping three months after the intervention were also improved but measured only by self-reports. There is no information on the majority of participants who were not followed up. In addition there is no control group thus, it cannot be said with certainty that the improvements are due to participation in the Tree of Life, or that everyone benefits from it.

**Implications for CSVr’s community work with victims of torture**

CSVr Objectives	Context	Target Group	Theory	Indicators	Resources	Sustainability
<b>1. Prevention</b>	Not addressed					
<b>Lessons/challenges for CSVr</b>						
<b>2. Social change</b>	Not addressed					
<b>Lessons/challenges for CSVr</b>						
<b>3. Amelioration</b>	Torture, displacement, complex emergency, no services.	Primary torture victims from same geographical community. Those with worst psychological state.	Theories about traumatic stress. Empowerment theory.	SRQ and relies on self reports. No measures for social and physical functioning.	Modest human resources and time. Replicator effect.	Efficient- yes Effective- for some Exit- yes
<b>Lessons/challenges for CSVr</b>	Useful where few professionals available. Is psycho-social intervention the most appropriate? Prevention/social change not addressed.	Useful model for apartheid victims of torture and current torture victims who live in the same locality. Using community members to recruit known activists may limit access as they may serve as gatekeepers who exclude particular people.	Empowerment limited to individual sense of control and connection. Potential for economic and political/social empowerment not capitalised on fully. “Group therapy” method.	Indicators should match objectives of the project. No control group, only internal evaluation done.	Be careful not to overload community facilitators.	Efficient for treating individual trauma victims where no services. Training torture victims as facilitators means wider impact. No preventative and social change agenda.

### **Community intervention methods from the ODHAG-RCT programme in Guatemala<sup>3</sup>.**

The ODHAG-RCT programme is a community based programme that began in 1997 in Guatemala for “survivors of organised violence including torture, massacres, disappearances, displacements, and violent suppression” (Anckermann et al., 2005, p. 137). The programme aims to achieve social and political transformation. As such it adopts the social action approach to community work. It uses health as an entry point for effecting transformation at a community level. A community development approach to supporting people affected by torture and organised violence is proposed as useful for achieving social and political change.

The aim is to build Guatemala’s national capacity to provide psychosocial attention and community support to victims of organised violence. The programme also aims to restore the social fabric through participatory activities which respect human rights and democracy. These aims are achieved through:

1. Institutional development and capacity building of the ODHAG central institution and its partners - independent pastoral organisations in seven Catholic dioceses in Guatemala;
2. Building national networks and alliances in order to influence national policies about psychosocial support to survivors and generate knowledge about a sustainable community-based approach to mental health, empowerment and development (Anckermann, 2005, p.141).

This desk study focuses on the second of ODHAG’s programme of activities.

#### **a. What is the context?**

Current conflicts in Guatemala have a historical foundation of social exclusion, ethnic discrimination and economic injustice. There was a 36 year civil war in Guatemala from 1980 following a much longer history of revolution and other violence pre and post independence in 1821. After the civil war, with the signing of Peace Accords in 1996, space opened up to deal with past and current human rights violations. There was a truth commission which identified the needs of the people affected and this intervention programme was built on the reports from that process. The current context includes economic injustice, impunity of the police, discrimination and unfair distribution of land and income. Violent deaths, lynching, prison homicides and torture are reported. Violence is complex and results from organised crime, drug trafficking, youth gangs, ordinary criminality and illegal security forces. Because the programme is a national one, descriptions of the contextual specifics for different communities and how these would influence the intervention are not described but would be relevant.

#### **b. Who is the target population?**

The programme is aimed at “survivors of organised violence such as torture, massacres, disappearances, displacements, and violent suppression” (Anckermann et al., 2005, p. 137) and includes both direct and indirect victims. Most of the victims are from the indigenous Mayan group. The project aims to reach such

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<sup>3</sup> All the information regarding this programme was taken from the following article: Anckermann, S., Dominguez, M., Soto, N., Kjaerulf, F., Berliner, P. & Mikkelsen, E.N. (2005). Psychosocial support to large numbers of traumatised people in post-conflict societies: an approach to community development in Guatemala. *Journal of Community & Applied Social Psychology*, 15, 136-152.

victims across half the country in seven regions including rural areas. No other criteria for the target group are specified, for example level of psychosocial and health functioning. The criteria for inclusion are open ended. The target group could be described more specifically.

**c. What resources are needed? (human and other)**

This programme makes use of the national reach of the Catholic Church in Guatemala. This is an advantage because it has infrastructure and presence second only to the military. It has outreach, capacity, legitimacy and acceptability in the rural areas and is able to cover several hundred affected communities. The seven dioceses the programme currently works in reach about half the country. Local professional networks are established in each of the seven dioceses consisting of five to seven professionals such as psychologists, theologians, social health workers, group facilitators, community leaders without formal education, and an accountant running the administration. These networks must be able to provide psychosocial intervention, education and supervision to the volunteer “community promoters”. Professionals facilitate the self-help groups with the volunteers and provide individual interventions. The volunteer community promoters are trained by professionals, run the group processes and provide counselling to survivors. It is not known whether the professionals and the promoters are paid or unpaid. It is interesting to note the racial mix of the organisation with promoters generally being drawn from indigenous populations whereas trained professionals are usually of European origin reflecting macro-political hierarchies (personal communication, Jensen, 2011). The bulk of the target group is Mayan. Thus, good knowledge and respect of Mayan culture and history is needed. Recruiting workers from diocese where the interventions are targeted facilitates this local understanding and knowledge.

**d. What is the theory that informs the intervention?**

This programme rests on the primary assumption that a community development approach to supporting people affected by torture and organised violence effects social and political change.

**Theories underpinning the key principles and elements of the programme:**

**Long term programmes are necessary:** A long history of violence requires a long period of intervention, up to 10 years.

**Preventative activities have an important role:** “health related—and preventive activities—at the community level, merge and mutually strengthen each other” (Anckermann et al., 2005, p.142).

**The community is the appropriate level of analysis and intervention:** Trauma reactions to war cannot be understood at the individual level only, because these reactions occur in a historical, social context (Martin-Baro, 1990a cited in Anckermann et al., 2005, pp. 137-138). As such interventions aiming at alleviating individual suffering should be aiming at social change and the “(re)-creation of a well-functioning social fabric within the community and between communities” (Anckermann et al., 2005, p. 143).

**Psychosocial healing and empowerment are the foundation for development:** Trauma is social and causes a breakdown in the social fabric. Restoration of the social fabric is achieved through healing, empowerment and community development including economic development. This, the fourth theoretical assumption forms the foundation of community level interventions. Hence a more detailed description of the logic of the theory follows.

