



## **Finding our way:**

### **Developing a community work model for addressing torture**

**Megan Bantjes (CSVr), Malose Langa (CSVr) and  
Steffen Jensen (DIGNITY – Danish Institute Against Torture)**

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## **CSVR – Centre for the Study of Violence and Reconciliation**

The Centre for the Study of Violence and Reconciliation is a non-profit organisation founded in 1989 to understand and prevent the root causes of violence in all its forms and to address its consequences in order to build sustainable peace and reconciliation in South Africa. CSVR is committed to human rights and the strengthening of democracy. CSVR does work in the fields of Youth Violence, Criminal Justice, Transitional Justice, Trauma and Transition, Gender Based Violence and Peace Building. A multidisciplinary team of approximately 30 lawyers, educationalists, social workers, criminologists, psychologists, community facilitators, researchers and sociologists staff CSVR. This enables the organisation to implement a range of initiatives to deal with diverse forms of conflict.

CSVR's previous work in the field of torture has included providing therapy and in-depth long-term counselling to torture survivors and their families, research, networking, training, awareness raising, lobbying and advocacy.

## **DIGNITY – Danish Institute Against Torture**

DIGNITY – Danish Institute Against Torture (formerly RCT, the Rehabilitation and Research Centre for Torture Victims) is a self-governing institution independent of party politics. In Denmark, DIGNITY treats refugees who have survived torture and undertakes research in torture and torture sequelae. By doing so, DIGNITY has gained specialised knowledge and experience on the basis of which the interventions of its partners in the South are developed and targeted.

DIGNITY exposes and documents torture on a health professional basis. The clinical diagnoses and treatment methods are based on systematic examination of torture survivors and research into torture and organised violence. The experiences are used in DIGNITY's education and advocacy in order to contribute to the global effort to abolish torture.

DIGNITY's international project work is carried out in cooperation with local organisations in connection with projects aiming at diminishing the aftereffects of torture or preventing the use of torture and organised violence in the future. Treatment, prevention and education of local health professionals are the main parts of the projects. DIGNITY's personnel work as consultants on the projects. The aim is to exchange and pass on knowledge and expertise. DIGNITY works in South Africa, Sierra Leone, Gaza, Philippines, Sri Lanka, India, Honduras and Guatemala.

Besides its extensive cooperation with partner organisations around the world, DIGNITY has contacts in a widely ramified network of Danish and other European organisations working with health, human rights, refugees and development aid. The aim is to fight torture and protect human rights by means of

continuous exchange of experiences and specific projects. DIGNITY is a self-governing institution that is dependent on economic support from a number of contributors, the main contributor being the Danish Ministry of Foreign Affairs. Foundations, grants and private persons also support DIGNITY's work.

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## **Chapter 1:**

### **Finding our way**

Why do community interventions? And why do community interventions in relation to torture and cruel, inhuman and degrading treatment (CIDT) in South Africa? The literature points to a number of gains as regards community interventions: they are likely to be more efficient in reaching the large numbers of beneficiaries; they are arguably more effective than one-on-one interventions for addressing large-scale psychosocial suffering; they potentially impact on a systemic level rather than on an individual level, and thereby have further reach; and they can mobilise people to engage in challenging and changing policies and institutions so that the realities of their daily lives improve (see, e.g., Bracken et al. 1997; Naidoo 2000; Veary 2011).

All of these potential gains are relevant in relation to torture and CIDT in South Africa. Individual and specialised services are hard to access for people in poor neighbourhoods, and there are few specialised service providers for large numbers of victims. As torture and CIDT in South Africa are caused by structural inequalities between rich and poor, we argue that prevention efforts should address these inequalities. Finally, torture and CIDT are, for the general public and in policy circles, often associated with the apartheid regime's policing practices or viewed as something that occurs outside South Africa's borders (Dissel et al. 2009). This means that today's victims are often unaware that their rights have been violated, or unlikely to name the violation "torture" and are therefore unlikely to seek help. Only by assisting these victims and empowering them to demand their rights can torture and CIDT be prevented.

While these potential gains are all worth pursuing, community interventions in general have suffered from theoretical and methodological shortcomings. As noted by Jessen et al. (2010) in their analysis of psychosocial community interventions in Latin America, community interventions are seldom evaluated or assessed in systematic ways; they are grounded in normative assumptions about what ought to happen rather than tested, theoretically informed causal relations; and they often lack clearly defined target groups. Shortcomings like these prompted CSV – Centre for the Study of Violence and Reconciliation in South Africa and DIGNITY – Danish Institute Against Torture (formerly RCT – Rehabilitation and Research Centre for Torture Victims) to engage in systematic and critical reflections on how to produce a theoretically informed model of community work with clear and relevant target groups that can also be systematically evaluated and assessed. The aim of this report is to document and reflect on the process of producing such a theoretically informed approach to community intervention in ways that might prove

useful to other organisations working with human rights and psychosocial interventions. It is in this sense that we talk about finding our way.

In “Finding Our Way,” we have tapped a number of sources. First, we discuss different theoretical perspectives on community work that we have identified in the academic literature (Chapter 2). Second, we explore different practical examples of community interventions that we have identified in organisations in CSVR’s and DIGNITY’s broader network (Chapter 3). Third, we discuss some of CSVR’s own experiences with community work in relation to a refugee women’s empowerment project and home visits aimed at support and referrals (Chapter 4). On the basis of these practical and theoretical inputs, we outline the parameters for a CSVR approach to community intervention for torture and CIDT as it emerged towards the end of 2011. This model is now being implemented and tried out in three places around the Gauteng area in South Africa. We will report on the progress of the work at a later stage. In this report, we present how we arrived at the model through systematically combining practical experiences and theoretical inputs. The hope is that these inputs – and the process of putting them into concrete use in the model – might be of use and inspiration to other organisations within the broader DIGNITY and CSVR networks and beyond.

## **Six key questions**

In order to organise our reflections in the chapters below, we have formulated six key questions regarding community interventions. Inspired by Jessen et al. (2010), we ask:

- 1) What is the context?
- 2) Who is the target group?
- 3) What is the theory behind the intervention? Which causal relations are evoked?
- 4) What are the indicators that the assumptions of change are correct?
- 5) What resources are required?
- 6) How is sustainability facilitated or addressed?

While these questions might appear self-evident, it is our experience that they are usually not asked. Too often, the answers to them are either assumed or remain unarticulated in community interventions. For instance, the context of a given intervention is often described very generally, with poverty and conflict abstractly pointed to as relevant contextual variables. This does not suffice, as concrete community interventions require profound knowledge of the power relations inside a community as well as recognition of the fraught relationship between state and community. Likewise, it is necessary to include clear parameters for inclusion and exclusion in an intervention’s target group, and to be clear about how intervening agencies conceptualise the target group. Are they partners or beneficiaries? Poor or

resourceful? It is, in other words, necessary to disaggregate target groups as well as look at ourselves and reflect on how we see the people with whom we work.

The same goes for theories of intervention. They are often overly ambitious, as when a community intervention consists of dialogical meetings that will presumably result in communal peace. Often, there are no indications of how one gets from the x to the y, how much it costs or if and how we can measure impact. We are not necessarily vindicating a positivist approach to evidence. We do, however, think that reflection and asking questions are necessary before engaging in often expensive and always intrusive interventions.

### **What is the context?**

To evaluate any intervention, it is necessary to understand its context. Why is it necessary to do the intervention? In addition to macropolitical benchmarks, local patterns of violence should be included in the preliminary analysis of the context. Simple “binary models” that claim to illustrate the nature of violence – for example, white police versus young black men in the case of torture in South Africa – should be avoided because violence is often generated by a variety of factors and does not always reflect the political dynamics at the macro level. Furthermore, many community interventions are sparked by a specific event. In South Africa, this might be a massacre, a service delivery boycott and demonstrations, outbreaks of xenophobic violence or a forced removal. It is not always easy to identify a single causal event for violence, however. In relation to current torture and CIDT in South Africa, for instance, abusive events are usually mundane, invisible and not seen as out of the ordinary even by the victims (Dissel et al. 2009). This mundaneness is an important part of the context to consider when arguing for an intervention and deciding which kind of intervention is needed. Finally, contexts are never just a static background but change with the intervention, as McLeroy et al. (2003) note. While community projects often include a description of the community, they do not pay adequate attention to how community factors will impact and should impact on the intervention.

### **Who is the target group?**

Although it appears self-evident that thorough consideration of the target group must be undertaken, Jessen et al. (2010) illustrate that project descriptions vary from strong quantitative or qualitative descriptions to the purely anecdotal in the projects they explore. Sometimes the target group is “refugees in need of legal assistance.” Such a target group is invariably weak if it is not qualified. Hence, there is a need to establish clear criteria of inclusion and exclusion, considerations of how beneficiaries are reached



and the extent to which this actually happens. Intervening agencies also need to reflect more on their own private biases in defining the target group.

Furthermore, most target groups are defined by their needs as victims. However, there are hierarchies of victimhood that are often based on implicit moral perceptions around race, gender, age and class. The target group in the CSVR project may be considered problematic by some because it does not consist of individuals viewed as “innocent” by the majority of the public. Victims of police harassment in South Africa are seldom considered just injured bodies or souls. They often may not live up to dominant moral norms, being young, poor, black men who may have committed crimes or engaged in behaviour that is frowned upon, such as loitering, gambling and substance abuse. When considering who is the most vulnerable and worthy of intervention, there is a constant need to revisit one’s/the intervention’s moral perceptions and stereotypes.

### **What is the theory that informs the intervention?**

All projects work with theories but these are seldom explained. These theories might be based on relatively simple ideas about causal relationships: If I do x, then y will emerge. These remarks are based on what Dahler-Larsen and Krogstrup (2003) have termed “theory-based evaluation.” Theory-based evaluation takes as its point of departure that any project can be regarded as a programme that might be tested on the basis of the assumptions about cause and effect it makes. Through elucidating or explicating the theory behind the approach – hence theory-based evaluation – it is possible to reflect on and discuss the assumptions or hypotheses. Theory-based evaluation turns the assumptions into a number of causal relations: If x, then y. By breaking up a project into a series of causal links, the theoretical assumptions that are often implicit can be identified and assessed. Failure to do so can make a project unrealistic for the simple reason that its implementers are unable to argue for a relationship between x and y. Breaking an intervention into a series of causal links might also help those involved in community projects to avoid expecting overly ambitious outcomes.

