



The
CENTER for
VICTIMS of
TORTURE

**Statement Submitted by the Center for Victims of Torture to the
Senate Judiciary Subcommittee on the
Constitution, Civil Rights, and Human Rights**

The Syrian Refugee Crisis
January 7, 2014

Introduction

The Center for Victims of Torture (CVT) commends Chairman Durbin (D-IL) and Ranking Member Cruz (R-TX) for holding this important hearing on the Syrian Refugee Crisis. CVT's mission is to heal the wounds of torture on individuals, their families and their communities, and to stop torture worldwide. Since 1985, CVT has provided direct rehabilitation services to more than 25,000 survivors of torture and severe war atrocities in the United States, Africa and the Middle East. The model of care we utilize in our international direct service programs delivers high quality mental health, physiotherapy and social services while building local capacity to carry out those services through intensive training of local service providers.

Syrian refugees throughout the region are living in precarious situations without a clear end in sight. Millions of Syrian civilians – men, women and children – have been tortured, imprisoned, raped, and/or shot at while fleeing from the escalating conflict. They have personally witnessed brutal treatment, including the massacre of entire families and the destruction of homes and neighborhoods. As the political and sectarian violence facing Syria intensifies, the need to address refugees' psychological distress becomes ever more urgent.

CVT has operated a clinic in Amman, Jordan serving Iraq refugees since 2008. In March 2012, CVT expanded its Jordan program and began extending rehabilitative care to Syrian survivors of torture and severe war atrocities. More recently, given the high levels of needs amongst Syrian refugees in Zarqa, CVT established a second clinic in that community. In 2014, CVT will provide direct services to an estimated 1,000 clients in Jordan, approximately 70% of who are Syrians and 30% are Iraqi. Funding from the U.S. State Department's Bureau of Population, Refugees and Migration (PRM), the U.S. Agency for International Development (USAID), the United Nations Voluntary Fund for Victims of Torture, and the Open Society Foundations Arab Regional Office contribute to making CVT's life-saving work in Jordan possible.

As part of the broader humanitarian response for Syrian refugees in the Middle East and North Africa, CVT urges the U.S. government to expand its support for mental health and psychosocial support (MHPSS) programming, including by increasing access to specialized rehabilitation services for survivors

of torture. Likewise, CVT encourages Congress to bolster the capacity and geographic reach of torture survivor rehabilitation programs domestically as part of any efforts to resettle Syrian refugees to the United States.

The Right to Rehabilitation for Survivors of Torture

Article 14 of the United Nations Convention Against Torture and Other Cruel, Inhuman and Degrading Treatment or Punishment (CAT) provides survivors of torture the right to obtain redress and establishes “an enforceable right to fair and adequate compensation including the means for as full rehabilitation as possible.”¹ The UN Committee Against Torture has emphasized that such rehabilitation “refers to the need to restore and repair the harm suffered by a victim whose life situation, including dignity, health and self-sufficiency may never be fully recovered as a result of the pervasive effect of torture.”² As torture and other human rights violations instill fear and silence individuals and their communities, the rehabilitation process assists survivors in understanding their traumatic experiences, reconciling those traumas within the context of their own life narrative, and regaining their voice. Thus, through re-empowering survivors, rehabilitation services play a vital role in repairing family relationships, fostering safer communities, and supporting efforts to facilitate lasting peace and security, including by helping to lay a foundation for accountability and transitional justice initiatives.

Urban Refugees in Jordan: Needs Far Exceed Capacity

The United Nations High Commissioner for Refugees (UNHCR) reports there are over 2.3 million Syrian refugees registered or awaiting registration in the Middle East and North Africa, with estimates of the total refugee population much higher.³ Most of the refugees are in Lebanon, Jordan, and Turkey, where living conditions are very difficult due to a lack of resources and the harsh environment. There are approximately 569,000 Syrian refugees in Jordan, of which approximately 75% are living in the communities and 25% in the camps.⁴ Half of Syrian refugees in Jordan are children under the age of 18 years old.

The needs far exceed the capacity of CVT and other humanitarian aid providers in the region. For example, without doing any public outreach, which is the typical approach, CVT has a waiting list of potential clients of more than 500, the vast majority coming from Syria. Up to 50 Syrian refugees a day come to CVT’s clinics with requests for psychosocial and mental health care for themselves, their children, and other severely distressed family members. This phenomenon of walk-in clients is unprecedented in CVT programs, which attests to the urgency and scale of the trauma treatment needs among this population.