A fundamental assumption is that if they have “access to resources and space for manoeuvre” (Anckermann et al., 2005, p. 138), which can be assumed to be the inputs of the intervention and the space created by the intervention, people are able to change their life situation. According to this, community healing activities lead to *healing and health* which is the improvement of functioning and social relationships in the community, not only the absence of disease. This is described in more detail below. Healing and health form the basis for *community empowerment* through social organisation and political consciousness. Social organisation and political consciousness set the precondition for reconciliation and *community development* including increased economic activity, improved standards of living and welfare (Anckermann et al., 2005, p.138).

**Community healing:**

Healing focuses on problems that emerge in the interaction between people and their practical living that is, their unmet needs. Healing can be facilitated through reflection groups, support groups and individual intervention.

**Reflection groups:**

Through participatory exercises and reflective dialogues, and by using local facilitators who know the community, locally appropriate ways to deal with specific problems are developed. Reflection groups can foster productive interaction and cooperation between community members.

**Self-help groups:**

The process of disclosing individual experiences and providing support and understanding is necessary for individuals to confront their problems and experience a sense of well being. Symptom reduction or management can be achieved through indigenous and external techniques which results in improved functioning.

**Individual attention:**

Individual interventions can empower individuals who have emotional and psychological problems that prevent them from participating actively in the community healing process.

**Community Empowerment:**

Community empowerment and development is facilitated by group sessions that include conscious social communication resulting in an increased level of collective reflection, social participation and political discussion in the community. This increases the community members’ participation in decision-making processes in local and national politics, thereby creating a social structure in the community which can prevent violence and participate in the development of the community.

**e. What are the indicators that the assumptions of change are correct?**

The indicators of *community healing* were identified in the ODHAG project through action and reflection. They are listed as respect, trust, solidarity, commitment and communication (Anckermann et al., 2005). At the time of writing the article, the programme was in the process of developing instruments to measure indicators, including a semi-structured interview guide for focus groups with the participants (Anckermann et al., 2005). The following indicators of *empowerment* are listed:

- People define themselves as group and community members and talk about “we”;
- The group develops standards for communication which includes appropriate respect for diversity of the group members;
- The group is seen as a learning organisation that can use joint knowledge about communication practices to facilitate change and problem solving;
- Participants exchange opinions;
- Participants jointly develop ideas and proposals and take action;
- Participants openly discuss changes in the group.

Measuring the outcome of *political and economic development* of the community seems problematic. There is a wide gap between the application of the theory at a small group level and achieving development or “a well functioning social fabric”. The theory does not explicate specific indicators at higher levels. Rather the indicators are limited to what happens within the reflection groups. Similarly, no indicators for participation in decision-making processes in local and national politics are listed although this is a key element of empowerment. In addition, the listed indicators may be very difficult to measure and verify independently of self-reports.

**f. How is sustainability being facilitated or addressed?**

**Efficiency**

Sustainable community development can be achieved when the group has become an integral part of the community as a forum for political discussion and for planning and executing development projects. Health, community healing and empowerment become elements of these development projects. The group may even support other communities wanting to start groups. Fewer professionals are needed to support large numbers of people than if one-on-one professional services were provided, thus, making efficient use of resources.

**Effectiveness**

The development of the reflection group itself must be evaluated in terms of a range of issues, for example, whether the group organises itself to act towards solving specific community problems. To evaluate the sustainability of the group’s development outcomes, the financial and technical level of the reflection group must be considered. It is not clear how these would be monitored and measured to indicate that the theory of change has effect.

**Exiting the community**

The “programme” can leave the community when the group is self-sustaining.

**Implications for CSVV’s community work with victims of torture**

The primary element of ODHAG’s programme which is useful for CSVV is to shift the level of analysis and intervention beyond the individual. It prompts thinking about the interaction between the individual and socio-historical contexts and the planning of interventions accordingly. The reflection groups present an intervention method that could allow healing and community development agendas to be reached simultaneously.

CSV Objectives	Context	Target Group	Theory	Indicators	Resources	Sustainability
<b>1. Prevention</b>			Not addressed clearly. Seems to be advocacy agenda to address prevention.	Link between empowerment, health and violence prevention not clear.		Prevention of torture and violence not explicit.
<b>Lessons/challenges for CSV</b>				Gap between activities and expected outcome should not be too wide.		Incorporation of prevention agenda in theories and planning is needed.
<b>2. Transformation</b>			Social Action Theory. Wide gap between group level change and social change.	Indicators for community development not measured.		Reflection groups should become social change agents.
<b>Lessons/challenges for CSV</b>	If socio-political systems are illegitimate, why participate? How else can people influence structures?		Health in SA not a neutral entry point – politically dangerous.	Starting point for thinking about links between development and healing. Need measurable indicators for community functioning.		Steps for achieving this sustainability must be outlined. Long term intervention is needed.
<b>3. Amelioration</b>	Addresses national problem of history of conflict in the country. Large numbers of victims.	Broad, no prioritisation within the category of “victim”. Clearly community level intervention.	Liberation social psychology. Theories are developed in detail with indicators.	Indicators are clear. Rely on self-reports for measuring. Focuses on functioning of the group, not individual.	Relies on reach of the Catholic church. A number of professionals are needed in each geographical area.	Relies on groups becoming self-sustaining or functioning independently.
<b>Lessons/challenges for CSV</b>	Specifics of each community should be taken into account in designing intervention. National context is only one facet.	Lack of professionals to deal with those most affected may determine that worst functioning cannot participate in reflection group-will depend on resources in the specific community.	Modes of intervention i.e. reflection groups, self-help groups and individual work, useful. Focus on local knowledge and resources.	Some independent verification of indicators may be needed at times. Indicators that go beyond individual functioning to capture group and social functioning are useful.	Infrastructural network a challenge in South Africa, would government services substitute? Sufficient professionals may not be available in rural areas.	While reflection groups can continue community development activities, need for specialised treatment likely to be there always. Mobilising local knowledge of healing improves sustainability.

## **A multi-layered psychosocial care system for children in areas of political violence (Burundi, Sri Lanka, Indonesia and Sudan)<sup>4</sup>**

This multi-layered care package to provide mental health and psychosocial support to children in countries affected by political violence follows a public health framework. It operates on three levels of prevention, primary, secondary and tertiary, and targets interdependent ecological levels, the general population, at-risk groups and groups with severe mental health problems. To prevent healthy populations from developing psychosocial problems, primary prevention such as awareness raising targets the general population. Secondary prevention involves interventions for sub-groups of the population who are at-risk for mental health problems or who experience mild problems, for example, psychosocial group work with children at school. Tertiary prevention is the curative intervention traditionally associated with health care services for example, specialised psychiatric intervention for mentally ill. The model provides a framework within which multiple interventions can be designed. According to the authors of the paper about this model, it is not a finalised product, but a framework requiring development, adaptation and research (Jordans et al., 2010).