### **What are the indicators that the assumptions of change are correct?**

One of the benefits of using theory-based evaluation in the planning of a project or an intervention is that it enables, in easy ways, the production of a system for evaluation. After having broken down a given project into different causal relationships of “if x, then y,” the next step is to identify indicators. It is important to be able to measure each of the links in the causal chain leading from project to effect. While measuring effect in any meaningful way is difficult, it is imperative to have reflections on which indicators would be meaningful. They might be quantitative or qualitative, providing points of entry for reflection on the

process itself. By looking at the different steps in the causal links proposed by a project and at the indicators of those causal links, we are able to identify where in the process problems or successes occurred. This will enable more systematic reflection on what can be learnt from the project.

Furthermore, theory-based evaluation allows for an exploration of the extent to which possible unsatisfactory effect relates to or emanates from “implementation flaws,” as opposed to problems with the theory itself. The implementation may have lacked in quality or proved impossible because of circumstances beyond the control of the project. However, it might also be that the failure or the problems stemmed from “theory flaws,” meaning that despite appropriate implementation the effect of the project was unsatisfactory and thus the theory does not hold true. While a project does not need to use theory-based evaluation in terms of quantifying every single step in the chain of causal relations, it is necessary to reflect on the relationship between what was thought to happen and what actually did occur, and to design means of reflection as part of the documentation of the intervention, not after the intervention has ended.

#### **What resources are required?**

Human resources are an important aspect of the inputs required for a project. Another possible category for careful consideration in all projects, “team composition and networking,” is identified in the study of Latin American interventions by Jessen et al. (2010). In their study, networks were more important to understand than individual organisations, as nongovernmental organisations (NGOs) commonly worked with community-based organisations (CBOs), local communities, state institutions, international NGOs, universities and donors. More details about these partners and relationships are useful. A description and quantification or costing of any other resources required to implement the project should be considered in planning and reflection on community interventions.

#### **How is sustainability facilitated or addressed?**

When considering sustainability, it is useful to consider efficacy (did it work?), efficiency (at what cost?) and whether the project generates dependency or whether beneficiaries might in the end be independent of the project.

## Chapter 2:

### Theories of community intervention

In this chapter, we introduce different theories on community interventions from the disciplines of community psychology and social work. Theories emerging from these disciplines are an important source for the model development that CSVR and DIGNITY have undertaken in South Africa. In what follows some of the better known theories and models of community intervention are outlined. We pay particular attention to assumptions about the systemic causes of psychosocial problems and how they call for various strategies and levels of intervention.

Community psychology emerged as a purposeful reaction to traditional psychology's ideas and activities (Gibson & Swartz 2004). Community psychologists noted that traditional one-on-one modes of counselling and therapy informed by western theories were inadequate and inappropriate for addressing problems that are social and political in their genesis: inadequate because there are simply not enough resources in national health systems to reach everyone in need, and inappropriate because they do not address the consequences of war, collective violence, mass trauma and cultural trauma (see, e.g., Pupavac 2002), especially when these combine with challenges such as poverty, which is faced by most people in developing countries.

Lazarus and Seedat point out that community psychology provides a path to "transform the way in which the aetiology and development of psychosocial problems is conceptualised and understood" (cited in Naidoo 2000, pp. 7–8). Torture and its psychosocial sequelae provide key examples of this. In its common form, torture is perpetrated against individuals who, as a result, may be left with profound psychological scars. However, the root causes of these wounds are not simply intrapsychic, nor can they be attributed to emotional weakness in individuals. The ground in which torture is rooted is systemic. Particular social conditions make certain people vulnerable to torture and CIDT, which are perpetrated by those who hold power in society. Furthermore, social responses to torture and its victims have an impact on individual recovery. The public silence that surrounds torture makes a fundamental contribution to the psychic suffering of victims, who experience feelings of shame, self-blame and social isolation. Public recognition that torture is happening and widespread social awareness of the damage caused by torture are important both for addressing its effects on individuals and for working towards its prevention.

When exploring community intervention, it is useful to outline briefly the meaning of the community concept. First of all, the term "community" is not a politically neutral description of homogenous, unified groups of people. Rather, the concept has emerged as a nodal point around which political power struggles

are enacted, and it is invoked by different groups or individuals in the service of their various goals. In most community work, “community participation is fraught by contestations and power struggles” (Jensen 2004, p. 179). Romanticised notions of “community” are not useful for conceptualising community-level interventions.

Second, communities can be geographical spaces as well as social groups. This might be immigrants, a student community on a campus, the aged or the gay community. People sharing values, beliefs, practices and cultures also constitute communities, for example, religious groups (Langa 2010). There are various typologies for classifying how “community” is understood. In one useful typology, McLeroy et al. (2003) summarise four different conceptualisations of “community” for public health work: community as setting, target, resource or agent. Interventions are said to be community-based in that this is the geographical “setting” where they are implemented. The focus then is on changing individual behaviours in order to promote overall levels of health in that area. When the community is seen as the “target,” interventions focus on institutional and policy change as well as changes in services on a broader systemic level that create a healthier community environment. Indicators of change do not focus on individual behavioural change, but rather on environmental indicators such as the number of services available. When the emphasis of the approach is on community ownership and participation, the community is largely defined as a “resource.” Mobilising resources that exist in the community in combination with external resources is the strategy used. This differs slightly from the approach that views the community as an “agent,” in that this fourth approach aims to strengthen and support existing community capacities without introducing outside resources.

## **Theories of community intervention**

In this section, we briefly introduce some of the more dominant theories on community interventions, namely the social action model, liberation social psychology, community development, the ecological model, the mental health model, the social planning model, the organisational model and the community education model.

### **The social action model**

Sources: Ahmed and Pretorius-Heuchert (2001); Weyers (2001)

This model emphasises structural inequalities in society, particularly poverty and the disempowerment of specific social groups, which, it is argued, result in psychosocial problems. Injustice and policies that promote inequality are seen as the causes of psychosocial problems. Furthermore, it is argued that people

who are oppressed are not equipped to use the power they might have in order to make demands for consultation and change. By creating awareness, or “conscientising” people (Freire’s concept, described in van Vlaenderen & Neves 2004b), interventions enable those who experience themselves as disempowered to realise that they can harness their power to challenge existing social systems. Interventions promoted by this model aim to rectify political, economic and social injustices. The focus is on changing systems and institutions rather than achieving individual behavioural change. Interventions promote putting pressure on those in power to make changes that improve the quality of life of those who live in poverty, and to undo oppressive social conditions.

The community worker’s role in this instance is to be an activist, to conscientise, mobilise, organise and make connections in the community with the aim of empowering the disempowered. In this sense, community workers are not neutral facilitators. Rather, they take a political and ideological position against the dominant institutions in society (Ahmed & Pretorius-Heuchert 2001). Their roles include those of advocate, advisor and negotiator. However, members of the community must be active participants in the process. The community worker may be present as a role model, but the community does the work. The facilitator may educate people on how power is organised in systems and institutions and on strategies and tactics for addressing inequalities, as well as play a part in developing leadership, but he or she may not leave the community behind. This begs the question of how high-profile the outside facilitator should be.

### **Liberation social psychology**

Source: Burton and Kagan (2005)

Liberation social psychology developed in Latin America in response to criticisms of traditional psychology. It also emerged as a response to social contexts in which the large majority of the population was oppressed and excluded from mainstream society. There are strong similarities between many Latin American social contexts and South Africa under apartheid and post-apartheid, where violence, torture and abuse by state authorities is ongoing and there is a lack of recognition of the experiences and needs of victims. In light of its applicability to South Africa, this model is explored in more detail than some of the other models presented in this report.

Liberation social psychology consists of a family of approaches that share fundamental principles or concepts whereby community psychologists identify with a broader intellectual and political movement for social and economic justice. There are several “sets of contributions” that collectively underpin liberation praxis in Latin America, including pedagogy, economics, theology, sociology, philosophy and psychology (Burton & Kagan 2005, p. 67).

Liberation is seen to have its origin in the strategic alliance between external change agents, such as community facilitators, and “oppressed groups.” Freire’s concept of conscientisation forms a cornerstone of this approach, which Martin-Baro explains as follows,

The human being is transformed through changing his or her reality, by means of an active process of dialogue in which there is a gradual decoding of the world, as people grasp the mechanisms of oppression and dehumanisation. This opens up new possibilities for action. The new knowledge of the surrounding reality leads to new self-understanding about the roots of what people are at present and what they can become in future. (Cited in Burton & Kagan 2005, p. 68)

There are three main areas in which liberation social psychology is applied: community social psychology, work with victims of state oppression and social analysis. Regrettably, much of the work done in these fields is unpublished. What is published has a bias towards the theoretical aspects of the work, lacking documentation of the innovative field practice that exists (Jessen et al. 2010).

Community social psychology provides the methodological and empirical basis for liberation psychology. Its theoretical foundations are in participatory action research, dependency theory and popular education, as well as critiques of traditional psychology (Montero, cited in Burton & Kagan 2005, p. 70). Work is done with poor communities to address diverse issues like housing, poverty, leadership skills, community development, health, disability and mental health. There is less emphasis on the clinic and on the mental health tradition than in other branches of social psychology. The question is whether the specificity of psychology is then lost. It is argued that community social psychology makes use of traditional psychological techniques as well as new ones and is involved in de-ideologising problems that very often are naturalised and psychologised. The psychologist becomes a resource for the community by providing expertise in investigation, leadership and understanding of organisational or group dynamics, providing knowledge of the system, including how to access resources.

In the specific community social psychology approach of Serrano-Garcia (Ahmed & Pretorius-Heuchert 2001, pp. 73–74), Marxist analysis and intervention is added to the social action model described above. This is useful in that it takes account of changing human subjectivity or consciousness, particularly attitudes and values. The sociohistorical context is seen as vital for understanding, but not necessarily determining, future social reality. Community members are seen as actively constructing their social reality. Thus, while institutions shape people’s consciousness and experiences, people have the capacity to change institutions (Ahmed & Pretorius-Heuchert 2001).

As it relates to victims of state oppression, the second arm of liberation social psychology is of particular relevance for work on torture, disappearance and genocide perpetrated by oppressive regimes. What makes Burton and Kagan’s (2005) description of these interventions relevant to South Africa is, first, the great numbers of people affected by violations; second, that “concern for social reparation to the

victims is still important”; and, third, that discussion of “national unity and reconstruction” is still relevant in mental health (p. 71).

“De-privatisation” is emphasised. Essentially, this means “making the suffering a social, shared thing, rather than secret distress, and once again taking up active social roles” (Burton & Kagan 2005, p. 72). Therapeutic models include highly socially oriented objectives, with the healing power of political activism highlighted. Hence, the therapist interprets experiences from a sociopolitical perspective to understand questions like “why torture and why me?”

