

Torture rehabilitation centres

The evaluation considered the different torture rehabilitation programmes currently financed by the EC, focusing in particular on two on-going programmes in Nepal and Peru. It will assess the effectiveness and impact of the programmes in relation to the argument that the work of torture rehabilitation centres contributes towards the prevention of torture

The EC Communication on the EU's role in promoting human rights and democracy in third countries has four priorities for the use of EIDHR, one of which is support for the fight against torture.

For several years, the European Commission has funded centres for the rehabilitation of victims of torture in many countries. The number of such centres has grown considerably in recent years.

The Communication states that *"in seeking to be an agent of change, the EU should ensure that it focuses as much as possible on prevention, including through human rights education of the police and other possible agents of torture"*.

In response to this, the Commission has begun a gradual shift in the focus of its financing, away from rehabilitation of victims and towards torture prevention. However, the torture rehabilitation centres have argued that their work contributes towards the prevention of torture. The Commission wishes to evaluate the strength of this argument by examining the work of two torture rehabilitation centres that the Commission has funded for some time.

The first is the Centre for Victims of Torture (CVICT) in Nepal.
The second is the Centro de Atencion Psicosocial (CAPS), in Peru.

Evaluation question

How effectively does the work of centres for the rehabilitation of torture victims contribute to the prevention of torture (a) in the countries from which these victims originate (b) in the countries in which they are treated and (c) at the international level? This will be particularly relevant as regards the treatment of refugees and minorities.

This evaluation was carried out by Loes H. M. van Willigen, Inger Agger, Tutty Barandiarán and Prakash Khanal and finished November 2003

Methodology

The impact and effectiveness of the rehabilitation centres in Nepal and Peru were evaluated as case studies.

During the fieldwork in Nepal and Peru, the team interviewed the people responsible for the projects, staff members and beneficiaries of the projects. The team also interviewed representatives from local and international organisations and experts in the human rights movement, including civil society stakeholders and advocacy groups.

In the UK and Copenhagen, the team interviewed key people involved in torture prevention campaigns and research, including the former Special Rapporteur of the Office of the High Commissioner for Human Rights (OHCHR) on the Prevention of Torture, in order to cover the international dimensions of the evaluation.

Influence of prevention activities on medico-psychological work

Do prevention activities detract from the rehabilitation work?

There is no sign that prevention activities detract from rehabilitation work. The number of CVICT's activities in the area of prevention shows that a centre with a network of volunteering lawyers, health professionals and journalists can develop more activities than reserved for in the budget of a project. However, it is justified to ask whether medical and psychosocial centres possess the right skills for awareness-raising activities. For reasons of cost-effectiveness it could be recommendable that centres adapt the composition of their staff to the activities carried out, or that they collaborate with organisations that do possess the necessary expertise and skills.

Do prevention activities have any beneficial or detrimental effects on the victims?

The case study in Nepal shows that in a conflict situation, prevention activities may reduce the number of clients consulting a rehabilitation centre. On the other hand, the participation of victims of torture in prevention activities, e.g. in the radio messages of CVICT, has an empowering effect on the victim and at the same time strengthens the message. The input of CAPS to the

Truth Commission – the preparation and training of the members of the Commission and its volunteers, the preparation of and assistance to the witnesses before, during and after their testimonies – clearly had a beneficial effect on the victims, as well as on the functioning of the Commission. The decision of CAPS, however, to establish a working relationship with the police was not much appreciated by its clients. To avoid such reactions it is recommendable to involve clients in the policies of a centre.

In general, rehabilitation centres, whether in conflict, post-conflict and/or in third, hosting countries, have a symbolic function for the victims: it is a symbol of recognition of their suffering. Preventive activities express the solidarity of the centres with the victims. In EU countries (immigration) authorities may consider this solidarity as an over-involvement and put medical assessments for asylum procedures aside as being subjective. This is exacerbated if the standard of the medical assessment is not at an appropriate academic, professional level.

The opinion of local human rights organisations about the rehabilitation centres

On the local level, CVICT and CAPS are highly respected by local human rights organisations for their work in the medical and psychosocial spheres. Although the ways in which they are contributing to the activities of the local human rights organisations differ, in general they are contributing to the activities of the main human rights organisations in their respective countries. Other human rights organisations in Nepal and Peru tend to compare the activities of the rehabilitation centres with those of their own and/or with their own interests and are more critical. CVICT is criticised because its community work in rural areas in Nepal is limited, it does not provide socio-economic support and its prevention activities are hardly visible. CAPS is criticised because it has not developed interventions geared to the needs of the majority of the victims of torture in Peru, especially in the psychosocial sphere, nor does it contribute to a great extent to legal actions in favour of victims of torture.

This summary is from an evaluation commissioned by the European Commission on projects financed in the field of the European Initiative for Democracy and Human Rights (EIDHR) with the aim to promote and support human rights and democracy in third countries.