### **a. What is the context?**

The impact of ongoing political violence on child mental health has been demonstrated. In most large emergencies specialised psychological or psychiatric intervention is needed for thousands of individuals. In low and middle income countries it is difficult to meet the need because of the lack of mental health professionals and the difficulty of raising capacity in the short term. Research has recommended approaches which address a range of issues from individual clinical needs to broader community revitalisation. This model presents an example of such an approach. The proponents of this framework do not pay attention to factors in the specific contexts which may influence the success of the application of the model. The article refers to countries experiencing “complex emergencies” (Jordans et al., 2010), however, it is unclear whether these systems are implemented in post-conflict settings or in contexts of ongoing political violence. It drew on work done in Burundi, Sri Lanka, Indonesia and Sudan.

### **b. Who is the target population?**

The target population is children and adolescents affected by political violence in low- and middle-income countries. However, this ecological approach calls for interventions that target the whole community because children and adolescents, and the family and community are interdependent systems. In addition, a lack of resources mean that preventative interventions that go beyond intervening with the children affected, are an important way of reducing the need for costly curative interventions. Again the specifics of each context, in terms of culture, religion or the needs of a particular population, are not seen as relevant to the model.

### **c. What is the theory that informs the intervention?**

### **d. What are the indicators that the assumptions of change are correct?**

The authors of the paper indicate that outcomes and evidence for effectiveness of the interventions are still being assessed (Jordans et al., 2010). The key theoretical assumptions are:

1. Single isolated interventions are not sufficient.

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<sup>4</sup> All the information about this framework was taken from the following article: Jordans, M., Tol, W., Komproe, I., Susanty, D., Vallipuram, A., Ntamatumba, P., de Jong, J. (2010). Development of a multi-layered psychosocial care system for children in areas of political violence. *International journal of mental health systems*, 4, 15, 1-12.

2. A mental health and psychosocial support system of preventive and curative interventions that address a range of needs is needed. Implementing a multi-layered care package is a feasible alternative to a single intervention approach. An indicator of the effectiveness of incorporating primary and secondary prevention levels into a broader care system would be that the number of children reached is more than that reached by isolated interventions or when only tertiary care is provided.

**e. What resources are needed?**

This framework aims to address the key problem of limited resources for mental health care in low- and middle-income countries. The resources required at the primary and secondary levels appear possible to mobilize- a trained team of local service providers. But, the authors admit that the resources required to intervene where there are severe mental health problems remains a challenge in these settings because of a lack of professionals (Jordans et al., 2010). We can assume that by engaging in primary prevention interventions and taking care of as many children as possible at the secondary level or through paraprofessional counselling, some individuals can be prevented from progressing to developing severe symptoms and therefore the volume of professional services needed would be reduced. The article (Jordans et al., 2010) does not indicate whether those trained to do primary and secondary prevention work and the counselors are paid for their work or expenses. Neither is there reference to the administrative and management human resources required to co-ordinate such a multi-level programme. These are vital and would have to be considered. Jordans et al., (2010) note that even with the use of non professionals, sustaining a programme like this may be difficult with limited financial resources. Cost analyses are needed to decide feasibility.

**f. How is sustainability being facilitated or addressed?**

**Efficiency**

Focusing on prevention interventions which reach large numbers of people, and relying on local capacities are methods of creating more sustainable support to children affected by political violence. Largely unsubstantiated by evidence the model assumes the development of resilience and resources at multiple ecological levels through community mobilisation as vital to sustainability. It is argued that integrated, non-vertical care systems, will be more cost effective and sustainable. Further it is suggested that dependence on external services are reduced and that local healing resources are more sustainable.

**Effectiveness**

The primary indicator of effectiveness of the framework would be that there is less of a need for professional services which are in short supply in contexts of complex emergency. Little evidence for effectiveness is presented.

**Exit strategy**

Jordans et al. (2010, p.10) note that the sustainability of the care system will depend partially on “the level of integration with existing systems of care” including community and government systems. Without integration, there are risks of becoming a competing parallel system which is solely dependent on external financial and technical input. Building the capacity of service providers and people in the community to become care givers allows external programme workers to exit. The argument is made that psychosocial support should be complemented by livelihood and infrastructural programmes to address distress in poor

populations. Thus, making links with other sectors like livelihood or peace-building programmes is necessary (Jordans et al., 2010, p. 10) and could contribute to sustainability of the programme and its outcomes.

### Implications for CSVR’s community work project on torture.

The logic of a public health approach is useful for applying at community level in order to reduce the burden on stretched tertiary services. However, the decontextualised nature of this approach may be its downfall. Nevertheless, some of the specific interventions mentioned provide useful direction for CSVR. For example, youth resilience groups based on the theory that positive peer relations and groups activities are protective factors for children in adversity as they contribute to restoring damaged social fabric and the building of trusting relationships.

CSV Objectives	Context	Target Group	Theory	Indicators	Resources	Sustainability
<b>1. Prevention</b>	Not specific. Broad strokes e.g. “complex emergency” “low- and middle-income countries”.	Children and adolescents.	Public Health- reducing the burden of disease. Addresses effects of violence not prevention.	Less need for professional services (i.e. less cases). No indicators given.	Mobilise existing resources and build capacity for prevention activities.	Relies on building capacity, and integrating with local resources.
<b>Lessons/challenges for CSVR</b>	Broad frameworks do not address the localized and socio-political nature of violence, its effects and approaches to prevent it.	Cannot see children in isolation, systemic intervention is important. Distinguish target for intervention vs. target for impact.	Address root causes. Awareness raising about trauma can result in heightened demand for services.	No baseline. Aim to reduce numbers using tertiary care, how will you know you’ve had an impact?	What if there is no capacity to mobilise. How will salaries of paraprofessional and “mobilised” community members be paid?	Consider how to work with existing services. What if existing services are too dysfunctional to integrate with?
<b>2. Transformation</b>	There is no social change agenda in this framework.					
<b>Lessons/challenges for CSVR</b>						
<b>3. Amelioration</b>	As above.	As above.	Public health- tertiary treatment reserved for the most distressed.	As above.	Need for professional services usually cannot be met. Non-professionals used effectively. Group interventions.	As above.
<b>Lessons/challenges for CSVR</b>			How can the Trauma Clinic and the community interventions work efficiently together?		Advocate for improvement of the state system. Use professional capacities efficiently and build capacity where possible.	