For recovery, psychotherapy is accompanied by interventions that help the person to take up an active social role or to restructure his or her existential project (Lira & Weinstein, cited in Burton & Kagan 2005, p. 72). It is likely that within this liberation framework psychologists could develop community interventions that provide conditions conducive to individuals taking active social roles. Similarly, the psychologists themselves continue to take an active social role. Developing collective memory in a context where there is official denial of what has happened is addressed in this work with victims. Work to end the impunity of those responsible is taken on by psychologists who serve as a resource to lawyers and community members.

A review of the literature from four Latin American countries on community interventions that aim to ameliorate the effects of torture and organised violence or to prevent it found that interventions fall into four broad categories of implementation strategies: psychosocial accompaniment, communities as therapeutic tools, psychosocial reparation of communities and combinations of the former three with action-oriented research approaches.

Psychosocial accompaniment, which includes the conscientisation interventions described above, is primarily about “the reorientation of life projects in communities shattered by violence” (Jessen et al. 2010, p. 26). The use of community-based organisations and group dynamics as therapeutic tools has mental health as the goal and relies on psychodynamic explorations of group dynamics. Sometimes community-based organisations that develop out of groups are used as a tool to promote psychosocial recovery. Community-based psychosocial reparation combines mental health and human rights issues whereby rehabilitation happens outside the individual therapeutic milieu through collective projects, networking with other organisations and supporting leaders. Storytelling is used to support people, as well as for testimonial or political purposes. Forms of action research with their roots in participatory action research are used, which allows interventions to be developed parallel to research (Jessen et al. 2010).

Social analysis, the third central area of application of liberation social psychology in Latin America, aims at addressing macrosocial factors. Social-psychological-political analyses are undertaken to induce

shifts at the macro level by changing political and social commentary and developing new ways to intervene in the public sphere.

Foster (2004, pp. 1–37) has outlined the following requirements for liberation social psychology in the South African context:

- **Critical analysis:** “This involves awareness, insights, and consciousness of the prevailing oppressive situation. It demands analysis as well as discerning alternatives.”
- **Self-definition:** “Subordinated people will have to provide self-definitions; a self-determination of naming, labelling and badging.”
- **Collective organising:** “A characteristic of any period of significant change is that numerous new organisations appear on the landscape. ... Collective organising constitutes the very stuff of praxis; a co-ordination, a coming together, of analysis, reflection, shifts in self-consciousness and concrete activity.”
- **Collective action:** This is the public face of collective organising and may involve writing, speaking, strikes, demonstrations, lobbying, picketing, marches, even violence. Both collective organising and action involve the formation of alliances across different groups to form a united “front.” The larger the front, the more legitimacy it is likely to have.
- **Spatial re-formations:** “In recent years there has been increased recognition of spatial and bodily aspects of subjectivity” in liberation discourses. There is a spatial dimension to all forms of oppression, and spatial metaphors like borders, exclusions, safe havens and dividing lines are prolific in the arena of oppression. Liberation actions often involve reclaiming stolen spaces and transcending boundaries and divides.

### **The community development model**

Source: Weyers (2001)

In this model, the causes of social problems are seen as the domination of the community by external systems, feelings of powerlessness, insufficient resources, conflict and stagnation in the community. This model relies on the idea that community members are in the best position to develop their own community and eliminate obstacles to development. Intervention takes place at a grassroots level, and community members are the main actors. Some of the problems addressed by this model are lack of access to clean water, sanitation, jobs, education and recreation needs.

This model is applied to communities that seem to be stuck; that is, when they have strong feelings of powerlessness, there are conflicts and they are poorly organised. The facilitator’s role is to help them get



organised. Interventions aim to attain attitude, emotional and behavioural change, to enable people to become “unstuck,” thus eliciting community members’ capacity to help themselves. This is done through small task groups and by facilitating cooperation among community members. The facilitator’s role is to enable empowerment and to provide support in linking the community to resources. There is less of a focus on inequality as a source of problems and on policy and structural change as a solution than in the social action model.

### **The ecological model**

Sources: Nelson and Prilleltensky (2005); Trickett (2009)

The ecological model has its foundations in Bronfenbrenner’s (1994) theory of human development. According to this theory, five organised subsystems make up the ecological system in which a person grows and develops. The individual interacts with a variety of objects, people and symbols in his or her immediate environment, or the microsystem. The next level is the mesosystem, which consists of interactions and processes between the microsystem and other settings in which the individual is contained, for example school or the workplace. Linkages and processes that occur between settings that do not contain the individual but influence his or her immediate setting are called the exosystem, for example laws and the system of government. The outermost level is the macrosystem, which can be thought of as the culture or subculture that is the pattern of beliefs, knowledge, customs, opportunities and life pathways that are embedded in each of the other three systems. The chronosystem takes account of changes in the environment and the individual over time. So, an ecological perspective considers the interaction of individuals with these social systems over time. This theory provides a framework for thinking about people in interaction with their context. Its utility for community intervention has been promoted by a number of authors (Kelly, cited in Bhana & Kanjee 2001; Musitu 1999; Trickett 2009) and by “significant scientific bodies and funding organisations,” such as the International Organisation for Migration and the Kellogg’s Foundation (Trickett 2009).

Kelly (cited in Nelson & Prilleltensky 2005) outlines four principles of the ecological approach: interdependence, cycling of resources, adaptation and succession. The principle of

interdependence asserts that the different parts of an eco-system are interconnected and that changes in any one part of the system will have ripple effects that impact on other parts of the system. The principle of cycling of resources focuses on the identification, development, and allocation of resources within a system, drawing attention to potential untapped resources in a system. The principle of adaptation suggests that individuals and systems must cope with and adapt to changing conditions in an eco-system. Succession involves a long-term time perspective and draws attention to the historical context of a problem and the need for planning for a preferred future. (paras. 2–6)

Among the benefits of the ecological perspective in community psychology are that it addresses the reductionism of psychology's focus on individual psychological processes (Best et al., cited in Trickett 2009); provides a framework for considering the problematic and oppressive aspects of our contexts as well as ways to shape environments that promote well-being (Nelson & Prilleltensky 2005); is able to address the nature of health problems that are complex and multicausal (Green, cited in Trickett 2009); and its goals at the systems level complement outcomes at the individual and family subsystem levels (Best et al., cited in Trickett 2009, p. 260).

Change does not occur in a linear way. Interventions towards change in one part of the system will have effects, often unanticipated or even problematic effects, in another part of the system (Trickett, cited in Nelson & Prilleltensky 2005). McLeroy et al. (2003) note that this model implies not only that we should implement interventions at multiple levels but also that because of the dialectical relationships between the levels of the system, changes at one level can result in changes at other levels. Therefore, it is important to distinguish between levels of intervention and which levels are targeted for change.

Building the capacity of the community to take action to solve problems means that intervention goals cannot only be outcome focussed. Levels of participation and ownership by community members are also important goals and outcomes to assess. Problems are identified and defined from community members' perspective, and their capacity to deal with problems is enhanced through interventions. Researchers and practitioners are not seen as objective outsiders, but as influencing and being influenced by the system. They should describe and make explicit their standpoints in both their research reports (Nelson & Prilleltensky 2005) and their interventions. A long-term perspective is required to account for changes over time in the environment and human development, referred to as the chronosystem. The history of current social issues and their future consequences must be considered (Trickett, cited in Nelson & Prilleltensky 2005).

### **The mental health model**

Source: Ahmed and Pretorius-Heuchert (2001)

The mental health model focuses on mental illness from a medical perspective, as a disease, and aims to reduce the incidence of mental illness in a particular geographic "catchment area" through treatment or prevention. Mental health services are integrated into the broader primary health clinic service with the aim of facilitating greater access to services through clinics. The mental health model emphasises prevention strongly, with the belief that earlier and larger-scale interventions are more economical and reduce the incidence of illness. Three levels of prevention are defined: preventing illness before it starts,

mitigating the progress of disease in those already ill and trying to control the impact of illness on a person's life and preventing relapse into acute states (Caplan, cited in Ahmed & Pretorius-Heuchert 2001, p. 70). The professional takes on the role of expert and transfer of this expertise is seen to result in change. While the model can result in changes in the structure and systems in the community, this is incidental to the main goal of reducing the number of cases of illness.

The mental health model is aligned with the public health model in terms of the focus on the three levels of prevention and the epidemiology of disease. There are, however, important distinctions between a public health approach and a community mental health approach, particularly that public health approaches consider populations while geographical or demographic communities are the focus of interventions following the mental health tradition (Yoshikawa et al., cited in Trickett 2009, p. 260).

### **The social planning model**

Source: Weyers (2001)

According to the social planning model, the root causes of communities' problems are a lack of information and a lack of resources to address problems. The theory is that every community can function if it has services. Functioning is determined by the quantity and quality of professional and other services in a community. The model is applied when there is a lack of services or where there are dysfunctional services in a community.

Interventions occur at an intraorganisational and an interorganisational level. New services may be established, the quality of existing services may be improved, the cooperation and coordination within or between services may be promoted and the community's access to services may be facilitated. The community facilitator's role is to do research on the target community's needs and to plan to mobilise resources to address these needs in the most cost-effective way. There is less focus on community members than in other models, as the power is seen to lie with institutions. Community members cooperate and participate in their own well-being as recipients of services.

### **The organisational model**

Source: Mann (1978)

This model is based on the idea that a community is a set of organisations in which important transactions take place and norms and values are set that regulate the behaviour of individuals. Good organisational functioning is seen a key factor in community well-being. The focus is on creating change within

organisations. Initially, this model aimed to humanise the bureaucratic style that dominated organisations. Over time it has evolved into what is now called “organisational development.” Typically, this involves an outside consultant making an organisational intervention with the idea that internal “change agents” will carry on the work. Change occurs by creating a special group climate in which the usual expectations of the group are challenged and new expectations, attitudes and feelings are encouraged so that the group’s capacity to solve problems is improved. This model values open communication, expression of feelings, personal growth, participation, challenging hierarchies, redistribution of power and promoting an orientation to ongoing change. Social psychology and the study of groups and group process form the theoretical foundations of interventions here.

Little has been written about this model in community psychology. It may well be that it has not been widely applied in community work, remaining the domain of business and state institutions. A critique of the model is that the link between intraorganisational improvements and improvements in the external community are not clear. Perhaps this is why it is not popular in community projects.

### **The community education model**

Source: Weyers (2001)

This model is based on the view that the main cause of problems in a community is lack of knowledge. The effectiveness of social functioning is seen to be determined by the collective knowledge, insight, skills and attitudes of community members. This is particularly relevant in South Africa, where a history of exclusion from education and low literacy rates have left large numbers of people without the requisite knowledge and skills to function optimally.