CVT has observed several trends in Syrians seeking our services, contributing to an even greater need for mental health and psychosocial services (MHPSS). For example, prior to July 2013, the main reason clients reported for their migration into Jordan was threat of violence to self or relatives and indiscriminant bombing (general war-related trauma). By contrast, CVT clients are now reporting that their primary reason for fleeing Syria is related to first-hand torture or indirect experiences of torture in which family members or neighbors have been targeted.

¹ <http://www.un.org/documents/ga/res/39/a39r046.htm>.

² <http://www2.ohchr.org/english/bodies/cat/GC3.htm>.

³ <http://data.unhcr.org/syrianrefugees/regional.php>.

⁴ <https://data.unhcr.org/syrianrefugees/country.php?id=107>.

Access to housing, employment and education in Jordan has become increasingly challenging. Women and children are disproportionately represented as clients of CVT. These women are often heads-of-household, having left husbands and sons in Syria or having become newly widowed due to war violence. Although most women access cheap, over-crowded housing in Jordan by staying with family members or friends, an increase in the number of women living alone with their children has been reported. CVT clients report additional stresses related to the extreme under-employment of Syrian refugees living in local communities and the daily harassment experienced by both children and adults. In addition to the more common types of social services provided to Syrian refugees (such as referrals for medical services, financial assistance, and food and non-food assistance), CVT has received numerous requests for assistance with school placement as many Syrian refugee children are refused admission to local Jordanian schools due to general overcrowding of classrooms (there are reports of up to 60 students in a single classroom).

In the Jordanian context, an important dynamic to understand is that funders of humanitarian services are dealing with two different populations: Iraqi refugees and Syrian refugees. As an organization that serves both populations, CVT has observed Iraqi refugees feeling forgotten and “stuck”—many do not have the ability to return to Iraq or have fled during the recent wave of sectarian violence and instability. Resettlement to a third country is unlikely and those who attempt to remain in Jordan are facing growing intolerance and threats of detention and deportation. All of these factors add to the growing tension in Jordan, which some describe as precarious island of relative stability, surrounded by multiple conflicts and instability on all sides. This situation is especially worrisome as the country struggles with high rates of inflation, increases in the price of gas, water shortages and various economic challenges.

Recommendation 1: Mental health programming, including specialized torture survivor rehabilitation services, should be consistently included as part of the overall U.S. government strategy on humanitarian responses, and especially as part of its response to the Syrian refugee crises.

Globally there are very few—and depending on the situation, often no—resources available to address the tremendous mental health needs of refugee survivors of torture and war atrocities, despite their widespread and complex needs. The need in post conflict settings is apparent and widely understood: rates of mental disorders, particularly depression and PTSD, increase substantially in emergencies.⁵ In August 2013, the World Health Organization (WHO) released new clinical guidelines for health care workers treating the mental health needs of people who have experienced trauma and loss.⁶ These guidelines reinforce the importance of including mental health care in humanitarian responses post-crisis and are an important step in advancing access to mental health care in places of great need across the globe.

While basic necessities, such as food, shelter, and medical care, cannot be ignored, MHPSS services must be a higher priority. Without appropriate and timely interventions, some refugees may develop chronic mental health problems, leading them to struggle with all the challenges other refugees face but also

⁵ Steel Z et al. Association of torture and other potentially traumatic events with mental health outcomes among populations exposed to mass conflict and displacement. *Journal of the American Medical Association*, 2009, 302:537-549.

⁶ http://www.who.int/mediacentre/news/releases/2013/trauma_mental_health_20130806/en/.

doing so while suffering deep despair, anxiety, and depression. For some, this psychological pain can be debilitating, hindering their ability to function or provide for themselves or their children. MHPSS services also play an important role in accessing basic needs from the beginning. Many survivors of torture and war trauma are unable to access basic life-saving services, such as food, shelter, and medical care, due to the mental health symptoms they are experiencing. Mental health care itself can be lifesaving, but integration of MHPSS care into humanitarian response also supports other life-saving efforts. Given current funding limitations, CVT and other organizations providing MHPSS services to Syrian refugees are only able to address a small fraction of the overwhelming need. There are several steps the U.S. Congress can take in furtherance of this recommendation:

- Reauthorize the Torture Victims Relief Act in 2014:

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. CVT urges Congress to reauthorize this important piece of legislation in 2014.