## **Bangladesh Rehabilitation Centre for Trauma Victims- Victims' Association project<sup>5</sup>**

Bangladesh Rehabilitation Centre for Trauma Victims (BRCT) implemented a psychosocial project called "*Strengthening Capacity of the Rehabilitation of Victims of Torture and Organised Violence in Khulna Division of Bangladesh*"<sup>6</sup>. Initially BRCT worked mainly in human rights awareness. It then developed into a health based organisation, and incorporated treatment, counselling, rehabilitation and legal services. To encompass these diverse activities, BRCT has developed a localised and particular psychosocial approach called Integrated Rehabilitation Approach which includes medical care, physiotherapy, psychotherapy, counselling, home visitation, legal assistance and social rehabilitation. The establishment of Victims Associations (VAs), on which this desk study focuses, plays a key role in the Integrated Rehabilitation Approach. The VA intervention is consistent with a social change agenda. It applies principles of empowerment theory to allow victims of torture to take up human rights activism and facilitate social change.

### **a. What is the context?**

Andersen (2006) describes how with the establishment of Bangladesh as a state separate from India in 1947 the creation of the borderline created local forms of trans border activities and economic dynamics (p. 17). The demarcation of the border turned routine trade and travel between the populations on both sides of the border into criminal activity. Criminals and insurgents came to operate along this border engaging in activities such as informal trade and the smuggling of goods, people and arms. The government deemed these activities as threat to the sovereignty of the state and so it increased the securitisation of the border with police and military forces. Increased violence by these authorities resulted (Andersen, 2006). Ordinary people are beaten and tortured by police and military personnel, who extract bribes before releasing them from custody. Economically resourceful people motivate for arrests as a way of settling personal or business related disputes and during these arrests police authorities torture people (Andersen, 2006, p. 51). Through torture a criminal status is conferred on this population. This changes the victims' social position and self-image (Andersen, 2006, p. 4). There are financial hardships caused by the violent attacks. The shame they feel deters survivors from going out into public communal life to earn an income and the wounds may prevent them working. The cost of treatment and medicine is also a financial burden and inadequate treatment leads to long term impairment in occupational functioning. These problems affect the families of victims as well.

### **b. Who is the target population?**

The target population for the Victims Associations is people that have been exposed to violence and torture by Bangladeshi authorities and who have received treatment by BRCT staff at mobile clinics or at the Dhaka Centre. The groups are initiated to help victims within their own locality, at the village level. They constitute a group by virtue of similar experiences, physical injuries, mental disabilities and suffering through which they identify with each other. They also bond as a group by virtue of a moral commitment to be free from violence and torture. Women are organised together with men and various religious groupings and political orientations are represented.

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<sup>5</sup> All the information regarding this project was gained from the following dissertation: Andersen, M. K. (2006). "Borderlands of Violence - the Making of Capable Victims". Masters Dissertation in International Development Studies and Geography, Roskilde University.

<sup>6</sup> Designed and planned in collaboration with the Rehabilitation and Research Centre for Torture victims (RCT).

**c. What resources are needed?**

The Regional Counsellors of BRCT initiate the formation of the VA groups. The daily administration and running of the groups is supported by another local group of human rights activists created by BRCT, the Task Force against Torture groups (TFT). The latter is composed of lawyers, journalists, social workers and in some cases medical doctors. At district level, these groups support and cooperate with the VAs in their efforts to resist recurrences of violence and torture. There are about 20 Victims Association groups. To illustrate the numbers, one of the districts has four groups and 82 members. The salaries for the Regional Counsellors of BRCT and the time of the Task Force against Torture groups (TFT) need to be financed. Participants are not paid for being in the VAs but money is provided to VAs that have collected adequate sums themselves.

In addition the mobile treatment centres as well as the centre in Dhaka where they originate, requires resources. This is where the victims are identified and treated and directed into the VA programme. This aspect of the model operates on what seems to be traditional medical model of assessment, diagnosis and treatment. Four types of professionals are listed as required for the mobile clinics - psychiatrists, doctors, physiotherapists and counsellors. Some medical equipment and medication must be needed. Transport and communication costs are involved in a project that reaches to rural areas.

**d. What is the theory that informs the intervention?**

**e. What are the indicators that the assumptions of change are correct??**

Interestingly, the theory underlying BRCT's understanding of the intervention and the victims' understanding of the intervention were found to be different (Andersen, 2006). However, they negotiate this relationship in a way that meets their respective needs. The victims and the organisation remain objectively unequal in terms of their access to resources and interact in a relationship of "patronage". However, victims' individual needs for livelihood and social inclusion are met while the organisation's social change agenda is carried out by the victims.

A micro loan credit programme is the primary reason why victims join the VA as it brings the hope of a new status and life in their community. For BRCT, the self-help groups aim to address the suffering of individual torture survivors with social, psychological and economic problems. Managing the mental and physical state of the victims enables them to become politically active people capable of preventing torture in their communities through a changed relationship to the state. Members take on an identity as a human rights defender and "perform as a proper citizen" in an effort to secure themselves, as well as the group and to gain recognition of their new identities (Andersen, 2006, p.100). The causal assumptions behind this process can be more clearly understood by outlining the four basic aspects of the intervention and the range of positive outcomes to which they are assumed to lead. The related indicators are also outlined below.

**1. Getting victims of torture together in Victims' Associations at the village level**

By sharing their experiences and problems in the VA's, the VA itself is formed and sustained. Through an allegiance to the VA or the victim communities' "values, beliefs, bonds, responsibilities and commitments" (Andersen, 2006, p.90), feelings of security are produced and feelings of shame and fear are alleviated. The collective activity improves victims' sense of agency and their sense of physical safety to speak out against authorities. Indicators are closely linked to the members' participation in the VA, their compliance with the procedures of VAs in the micro-loan project, in turn indicating self management and a sense of agency.

## **2. Providing the VAs access to a micro-credit programme**

“Proper conduct” of members, such as regular attendance, participation in human rights NGOs, payment of subscription fees, and compliance with BRCT’s objectives is facilitated by rewarding this behavior with a micro-loan. The micro-loans in turn create the potential for victims to achieve economic elevation and security. They can demonstrate that they are responsible people who are capable of caring for their family and thus receive social respect. The victims’ level of participation in communal life following the micro-credit loan would be an indicator that their self-perception has changed.