Interventions aim to increase understanding of the functioning of the community, the nature of problems and impediments to change and processes that could be followed to solve problems. Ultimately, interventions aim for social change in the community by changing attitudes and how community members perceive issues, which leads to behavioural change. This is done by increasing knowledge and skills by intervening from the individual to the mass level. Furthermore, interventions aim to motivate people to become “responsible citizens.” The community facilitator takes an educator role, using mass media as well as interest groups, drama, informal adult education, role plays, drawings, brochures and booklets, among other media.

## Revisiting theories of community work, principles of intervention

Undertaking a review of theories of community work is an important part of developing a model for addressing torture. Generally speaking, it would seem that the social action approach has been identified as the overarching approach to be adopted, with specific application strategies drawn from Latin American liberation social psychology and the ecological model. These models suggest particular principles for working in communities that are relevant to and overlap with principles already used by CSV. Orford (cited in Naidoo 2000, pp. 10–11) presents a summary of the central principles of community psychology, which we draw on and add to in the list below. While some of the principles are implicit in the review of community psychology models, it is worth discussing them explicitly for clarity.

- **Causes of psychosocial problems:** Psychological distress has political and social genesis. Psychosocial problems are caused by an interaction over time between a person and social settings, including the structure of social support and social power.
- **Levels of analysis:** Levels of analysis should be from the micro to the macro level. Even when an intervention is done primarily at the community or organisational level, the resulting change should be felt at other levels as well – for example, at the structural level in the form of policy change.
- **Location of practice:** Practice and interventions should take place as near as possible to relevant everyday social contexts.
- **Prevention rather than treatment:** Prevention by reducing risk factors and building protective factors can take the form of practical community-level interventions like skill building, information campaigns, emotional literacy programmes and setting up support groups. Prevention initiatives should take note of unequal power relationships in society as a primary cause of psychosocial ills. Rectifying social inequalities can be a powerful preventative intervention. These are usually referred to as transformative interventions and require actions at the macro or exosystem levels.
- **Proactive approach to planning interventions:** Practitioners “seek out” the community and assess the needs and risks in a community. When we proactively go into the community to assess needs, we enter with a specific agenda, not a blank slate hoping to discover any and all needs of the community. We approach the community with an idea about a problem its members have, and with this agenda we try to mobilise people and organisations in the community to address the issue we have prioritised. However, any community intervention needs to reconcile what we define as a problem – for example, the prevalence of torture and CIDT – with the community’s expressed needs, which are often socioeconomic.

- **Build on strengths and resources in the community:** If we see the community as a resource, our role is to build on the existing capacities in that community and to supplement those capacities with our knowledge and connections. The dangers of expecting the community to contain all the resources necessary to address its problems must be borne in mind.
- **Align research methods with values and ethics of community work:** The primary purpose of research in community work is to gather information in order to address social problems that affect the community, in other words “real world problems” (Bhana & Kanjee 2001, p. 139). Furthermore, the professional interests of the researcher must come second to the interests of the community. Knowledge generated in communities should remain under the control of the people who are co-generating it (Ka Sigogo & Modipa 2004, p. 18).
- **Share psychology with others:** Professional knowledge is not considered to be of a higher value than the knowledge contained within communities. Instead of privileging either form of knowledge, the two can be combined to generate creative ideas for addressing identified problems (Gilbert 1995). To this extent, asymmetrical power relationships and the dominance of particular types of knowledge in society should not be mirrored in the facilitator–community relationship.
- **Respect diversity:** Respecting diversity involves an appreciation of difference, in terms of social identity and voice. The voices of those who are usually silenced should be heard in both interventions and research. Local knowledge is a term used to refer to “the common-sense wisdom that comes from everyday life,” “the situated knowledge of ordinary people” or “everyday knowledge,” as opposed to formal knowledge (van Vlaenderen & Neves 2004a, pp. 10–8). The idea is to utilise optimally the strengths of both local and external knowledge while neutralising the weaknesses of each (Chambers, cited in van Vlaenderen & Neves 2004a).
- **Empowerment:** Empowerment is easily one of the most overused words in community work. While being wary of its multiple implicit usages, we find it useful to consider Rappaport’s definition (cited in Zimmerman 2000, p. 43): “Empowerment is viewed as a process: the mechanism by which people, organisations, and communities gain mastery over their lives.” This definition suggests that empowerment is a process, not a state of being, implying that the process is ongoing with no final state of being empowered.
- **Dialogue:** While consultation is frequently used interchangeably with collaboration or participation, community members often have very little real influence in any of these processes. The participation of local people is shaped by the power differences that exist in particular contexts. Therefore, it is important for community workers to facilitate the involvement of those usually excluded from decision making (van Vlaenderen & Neves 2004a). Full participation or collaboration should involve

community members having maximum control over decisions and actions aimed to improve their well-being at every step in the process. This invariably includes a focus on dialogue, which is a fundamental part of the process of conscientisation. Conscientisation is, as Martin-Baro suggests, “an active process of dialogue in which there is a gradual decoding of the world, as people grasp the mechanisms of oppression and dehumanisation. This opens up new *possibilities for action*. The new knowledge of the surrounding reality leads to new self-understanding about the roots of what people are at present and what they can *become in future*” (cited in Burton & Kagan 2005, p. 68, italics added). Conscientisation thus presents one possibility for the participation of community members in actions to change their situation.

- **Reflection:** While action and reflection and further action are familiar as a process to CSV, this may not be so for community members. Often reflection on a project occurs in the office, without the participation of project beneficiaries. Reflection should be integrated into processes of engagement with community members. The role of the community worker is to create a situation where people can stop their daily tasks and critically reflect on what they are doing.

## **Chapter 3:**

### **A desk study of community projects related to torture**

In this chapter, we examine six community intervention projects that have been developed to deal with the consequences of violence, torture and abuse. Four of the projects are described in the literature and two are explored through interviews with key personnel. While we discussed more generally the theories of intervention that can be identified within community psychology and social work in the previous chapter, the desk study in this chapter explores the experiences of practical projects. Together with the theories presented in the last chapter and CSVR's own experiences with specific community interventions presented in the next chapter, the desk study provides important input for the discussions on a CSVR model for community work that we outline in the last chapter of this report.

Five of the six projects discussed here were identified through the larger DIGNITY-CSVR network, while one is a large-scale public health project found in the literature. We discuss each of the projects using the six key questions that we outlined in Chapter 1: What is the context, who is the target group, what is the theory behind the intervention, what are the indicators of success, what are the resources required and how is sustainability facilitated or addressed? Asking these questions does not constitute an evaluation of the projects; rather, we seek inspiration for our own endeavours to develop a model of community work with torture. The projects are:

- 1) The Tree of Life: A community approach to empowering and healing survivors of torture in Zimbabwe
- 2) Community intervention methods from the ODHAG-DIGNITY programme in Guatemala
- 3) A multilayered psychosocial care system for children in areas of political violence: Burundi, Sri Lanka, Indonesia and Sudan
- 4) The Victims' Association project of the Bangladesh Rehabilitation Centre for Trauma Victims
- 5) Implementing the HEARTS model in a group intervention with torture survivors in South Africa
- 6) Community Project with young men and women at risk of torture in Manila

#### **The Tree of Life:**

##### **A community approach to empowering and healing survivors of torture in Zimbabwe**

Sources: Reeler et al. (2009); Tree of Life brochure

The Tree of Life is a once-off group intervention facilitated by trained torture survivors with a group of eight to ten people over a period of three days. It uses the metaphor of a tree for exploring and understanding



the trauma experience in the context of a person's life. The process of the workshop leads participants to appreciate their strengths and the support of the community in surviving. It involves "storytelling, healing of the spirit, reconnection with the body and re-establishing a sense of self-esteem and community" (Reeler et al. 2009, p. 182).

### **What is the context?**

Torture and organised violence have been documented in Zimbabwe over the last 30 years. Human Rights Forum recorded 39,000 violations from July 2001 to August 2008, with 4,765 allegations of torture. These figures are seen as underestimations of the prevalence of torture. The need to provide psychological assistance to large numbers of victims of torture in a cost-effective way is thus a major problem facing Zimbabwe. Zimbabwe is considered to be in a state of "complex emergency," defined by Mollica et al. as "a social catastrophe marked by the destruction of the affected population's political, economic, sociocultural, and health care infrastructure" (cited in Reeler et al. 2009, p. 182). Reeler et al. (2009) argue that individual interventions are not cost-effective in a complex emergency and this is why a group-based intervention was designed.

### **Who is the target population?**

Facilitators are usually from the community and use their local networks to contact known victims. Victims recruited to participate are from the same community, as this has been found to facilitate trust and respect as well as to allow participants to identify security risks, like informers. Over its lifespan, the Tree of Life has had different target populations, but since 2004 it has targeted survivors of political violence. Many of the participants still live under threat. Initially, primary and secondary victims participated but later a decision to concentrate on primary victims was made due to their high number. Facilitators assess potential participants against the following two criteria: having an experience of organised violence and/or torture and having a score on the World Health Organizations' SRQ-20 above the cut-off of 7 out of 20, which indicates a negative psychological state.

### **What is the theory that informs the intervention? What are the indicators that the assumptions of change are correct?**

The tenets behind the method are that torture and organised violence lead to intimidation and fear. Torture isolates and divides people. Thus, an intervention is needed for victims to break the isolation and reconnect with self, nature and others and to restore people's sense of personal power and facilitate healing. The theoretical focus is individual empowerment and does not appear to address change beyond

the lives of individuals, although some mention is made of participants becoming more active in their communities after the intervention. Tree of Life's methods are informed by traumatic stress treatment for individuals, which relates to safety, connection, empowerment and meaning making. These theoretical assumptions are applied through a combination of storytelling, body work, connecting to nature and seeing oneself as part of a larger system.

Tree of Life suggests that if victims of torture and organised violence tell personal stories and have them heard in a context of trust and respect, they might reclaim personal power and experience a change in feelings of fear, powerlessness, guilt, sadness, anger and loneliness. Clinical improvement in a participant's psychological state is the indicator. The Reeler et al. study did a pre- and post-test for "psychological state" measured by the SRQ-20. Specific indicators were levels of depression and anxiety. Improvement in post scores to below the threshold for "caseness" was the indicator for return to psychological health. Sense of improvement in coping and sense of personal power was measured through self-reports.

Another theory is that if victims do bodywork like breathing, stretching, relaxing and dancing, they will reclaim their bodies, from which they may have become disconnected by violation. Changes in health problems were recorded, improved health being the indicator of physical and/or emotional healing.

