



The Center for Victims of Torture

2017-2019 Strategic Plan

**Center for Victims of Torture
STRATEGIC PLAN 2017-2019**

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Mission and Vision

The Center for Victims of Torture's vision is a world without torture.

The mission of the Center for Victims of Torture is to heal the wounds of torture on individuals, their families and their communities and to end torture worldwide.

Executive Summary

This new strategic plan builds on what we consider a highly successful previous plan, which emphasized growth to meet more of the urgent needs of survivors through expanding core activities including: direct services, in the U.S. and abroad; building the torture survivor rehabilitation movement through training and technical assistance, both in the US and abroad; increasing CVT's ability to influence policy, and further strengthening and leveraging our evidence-based approach to programming.

These are essential components in CVT's work and they are not only interrelated, but interdependent and mutually complementary. The new plan builds on the solid foundations the previous plan helped to create. At the same time, it reflects, adapts and evolves so that we can achieve even more to fulfill our mission.

Priorities:

Over the next three years, CVT will concentrate on three strategic priorities that address objectives at the program and policy levels, and another strategic priority at the organizational level.

- 1) Expand the number of survivors who benefit from CVT's services, in the US and abroad, and the opportunities available to survivors as these relate to empowerment and advocacy. This will be done by continuing CVT's high-quality intensive interventions, devoting more attention to lower intensity intervention models, and by providing new opportunities for survivors to record their experiences. All interventions will be informed by an evidence-based approach. This priority is closely related to building the broader torture survivor rehabilitation movement, in the U.S. and abroad, for the purpose of increasing access of survivors to high quality rehabilitative care.
- 2) Strengthen CVT's ability to influence policy which benefits survivors and curbs the practice of torture worldwide. In particular, we will focus on policy areas and interventions where CVT has a unique contribution to make, and will be particularly informed by CVT's work with survivors.
- 3) Strengthen organizational capacity. If we are to successfully address the growing needs in the U.S. and the world for CVT's work, we will need to increase our operational capacity to support our program and policy initiatives. This priority will involve acquiring, supporting, developing and retaining high talent, with a focus on diversity, at the staff and board level, as well as investing in the infrastructure and technology essential to support growing national and international operations. It will also require

more attention to creating a multicultural organization and greater investments in communications and fundraising.

Introduction

This is a critical time for the torture survivor rehabilitation movement and the broader effort to stop torture worldwide. CVT continues to be recognized for its leadership and the unique expertise it brings to rehabilitation movement and to the larger struggle for human rights. Over the past 30 years, our organization has become the largest of its kind in the world. It touches the lives of tens of thousands of survivors of torture every year.

This new Strategic Plan is driven by the staggering global need for CVT's work, and builds on the directions set forth in the 2014-2016 Plan (see Appendix A for additional reflections on the implementation of that plan). That plan underscored the need for continuing and strengthening CVT's core programs and projects: providing rehabilitative care to survivors in the U.S. and abroad; building the capacity of colleague centers and programs in the U.S. and abroad to care for survivors and advocate for human rights; generating financial resources to sustain and strengthen the global torture survivor rehabilitation movement; and working for an end to torture and the advancement of human rights, including work to build the strategic and tactical capacity of human rights defenders globally. While building on these directions, this plan also includes new efforts to enable CVT to further evolve, adapt and meet, qualitatively and quantitatively, the urgent needs of more survivors.

In the development of this Strategic Plan, CVT has consulted widely with a broad range of stakeholders, including U.S.-based and international staff, Board, National Advisory Council members, partner organizations, institutional and individual donors, volunteers, and torture survivors. Those conversations and perspectives have shaped this plan.

