

# Torture rehabilitation centres Europe

The European Commission (EC) Communication on the European Union's role in promoting human rights and democracy in third countries has four priorities for the use of the European Initiative for Democracy and Human Rights (EIDHR), one of which is support for the fight against torture. For several years, the EC has funded centres for the rehabilitation of victims of torture in many countries. The number of such centres has grown considerably in recent years.

This evaluation concerns four European-based organisations: Primo Levi (France), the Medical Foundation for the Care of Victims of Torture (UK), EXIL – Centre médico-psychosocial pour des personnes exilées et pour des victimes de torture (Belgium), and the Medical Rehabilitation Centre for Torture Victims (Greece).

The EC also wished to take advantage of this evaluation to obtain complementary information to the Evaluation launched in October 2003<sup>1</sup> with the objective to assess the statement made by torture rehabilitation centres that their work contributes towards the prevention of torture.

## Impact

The centres' ability to reach their target group varies: in some cases, the number of patients represents less than 1% of the asylum seekers arriving yearly while, in other cases, it amounts to 8%. The impact on patients is difficult to assess in quantitative terms as, in three out of four centres, there is no comprehensive database with a computerised patient-tracking system. In qualitative terms, interviews with beneficiaries and stakeholders suggest that the projects have some impact on the victims' rehabilitation. This impact is greater when the therapeutic programme includes occupational therapy or other activities designed to reconstruct a social network around the patient, which contribute to his/her integration in the host society; this is not the case in all centres.

1. L.H.M. van Willigen, I. Agger, T. Barandiarán, P. Khanal, *Evaluation EIDHR: Torture rehabilitation centres*, MEDE European Consultancy, November 2003.

**This evaluation was carried out by Sara Guillet, Gisela Perren-Klingler and Inger Agger and finished Januari 2005**

The centres can have some institutional impact on the mainstream health system through training and capacity building projects. However, this impact remains weak, as most centres included in this evaluation only have loose links with the national health systems. The same can be noted with respect to the institutions involved in asylum issues: when offered by the rehabilitation centres, training and awareness-raising activities for asylum officers do have some impact on the asylum procedure.

## Relevance

Rehabilitation of torture victims has not been integrated into the national health systems in the countries visited. The four projects offer the beneficiaries a treatment which, in most cases, they could not receive in a regular hospital. In the four countries stakeholders who had an interest in the issue of combating torture, but were not directly involved in the four centres that were evaluated, considered that the project was relevant.

## Design

All four projects are designed for torture victims as well as, in the case of two of them, for victims of 'organised' or 'political' violence. Referral rates show the level of integration of the centres into the national networks involved in the asylum field. Although the four centres propose interdisciplinary and holistic assistance, their methodologies vary and they offer a more or less wide range of services to the beneficiaries. Activities do not always include group therapy, gender-specific activities and occupational therapy aiming at empowering the beneficiaries alongside the therapeutic process and at supporting integration in the host country. The designs of the four evaluated projects lack objectively verifiable indicators to monitor the work undertaken. Although in some centres some of the staff are former patients and/or refugees, in none of them are patients involved in project design.

## Effectiveness

Although in general the expectations of the patients seem to be fulfilled, some patients drop out of treatment. The centres were unable to provide the

evaluation team with the drop-out rates (except for one centre) nor could any conclusions be drawn from this fact. In all centres, effectiveness is served by the commitment of the teams. However, it can be further improved if the methodology and the management are more professionalised. In all centres, monitoring and evaluation (M&E) processes are only beginning and there is still some reluctance and/or lack of knowledge on how to identify evaluation tools and indicators to measure and assess the impact of the work.

## Efficiency

In the four centres, activities and strategies adopted are consistent with the financing agreement in terms of both the content and timeliness. The four centres achieve more than what is covered financially thanks to the contribution of volunteers. Due to the weaknesses in data collection, two centres are unable to give an estimate for the average cost of treatment per patient.

## Sustainability

In spite of the concern and efforts by the centres to attract other funds, there are no alternatives found for making the transition from EC funding to other funding and for securing additional sources of support.

In the four countries visited, the governments do not comply with their obligation under the Convention Against Torture "to ensure that the victim of an act of torture [is given] (...) the means for as full rehabilitation as possible" by providing the centres with long-term financial support.

At policy level, none of the rehabilitation projects is sustainable in the sense that the future of their work is secured, for example by integration into the mainstream health system. Furthermore, it has not been a priority in the centres' strategies to empower the mainstream health system to provide holistic treatment to torture victims.

