

Shadow Report Article 14: The Right to Rehabilitation

Prepared for the United States' Review before the
United Nations Committee Against Torture -
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I. Executive Summary

This report provides an analysis of the United States' implementation of Article 14 of the United Nations Convention against Torture and Other Cruel, Inhuman, or Degrading Treatment or Punishment (CAT) since the United States' last review before the Committee against Torture in 2006. The United States is regarded as a leader in its contributions to supporting the rehabilitation of survivors of torture at the hands of foreign governments both within its borders and around the world. However, there are several areas where the United States has fallen short of its commitments and where more should be done to provide for survivors. Given the critical importance of rehabilitation for survivors of torture, it is vital the United States does everything within its power to fully meet the obligations prescribed in the CAT.

II. Reporting Organizations

Founded in 1998, the National Consortium of Torture Treatment Programs (NCTTP) is a U.S. based network of programs which exists to advance the knowledge, technical capacities and resources devoted to the care of torture survivors living in the United States and acts collectively to prevent torture worldwide. NCTTP currently has 34 member organizations in 15 states and the District of Columbia.

NCTTP's primary purpose is to foster the development, in quality as well as quantity, of specialized programs devoted to caring for survivors of torture. Member organizations share knowledge and expertise through regular communication and cooperation, building stronger individual organizations as well as a stronger network of care. Providing health, mental health, legal assistance, and / or other support services to victims of torture, NCTTP member centers conduct their programs with the highest professional standards. Research into treatment outcomes and evidence-based practices is a strong value.

A list of NCTTP member centers is included as Appendix A.

III. Legal Framework: Article 14

1. Each State Party shall ensure in its legal system that the victim of an act of torture obtains redress and has an enforceable right to fair and adequate compensation, including the means for as full rehabilitation as possible. In the event of the death of the victim as a result of an act of torture, his dependents shall be entitled to compensation.

2. Nothing in this article shall affect any right of the victim or other persons to compensation which may exist under national law.

As further detailed in CAT Committee General Comment No. 3, “rehabilitation for victims should aim to restore, as far as possible, their independence, physical, mental, social and vocational ability; and full inclusion and participation in society...In order to fulfill its obligations to provide a victim of torture or ill-treatment with the means for as full rehabilitation as possible, each State party should adopt a long-term, integrated approach and ensure that specialist services for victims of torture or ill-treatment are available, appropriate and readily accessible.”

IV. Effects of Torture and the Need for Rehabilitation

Torture is a deliberate and systematic dismantling of a person’s identity and humanity through physical or psychological pain and suffering. Torture survivors have been transformed by their traumatic experiences that have been consciously caused by other human beings and exacerbated by forced exile. Survivors of torture commonly demonstrate symptoms such as chronic pain in muscles and joints, headaches, incessant nightmares and other sleep disorders, stomach pain and nausea, severe depression and anxiety, guilt, self-hatred, the inability to concentrate, thoughts of suicide and posttraumatic stress disorder. Torture survivors can become immobilized by their distress, unable to function within their communities or contribute to their family’s well-being. These symptoms can be exacerbated by additional stressors including housing and food insecurity, the lengthy work authorization process that asylum seekers endure, detainment while seeking asylum protection, uncertain immigration status, extended delays with immigration courts, and family separation. These stressors can create further roadblocks for survivors in their efforts to reestablish a stable life following their torture. The National Consortium of Torture Treatment Programs (NCTTP) Data Project collected data from over 9,000 individual torture survivors who sought treatment at NCTTP member centers between Fiscal Years 2008 through 2013. For the individuals on whom diagnostic information was submitted, more than two-thirds of these survivors were diagnosed with posttraumatic stress disorder (PTSD) and more than half with Major Depressive Disorder (MDD).