Tree of Life also argues that if people connect with the natural system in which they live, they reclaim the connection between nature and themselves. No specific indicator was noted. In addition, if people see themselves as part of a larger system, through the metaphor of a tree as part of a forest, then they may reclaim their connection to the community. Decrease in social isolation and increase in participation in mutual support groups measured by self-reports were indicators.

### **What resources are required?**

- Two to three facilitators trained to facilitate each group of eight to ten participants.
- A supervisor to care for the facilitators and to debrief and assess the workshop.
- Two to three days' accommodation and catering for the workshop participants.
- A suitable place to do individual screenings prior to selecting participants for the workshop.

### **How is sustainability facilitated or addressed?**

The Tree of Life project is efficient in its use of community members and torture survivors as facilitators, as opposed to professionals, including training them, and in providing important support in the absence or disarray of health and mental health service. In terms of efficacy, the project carried out follow-up interviews a month after an intervention with 33 of the 73 participants, showing statistically significant

improvements in their psychological state according to the SRQ-20. Self-reporting showed improvement in functioning. There were no results for those who did not participate in the follow-up.

## **Community intervention methods from the ODHAG-DIGNITY programme in Guatemala**

Source: Anckermann et al. (2005)

The community-based programme run by the Human Rights Office of the Archbishopric of Guatemala (*Oficina de Derechos Humanos del Arzobispado de Guatemala*, or ODHAG) and DIGNITY (previously RCT) began in 1997 for Guatemalan “survivors of organised violence including torture, massacres, disappearances, displacements, and violent suppression” (Anckermann et al. 2005, p. 137). The programme aims to achieve social and political transformation. As such, it adopts the social action approach to community work outlined in the previous chapter. It uses health as an entry point for effecting transformation at a community level. A community development approach to supporting people affected by torture and organised violence is proposed as useful for achieving social and political change.

The aim is to build Guatemala’s national capacity to provide psychosocial attention and community support to victims of organised violence. The programme also aims to restore the social fabric through participatory activities that respect human rights and democracy. These aims are achieved through institutional development and capacity building of ODHAG and its partners and through building national networks in order to influence national policies about psychosocial support to survivors, as well as by generating knowledge about a sustainable community-based approach to mental health, empowerment and development (Anckermann et al. 2005, p. 141). In this desk study, we focus on the second of ODHAG’s programme activities.

### **What is the context?**

Current conflicts in Guatemala have a historical foundation of social exclusion, ethnic discrimination and economic injustice. The country suffered a 36-year civil war starting in 1980, following a much longer history of revolution and other violence pre- and post-independence in 1971. After the civil war, with the signing of peace accords in 1996, space opened up to deal with past and current human rights violations. A truth commission was established that identified the needs of people affected by the conflict, and this intervention programme was built on the commission’s reports. The current context includes economic injustice, police impunity, discrimination and unfair distribution of land and income. Violent deaths, lynching, prison homicides and torture have been reported. Violence is complex and results from organised crime, drug trafficking, youth gangs, ordinary criminality and illegal security forces. Because the

intervention programme is a national one, descriptions of the contextual specifics for different communities and how these would influence the intervention are not described but would be relevant.

### **Who is the target population?**

The programme is aimed at “survivors of organised violence such as torture, massacres, disappearances, displacements, and violent suppression” (Anckermann et al. 2005, p. 137) and includes both direct and indirect victims. Most of the victims are from the indigenous Mayan population. The programme aims to reach such victims across half the country in seven regions, including rural areas. No other criteria for the target group are specified, for example the level of psychosocial functioning and health. The criteria for inclusion are open ended. The target group could be more specifically described.

### **What resources are required?**

Among others:

- National reach, which ODHAG already has through the Catholic Church.
- Local professional networks established in each of the seven dioceses consisting of five to seven professionals such as psychologists, theologians, social health workers, group facilitators, community leaders without formal education and an accountant running the administration.
- Training and supervision to volunteer “community promoters” of Mayan descent.

### **What is the theory that informs the intervention?**

The programme rests on the primary assumption that a community development approach to supporting people affected by torture and organised violence might result in social and political change if it is long term, focuses on preventative measures, uses local communities as the appropriate level of analysis and intervention and focuses on psychosocial healing and empowerment as the foundations for development.

In terms of actual community healing, it focuses on problems that emerge as people go about their everyday lives, that is, their unmet needs. Healing can be facilitated through reflection groups, support groups and individual intervention. As regards reflection groups, if they take place through participatory exercises and reflective dialogues, using local facilitators who know the community, then locally appropriate ways to deal with specific problems are developed. As regards support groups, if people are allowed to disclose individual experiences, as well as provide support to others, they may be able to confront problems and experience a sense of well-being. Finally, as regards individual intervention, if participants are the beneficiaries of individual emotional and psychological support, they may participate actively in the community healing process.

### **What are the indicators that the assumptions of change are correct?**

The programme discusses three levels of indicators: community healing, empowerment and political and economic development. For community healing, the programme suggests using indicators for respect, trust, solidarity, commitment and communication (Anckermann et al. 2005). Empowerment indicators include the extent to which people see themselves as part of a group that is diverse and use joint knowledge about communication practices to facilitate change and problem solving. In the group participants exchange opinions, jointly develop ideas and proposals and take action and openly discuss changes in the group. No real indicators are provided for the causal relations that the programme seems to assume. This problem appears even more relevant in measuring the political and economic development of the community. There is a wide gap between the application of the theory at a small group level and achieving development or “a well-functioning social fabric.” The theory does not explain specific indicators at higher levels. Rather, the indicators are limited to what happens within the reflection groups. Similarly, no indicators for participation in decision-making processes in local and national politics are listed, although this is a key element of empowerment. In addition, the listed indicators may be difficult to measure and verify independently of self-reports.

### **How is sustainability facilitated or addressed?**

In terms of efficiency, the programme requires fewer professionals to support large numbers of people than if one-on-one professional services were provided. The programme can only leave the community when the group is self-sustaining. Sustainable community development can be achieved when the group has become an integral part of the community as a forum for political discussion and for planning and executing development projects. However, the financial and technical level of the reflection group must be considered. It is not clear how these reflection groups would be monitored and measured to indicate that the theory of change has effect.

### **A multilayered psychosocial care system for children in areas of political violence: Burundi, Sri Lanka, Indonesia and Sudan**

Source: Jordans et al. (2010)

This multilayered care package, which aims to provide mental health and psychosocial support to children in countries affected by political violence, follows a public health approach. It operates on three levels of prevention – primary, secondary and tertiary – and targets interdependent ecological levels, the general

population, at-risk groups and groups with severe mental health problems. To prevent healthy populations from developing psychosocial problems, primary prevention such as awareness raising targets the general population. Secondary prevention involves interventions for subgroups of the population who are at risk for mental health problems or who experience mild problems, for example, psychosocial group work with children at school. Tertiary prevention is the curative intervention traditionally associated with health care services, such as specialised psychiatric interventions for the mentally ill. The model provides a framework within which multiple interventions can be designed. According to the authors of the paper on this model, it is not a finalised product but a framework that requires development, adaptation and research (Jordans et al. 2010).

### **What is the context?**

The impact of ongoing political violence on child mental health has been demonstrated. In most large emergencies, specialised psychological or psychiatric intervention is needed for thousands of individuals. In low- and middle-income countries, it is difficult to meet the need because of the lack of mental health professionals and obstacles to raising capacity in the short term. The literature recommends approaches that address a range of issues, from individual clinical needs to broader community revitalisation. This model presents an example of such an approach. The proponents of this framework do not pay attention to factors in the specific contexts that may influence the success of the application of the model. The article refers to countries experiencing “complex emergencies” (Jordans et al. 2010); however, it is unclear whether these systems are implemented in postconflict settings or in contexts of ongoing political violence. It drew on work done in Burundi, Sri Lanka, Indonesia and Sudan.

### **Who is the target population?**

The target population is children and adolescents affected by political violence in low- and middle-income countries. However, this ecological approach calls for interventions that target the whole community because children and adolescents and the family and community are interdependent systems. In addition, a lack of resources means that preventative interventions which go beyond intervening with the children affected are an important way of reducing the need for costly curative interventions. Again, the specifics of each context in terms of culture, religion or the needs of a particular population are not seen as relevant to the model.

**What is the theory that informs the intervention? What are the indicators that the assumptions of change are correct?**

The basic theoretical assumption is that if interventions are designed to address a variety of preventive and curative measures – in the form of a multilayered care package – then psychosocial support systems might be improved. The key indicator of this improved care system would be an increase in the number of children reached in comparison to isolated, individual tertiary-level interventions, and presumably a reduction in acute cases as a result of the preventative work.

**What resources are required?**

At the primary and secondary levels, the resources required include a trained team of local service providers. The authors admit that finding resources at the tertiary level, where there are high numbers of people with severe mental health problems, remains a challenge in these settings because of a lack of professionals (Jordans et al. 2010). The authors do not indicate whether those trained to do primary and secondary prevention work as well as counsellors are paid for their work or expenses. Neither is there reference to the administrative and management human resources required to coordinate such a multilevel programme, but they admit that cost analyses are needed to decide feasibility.

**How is sustainability facilitated or addressed?**

Focusing on prevention interventions that reach large numbers of people and relying on local capacities are methods of creating more sustainable support to children affected by political violence. It is argued that integrated, nonvertical care systems are more cost-effective and sustainable. Further, it is suggested that dependence on external services is reduced and that local healing resources are more sustainable. The exit strategy proposed is to prepare a system that might be integrated “with existing systems of care,” including community and government systems (Jordans et al. 2010). The primary indicator of the effectiveness of the framework would be that there is less of a need for professional services, which are in short supply in contexts of complex emergency. Little evidence for effectiveness is presented, however.

**The Victims’ Association project of the Bangladesh Rehabilitation Centre for Trauma Victims**

Source: Andersen (2006)

The Bangladesh Rehabilitation Centre for Trauma Victims (BRCT) has begun a psychosocial project called “Strengthening Capacity of the Rehabilitation of Victims of Torture and Organised Violence in Khulna

Division of Bangladesh.” The project incorporates treatment, counselling, rehabilitation and legal services. To encompass these diverse activities, BRCT has developed a localised and particular psychosocial approach called Integrated Rehabilitation Approach that includes medical care, physiotherapy, psychotherapy, counselling, home visitation, legal assistance and social rehabilitation. The establishment of Victims’ Associations (VAs), on which this desk study focuses, plays a key role in the Integrated Rehabilitation Approach. The VA intervention is consistent with a social change agenda. It applies principles of empowerment theory to allow victims of torture to take up human rights activism and facilitate social change.