Information on activities and actions can be found on the EIDHR website:

http://www.europa.eu.int/comm/europeaid/projects/eidhr/index_en.htm

The views expressed in this summary do not necessarily reflect the official position of the European Commission.

Indicators

Indicators used by the centres

Both CVICT and CAPS are aware of the importance of indicators to assess the impact of their work. They assess the impact of their rehabilitation work by the reduction of symptoms and the improvement of social functioning. CVICT uses internationally acknowledged instruments for its assessments, although discussions are going on, as within CVICT, as to whether these instruments are culture-sensitive.

Both centres mention 'drop-outs', i.e. clients who decide not to continue a treatment or therapy. CVICT does not report the percentage. Neither centre has studied the causes of these drop-outs.

CVICT has also identified indicators for its prevention activities, but some of them are not assessed or were too ambitious. CAPS has not identified criteria for its preventive activities within the logical framework of its project description, but in practice it does evaluate its trainings and meetings e.g. by surveys of the satisfaction of the participants regarding the content and presentation.

Assessing impact of rehabilitation on prevention activities

The data collection and documentation for national and international pressure on governments generally has an effect in the long term. The adoption of the Torture Compensation Act in Nepal, which CVICT in Nepal contributed to and lobbied for, is an example of the way a rehabilitation centre contributes to the prevention of torture. The same can be said of the input of CAPS to the Truth Commission in Peru. The victims of torture interviewed confirmed the impact of that input. Other indicators can be the number of cases of torture brought to court, directly through the legal support of a rehabilitation centre or indirectly through medical documentation from the centre. The support to self-help organisations and survivor groups, by means of assistance and support or (group) therapy, strengthens their ability to cope and can thereby advance their search for justice. The training of police by CAPS, which highlights both the physical and psychosocial effects torture has on victims and what it does to *the perpetrators*, can only be given by mental health professionals familiar with these subjects.

Effectiveness and impact

Activities and plans of IRCT members and other EU-funded centres

In so far as the documentation of other International Rehabilitation Council for Torture Victims (IRCT) members and EU-funded centres could be studied, they all differ in terms of target groups, methodology and focus on rehabilitation vis-à-vis prevention. IRCT is presently conducting long-term research on the indicators for assessment of the impact of rehabilitation and prevention.

Assessment of the strength of the work in the countries of origin

The case studies of CVICT in Nepal and CAPS in Peru show that rehabilitation centres can contribute to the prevention of torture. They also show that in particular situations, especially in conflict situations, the prevention activities may scare off potential clients to a certain extent. The skills required for community approaches and support for clients' income-generating activities are different from those required for specialised psychotherapeutic and psychiatric care. The same can be said regarding prevention activities in the legal and the awareness-raising sphere. In particular contextual situations, a separation or delineation between legal aid, prevention activities and medical and psychosocial rehabilitation might be more effective. In other contexts an integral approach combining rehabilitation and prevention will prove to be beneficial for both victims of torture and the centre's own personnel. In general the more medicalised, i.e. specialised, a centre or programme is, the less likely it is to contribute directly to the prevention of torture.

Assessment of the strength of the work in the countries where treatment is provided (as regards refugees and minorities)

The same conclusion as in relation to those in the countries of origin can be repeated, although perhaps in a more generalised sense. However, it can be concluded that the contribution to the prevention of torture in EU countries is relatively limited, especially in comparison with that of centres in post-conflict situations.

The evaluations are carried out in partnership with the Netherlands Humanist Committee on Human Rights and The Danish Institute for Human Rights.

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Assessment of the strength of the rehabilitation and prevention work at international level

The activities of IRCT and its members are generally highly respected in the world. Nevertheless, criticism can also be heard regarding their (specialised) centre approach, and there are question marks regarding the cost effectiveness of some of their awareness-raising activities.

Concluding remarks

The possibilities, extent, effectiveness and impact of prevention activities rehabilitation centres depend on the contextual situation, the chosen strategy with regard to the rehabilitation and prevention approach, the composition of the staff and the existence of (other) human rights organisations and the collaboration with those centres. Concerning selection criteria:

- A requirement to dedicate a fixed share of their time and budget to the prevention of torture could result in centres in conflict areas as well as EU-based rehabilitation centres being excluded from funding.
- A distinction could be made regarding the percentage of time /budget dedicated to prevention in relation to the contextual situation.
- The composition of the technical staff gives an indication of the centre's rehabilitation and prevention approaches, but should also be seen against the background of the contextual situation, as well as in relation to the collaboration with other (HR) organisations.
- A rating by points, based on the centre's strategic plan, could be developed in collaboration with NGOs involved in rehabilitation and prevention, but such rating requires sound strategic plans. Moreover, this might lead to the exclusion of those centres not (yet) able to develop such plans.
- Selection on the basis of certain areas of the world would exclude centres which are undertaking pioneering work in rehabilitation and prevention.

A fair distribution of funds, with consideration of the contextual situation of a rehabilitation centre and therefore of its possibilities and limitations, as well as of its alternative funding sources, seems the best option.