The term 'survivor' in this Plan

CVT works with survivors of torture, war atrocities and targeted political persecution to rebuild their lives and restore hope, working also with community members who are severely affected by these gross human rights violations. From a clinical and professional perspective, we prioritize torture survivors among these survivor populations and focus our efforts on survivors who are most in need and who have the fewest sources of emotional and/or financial support. We have learned over the course of more than thirty years that torture affects not only individual survivors, but family members and in fact entire communities. In addition, survivors often don't disclose their torture/trauma histories until well into a rehabilitation program. And after more than fifteen years of working internationally, we also know it is simply not possible or desirable to attempt to limit our work solely to torture survivors in those projects. Survivors of other gross human rights violations can be equally symptomatic and in urgent need of rehabilitative care, and CVT is often the only organization providing high quality clinical services and in a position to help. It would be strategically and programmatically unwise, and it would create significant ethical problems among care providers, to deny life-changing and life-saving care to a highly-symptomatic survivor only because s/he does not meet the definition of survivor of torture.

For these reasons we see survivors of gross human rights violations other than torture—though as noted above we prioritize torture survivors among potential beneficiary populations. So in addition to survivors who meet the U.N. definition of torture, examples of highly traumatized populations currently receiving care at CVT domestic and international projects include survivors of barrel bombing and poisonous gas attacks in Syria (Jordan); immediate family members of Iraqis murdered in extra-judicial killings (Jordan); LGBTI survivors of violence (Nairobi, Kenya); and Karen refugees from Burma who suffer from major depression (Healing Hearts project, Minnesota).

With this understanding, then, the term “survivors” will be used in subsequent references in this document to refer to the populations defined above.

Environmental scan: State of the field and the organization

As we think about the world CVT will work in over the next three years, one of the first realities we confront is the fact that more people today are on the move —as refugees (20MM), asylum seekers (nearly 2MM), or internally displaced people (40MM)—than recorded at any other time. And the prevalence of torture among these populations is very high. The International Rehabilitation Council for Torture Victims (IRCT) estimates that up to 35% of all refugees are torture survivors. CVT has released a study concluding that 44% of refugees arriving in the U.S. are torture survivors. The scope of the problem is tremendous, and it is global.

In recent years, tens of thousands became refugees or internally displaced daily—last year over 40,000 every single day. The vast majority of refugees—up to 90%—are in developing countries and, disturbingly, they remain refugees for many years, even generations. In addition, dismal human rights conditions, especially the prevalence of torture in scores of additional countries, continue to affect millions. CVT’s international work takes place in locations directly impacted by these situations.

CVT’s work in the U.S. is also directly impacted by this global displacement as the U.S. resettles the largest numbers of refugees. The U.S. Government (USG) has announced it would increase the number of refugees admitted to the U.S. from 70,000 to 85,000 in FY2016 (10,000 for Syrians) and raise it further to 110,000 in 2017. An increase in refugee admissions will bring with it an increase in the number of torture survivors—many of whom are in urgent need of rehabilitative care.

While many survivors may be able to recover and rebuild their lives on their own or with minimal/limited support, a significant number are unable to do that without access to specialized healing services. Therefore, the need for CVT’s work, already massive, will grow even further in the short and longer term, both in the U.S. and around the world. And even if conflict and persecution were somehow miraculously to stop tomorrow, the urgent need for CVT’s services would continue for decades to come.

Meanwhile, public attitudes toward torture appear to be more tolerant of its use. In the U.S., polls show shocking levels of support among the U.S. public for torture (see Pew report citing 58% of Americans support torture in cases of suspected terrorism and that the U.S. is in a tiny minority of countries with such widespread support). And torture as a policy option is being debated in the context of the U.S. presidential elections. As an organization whose mission is to

end torture, we have a particular responsibility to develop strategies to try to stem or even reverse this tide.

Within the global torture survivor rehabilitation movement, CVT is becoming an increasingly prominent, if not the preeminent, organization working in its areas of specific focus, evidenced in part by the growing number of requests for a range of CVT expertise—including direct services, training, and research—from U.N. agencies and other international or intergovernmental bodies, the USG, large and small national and international NGOs, and individual lawyers representing survivors. CVT has also made important strides strengthening its policy impact in recent years, is increasingly recognized as one of the leading human rights advocacy actors in the U.S., and is increasingly becoming a respected thought leader in the field.

As CVT has grown we have sought continuously to underscore that 1) CVT's credibility derives from the knowledge and experience gained by rebuilding the lives and restoring the hope of thousands of survivors each year; and that 2) direct services are and will remain at the core of our work.