### **What is the context?**

The establishment of Bangladesh as a state separate from India in 1947 created local forms of transborder activity and economic dynamics. The demarcation of the border turned routine trade and travel between the populations on both sides of the border into criminal activity, such as informal trade and the smuggling of goods, people and arms. Currently in the border region, ordinary people are beaten and tortured by police and military personnel, who extract bribes before releasing them from custody. Because they have been tortured, innocent people are assumed by their communities to have been involved in criminal activity. Financial hardships are caused by the violent attacks. The shame survivors feel deters them from going out into public communal life to earn an income, and their wounds may prevent them from working. The cost of treatment and medicine is also a financial burden and inadequate treatment leads to long-term impairment in occupational functioning. These problems affect the families of survivors as well.

### **Who is the target population?**

The target population for the VAs is people who have been exposed to violence and torture by Bangladeshi authorities and who have received treatment from BRCT staff at mobile clinics or at the Dhaka centre. The groups are established to help victims within their own locality, at the village level. They constitute a group by virtue of similar experiences, physical injuries, mental disabilities, suffering and willingness to be free from violence and torture.

### **What resources are required?**

To run about 20 VAs:

- BRCT regional counsellors to initiate the formation of the groups.
- Staff for the daily administration and running of the groups, including lawyers, journalists, social workers and in some cases medical doctors who form the Task Force against Torture (TFT) groups.



- Salaries for the regional counsellors and the time of the TFTs.
- Funds for VAs that have already managed to secure some funding of their own.
- Mobile treatment centres, as well as the centre in Dhaka.
- Some medical equipment and medication.
- Transport and communication costs to work in rural areas.

**What is the theory that informs the intervention? What are the indicators that the assumptions of change are correct?**

While BRCT's understanding of the intervention and the victims' understanding of the intervention are different, they negotiate this relationship in a way that meets their respective needs. The victims and the organisation remain objectively unequal in terms of their access to resources and interact in a relationship of "patronage." However, victims' individual needs for livelihood and social inclusion are met while the organisation's social change agenda is carried out by the victims.

A micro loan credit programme is the primary reason why victims join VAs, as it brings the hope of a new status and life in their communities. For BRCT, the self-help groups aim to address the suffering of individual torture survivors from social, psychological and economic problems so that they can take up the role of renegotiating the community's relationship to the state. Members take on the identity of a human rights defender and "perform as a proper citizen" in an effort to secure themselves and the group and to gain recognition of their new identities (Andersen 2006, p. 100). The causal assumptions behind this process can be more clearly understood by outlining the four basic aspects of the intervention and the range of positive outcomes to which they are assumed to lead. The related indicators are also outlined below.

- If victims of torture get together in VAs at the village level, then feelings of security are produced and shame and fear are alleviated, which allows a sense of agency in participants. The indicator of this causal relationship is participation in a VA's activities according to its rules as a proxy for increased agency and self-management.
- If VAs are provided with access to micro credit programmes, they achieve financial and economic security, which results in improved social status for the participants. Indicators would be increased participation in communal life.
- If VAs are trained in human rights and international laws, they have tools to challenge abusive state behaviour. The indicators would be VA members' participation in human rights campaigns and the number of new victims referred.

- If the links between the VAs and BRCT are maintained, VAs will raise their local status because they will be perceived as linked to powerful people. An indicator would be the members feeling they have regained respect and dignity in their communities, as well as a decrease in impunity because state officials might be held accountable.

### **How is sustainability facilitated or addressed?**

VAs work to establish victims' rights for obtaining compensation and rehabilitation support from the state, replacing BRCT's role as the advocate for redress. VAs are meant to take over responsibility for the project, which is meant to make it more cost-effective. While it is difficult to evaluate whether the project is resource efficient, it reaches more victims than ongoing one-on-one professional care would and is able to reach rural areas. The number of VAs and their involvement in human rights activities points to there being some utility to the intervention, although, as mentioned, the impact or indicators of success may be defined differently by VA members and the organisation.

### **Implementing the HEARTS model in a group intervention with torture survivors**

Source: Interview with Pamela Whitman, head of the Victim Empowerment Programme, Khulumani Support Group, South Africa (7 July 2011)

The HEARTS model aims to address traumatic stress through a support group forum.<sup>1</sup> It was developed in a postconflict community in Guatemala for women to support each other in a context where the whole community was under traumatic stress. HEARTS is designed for nonprofessionals and sits broadly within the empowerment approach. Khulumani Support Group, a social movement promoting the human rights of survivors of apartheid-era human rights violations in South Africa, began to implement HEARTS with a group of ex-combatant torture survivors from Johannesburg's West Rand. Khulumani employed an ex-combatant they knew to recruit torture survivors in a particular community in which there was a need.

Each letter of the word HEARTS stands for a different element of the workshop: "H" for history or the telling of experiences; "E" for emotions; "A" for asking about symptoms; "R" for reasons for the symptoms; "T" for teaching relaxation and other coping techniques; and "S" for helping with self-change. Khulumani changed the sequence of the HEARTS model, deciding to implement "H" at the end of the intervention. It also added an introductory discussion on the definition of torture, a session on the benefits of telling one's story and a brief session on counselling skills.

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<sup>1</sup> For additional information about the model, see <http://www.astt.org/KHanscom-article.html> (accessed 3 October 2012).

The programme employed the following activities for each of the elements:

- **The definition of torture** was discussed in the group.
- **Emotions** were addressed by playing a game where people had to act out words and others had to guess what they were acting, with the goal of finding multiple words for emotions.
- **Asking about symptoms** involved talking about what it means to be stressed, depressed or traumatised and how it manifests in behaviour, physically and in how we think. Participants were given a list of related symptoms.
- **Reasons for the symptoms** were presented didactically. In this way, participants learnt about the physiology of stress and symptoms were normalised.
- **Teaching relaxation** was conducted through a combination of teaching and validating what participants are already doing to cope.
- **Helping with self-change** involved facilitating participants' recognition of positive changes in themselves and reviewing whether the process has made a difference to them.
- **The importance of telling your story** was discussed before going into the **history**, for which a significant amount time was allowed.
- A brief session on **counselling skills** was conducted, although not in detail as this group was skilled.
- About a month after the HEARTS workshop, two of the original Khulumani facilitators had an **evaluation** meeting with the participants. Facilitators reminded participants about the programme and the activities because some time had passed. They then posed various questions to the participants and recorded their responses.

A gap identified in the model by the facilitator who was interviewed is that HEARTS does not provide a way for addressing guilt. Participants do not have an opportunity to talk about the victim–perpetrator dynamic, and they do not deal with the guilt and shame of what they may have done or said during torture. Introducing a component on guilt and shame would facilitate the victims' understanding that no one can withstand torture.

### **What is the context?**

This group of participants came from the West Rand townships of Johannesburg, which have a history of political violence and protest against the apartheid state. Currently, these are areas with high levels of poverty, unemployment and crime. The group also focused on torture that is perpetrated currently by the police in their neighbourhoods, about which they expressed outrage.

**Who is the target population?**

Ex-combatants were not formally demobilised and integrated into society following the end of the struggle against apartheid in South Africa. They are a vulnerable group that has not received the benefits of being veterans as other soldiers have, which has created tension and bitterness. Ex-combatants often face social problems, such as unemployment, physical disabilities, traumatic stress and substance abuse. They feel they are owed assistance for their contribution in the struggle. They have received psychosocial support in the past but never enough or appropriate support and seldom from the state. However, while initially hesitant, they engaged with enthusiasm to the extent that the facilitator exclaimed, "They were a great group, the best group I ever worked with, articulate, opinionated and vocal."

**What is the theory that informs the intervention? What are the indicators that the assumptions of change are correct?**

The basic assumptions underlying this intervention are that if victims describe what happened to themselves, to other victims and to the facilitators, as well as develop an understanding of how their current emotions and symptoms are linked to those experiences and learn new methods to manage their symptoms, they will find ways to gain better control over their symptoms and are more likely to consciously do something about them in their day-to-day life. If they find better ways to manage their symptoms, their psychosocial wellbeing will be improved.

Within the intervention process, an indicator would be that participants are able to talk about their experiences in a facilitated way without becoming overwhelmed or excessively emotional. They then could express their emotions in a detailed way, using a wider range of emotional vocabulary, and name emotions they could not previously express verbally. Another indicator would be if participants could explain how their particular symptoms are linked to their traumatic experiences and how their thoughts, behaviour and physiological processes are connected.

Pamela Whitman argues, "The goal of the HEARTS should be to facilitate an understanding that there are things that can be done to relieve symptoms and live a bit better, but that it is hard work and they have to work at it continuously, but it is achievable." In light of this, the indicators are that participants report they recognise their symptoms and are better able to do something about them in daily life; participants report seeking help to address their suffering; participants indicate that they have added to what they knew about how to cope with their suffering or symptoms and have used the exercises learnt in the workshop; and participants report that these new techniques have helped them cope better and that they feel more in control of their symptoms.

### **What resources are required?**

- Workshop facilitators to identify participants and organise transport, the venue and refreshments.
- Two group facilitators with knowledge about trauma, stress and depression, torture and its consequences, as well as coping.
- An interpreter.
- One professional to provide supervision and debriefing for facilitators after the intervention.
- Cost of venue, refreshments, transport and materials for the activities.

### **How is sustainability facilitated or addressed?**

In terms of effectiveness, participants reported fighting less and were able to tell their families about their experiences. They also developed a rapport with facilitators that might be beneficial in the long run. In terms of efficiency, these results were obtained through a limited and inexpensive intervention that could be implemented without professionals. Sustainability could have been improved by providing tools for the group to engage in a continued collaboration once the workshop was over. Pamela Whitman noted that they could have trained the group members to implement HEARTS with other torture survivors.

### **Community project with young men and women at risk of torture in Manila**

Source: Interview with Kaloy Anasarias, director of the Balay Rehabilitation Centre, Manila, Philippines (29 July 2011)

The Balay Rehabilitation Centre in the Philippines has done interesting work with young men and a few young women who have been tortured or are at risk of torture in a community where police commonly perpetrate torture and even being killed is a real risk.<sup>2</sup> The intervention is multifaceted and includes psychosocial intervention and advocacy. Access to this group of young people was gained by a Balay staff member who by using a law preventing the imprisonment of children assisted young people to get out of prison when he worked at another NGO. In this way, Balay established trust with the young people. They told their friends and other people in their neighbourhood about Balay and so young people, after an initial period of suspicion, developed an understanding of and confidence in the organisation. Community

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<sup>2</sup> The Balay Rehabilitation Centre, like CSV, is a partner of Dignity. While torture and killings of some young people have been reported in Manila, there is no prevalence study yet that shows wide-scale practice of torture. Nonetheless, anecdotal accounts and some verified information indicate that this torture and CIDT is a serious human rights violation issue that requires attention.

presence was established by spending informal time with the young people, listening to their stories, showing empathy and speaking their “language.” This is part of the initial psychosocial intervention termed “psychosocial inquiry.”