## Main findings from the prevention projects

Many activities aimed at contributing to the prevention of torture have been identified in the course of this evaluation of four European rehabilitation

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

*[http://www.europa.eu.int/comm/europeaid/projects/eidhr/index\\_en.htm](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.*

centres. For the purpose of this evaluation, and in a European context, three categories of prevention activities were identified:

- Primary prevention activities aim to prevent the occurrence of torture. They are oriented towards the countries of origin of the victims. They involve *inter alia* awareness-raising, lobbying for legislative changes in conformity with international standards and denouncing cases of torture.
- Secondary prevention activities are implemented in the host country. They refer to the prevention of the recurrence of torture, i.e. protection of the victims, through the provision of medical certificates to support asylum applications and capacity-building for asylum officers on the issue of torture and its consequences.
- Tertiary prevention activities involve the provision of adequate medical, psychotherapeutic, psychosocial and/or psychiatric care to victims of torture, aiming to prevent the long-term consequences of torture. It refers to the rehabilitation of torture victims.

Based on the fact that both prevention and rehabilitation are part of the fight against torture, this evaluation leads to the conclusion that rehabilitation activities can have some impact on the prevention of torture. In Europe, the primary task of rehabilitation centres is treatment of torture victims – ‘tertiary prevention’. This case study, based on four rehabilitation centres, shows that in most cases the centres have very little impact on primary prevention, whereas they have some impact on secondary prevention.

The evaluation team acknowledges some relevance in the centres’ involvement in the prevention of torture at all levels. However, while all centres have the potential to contribute to prevention, most are either unable or unwilling to design a comprehensive prevention policy, based on verifiable indicators included in a logical framework and with precise objectives, outputs and activities.

Whether this potential can be realised depends on the context, the strategies, the human and financial resources and the level of collaboration with human rights (HR) NGOs. Consequently, it would be counterproductive for donors to encourage the centres to strengthen the prevention component of their programme, since it may lead them to develop activities which have

little impact, with insufficient resources or expertise and which might detract from their medico-psychological work.

For those centres which choose to become active in torture prevention at all levels, the evaluation proposes a number of measures aimed at improving their impact in this field. These measures include setting up an evaluation and monitoring system. For example, while it can be assumed from discussions with stakeholders that some patients are better protected from removal if their asylum application is based on a medical certificate, none of the evaluated centres know the refugee recognition rate among the patients whom they have provided with such a certificate. Further measures include the development of closer partnerships with HR NGOs whose main focus is the prevention of torture: information collected from patients can nourish their projects on torture prevention.

### Recommendations to the European rehabilitation centres:

In the field of rehabilitation:

- To enhance the effectiveness of rehabilitation processes by including factors pertaining to the social and political context of the torture victims (in the country of origin as well as reception), such as forced migration, weighty and restrictive asylum procedures, lack of family and other networks, lack of integration into a new culture, lack of meaningful working conditions, lack of adapted education and lack of financial resources, rather than focusing exclusively on the medico-psychological factors.
- To enhance effectiveness and efficiency through the development of and effective implementation of M&E systems, including setting up database, patient-tracking systems etc.
- To enhance effectiveness and efficiency through better coordination between centres in Europe and sharing experiences of rehabilitation.
- To open up to other groups dealing with psychological and social consequences of torture, organised violence and violence of all origins (familial, criminal etc).

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- To increase the institutional impact of their work by developing and implementing strategies to channel their expertise into the mainstream national health system.

In the field of prevention:

- To refrain from being involved in prevention activities where their expertise and human resources are not sufficient for the effective and efficient implementation of such activities.
- To build up stronger partnership with HR NGOs so that the information collected from patients is not lost and can nourish NGOs’ projects on torture prevention and contribute to the effectiveness of their prevention activities.
- To use their expertise in the issue of torture to increase their input on asylum issues, through the provision of medical reports to support individual asylum applications and through effective training of asylum officers and include tracking the effects of their input on asylum issues in their M&E processes.
- To share experiences between rehabilitation centres to increase expertise in the preparation of medical reports based on the Istanbul Protocol.

### Recommendations to the European Commission:

- To develop an integrated policy, including aspects of prevention and rehabilitation, based on open definitions of these two concepts, so that some activities can be eligible under both headings.
- To organise a workshop on the role of rehabilitation centres in the prevention of torture.
- To facilitate the coordination between European centres in the implementation of M&E systems.
- To help the centres in their efforts to make the transition from EC funding to other funding, especially by reminding the states of their obligation towards this group of people, in order to increase the financial sustainability of the centres