- Increase U.S. contributions to the United Nations Voluntary Fund for Victims of Torture

The United Nations Voluntary Fund for Victims of Torture (the Fund) is a highly effective grant making entity that supports over 230 projects in more than 70 countries. Each year, these programs help tens of thousands of survivors heal from their deep wounds and rebuild their lives through providing psychological, medical and social assistance, legal aid and financial support. The U.S. Department of State budget justifications have explained, “[The Fund] supports the U.S. foreign policy goal of promoting democracy and human rights...U.S. contributions underscore our commitment to the rights of the individual and to the essential importance of protecting these rights.”⁷

In recent years, worldwide contributions to the Fund have decreased by 30%, impacting the number and size of grants awarded to organizations that offer medical, psychological and social assistance, as well as legal aid and financial support to torture survivors and their family members.⁸ U.S. support for the fund grew steadily between 1993 and 2009, reaching its peak of \$7.1 million for Fiscal Years 2009 and 2010, and then dropped to \$5.7 million in FY 2011 and to \$5.5 million in FY 2013. CVT encourages the U.S. government to return its contributions to, at least, 2009 and 2010 levels for FY 2015 and the remainder of FY 2014.

- Provide funding to MHPSS programs for Syrian refugees through the U.S. State Department and USAID

The Victims of Torture Fund through USAID and programming funded by PRM and other U.S. State Department Bureaus support torture survivor centers and international NGOs in assisting the rehabilitation of individuals, families, and community members who suffer from the physical and psychological effects of torture. USAID projects operate in countries where torture has been widespread or systematic—with effects reaching into all or most communities and regions—and seek to build local

⁷ U.S. Department of State, Congressional Budget Justification for Foreign Operations, FY 2002, <http://www.state.gov/documents/organization/3961.pdf>.

⁸ http://www.ohchr.org/Documents/Issues/Torture/UNVFVT/A-68-282_en.pdf.

capacity to deliver services to survivors of torture and their families. Beyond that, these projects strive to build networks and coalitions to meet the diverse practical, psychological, and social needs of people and communities affected by conflict and torture. CVT urges Congress to expand its financial support of these vital initiatives.

Recommendation 2: Mental health programming provided as part of emergency responses should be implemented according to guidelines established by the Inter-Agency Standing Committee on Humanitarian Affairs.

The Inter-Agency Standing Committee (IASC) MHPSS reference group established mental health and psychosocial support guidelines for humanitarian settings in 2007. These guidelines call for MHPSS services to be evidence-based, coordinated, and implemented in the most ethical and appropriate way possible. Included in the guidelines is the recommendation for creating a continuum of care, starting at broad integration of MHPSS into basic humanitarian response, and building towards specialized support services provided by professionals, such as CVT.⁹

By supporting MHPSS efforts that follow these guidelines, the United States can ensure that quality, sustainable, and integrated MHPSS services are provided to Syrian survivors who need it most.

Recommendation 3: The United States should increase its investment in domestic torture survivor rehabilitation programs funded by the Office of Refugee Resettlement (ORR) with the goal of ensuring that all Syrians refugees resettled to the United States have access to specialized trauma healing services.

As the United States prepares to resettle vulnerable refugee populations, such as Syrians or Congolese, who have experienced severe trauma, including torture, sexual and gender-based violations and other gross human rights violations, Congress should invest in their successful transition and integration by ensuring they have access to specialized rehabilitation services. These programs have a proven track record of assisting torture survivors in gaining control of their lives, building confidence in their futures, reuniting with family members, improving their connectedness to the communities they live in, and reducing the incidence of serious health problems and dependence on emergency medical care. These specialized services improve their social and economic functions while promoting self-sufficiency and integration.

In FY 2013, Congress appropriated \$11.088 million to fund a total of 28 non-profit organizations in 18 states¹⁰ and the District of Columbia to provide direct medical, psychological, social, and legal services to persons who have been tortured and their family members. Specialized programs also conduct outreach and training for community service providers that have access to or work with torture survivors. Although demand for these programs has increased, ORR funding has remained stagnant, leaving current programs either at or over capacity, with most managing extended wait lists. Further, the

⁹ Inter-Agency Standing Committee (IASC) (2007). IASC Guidelines on Mental Health and Psychosocial Support in Emergency Settings. Geneva: IASC.

¹⁰ ORR funds programs in the following states: Arizona, California, Connecticut, Florida, Illinois, Kentucky, Massachusetts, Maryland, Maine, Michigan, Minnesota, Missouri, New York, Oregon, Pennsylvania, Texas, Virginia, and Washington.

geographic limitations of specialized programs means that a high percentage of refugee arrivals are going to states without any torture survivor rehabilitation programs. CVT recommends an annual Congressional appropriation of at least \$16 million to the ORR Torture Victim Fund.