The Center for Victims of Torture™ (CVT) is dedicated to healing survivors and ending torture. By extending rehabilitative care to survivors, developing the capacity of institutions and individuals, and advocating against torture and in support of human rights, CVT works toward a future in which torture ceases to exist and its survivors have hope for a new life. CVT was founded in 1985 as the first torture survivor rehabilitation center in the United States and just the third internationally. We are one of the largest organizations of our kind in the world.

**Mission Statement**

Our mission is to heal the wounds of torture on individuals, their families and their communities and to end torture worldwide.

**CVT VALUES:** HOPE, HUMAN DIGNITY, INTEGRITY, EQUITY, COLLABORATION

**What is Torture?**

Torture is the intentional and systematic infliction of physical or psychological pain and suffering in order to punish, intimidate or gather information. Torture is immoral, ineffective and makes us less safe. It is also illegal under international law. Torture is, however, a highly effective means of oppressing populations. Torture destroys leaders, disintegrates opposition and terrorizes communities. It creates cultures based on fear.

Torture results in a complex set of physical and psychological problems for its survivors: Chronic pain in muscles and joints from being bound, hung or confined to small places like cages. Balance and mobility problems, often from being beaten on the soles of the feet or lower legs. Sleep disorders including sleeplessness, sleep interruptions and intense and incessant nightmares. Deep depression. Severe anxiety. Frequent thoughts of suicide. Fortunately, with sensitive and professional care, survivors can heal from their wounds and reclaim their lives.

**CVT’S Work in the World**

Over the course of the past 35+ years, CVT’s work has evolved to center in four primary areas:

**Rebuilding Lives and Restoring Hope**

CVT was founded and originally developed its first clinical programs in Minnesota, where our professional staff includes physicians, psychiatrists, psychologists, nurses, social workers, community educators and interpreters, complemented by volunteer occupational, physical and massage therapists. We extend rehabilitative care to individual survivors; assist members of their families; provide training to mainstream health and human services professionals, as well as attorneys, refugee leaders, law enforcement officials and others; and refer survivors we can’t help to other care and service providers in the community. The team in St. Cloud, Minn., uses a holistic model of care that incorporates psychotherapy, community education and professional interpretation to address the unique needs of clients in a safe therapeutic space.

Elsewhere in the United States, CVT extends rehabilitative care to refugee torture survivors and asylum seekers in Clarkston, Georgia, “the most diverse square mile in America,” and is also working to expand care to refugees and asylum seekers at the Southern border via our Proyecto Mariposa initiative in Arizona. We hope to expand this work to other states in the coming years.
Internationally, CVT has offices in Ethiopia, Iraq, Jordan, Kenya, Uganda and additional project sites around the world. We work in refugee camps and communities where there are large numbers of survivors, employing a model whereby professional staff hire, train and supervise paraprofessional mental health counselors. Increasingly, physical therapy is a key component of CVT’s international projects and we aim to build capacity that will endure beyond the duration of CVT’s presence.

At our project in Nairobi, Kenya, we extend care to refugees and asylum seekers from across East Africa, with a particular emphasis on LGBT+ individuals escaping persecution. We also work at several locations in Uganda with victims of atrocities committed by the Lord’s Resistance Army, as well extending care to refugees from South Sudan. In the Gambella region of Ethiopia, we also extend rehabilitative care to many South Sudanese refugees fleeing that country’s recent civil war and ongoing atrocities. Meanwhile in the Tigray region of Northern Ethiopia, we extend care to Eritrean survivors, many of whom have fled their government’s policies of forced military conscription. In Amman, Jordan, we extend care to survivors who have fled sustained conflict in the region, especially refugees from Syria, Iraq and Yemen.

**Developing Capacity**

Helping develop the capacity of organizations that deploy health care professionals and humanitarian workers is an area of growth for CVT. In recent years, CVT’s work in this area has more than doubled in response to needs of people in complementary fields, such as providers of legal support, case advocacy or psychosocial support; human rights defenders and activists; and the organizations, networks and local systems where they operate. This type of work includes training human rights activists and humanitarian staff in sustainability and resiliency.

The National Capacity Building and Helping Survivors Heal projects, which operate in the U.S. and internationally, respectively, build clinical skills, develop strong and financially stable organizations, and strengthen the delivery of effective and sustainable healing care for survivors, their families and communities. The New Tactics in Human Rights program promotes enhanced strategic and tactical planning in the human rights movement, broadly defined to include economic, social and cultural rights in addition to civil and political rights. The IDREAM project builds the capacity of displaced human rights defenders, activists who were forced to flee their home countries. The Survivors of Torture Initiative supports Syrian human rights defenders and civil society organizations using a trauma-informed, strengths-based and collaborative approach and includes network engagement, advocacy training, team-building, self-care, resilience workshops, torture rehabilitation and trauma healing, tele-mental health, documentation support, and support to justice and accountability mechanisms.

**Monitoring, Evaluation, Research**

CVT is widely known for the quality of our program evaluation efforts, as we document significant improvements in our clients’ mental health and functionality. Our Healing Hearts project, serving ethnic Karen survivors from Myanmar (Burma), was a five-year, $3+ million randomized controlled trial that documented improved health and functioning outcomes, and lower health costs, among patients who received CVT’s specialized mental health and case management services in a primary care setting (when compared to a control population that received “treatment as usual”). CVT’s 2015 study documented a 44 percent torture prevalence rate among refugees and asylum seekers arriving in the United States since 1980, translating into a torture survivor population of 1.3 million (or one in every 245 Americans), a figure that has become widely accepted as the best available estimate.
Policy and Human Rights Advocacy
CVT’s federal policy advocacy centers in three primary areas: appropriations to government programs that fund torture survivor rehabilitation in the U.S. and internationally; refugee and asylum policy; and national security and human rights issues. In Georgia, our work focuses on building broader support for refugees, asylum seekers, human rights and tolerance. In Minnesota we have launched a new portfolio of work on police violence, criminal justice reform and related issues. In all of our policy advocacy work, we leverage the credibility gained through extending care and rehabilitation to torture survivors into effective campaigns that generate broad and bipartisan political support.

Annual Budget
The Fiscal Year 2022 budget totals $28.7 million, of which $7.3 million will be contributed by individuals, foundations, corporate philanthropies and other institutions. $21.4 million will be earned through government contracts and medical and case management billing.

Staff – CVT employs approximately 340 staff, including about 100 in the U.S. and 240 in Africa and the Middle East.