Understanding these external and internal environments is key to shaping directions in CVT's 2017-2019 Strategic Plan.

Strengthening the human rights based approach to CVT's work

One cross-cutting theme in this Plan is strengthening the human rights based approach to CVT's work. The organization has always straddled the humanitarian and human rights worlds. This plan places CVT more deliberately and explicitly within the international human rights framework. Our work has been grounded in human rights standards and especially, the Convention Against Torture (CAT), while also emphasizing the values and ideology of humanitarianism and service provision—providing best quality care to some of the most victimized and marginalized people in society. This plan underscores the fact that victims/survivors of torture have suffered the crime of egregious human rights violations and that they have a right to rehabilitation, as provided for in CAT.

This plan envisions creating client-centered mechanisms within CVT direct service sites whereby survivors are afforded the opportunity to record their experiences, including for local, U.S. or international policy advocacy relating to torture prevention, ending impunity and survivor rehabilitation. This approach also means imbuing these human rights concepts more deeply within CVT's culture. It does not mean expanding CVT's mission.

Themes/highlights of the Plan: what's new and different

Cross-cutting themes, including:

- Need for growth and increasing CVT's presence in the world;
- CVT's primary client population is survivors of torture;
- Human rights based approach to rehabilitation;
- Working in partnerships;¹
- Thought leadership.

New and Different, including:

- Through both high and lower intensity programming, reach significantly more beneficiaries, and in more places, internationally and in the United States;
- More explicitly ground work in human rights framework and providing new opportunities for survivors who want to participate in advocacy;
- Tell CVT story better by more fully bringing in the clients' voice;
- Develop and implement plans to address space needs at the St. Paul Healing Center and Headquarters;
- Launch public phase of comprehensive campaign; complete \$10MM campaign;
- Fortify risk management, appropriate to CVT's places of operation;
- Address challenges/opportunities arising from the outcome of the 2016 U.S. Presidential elections.

Continuing themes with increased emphasis:

- Heightening CVT thought leadership role;
- Strengthening/launching new policy initiatives, including those relating to the right to rehabilitation;
- Strengthening organizational capacity to support CVT's leadership role and growing operations;
- Increased attention to multiculturalism and diversity at all levels of CVT;
- Greater attention to creating sustainable programming;
- Developing new revenue streams and further diversifying existing streams.

¹ See Appendix D for more on how CVT works in partnerships.

Strategic Goals and Objectives 2017-19

Goal 1: Develop and expand access for individual survivors and communities affected by torture to *as full rehabilitation as possible*² — in the United States and internationally.

- a. Increase the number of survivors who receive care from CVT nationally and internationally:
 - i. Group or individual therapeutic services in the disciplines of psychotherapy, counselling, social work, physiotherapy, nursing, and psychiatry;
 - ii. Shorter supportive interventions aimed at increasing support and strengthening coping resources (e.g. Psychological first aid, Information and Referrals);
 - iii. Educational programs for affected communities about the effects of torture and war and how to cope with those effects, and/or referral to other service providers (e.g. community sensitization events).
- b. Increase the number of sites at which CVT offers high quality services to survivors. This may include partnerships (i.e., integrated care, co-location, and coordination with other service providers—depending upon which approach(es) seems most appropriate to the context and local circumstances).
- c. Develop and test innovative approaches that extend the reach and effectiveness of rehabilitation services for survivors.
- d. Create client-centered mechanisms within all CVT direct service sites whereby survivors are afforded the opportunity to record their experiences for the purposes of:
 - i. Survivors’ personal desire for a formal written account of their experiences, and the impact of such experiences on their lives;
 - ii. Small scale, local advocacy directed by participants’ expressed needs, as possible given local political and security constraints;
 - iii. U.S. based and international policy advocacy (as feasible) relating to the prevention of torture, ending impunity, and rehabilitation of survivors;³
 - iv. Informing awareness raising and education around survivors’ experiences and situations both locally and internationally;
 - v. Research on CVT client-base to support ongoing program development.