## **3. Teaching members of the VAs about their human rights and national and international laws regarding torture**

This programme ultimately aims to engage the groups of victims in challenging the authorities’ abusive practices and thereby to change the way survivors relate to the state. Their status in the community is also improved. Engaging in “door to door” rights campaign activities could be indicators that the members have made the transformation from victims to “human rights activists”. Further, the engagement of the VAs intervening against incidents of torture is indicative, as could be the number of new victims they refer for services or involve in the VAs.

## **4. Maintaining the link between the VAs and the main rehabilitation organisation**

The personal association of the members of the VAs to people perceived as resourceful and influential allows victims to feel able to confront the authorities’ violent practices and demonstrates the innocence of the victim to the community and thus, holds the possibility of regaining respect and dignity.

### **f. How is sustainability being facilitated or addressed?**

#### **Efficiency**

Victims can find strength and empowerment as members of the VA associations, enabling them to raise their voices against torture. The associations will also work to establish their rights for obtaining compensation and rehabilitation support from the state (BRCT, 2005, p. 24, cited in Andersen, 2006, p. 72). This then replaces the organisation’s role as the advocate for redress and is thus efficient. It is difficult to evaluate whether the project is resource efficient but it is reaching more victims than ongoing one-on-one professional care would, and it is able to reach rural areas.

#### **Effectiveness**

The numbers of VA’s and their involvement in human rights activities points to there being some utility to the intervention, although as mentioned, the impact or indicators of success may be defined differently by VA members and the organisation.

#### **Exit strategy**

Sustainability is addressed through its primary objectives “To develop a federation of victims’ associations in order to shift much of BRCT’s prevention work to civil society, enabling BRCT to focus on knowledge creation and the promotion of best practices with regards to rehabilitation” (BRCT, 2004c, p. 13 cited in Andersen, 2006, p. 14).

## Implications for CSVR's work with torture victims

CSV Objectives	Context	Target Group	Theory	Indicators	Resources	Sustainability
<b>1. Prevention</b>	State violence. Social status and location put people at risk of torture.	Victims broadly who require free rehabilitation service. Able to reach rural populations.	Social Action. Social status constitutes people as criminal. Link between rehabilitation and activism to prevent torture.	Indicators were not self-evident. Participation in activism.	Not just "free labour" of the VAs. Network of human rights activists/professionals in each district is needed.	Victims Associations can become relatively self sustaining for rehabilitation of victims, and for advocacy.
<b>Lessons/challenges for CSVR</b>	Analysis of context points to the causes of torture and potential opportunities for prevention.	Combination of clinical rehabilitation and community supported rehabilitation. Mobile clinic could be used as an entry into communities.	Economic support restores agency, social status. Awareness and agency can produce human rights activists to prevent torture. Is human rights discourse a real protection against torture?	Think about the differing perspective that CSVR and victims have about the purpose and benefit of intervention.	Micro-loans. Stipends for human rights activists.	Victims can speak for themselves if equipped, we are not needed indefinitely.
<b>2. Transformation</b>			Social action-altering the relationship between the marginalised and the state.			
<b>Lessons/challenges for CSVR</b>	Consider the victims' relationship to the community when doing needs analysis.		Self help group can have effects at community and national level - changing relation to the state. Organisation's position in relation to the state must be clear.		As above.	
<b>3. Amelioration</b>		Look at the many relations that constitute victims.	Professional intervention directs victims to self-help groups. Micro-loans attract people. Activism and economic support impact self-esteem.	Survivors of torture are knowledgeable and active. Self-help groups meet members' own particular needs.	Team at district level to support self-help groups. Micro-loans.	Fairly sustainable. Structures set up at community level for identifying and supporting victims.
<b>Lessons/challenges for CSVR</b>		Consider social status and stigma and relationship to the state.	Economic development and activism can effect psychosocial improvement.	How do victims define indicators? What are indicators if economic, social, psychological are connected?		Victims are a resource to other victims. Payment of activists?

## Interviews with two projects

### Implementing the HEARTS model<sup>7</sup> in a group intervention with torture survivors

#### Interview with Pamela Whitman, head of the Victim Empowerment Programme, Khulumani Support Group, South Africa

The HEARTS model aims to address traumatic stress through a support group forum. It was developed in a post conflict community in Guatemala for women to support each other, in a context where the whole community was under traumatic stress. HEARTS is simple and straight forward enough for non professionals to apply. It sits broadly within the empowerment approach.

Khulumani Support Group (KSG) is a social movement promoting the human rights of survivors of Apartheid-era gross human rights violations in South Africa. Its staff implemented HEARTS with a group of ex combatant torture survivors from Johannesburg's West Rand. KSG employed an ex-combatant they knew to recruit participants in a particular community in which there was a need. This group of torture survivors participated in a two day workshop.

Each letter of the word HEARTS stands for a different element of the workshop.

**H-** stands for History; **E-** for Emotions; **A-** for Asking about symptoms; **R-** for Reasons for the symptoms; **T-** for Teaching relaxation and other coping techniques; **S-** for helping with Self-change.

KSG applied changes to the sequence of the HEARTS model and added elements. H, history or telling of experiences was implemented at the end of the intervention. They added an introductory discussion on the definition of torture, a session on the benefits of telling one's story and a brief session on counselling skills.

The programme employed the following activities for each of the elements:

**The definition of torture** was discussed in the group. **Emotions** were addressed by playing a game where people had to act out words and others had to guess what they were acting, with the goal of finding multiple words for emotions. **Asking about symptoms** involved talking about what it means to be stressed, depressed or traumatised and how it manifests in behaviour, physically, and in how we think. Participants were given a list of related symptoms. **Reasons for the symptoms** were presented didactically. In this way participants learned about the physiology of stress and symptoms were normalised. **Teaching relaxation** was conducted through a combination of teaching and validating what participants are already doing to cope. **Helping with self-change** involved facilitating participants' recognition of positive changes in themselves and reviewing whether the process has made a difference to them. **The importance of telling your story** was discussed before going into the **history** for which a significant amount time was allowed. A brief session on **counselling skills** was conducted although not in detail as this group was skilled. About a month after the HEARTS workshop, two of the original KSG facilitators had an **evaluation** meeting with the participants. Facilitators

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<sup>7</sup> The HEARTS model was developed by Karen Hanscom, a psychologist who was the recipient of the 2001 American Psychological Association International Humanitarian Award for her work with victims of torture (refugees in the USA as well as women in Guatemala). Additional information about the model can be found at <http://www.astt.org/KHanscom-article.html> , "2001 Award winners- International humanitarian award, Karen Hanscom, Advocates for Survivors of Torture and Trauma" in which her paper Treating survivors of war trauma and torture is included. Retrieved on August, 1st, 2011

reminded participants about the programme and the activities because some time had passed. They then posed various questions to the participants and recorded their responses.