There are several elements to Balay’s work:

- **The first psychosocial intervention:** The group of young people attends a workshop of three or four days, participating in a process of self-awareness raising whereby their humanity is affirmed and they examine their values and resources to change their lives.
- **Ongoing support:** The organisation provides weekly counselling and group interventions, as well as skills development through education and support to find employment or set up a small business.
- **Addressing the young people as simultaneous victims and perpetrators:** While the young people are often hurt by the police, they also hurt people through violence and criminal activities, and this is not permitted to continue while being involved in the project.
- **Networking:** Networks include parents and adult community leaders who can sustain the intervention when Balay staff members are away. They form a Quick Response Team (QRT) that comes to the assistance of young people picked up by the police to prevent torture and them being killed. A network of professional partners is also available, including lawyers and medical professionals.
- **Working with state structures:** Balay offers human rights training and guidance on institutional reform to the police and local government structures.
- **Community-based advocacy:** Youth partners are invited to participate in actions and events against torture. For example, some participated in legislative hearings when Balay was pushing for an anti-torture law to be passed.
- **Research:** Balay seeks to understand the economic, social and cultural factors behind the phenomenon of torture in Philippine society, as both political activists and ordinary citizens are targeted for torture.

### **What is the context?**

The community in which this project takes place is called Bagong Silang (New Birth). It is a huge relocation area, where poor people from other neighbourhoods or who have been moved following demolitions live. It has a reputation for being violent. The usual scenario for these victims of torture and CIDT is that a report of crime reaches police. The police send out patrols and pick up young people because they are the “usual suspects.” The young people are brought to the police station and the police beat them to force a confession. Sometimes these arrests end in extrajudicial killings and gruesome torture. This enables the

police to report to their supervisors that they have done something about reports of crime. Another reason for torture is that police extort money from people. They “play around” with so-called suspects and offer them freedom in return for money.

### **Who is the target population?**

Young men and a few young women aged between 14 and 25 years have been part of the community programme. They come from poor families and many are not at school and are unemployed. Many have a difficult family background. They have experienced violence in different ways, from the police, local security structures and at home. A significant number of the youth at risk are members of gangs or fraternities and may have been involved in petty offences, been to jail before or been labelled criminals. They are thus automatically among the police’s top suspects following a crime. These young people are seen by the community as “good for nothing” or a “nuisance.”

### **What is the theory that informs the intervention? What are the indicators that the assumptions of change are correct?**

Balay’s intervention builds on a number of conceptual relationships:

#### **Access and trust building**

- If Balay does something concrete for young people to demonstrate the organisation’s commitment to their well-being, and if Balay does not look down on them or judge them, then it is possible to gain the trust of this group.
- If young people are given the responsibility to organise themselves, they feel trusted.
- If they get in touch with their own humanity, they realise their value as human beings and will understand their entitlement to their rights.
- If they realise their rights, they will have different life options.
- If they realise that they are also accountable to others, they might stay away from the violent path that some have chosen to follow.

In terms of indicators, Balay uses instruments that measure psychological stress and changes over time, as well as taking note of feedback from people living with the youth.

#### **Prevention**

- If the young people’s socioeconomic vulnerability is addressed, they might be less vulnerable to police brutality because they are not seen as good for nothing.

- If they are helped to access education, training and work, they will come to be seen as productive citizens from whom the police should stay away.
- If Balay facilitates the creation of a culture and practice of human rights in the broader community and the country, incidents of abuse of young people will be reduced.
- If Balay works at a local level, these experiences can form an effective foundation for advocacy at a national level.
- If young people understand that they are simultaneously victims and perpetrators and that their actions might have caused pain, they might be able to change community perceptions of them, which decreases their chances of being tortured.
- If Balay has clear policies about not assisting beneficiaries with problems related to criminal activities, the young people have more motivation to stay away from unproductive activities.

#### **What resources are required?**

- Social workers for psychosocial interventions and paralegals.
- Youth camps.
- Training young people as facilitators.
- Training the Quick Response Team, a network of community partners.
- Creating a network of professional partners, including lawyers and medical professionals.
- Partnerships with local state service providers, such as social workers.
- A venue, such as a youth centre, where activities can take place.

#### **How is sustainability facilitated or addressed?**

In terms of exiting the community, Balay aims to have the local structures of the state take over most of its interventions. In terms of effectiveness and efficiency, Balay is in the process of developing clear indicators and documenting the project.

#### **Conclusion**

As part of the process of developing a community work model for addressing torture, CSVN reviewed the community work of a selection of organisations that address torture in developing countries. By considering each project in terms of the six questions that provide the framework for the CSVN model and considering the implications of each project in terms of the objectives of CSVN's work on torture, lessons and challenges were extracted and specific recommendations for the CSVN model could be made.



While important lessons were learnt from each of the projects reviewed, the Balay Rehabilitation Centre's project with young people at risk of torture and the Bangladesh Rehabilitation Centre for Trauma Victims' project of developing Victims' Associations have particular relevance for CSVV in terms of context, target groups and theoretical and strategic approaches. Both projects have adopted a social action approach for mobilising torture victims to advocate for their rights and their needs to be met. This process is seen as constituting an avenue for psychosocial healing in itself. Both projects also address the socioeconomic status of torture victims as a risk factor for torture and a factor that hinders psychosocial healing following torture. All of these elements resonate with the South African reality as we have come to see it and are central in the approach that CSVV is currently testing, which is outlined in the final chapter.

## Chapter 4:

### Community intervention, CSVR style

In this chapter, we examine two of CSVR's past experiences with community work in relation to interventions in the field of torture and CIDT: a women empowerment project and a model for home visits.<sup>3</sup> Reflecting on CSVR's own experience with community intervention in the field of torture and CIDT is the third source of inspiration – parallel to theoretical reflections and the desk study in the previous two chapters – that informs our model development.

The home visits and the women's empowerment project have been part of CSVR's initial attempts at moving the rehabilitation of victims of torture and CIDT out of the clinic and into the community, while adding a prevention and advocacy component. The expansion into the community has happened for all the reasons pointed out above, while the ambition has been to maintain the learning from and advantage of having a clinic. Hence, community work has not been conceived as replacing clinical work. Rather, CSVR aims to be able to offer both community work and a strong professional clinical service, not least one that might address serious rehabilitation needs identified in the community work. As an illustration of this relationship between the two, the approaches to community work that we introduce below grew out of clinical practice.

The first brief case study outlines the experiences of a women's empowerment project where facilitators attached to the CSVR clinic met with a group of refugee women with the overall aims of facilitating the women's economic and social empowerment and setting in motion increased integration into mainstream South African society. The project culminated in the establishment of a community garden in urban Johannesburg for both South African and migrant women to address their livelihood issues while integrating with each other. What began as a clinical exercise to rehabilitate victims of war, displacement and torture became something more in the process of working with the group.

In the second case, we outline the experiences of doing home visits. This approach to community work draws heavily on clinical practices, which are simply moved out of the clinic and into the community. While this model provided useful information, future CSVR community work aims to change the perspective on community work to be in line with the social action and liberation social psychology approaches introduced above. The home visits remind us, however, that community approaches should still be part of a rehabilitative approach. Both of these case studies exist in unabridged form elsewhere (Langa 2011b; 2011d).

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<sup>3</sup> CSVR has a long history of community interventions in other fields. While these experiences are not included in this report, they are important for the organizational reflections on community work.

## **Women's empowerment: A case study of a refugee women's group**

In this case study, we explore the project by asking questions along the lines of the key questions introduced in Chapter 1 about context, target group, theories, required resources and indicators. The analysis reveals that women's empowerment groups can be successful ways of engaging with a very vulnerable group of people given the time, commitment and support of facilitators over a long period.

### **What is the context?**

South Africa has become a primary destination for people seeking refuge and asylum from civil wars, dictatorships, political oppression, economic instability and poverty (Landau et al. 2005). A large number of refugees and asylum seekers come from the Great Lakes region, the Horn of Africa and Angola (Landau et al. 2005). Although reliable official statistics are unavailable, there is evidence to show that refugees and asylum seekers are a growing population in South Africa. In 2005, the Department of Home Affairs estimated that 27,683 refugees and 115,224 asylum seekers live in South Africa. These numbers are undoubtedly low as there has been a continued influx and the majority of migrants never seek out support from the state (Landau et al. 2005).

The trauma of refugee women is well documented. According to Human Rights Watch (cited in Palmary 2005), sexual violence is used as a weapon of war and commonly perpetrated against girls and women during armed conflict. Given the high levels of violence against women in South Africa, it is not unlikely for them also to be violated once they arrive in this country (Fuller 2008). Already vulnerable, refugees in South Africa live in precarious circumstances. Without identity documents, it is difficult for refugees to take up job opportunities. In response to these circumstances, some migrant women set up informal businesses in suburban areas or in the inner city. They find it difficult, however, to sustain viable income generation as a result of crime, harassment and confiscation of their goods by metro police officers. Some refugee women take on employment as domestic workers, but for many this is not possible as a result of language barriers. For those who do manage to find employment, working conditions are poor. They are paid low wages even though they work long hours. Landau et al. (2005) reveal that it is common for employers to violate the labour rights of refugees because the latter live in fear of being deported.

In terms of health care, refugees note that they encounter obstacles in accessing services because of hostile perceptions on the part of clinical staff (Higson-Smith et al. 2006). The trauma of refugee women is compounded by continuous threats of xenophobic violence in South Africa. Xenophobia is accompanied by police harassment and hostility from the general public. A high incidence of major depression, anxiety disorders and post-traumatic stress disorder (PTSD) among the refugee population has been documented (Friedman 2003; Bandeira et al. 2010).