² “Full rehabilitation” is defined in terms of Article 14 of the United Nations Convention Against Torture and Other Cruel, Inhuman or Degrading Treatment and Punishment, in the General Comment on the Right to Rehabilitation published by the International Rehabilitation Council for Torture Victims, and the United Nations Convention on the Rights of Persons with Disabilities. See Appendix B for more information on the use of the term “rehabilitation” in this plan.

³ This objective complements 3.d. It is focused on empowering clients to speak out as they choose; 3.d focuses on policy action steps from clients and the unique expertise of CVT.

Goal 2: Strengthen the torture survivor rehabilitation movement and allies, nationally and internationally.

- a. Strengthen the capacity of organizations and individual leaders within the global movement against torture, as well as allies, to care for survivors.
- b. Develop plans to enhance the sustainability of our programming.⁴
- c. Increase CVT's global leadership in key consultative processes, expert meetings, and conferences that seek to advance the national and international movements against torture and the rehabilitation of trauma from torture, war and political persecution.
- d. Disseminate CVT's research and experience through presentations at professional and academic conferences, in peer-reviewed and other scholarly journals, and through mainstream media.
- e. Generate additional financial resources to sustain and expand the domestic and international networks of torture survivor rehabilitation programs, including (but not limited to) increased funding for the Office of Refugee Resettlement Survivors of Torture program and the U.N. Voluntary Fund for Victims of Torture.
- f. Inspire and equip human rights defenders to become more effective in their strategic thinking and tactical capacity to advance human rights.

Goal 3: Influence policy and practice to prevent torture and ensure that survivors have access to rehabilitation, protection, and justice.

- a. Further the realization of the right to rehabilitation for survivors globally and increase access to high quality and appropriate mental health and psychosocial support.
 - i. Advocate for the U.S. and other governments to increase funding of torture survivor rehabilitation programs;
 - ii. Push for redress and rehabilitation for individuals who were tortured by the U.S. in its counterterrorism measures post 9/11;
 - iii. Advance mental health and psychosocial support as a critical component of humanitarian and refugee responses.
- b. Bolster safeguards to prevent the United States from engaging in policies of torture or cruelty.
 - i. Address the challenges and opportunities that will arise in this next strategic planning period as a result of the outcomes of the U.S. elections in November 2016;
 - ii. Advocate for just and humane U.S. detention and interrogation laws and policies;
 - iii. Advocate for changes in U.S. law or policy or seek additional public accounting of U.S. torture practices post 9/11 in order to support accountability efforts for torture committed by the U.S.;
 - iv. Explore the possibility of engaging in human rights abuses increasingly understood as forms of torture (e.g.,: solitary confinement, etc.);

⁴ See Appendix C for more information on what CVT means by sustainability.

- c. Partner with other organizations to ensure that survivors who are forced to flee their countries are treated with dignity and have access to protection and assistance.
 - i. Promote reforms to asylum and refugee systems that address issues such as: use of detention, limited access to legal counsel and/or basic information, and a lack of durable solutions.
- d. As CVT creates mechanisms within direct services whereby survivors are afforded the opportunity to record their experiences, leverage that information to further policy initiatives aimed at ensuring that survivors have access to rehabilitation, protection and justice.
 - i. Document and share survivors' testimonies for reporting to U.N. human rights mechanisms, public education and/or advocacy purposes;
 - ii. Empower survivors to influence the establishment of justice or accountability mechanisms that address the violations survivors suffered;
 - iii. Share testimonies provided by survivors to help address barriers in accessing humanitarian assistance, asylum or refugee resettlement.

Goal 4: Strengthen organizational capacity to support current strategic goals and future growth.

Infrastructure

- a. Strengthen human resources (all staff, Board and volunteer) that positions CVT to achieve the goals of this plan, with a focus on diversity and acquiring, supporting, developing and retaining high talent.
- b. Create and operationalize a space plan that accommodates local, national, and international expansion.
- c. Invest in technology systems and develop technical infrastructure that facilitate seamless and secure domestic and international communications and functionality.
- d. Strengthen risk management practices appropriate to locations of operation.
- e. Further enhance board development mechanisms to provide Board members with support, training and resources to do their work.