A gap identified in the model by the facilitator who was interviewed is that HEARTS does not provide a way for addressing guilt. Participants do not have an opportunity to talk about the victim-perpetrator dynamic, and they do not deal with the guilt and shame of what they may have done or said during torture. Introducing a component on guilt and shame would facilitate the victims' understanding that no one can withstand torture and will succumb.

**a. What is the context?**

This group of participants came from West Rand townships of Johannesburg which have a history of political violence and protest against the apartheid state. Currently these are areas in which there are high levels of poverty, unemployment, and crime. The group also focused on torture that is perpetrated currently by the police in their neighbourhoods, about which they expressed outrage.

**b. Who is the target population?**

Ex-combatants were not formally demobilised and integrated into society following the end of the struggle against apartheid in South Africa. They are a vulnerable group who has not received the benefits of being veterans as other soldiers have. As a group they are characterised by having social problems such as unemployment, physical disabilities, traumatic stress and substance abuse. They have needs for employment, housing, medical care and psychological interventions. As participants in the struggle against apartheid many experienced detention, torture, witnessed killings and other traumatic events. In terms of predetermined criteria for inclusion in this intervention, all the participants in this group had been in military formations. Representation of different military formations in the group was ensured. The focus of the intervention was on torture. They were activists and "it is not clear if that is why they came forward or if that is why they were selected. They gave the impression they had been in a similar group before as they were challenging and cynical. They said, 'How are you going to change our lives?' " (interview Pamela Whitman, 2011). The facilitators had to win people over which was different to other groups they had previously worked with. This is significant in that ex-combatants have been recipients of a number of psychosocial interventions from NGOs in the past which have not necessarily met their needs. The facilitator who was interviewed came to feel that, "They were a great group, the best group I ever worked with, articulate, opinionated and vocal."

**c. What is the theory that informs the intervention**

**d. What are the indicators that the assumptions of change are correct?**

The basic assumptions underlying this intervention are:

Victims' describe what happened to themselves, to other victims and to the facilitators. They develop an understanding of, and can describe how their current emotions and symptoms are linked to those experiences. They learn new methods to manage their symptoms. By engaging in these processes they can find ways to gain better control over their symptoms and are more likely to consciously do something about them during their day to day life. This will ultimately improve their psychosocial wellbeing. Pamela Whitman argues, "The goal of the HEARTS should be to facilitate an understanding that there are things that can be done to relieve symptoms and live a bit better, but that it is hard work and they have to work at it continuously, but it is achievable". In light of this, the indicators are as follows.

Participants are able to talk about their experience without becoming overwhelmed or excessively emotional. Participants express their emotions in a detailed way, using a wider range of emotional vocabulary and name emotions they could not previously express verbally. Participants explain how their particular symptoms are linked to their traumatic experiences and also how their thoughts, behaviour and physiological processes are linked.

Regarding learning new methods to manage their symptoms indicators would be : Participants report that in daily life they recognised their symptoms and were better able to do something about them; participants report seeking help to address their suffering; participants indicate that they have added to what they knew about how to cope with their suffering or symptoms and have used the exercises learned in the workshop; participants report that new techniques learned have helped them cope better; participants report feeling more in control of their symptoms.

With regard to the additional elements that were added to the HEARTS process by KSG it is argued that discussing what torture is, normalises the suffering that is a result of experiences that victims did not previously name as torture. By explaining the rationale for story telling victims' sense of control is increased as they can consciously choose to use the method, understanding it as a way to improve their wellbeing. Building knowledge about symptoms and the counselling skills of participants increases their sense of control or efficacy in the world by equipping them to help others as well as promote their own wellbeing. The intervention does not claim to achieve healing in the workshop itself. Rather the aim is to provide tools and attitude that facilitate ongoing healing beyond the workshop experience.

#### **e. What resources are needed**

**Human resources:** A **paid organiser** from the target community is needed, who can identify people who would benefit from the HEARTS process and organise transport of participants, the venue and food. **Two group facilitators** with knowledge about trauma, stress and depression, torture and its consequences, and coping, are required. A translator who is familiar with the model may be required if the facilitators do not speak the participants' languages. A professional is needed to provide **supervision and debriefing** for facilitators after the intervention.

**Time:** In addition to the two days for the workshop, there is preparation time, a half day evaluation session about one or two months after the workshop, and one or two supervision or debriefing sessions.

**Financial resources over and above salaries:** There are costs for the venue, refreshments and transport for participants to the venue.

**Materials for the day:** A programme outlining the activities is important for participants as it creates a sense of structure and safety bearing in mind that torture involves unpredictability and lack of control of basic routine. In addition to the costs of the programme outline, handouts are prepared for participants to take home. Notebooks and pens are supplied and the facilitators require flip charts and pens.

## f. What is being done to facilitate or address sustainability

### Effectiveness

At the evaluation some participants reported fighting less, and the ability to tell their family about their experiences. Thus sustainability was achieved in terms of impact on individuals although no long term follow up has been done. HEARTS aims to equip people with knowledge and methods to help themselves and this was achieved. There was resonance in the group about how torture affected them which was one of the goals. An unexpected outcome was that there was a great connection between the members and the facilitators although this connection was only intended to develop between the group members.

### Exit strategy

Sustainability on the group level was not achieved as much as intended. This was not a group with a shared history. KSG brought the participants together for the HEARTS workshop and then the group ended. The good relationships formed between members with the facilitators could not be sustained by KSG. Pamela, the facilitator felt that this should not have happened, “there was an element of feeling let down in the group”. She suggested a possibility for improving sustainability would be to implement KSG’s “community conversation” intervention following HEARTS. This would have involved the group in deciding what they want to achieve and developing a plan to do it.

### Efficiency

The two day workshop was a fairly cheap and efficient way to achieve the goals above. HEARTS is a simple and straight forward method allowing non professionals to be trained to run the sessions. This is a way of reaching more victims with psychosocial support needs than through professional or one-on-one interventions. The facilitator felt it would have been more sustainable to have trained the group of ex-combatants to become facilitators of HEARTS as some are already active in their community. This would allow more people to have access to the process.