In order to treat these symptoms and the consequences that come with them, it is essential that survivors of torture are able to access comprehensive rehabilitative services. Survivor rehabilitation requires a multi-layered approach that takes into consideration the full effects of torture and addresses the physical, psychological, social, and legal service needs of a diverse torture survivor population. Health is best understood in terms of a combination of biological, psychological, and social factors. Helping a torture survivor heal requires that both their physical and emotional wounds be assessed and provided with specialized and individualized care. In the United States, most torture treatment centers have adopted interdisciplinary models grounded in a theoretical, empirical and experiential understanding of how torture affects a human being while incorporating different service delivery models to provide their services. These holistic evidence-based models include those that are community-based, university-based, hospital-based, embedded in larger agencies or stand-

alone holistic decentralized centers that provide individualized healing services to individual survivors and their families.

Approaches to service include: (i) providing comprehensive client-centered interdisciplinary care to assist individual torture survivors in healing from their wounds and integrating into local economies and communities; (ii) conducting information and referral services to assist torture survivors in accessing community resources; (iii) assisting – directly and indirectly – family members of torture survivors in order to promote the family’s survival and recovery from torture; (iv) training local providers and organizations who are points-of-first-contact for torture survivors including public health/primary care clinics, community-based organizations, refugee resettlement, emergency/urgent care, social services; (v) provision of forensic medical and psychological affidavits for asylum claims and testimony as needed; (vi) specialized legal services that provide individual legal representation for asylum seekers, and post asylum services such as family reunification with spouses and children and adjustment of status to lawful permanent residency; and (vii) litigation to hold perpetrators individually accountable for torture and other human rights abuses, develop human rights law, and advance the rule of law in countries transitioning from periods of abuse.

Effective torture treatment programs are able to address the survivor’s physical, psychological and social needs to reduce their suffering and restore functioning as quickly as possible. With this specialized support, torture survivors can recover from their symptoms and successfully rebuild their lives.

V. **The United States and the Right to Rehabilitation**

The United States is a leader in fulfilling its obligations under CAT Article 14, helping to provide survivors of torture perpetrated by foreign governments living in the United States with access to rehabilitation services. In recent years, the funding provided to U.S. torture treatment centers has been stagnant and has not been sufficient to meet the demand for these rehabilitative services.

The United States resettles approximately 70,000 refugees annually—more than half of the refugees resettled globally—and grants asylum to approximately 30,000 asylum seekers annually who come directly to the United States in search of protection.¹ While the prevalence of torture among those seeking asylum is not known, a cross-sectional, community-based epidemiological study by the Centers for Victims of Torture of Somali and Ethiopian (Oromo) refugees in Minnesota documented torture prevalence rates of 25-69 percent, which is similar to prevalence rates found for Iraqi refugees in a study conducted by the Utah Health and Human Rights torture treatment center. A cross-sectional study conducted by the torture treatment center at the Libertas Center for Human Rights at Elmhurst Hospital found that 54 of 470 emergency department patients surveyed self-reported torture. Of these self-reported survivors of torture, 29 (53.7%) met the UNCAT definition.

The United States has maintained a steady commitment to providing rehabilitative services for torture survivors. Over a decade ago, Congress passed the first *Torture Victims Relief Act*

(TVRA) (PL 105–320—OCT. 30, 1998) with strong bipartisan support, authorizing funding to support programs domestically and overseas that carry out projects or activities specifically designed to treat victims for the physical and psychological effects of torture. As authorized by TVRA, the Department of Health and Human Services’ Office of Refugee Resettlement (ORR) administers a grant program that supports 30 treatment programs and 2 technical assistance providers in 19 states and in Washington D.C.