Programmatic

- f. Continue to raise CVT's visibility and public profile by implementing the next phase of the Strategic Communications Plan, including use of integrated campaigns, message amplification and spokesperson roles.
- g. Create and implement a 3-year diversity and inclusion strategy
- h. Develop and implement processes for collecting client stories and additional information such as photographs, video and other human interest content, from CVT's domestic and international projects, to support efforts to advance development, communications and policy advocacy objectives.
- i. Systematize and centralize structures and processes within CVT that ensure that our engagement with vulnerable populations consistently meets the highest internationally accepted ethical practices.
- j. Diversify and strengthen CVT's revenue base to include new support from U.S. government sources other than ORR, USAID and PRM; new support from governments other than the U.S.; and new support from private funders (institutions and individuals) based in other countries.
- k. Implement the public phase of the Comprehensive Campaign and achieve the Comprehensive Campaign goal of \$10MM.

Conclusion

This 2017-2019 Strategic Plan builds on CVT's current plan while giving space and impetus to evolve and adapt to engage effectively with a changing environment and the context in which CVT's work takes place. It is an ambitious and aspirational plan, yet realistic. Successful implementation will propel CVT another substantial leap forward.

Clearly, greater financial resources will be needed to implement the objectives of this plan. CVT's experience over the period of the last plan (2014-2016) shows that significant growth (roughly 80% over four years) is possible. Although growth at that pace will be difficult to sustain, a revenue target of \$25-30MM by 2020 does not seem insurmountable.

Of course, it goes without saying that growth itself is not the goal but the means by which CVT will further advance its mission. The next three years offer unprecedented opportunities to make this leap forward. As outlined earlier, the need is huge and growing, and CVT is well-placed to meet more of that need. CVT has developed models which are highly effective and transform lives, and these models will evolve further to reach even greater numbers. And finally, CVT has the unique programmatic, operational and governance knowledge and experience to leverage, which, taken together and combined with the deep commitment of the entire CVT community to its mission, indicate that the organization is poised to enable many more survivors to realize more of their right to rehabilitation and to make substantial contributions to the struggle to end torture worldwide.

Finally, in light of the extensive nature of consultations on this plan, we will complete a review of progress in the summer of 2018 and consider extending it for an additional period if substantive changes in strategic direction are not needed—given changes to both the internal and external environment.

Appendix A: Reflections on implementation of the 2014-2016 Strategic Plan

CVT has made significant progress over the last three years implementing its 2014-2016 Strategic Plan. The organization has grown substantially in all major areas of its operations in order to meet enormous and growing. That plan set forth ambitious goals and objectives, and has met or exceeded most, including:

- More than doubling the number of survivors who received care from CVT;
- Expanding the scale and scope of CVT's international projects;
- Piloting new projects to expand data collection from clients, and publishing and utilizing that data in policy and advocacy related work;
- Testing new and innovative approaches to healing in two primary care clinics;
- Opening a new CVT location in Atlanta, where a torture survivor rehabilitative center did not exist, despite large refugee populations;
- Strengthening partnerships with the National Consortium of Torture Treatment Programs in the U.S., including launching formal partnerships with two leading centers (Harvard Program on Refugee Trauma and the Bellevue Program for Survivors of Torture);

- Playing a leadership role in a coalition of human rights organizations pressing for Senate report into investigation of U.S. torture practices post 9/11 to be made public;
- Leveraging CVT's expertise, including through publications, to strengthen the field of torture survivor rehabilitation;
- Launching and reaching 50% of \$10MM Comprehensive Campaign goal.

Areas where CVT made less progress included:

- Further building the U.N Voluntary Fund for Victims of Torture into a larger grant making institution;
- Empowering and assisting torture survivors to engage in policy advocacy;
- Expanding funding for mental health and torture survivor rehabilitation in humanitarian and development contexts;
- Expanding fundraising, communications and advocacy functions at the international level;
- Explore, and if viable, establish, an international office with fundraising, communications and policy advocacy functions.