### Implications for CSVR’s work with victims of torture

CSV Objectives	Context	Target Group	Theory	Indicators	Resources	Sustainability
<b>1. Prevention</b>	This model does not explicitly address prevention.					
<b>Lessons/challenges for CSVR</b>						
<b>2. Transformation</b>	There are no transformational objective in this model					
<b>Lessons/challenges for CSVR</b>						
<b>3. Amelioration</b>	Human rights violations.	Ex-combatants who have been tortured.	Empowerment-group healing intervention. Traumatic stress theory also used.	Clear indicators not developed before the intervention. Some unintended effects arose.	Few resources required.	Sustainability of group limited. Skills and attitudes acquired seemed sustained but not clear.
<b>Lessons/challenges for CSVR</b>		No screening for participation, check potential re-traumatisation. Community gatekeeper can exclude - use strategically.	Short term interventions are the start of a healing process and immediate impact not expected.	Develop measures of coping and symptom management to test the efficacy of the model.	Facilitation skills needed. Content about torture and its consequences can be learned.	Good for capacity building. Use group development to improve cohesion before exit

## **Community Project with young men and women at risk of torture in “New Beginning”, Manila, the Philippines<sup>8</sup>**

### **Interview with Kaloy Anasarias, director of the Balay Rehabilitation Centre, Manila, Philippines**

The Balay Rehabilitation Centre (Balay)<sup>9</sup> in the Philippines has done interesting work with young men and a few young women who have been tortured or are at risk of torture in a community where police commonly perpetrate torture and even being killed is a real risk<sup>10</sup>. The intervention is multi-faceted including psychosocial intervention and advocacy.

Access to this group of young people was gained by a Balay staff member who by using a law preventing imprisonment of children assisted young people to get out of prison when he worked at another NGO. In this way Balay established trust with these young people. They told their friends and other people in the neighbourhood about Balay and so young people, after a period of suspicion, have developed understanding of, and confidence in the organisation. Community presence was established by spending informal time with the young people, listening to their stories, showing empathy and speaking their “language.” This is part of the initial psychosocial intervention termed “psychosocial inquiry”.

There are several elements to Balay’s work. **The first psychosocial intervention** involves taking a group of young people away for three to four days to a place where they will not be bothered by family or other concerns. They participate in a process of self awareness whereby their humanity is affirmed and they examine their values and resources to change their lives. **Ongoing support** is provided after the camp, in their neighbourhoods where they have weekly meetings in the form of counselling and group interventions to support them to seek redress and to make known the violations they experienced. They are also supported to gain skills through education or to get employed or set up their own small businesses. From the perspective of restorative justice Balay addresses their experiences in a holistic way addressing their experiences as **victim and perpetrator**. While Balay views them as a victim of cruel acts of the state, the organisation also likes them to realise that their actions may have caused suffering to others, and for them to make amends. It is part of the policy that youth partners understand the possibility that Balay will discontinue their partnership if they will not mend their ways, or they engage in continued harm against others, or in criminal activity. **Networking** is central to Balay’s work. Networks include parents and adult community leaders who can sustain the intervention when Balay staff are away. They form a **“Quick Response Team”** (QRT) who come to the assistance of young people picked up by the police, to prevent torture and to prevent them from being killed. A network of professional partners is also available including lawyers and medical professionals. Balay also works with **state structures**. They educate police on human

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<sup>8</sup> All the information about this project was gained in a telephonic interview with Kaloy Anasarias, the director of Balay Rehabilitation Centre, Manila Philippines on 29 July 2011

<sup>9</sup> Balay Rehabilitation Centre, like CSVR, is a partner of the Rehabilitation and Research Centre for Torture Victims (RCT) in Denmark.

<sup>10</sup> While torture and killings of some young people have been reported, there is no prevalence study yet that shows a very wide scale practice of torture. Nonetheless, anecdotal accounts and some verified information indicate that this torture and CIDT is a serious human rights violation issue that needs attention.

rights issues with the ultimate aim of changing the institutional culture throughout the system. They have been supporting local government to establish a human rights action centre which would facilitate human rights awareness in the community, respond to reports of human rights violations and assist those who have suffered from police torture. **Community intervention** is part of Balay's overall preventative advocacy work. The youth partners are invited to participate in actions and events against torture, for example, they participated in legislative hearings when Balay was pushing for an anti-torture law to be passed. By doing **research** Balay is interested in articulating the economic, social and cultural factors behind the phenomenon of torture in Philippine society. Historically, advocacy against torture and the discourse on human rights was seen as an ideological or political activity because of the way the human rights movement developed since martial law in the 1970's. Now Balay would like to widen the discourse for the public and civil society organisations to see torture as happening to people who are not necessarily political, but to ordinary people who belong to a marginalised sector of the population.

**a. What is the context?**

The community in which this project takes place is called Bagong Silang which could be translated as "Newly Borne," "New Birth, or "New Beginning." With a population of 200 000 people it is one of the biggest communities in the capital region. It is a relocation area, where poor people from other neighbourhoods or who have been moved following demolitions live. It has a reputation of being violent. The usual scenario for these victims of torture and CIDT is that a report of crime reaches police. The police send out patrols and pick up young people because they are the "usual suspects". They are brought to the police station and the police beat them to force a confession. This enables the police to report to their supervisors that they have done something about the reports of crimes. Another reason for torture is that police extort money from people. They "play around" with so called suspects and offer them freedom in return for a certain amount of money.

**b. Who is the target population?**

Young men and a few young women aged between 14 to 25 years have been part of the community programme. They come from poor families and many of them are not at school and are unemployed. Many have had a difficult family background. They have experienced violence in different ways, some with the police others with security forces<sup>11</sup> and also violence at home. A significant number of the youth at risk are members of gangs or fraternities. They are often accused by police of being involved in crime and this is followed by torture. These particular young people are profiled by police because they may have been involved in petty offences, they may have been to jail before, or they have been labeled. These young people are seen by the community as "good for nothing" or a "nuisance". Every time there is a new criminal event in the area they automatically become among the top suspects.

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<sup>11</sup> These men are called "tanods". They are designated by the Barangay council as local peace keepers and to watch over the security in the neighborhoods.

- c. **What is the theory that informs the intervention?**
- d. **What are the indicators that the assumptions of change are correct?**

### **Access**

To gain the buy in and trust of this group of young people in conflict with the law, it is necessary to do something concrete for them to demonstrate the organisations' commitment to their wellbeing. Being accepted and not judged or looked down upon also helps to gain trust.

### **Psychosocial intervention (camps and ongoing support for young people)**

Giving responsibilities to the young people to organise themselves allows them to feel trusted. The intervention introduces a new way for them to see themselves, to reestablish their value as humans and to provide them with emotional upliftment. The theory is that by realising their value as humans, getting in touch with their own humanity, they will realise their equal entitlement to have their rights upheld. By realising they are entitled to their rights, they realise that alternative life choices are open to them. They are also made to see that they are accountable to others and therefore they should stay away from the violent path that some of them have chosen to follow. In terms of indicators, there are tools to assess their progress, using instruments that measure psychological stress and changes over time. Staff also take note of feedback from significant persons living with the young people.