The United States has also led in contributions to treatment programs throughout the world as the leading donor to the United Nations Voluntary Fund for Victims of Torture (UNVFVT). The UNVFVT funds organizations providing direct assistance to survivors of torture and seeks to rebuild victims’ lives and restore their dignity.ⁱⁱ Grantees include NGOs, rehabilitation centers, hospitals, legal clinics and others. The UNVFVT is supported by voluntary contributions from Members States of the United Nations, with small contributions from private foundations and individual donors. The Committee commended the United States as the leading contributor to the UNVFVT in the Committee’s concluding observations following both of the United States’ previous reviews in 2000 and 2006.^{iiiv}

With a conservative estimate of 350,000 to 1,050,000 survivors of torture living in the United States¹ and additional refugees and asylum seekers continuing to arrive from at least 125 countries², including Burma, the Democratic Republic of the Congo, Ethiopia, Eritrea, Iraq, Sudan, Cuba, Somalia, Bhutan, Iran, Syria and other countries in which the practice of torture is pervasive, the need for rehabilitative services is greater than ever. Despite the still staggering unmet need for rehabilitation services in the United States, U.S. government contribution levels through ORR have remained flat, at approximately \$11 million since 2010. At the same time, the number of grant recipients has increased, resulting in decreasing grant amounts for rehabilitative service providers while the demand for their services has only increased and waiting lists continue to grow. Regrettably, this stagnation in funding has forced a number of torture treatment centers in the United States to cease operations.

A substantial increase in funding for torture rehabilitation programs is required for the U.S. to fulfill the substantive requirements established by the General Comment to provide these hundreds of thousands of survivors with services that could help them to be healed and to regain productive lives of dignity.

The United States must also ensure that rehabilitative services are provided to victims of torture committed at the hands of the United States within its borders or in U.S. detention facilities in Iraq, Guantanamo, Afghanistan and secret prisons around the world.

VI. United States Response to the Committee’s List of Issues (2010)

¹ Modvig J, Jaranson J. A global perspective of torture, political violence, and health. In: Wilson JP, Drozdek B, eds. *Broken Spirits: The Treatment of Traumatized Asylum Seekers, Refugees, War and Torture Victims*. New York, NY: Brunner-Routledge Press; 33-52, 2004.

² Data Project

Prior to the submission of United States' fifth periodic report in 2013, the Committee requested additional information from the United States regarding Article 14 in its 2010 list of issues:

27. Pursuant the Committee's previous concluding observations (para. 28), please provide:

(a) Information on steps taken to ensure that mechanisms to obtain full redress, compensation and rehabilitation are accessible to all victims of acts or torture, including sexual violence, perpetrated by its officials. In this respect, please provide information about any reparation programmes, including psychological treatment and other forms of rehabilitation, provided to victims of torture and ill-treatment, as well as about the allocation of adequate resources to ensure the effective functioning of such programmes.

Although the response from the United States on item 27(a) outlines the legal mechanisms for redress and compensation, it does not comment on the mechanisms for rehabilitation. There are no details on psychological treatment and other rehabilitation programs or the allocation of sufficient resources to support such programs. The omission of this information is a step backward from the content that was provided in previous reports by the United States, including its 2005 CAT Report which detailed the financial contributions for domestic and international assistance programs, and also described how this funding supported survivors of torture. It was notable that the 2005 CAT Report called on States "to make available other forms of remedial benefits to victims of torture, including medical and psychiatric treatment as well as social and legal services."^v This draws attention to the importance of rehabilitative programming, and should be included in future reports.

VII. Recommendations

- In its 2005 CAT report, the United States noted that, "in addition to monetary compensation, States should take steps to make available other forms of remedial benefits to victims of torture, including medical and psychiatric treatment as well as social and legal services." Regrettably, the vast majority of survivors in the United States have not received rehabilitative services, and current levels of funding have forced many torture treatment programs to scale back or shut down their operations entirely. **In order to meet the needs of the growing numbers of torture survivors, the United States should increase funding substantially for rehabilitative services in an effort to reach as many survivors as possible.**
- The United States is an international leader in supporting torture survivors. Its contributions to the UNVFVT were \$5.69 million, comprising more than 70 percent of the total amount donated in 2013. Unfortunately contributions from other countries lag significantly behind, with just two other countries (Denmark, France) contributing more than \$500,000. **The United States should increase its own contribution to \$8 million annually and use its leverage as a global leader to encourage peer countries to increase their contributions to the fund to maximize its reach and impact throughout the world.**