Appendix B: The term 'rehabilitation' in this plan

Use of the term "rehabilitation" may be uncomfortable to those of us who are concerned that CVT fully recognize the inner resources, strength and determination that most survivors of torture bring to the process of recovery. It is however a useful and important word for CVT for several reasons.

The word "rehabilitation" references Article 14 of the [United Nations Convention Against Torture and Other Cruel, Inhuman or Degrading Treatment and Punishment](#) (UNCAT) which requires that victims receive from state actors "the means for as full rehabilitation as possible." This article is often referred to as "The Right to Rehabilitation," a concept that has been elaborated by the United Nations Committee Against Torture in [General Comment No. 3](#) on the implementation of Article 14 of the Convention. The Committee defines "rehabilitation" as the restoration of survivors' "independence, physical, mental, social and vocational ability, and full inclusion and participation in society." They go on to note that rehabilitation requires "a wide range of inter-disciplinary measures, such as medical, physical and psychological rehabilitative services; re-integrative and social services; community and family-oriented assistance and services; vocational training, education, etc." Finally, rehabilitation is seen as inseparable from restitution, compensation, satisfaction, the right to truth, and guarantees of non-repetition.

It is important to note that UNCAT and its provisions do not apply to all persons receiving care from CVT. It is therefore helpful to look at the [United Nations Convention on the Rights of Persons with Disabilities](#) (CRPD), being well aware that "persons with disabilities" is also uncomfortable for the same reasons described previously. This Convention defines "rehabilitation" similarly to UNCAT, and "persons with disabilities" as those who have "long-term physical, mental, intellectual or sensory impairments which in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others." This is a useful definition in that it focuses on long-term impairment, as opposed to short-term distress that other service providers focus on, and the importance of addressing contextual barriers that prevent people from enjoying a full and productive life. Finally, CRPD is important because the requirement to provide rehabilitation under CAT is limited to the State

implicated in the original violation, while CRPD is not. (For the record, UNCAT has been signed and ratified by all States in which CVT offers services. CRPD has been signed by all States in which CVT offers services, and ratified by all except the United States).

In summary, the word “rehabilitation” as used in these international conventions provides a good description of our work, offers a bridge between clinical and advocacy work, maintains the link between our clients’ struggles and the crimes they endured, provides space for transitional justice initiatives, and locates our work within that of the global movement against torture.

Appendix C: A word on sustainability

Another central strategic theme in this Plan relates to building program sustainability. In order to do this we need to develop a better common understanding of what this means. In part, this is the capacity building and training work that is already built into CVT’s program models in each of its locations. CVT trains and mentors counselling and physical therapy professionals to provide high quality treatment. This building of local capacity serves the long-term strategic objective of training a cadre of trauma treatment experts who live and will remain in a particular region over the longer term. It also means local institution building and infrastructure including for the purposes of potentially spinning off new CVT entities in countries. Such locally owned and run entities may also open up new sources of revenue not available to INGOs headquartered in the U.S. This does not imply that each CVT program should be groomed to eventually become a self-sustaining entity. But each program needs to consider the best way to sustain its programming at some level, within its context and resources.

Sustainability also involves strengthened efforts at diversifying our revenue streams, especially those supporting our international programs, where dependence on a primary funder raises important challenges of longer term sustainability if funding priorities change. At the same time, it is important to recognize that finding new/additional sources of funding in the amounts our international projects require will be a longer term endeavor, but one which we need to step up in the coming period. Related to this, then, is also consideration of what future organizational practices and structures best support the growing organization.

Appendix D: Working in partnerships

In all areas of programming CVT’s modus operandi is working in partnership with other like-minded NGOs both at the local, national and international levels. This will continue to be emphasized as an essential feature of our work whenever possible in the coming years, while incorporating lessons from efforts that are taking place now. Operating in this way enables CVT to most effectively contribute what it uniquely brings to larger collective efforts, while avoiding replicating work other groups are better placed to undertake. It also brings better overall results and increases impact. At the same time, working in partnership is not an end in and of itself. We will examine partnership opportunities judiciously and pursue when they align with CVT’s objectives and advance our mission.