### **Prevention**

Torture is seen as part of the logic that shapes the relationship of authorities to people who are vulnerable because they are poor, marginalised and placed in a life of criminality. The interventions with youth facilitate access to education and work thereby reducing their vulnerability to torture, because they come to be seen as productive citizens from whom police must stay away. In addition by intervening to create a culture and practice of rights, incidents of abuse of young people will be reduced. Balay believes that the entire police establishment has to be engaged because it is founded on violence and so local and national advocacy is done. Community work at a local level can form an effective foundation for advocacy at a national level by providing constituents to support a movement, and by involving victims who are willing to speak about their experiences and to speak out against torture.

### **Addressing the combined victim-perpetrator**

By addressing the youth as both perpetrators and victims they are better able to understand the harm they may have caused others through their own experience of suffering and be more willing to make amends. By facing their perpetration and making amends they are able to change community perceptions of them which decreases their chances of being tortured. By having clear policies about not assisting beneficiaries with problems related to criminal activities, and the threat of the benefits of the programme being withdrawn, the young people have more motivation to stay away from unproductive activities.

### **Research**

The assumption is that promoting a discourse on economic, social and cultural factors involved in torture can help widen the understanding that torture is targeted at marginalised groups and is not just political.

**e. What resources are needed?**

The **human resources** needed are registered social workers for psychosocial interventions and paralegals. Some of the young people are trained as facilitators. The “Quick Response Team” is a network of community partners. Most are not trained in human rights but are committed. There is a network of professional partners including lawyers and medical professionals. There is a **partnership** with local state social workers for bi-directional referrals. They do joint activities and learn from each other. Balay makes use of a government youth centre which will be run both by Balay staff and the youth partners in future and may be opened to other youth. It is used as a meeting place, a space for alternative educational activities, and a space for members of the drama group to practice and sometimes for counselling.

This model relies on group as well as ongoing individual intervention and may not be very cost effective, however the depth of work needed when working with victim-perpetrators may justify the intensity and cost of the intervention and a limited reach. Through partnerships resources are more efficiently used.

**f. What is being done to facilitate or address sustainability?**

**Exit strategy**

The plan is for government to ultimately take over the rehabilitation intervention which is why government social workers are invited to seminars so they will have better skills, technologies and systems. Similarly, Balay aims to have the human rights action centre run by local government and to turn the youth centre over to local government.

**Efficiency**

Donor funding is the primary source of funding resources. Other possibilities are to explore funding collaboration with other groups to combine resources, for part of the programme. Balay has reached around 140 young people in this community. They have been able to achieve the activities and targets set out. Other aspects of sustainability are addressed by plans for the future work especially primary prevention, for example, human rights seminars in schools in co-operation with teachers and principals. Advocacy work including working with police is another prevention activity which is more efficient than treating victims.

**Effectiveness**

There is not substantial information about impact yet.

## Implications for CSVR's work with torture survivors

The Balay project has particular relevance for CSVR in that the target group is similar to one of groups CSVR has worked with and in this case the causes of torture are similar. The project is resource intensive which needs to be considered critically before adopting the same interventions.

CSV Objectives	Context	Target Group	Theory	Indicators	Resources	Sustainability
<b>1. Prevention</b>	Poverty/ unemployment, crime, violence, police torture. Change public perceptions of torture.	Youth tortured or at risk of torture including perpetrators and those at risk of perpetrating crime.	Social Action – unequal power relationship are the cause of social problems like torture.	Not clearly described. Seem to be qualitative, case by case.	Victims are a resource- seen as “youth partners”.	Prevention models at local level. E.g. Local human rights centre. Primary prevention is necessary.
<b>Lessons/ challenges for CSV</b>	Implement educational and employment initiative for youth. Work on exposing current torture through research and documenting.	Similar to Kagiso project.	Educational and employment support restores agency and respect and sense of equality– protects against torture. Quick Response Team could be a model for CSVR when National Preventive Mechanism comes into place.	How is prevention of torture indicated and measured?	Resources for economic and educational support. Paralegals, legal and medical professionals. Consider developing a network of volunteers (QRT).	Laying foundation for government to take over projects and prevent torture. Protective and risk factors in the community can guide intervention. Reaching young people before they become involved in crime may be more efficient.
<b>2. Transformation</b>	Culture of violence and impunity in the police.	Target – state agencies.	Social action- victims can participate in advocacy at the highest level.	Not clearly described.	Advocacy specialist. Constituency of victims.	Engaging the state to become the protector of human rights.
<b>Lessons/ challenges for CSV</b>			Involve youth in advocacy activities at a national level. This can also restore dignity, self- worth and social status. Transformation begins by grass roots demanding change.	Think about how to measure successful engagement of victims in transformation activities.	Victims can be a resource as a constituency supporting national advocacy and as participants in advocacy initiatives.	Need to adopt a position in relation to the state's role and realistic expectations and timelines for our exit.
<b>3. Amelioration</b>	Scarcity of existing services if any.	Address torture victim as survivor of torture and perpetrator of crime. Accountability- exclusion if participate in criminal activities.	Restore humanity and dignity – protect against torture, reduces risk factors. Recruit through snowballing. Build credibility with young people.	Some psychological measures used but also qualitative case monitoring.	Resource intensive. Co-operation from local government. Trained social workers.	Govt to take over rehabilitation therefore partner with local social worker and to run local youth centre.
<b>Lessons/ challenges for CSV</b>	Similar context.	Clear position on violence and crime to young youth and community.	Accountability and responsibility restore sense of humanity and agency. Need time to build credibility.	Universal indicators may not be useful for all.	Depth of intervention precludes reaching more victims.	How can we develop government and local capacity to deal with victims?

## Conclusion

As part of the process of developing a community work model for addressing torture, reviewing the community work of a selection of organisations that address torture in developing countries, has been an important learning exercise for TTP. By considering each project against the six questions that provide the framework for the TTP model, and considering the implications of each project in terms of the objectives of TTP work on torture, lessons and challenges were extracted and specific recommendations for the TTP model could be made. Important lessons were learned from each of the projects reviewed. However, the Balay Rehabilitation Centre's project with young people at risk of torture, and the Bangladesh Rehabilitation Centre for Trauma Victims' (BRCT) project on developing Victim's Associations, were found to have most relevance for TTP, in terms of context, target groups, and theoretical and strategic approaches. Both projects adopt a social action approach for mobilising torture victims to advocate for their rights and needs. This process is seen as constituting an avenue for psychosocial healing in itself. Both projects also address the socio-economic status of torture victims as a risk factor for torture and a factor that hinders psychosocial healing following torture.

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