- The right to rehabilitation applies to all survivors of torture. This includes those that have suffered at the hands of the United States. **The United States should take steps to ensure that all survivors of torture perpetrated by the United States have access to rehabilitative services.**
- The United States' Initial Report and 2005 CAT Report included detailed information regarding support for torture rehabilitation programming domestically and abroad. This was an unfortunate omission from the United States' report in 2013. **Moving forward, the United States should include specific information on the amount of funding allocated to torture rehabilitation programming, as well as examples of how these services have benefitted survivors.**

In addition, the United States should endeavor to produce an accurate estimate of the number of survivors that are currently living in the United States, with breakdowns by state. This would be an important figure for torture rehabilitation service providers to determine how well they are meeting the needs of survivors in their communities, and where additional rehabilitation programs should be added. **At a minimum, the United States should put in place systems for tracking the number of new survivors of torture being admitted to the United States annually through the refugee resettlement program and granted asylum status by either the immigration courts or the U.S. Citizenship and Immigration Services.**

- **The United States should ensure that identified survivors of torture who enter the United States as refugees are resettled in cities where there are torture treatment centers.**

Appendix A:

NCTTP Member Centers

- **California**
 - Asian Americans for Community Involvement Center for Survivors of Torture
 - Center for Justice and Accountability
 - Institute for the Study of Psychosocial Trauma
 - Program for Torture Victims
 - Survivors International
 - Survivors of Torture, International
- **Connecticut**
 - International Institute of Connecticut
 - Khmer Health Advocates, Inc.
- **District of Columbia**
 - Torture Abolition and Survivors Support Coalition
- **Florida**
 - Florida Center for Survivors of Torture /Gulf Coast Jewish Family & Community Services
- **Illinois**
 - Heartland Alliance Marjorie Kovler Center
- **Maryland**
 - Advocates for Survivors of Trauma and Torture
 - Lutheran Immigration and Refugee Service, Detained Torture Survivor Legal Support Network
- **Massachusetts**
 - Boston Center for Refugee Health and Human Rights
 - Community Legal Services and Counseling Center, Inc.
 - Harvard Program in Refugee Trauma
 - International Survivors Center c/o International Institute of New England
 - Lowell Community Health Center, Inc.
- Community Legal Services and Counseling Center
- **Michigan**
 - ACCESS Center for Torture Survivors
 - Bethany Christian Services/Refugee Center for Healing Torture Trauma
- **Minnesota**
 - The Center for Victims of Torture
- **Missouri**
 - Center for Survivors of Torture and War Trauma
 - St. Louis Mental Health Board
 - War Trauma Recovery Project
- **New York**
 - Bellevue/NYU Program for Survivors of Torture
 - HealthRight International
 - International Trauma Studies Program - Refuge
 - Libertas Center for Human Rights at Elmhurst Hospital
- **Oregon**
 - Torture Treatment Center of Oregon
- **Pennsylvania**
 - Nationalities Service Center
- **Texas**
 - Center for Survivors of Torture
- **Utah**
 - Asian Association of Utah
 - Utah Health and Human Rights Project
- **Vermont**
 - New England Survivors of Torture and Trauma
- **Virginia**
 - Program for Survivors of Torture and Severe Trauma, Northern Virginia Family Services

Shadow Report on the Right to Rehabilitation

Citations

ⁱ <http://www.unhcr.org/pages/4a16b1676.html>

ⁱⁱ <http://www.ohchr.org/EN/Issues/Torture/UNVFT/Pages/WhattheFundis.aspx>

ⁱⁱⁱ [Report of the Committee against Torture, 23rd & 24th session](#), Section 178.d

^{iv} [Report of the Committee against Torture, 36th session](#), Section 11.

^v United States 2005 CAT Report, Section 83.