In order to address the compounded problems of refugee women, CSVR facilitated the establishment of a self-help group of refugee women in 2006. The group emerged out of a research project on the health needs of exiled torture survivors in South Africa (see, Higson-Smith et al. 2006). Prior to the launch of the report “Human Dignity Has No Nationality,” the researchers met with the respondents, who are male and female refugees, to give them feedback on their preliminary findings. While the arrangements were being made for this meeting, the women requested to be met separately from men because they wanted to talk to the researchers about the findings without any interference from men. Initially, the participants saw these meetings as a form of debriefing. However, the facilitators began to encourage the participants to think about possible solutions and how these solutions could be implemented. One facilitator explained, “We wanted these women to be masters of their own destiny. We wanted them to be their own agents of change. We wanted them to go out and advocate for their rights and needs. We did not want to talk on behalf of them.”

### **Who is the target population?**

The target group was determined through consultations with refugee women who had gone through violent experiences in their homelands. It included women from different countries. Nine of the women were unemployed. Two of the women who were self-employed selling goods, such as sweets and clothes in markets, had not done well because of constant harassment by metro police. Furthermore, without access to loans from banks, opportunities to sustain and expand their businesses had been negatively affected. In terms of their marital status, seven of the women were married, two single, one divorced and two widowed. The women were between the ages of 26 and 50 at the time. They all have children, many of whom were still in primary school. The issue of supporting their families was one of their principal concerns. While these women form the core of the group, it is not closed to, for instance, South African women living in the same neighbourhood. The point of the project is exactly to cross national and ethnic boundaries.

### **What is the theory that informs the intervention?**

The facilitators pointed out that the group intervention and all their activities with refugee women were rooted in empowerment theory (Rappaport 1981). In addition, the interventions had as a key strategy and principle conscientisation as developed in Freire’s work. Empowerment theory and conscientisation emerged out of the disciplines of community psychology and critical social work to address psychosocial issues that affect marginalised groups (Dalton et al. 2001; Nelson & Prilleltensky 2005).

In the project, empowerment is defined as a process through which people and communities gain control over their lives by exercising their right to participate in the social, political and economic processes that structure their lives. According to Rappaport (1981), empowerment ideally should be one of the key pillars on which interventions aimed at enhancing communities' well-being are built, because without empowerment the effects of community interventions cannot but be less effective and less lasting. It is important to understand, as Dalton et al. (2007, p. 404) emphasise, that "empowerment ... is accomplished with others, not alone." Empowerment is a relational process that involves collaboration and information sharing.

Consistent with this theory, the refugee women in the group agreed to take charge of achieving the following objectives:

- **Uniting refugee women:** After their participation in a research project, the women agreed that it is important for refugee women to come together and form an organisation that deals with the problems refugee women in South Africa face. Following this, meetings were held monthly over a period of six to eight months to discuss the establishment of this organisation and its structure. Finally, in 2009, the group decided to name the organisation Migrant Women United Association. Later, the name was changed to Women on the Journey, as another organisation was using the name Migrant Women United Association. The group meetings gave them a sense of unity and a spirit of sisterhood. They said that before the meetings, they felt isolated, lost and displaced, but meeting as a group gave them a sense of belonging and agency to set their own agenda.
- **Forming a non-profit organisation to advocate for the rights and needs of refugee women:** It was agreed that Women on the Journey should register as a non-profit organisation with the Department of Social Development according to Act 77 of 1997, and thereby become independent from CSV. The role of CSV would be to provide support until the organisation was fully independent. The logic behind this was that once the organisation was registered, refugee women could be assisted with writing funding proposals to raise money to support their income-generating activities.
- **Establishing income-generating projects as a form of economic empowerment:** Following Rappaport (1981), no empowerment project works without a socioeconomic basis. The refugee women had continuously discussed the importance of achieving economic empowerment and of exploring opportunities in this regard, as they did not want to rely on "hand-outs" for the rest of their lives. In 2009, the group negotiated with the City of Johannesburg to acquire a piece of land in the suburb of Observatory in order to start a gardening project. According to Dalton et al. (2007), encouraging the participation of marginalised groups in initiatives aimed at dealing with their problems can also be empowering in terms of enhancing leadership skills within a community.

Arnstein (cited in Swanepoel & de Beer 2006, p. 29) notes that community participation without power “is an empty and frustrating process for the powerless.”

- **Raising awareness about rights of refugees:** A core principle of this intervention was Freire’s concept of conscientisation, defined as a process of “dialogue which enables the individual to transform him or herself in relation to others and critically reflect on him- or herself in society” (Freire, cited in van Vlaenderen & Neves 2004b, p. 454). Conscientisation aims at increasing people’s critical awareness of the social conditions that adversely affect them. By making people aware of the social, economic and political causes of their daily life struggles, conscientisation can play a critical role in engendering change. As part of the strategy of conscientisation, various workshops and public events were organised for participants to explore sociopolitical issues and provide information on rights.

While the intervention was deemed a success, there were significant challenges, including lack of funding and resources, low attendance and member turnover.

### **What resources are required?**

In order for the interventions to be successful, a number of resources must be available. These include the recruitment of participants, needs assessment and skills auditing of participants, facilitators and training courses. Assessing the resources required for the intervention also provides insights into what recommendations emerge from the project.

- **Recruitment of potential participants:** The selection of potential participants must not be limited to refugee women who use CSVR’s clinical services. Attempts should be made to recruit a more diverse group of refugee women to join in the income-generating projects. A diverse group, including South African women, could bring a diversity of skills into the group and strengthen its projects. The inclusion of South African women would help to address the social alienation of refugee women and facilitate their integration into South African communities.
- **Needs assessment and skills audit among the participants:** Joint working and planning meetings must be held to assess the participants’ needs and expectations. Openly discussed goals and objectives of the project should be realistic to avoid overly high expectations. A similar assessment could be used to do a skills audit among the participants. A skills audit is aimed at measuring and recording the skills that members of the intervention group have. In planning or choosing their empowerment projects, it is important that the participants select projects for which they already have the necessary skills. In this way, the participants could more easily realise their potential, which is in line with the theory of empowerment.

- **The role of facilitators:** The success of an empowerment project with vulnerable women depends to a large extent on the availability of skilled facilitators to facilitate group discussions, who can also address conflicts over power in the group. In line with empowerment theory and the principle of conscientisation, the process of facilitation must be collaborative with the ultimate aim of handing over the facilitation role to the participants.
- **Training courses:** Improving and expanding the existing skills of group members through training, particularly in regard to income-generating projects, is an aspiration. The following kind of training would be useful: financial management skills, practical skills such as sewing, marketing skills, gardening skills and fundraising skills.

### **Revisiting the women's empowerment group**

The goal of CSVR's intervention with refugee women was to facilitate a sense of empowerment and independence among the participants. The women were encouraged to set their own agenda and take a lead in finding solutions to the daily challenges they face. Establishing a non-profit organisation that will advocate for their needs and interests will go a long way towards consolidating their independence. Women refugees are particularly vulnerable and, as this report shows, it is important to provide them with social and economic support if they are to achieve integration into South African society. The challenges discussed in this report confirm the importance of providing support. More specifically, facilitating access to funding and training will assist refugee women in achieving social and economic empowerment. Economic empowerment, through the establishment of viable income-generating projects, will ultimately help to break the cycle of dependence on humanitarian organisations.

In terms of the development of a CSVR model for community work, the women's empowerment group rendered several important insights. If groups are facilitated with commitment, they might constitute an important means of sustainable support for very vulnerable people. If the groups are to work properly, they need substantial inputs in the form of training, time, materials and commitment at the level of facilitation and professional inputs. Finally, these projects must be seen as long-term commitments.

### **A case study of CSVR home visits**

In this section, we briefly outline experiences of doing home visits as part of CSVR's commitment to complement clinical services with a community-based approach to working with victims of torture and CIDT. CSVR stopped conducting home visits as a dedicated strategy in 2011, but home visits remain a short-term intervention aimed at supporting people and referring them to other service providers or to the CSVR clinic in Johannesburg. A short outline of the four-session home visit model can be found at the end of this

section. The experience of home visits serves as a reminder of the necessity of maintaining a clinical gaze on community interventions.

As part of the CSVR community project initiated in 2008 in Mogale City to the west of Johannesburg, home visits were undertaken as a stand-alone intervention with the aim of providing psychosocial services to torture victims who were not able to access CSVR clinical services and referring them to existing resources/services within their community. Home visits were conducted by fourth-year social work students, a community facilitator and a qualified psychological counsellor.

### **Benefits of the home visits programme**

When the team reflected on the home visits, a number of benefits were identified:

- **Minimising isolation:** Some of the clients were physically impaired and thus had limited contact with people outside of their homes. The home visits provided these clients with an opportunity to talk about their experience of torture and life in exile and minimised their sense of isolation.
- **Giving voice to the voiceless:** There were people among those visited who said they had never been given a chance to tell their story. Home visits offered them this opportunity.
- **Developing understanding:** Through home visits in some cases, clients began to think about and formulate solutions and identify available resources.
- **Increased sense of self-worth:** A well-documented effect of torture is that survivors are unheard (Reeler 2009). They feel that nobody out there cares about them, which negatively affects their self-esteem. By showing that there are people who take their concerns and needs seriously, the home visits allow the clients' sense of self-worth to be reestablished.
- **Safety:** Torture destroys people's sense of safety. In contrast to unfamiliar environments, such as clinics or hospitals, people feel safer talking about their private and painful problems in their homes. Clients pointed out that being visited in their homes made it easier to connect with and trust the community facilitators.
- **Facilitators getting an insider perspective:** Kadushin (1990, p. 107) argues that "home visits give the worker the opportunity to supplement what people say, by seeing what they do. Home visits also simplify the need to ask some questions for information. The unasked questions are answered by observation." Home visits give community facilitators an opportunity to see the conditions under which clients live.

### **Challenges of home visits**

A number of ethical dilemmas emerged in doing home visits, including:



- **Lack of privacy in the home:** The home setting is not always conducive to intervention. Often, many people share a home, making it difficult for facilitators to ensure privacy and confidentiality. Some clients live in one-room shacks, with the result that there is no available space to hold a private discussion. Community facilitators have had to find creative ways of dealing with this ethical dilemma. For example, some clients were seen in cars to allow for private discussion.
- **Premature termination of counselling:** As a result of financial constraints and a change in strategy, CSVR stopped ongoing home sessions with clients in 2011. Termination with clients who were still in crisis was a major ethical dilemma. For example, one client mentioned it was not easy to accept the termination.
- **Client dependence:** The converse of early termination is the danger of creating dependency. By seeing clients indefinitely or for extended periods, dependence rather than agency or empowerment may result.
- **Prioritising direct or indirect victims:** Where resources, both human and time, are limited, it is difficult to deal with the needs and expectations of both direct and indirect victims of violence.
- **Scope of intervention:** It is inevitable when doing community-based work that facilitators will be exposed to problems that are beyond the scope of their intervention but nevertheless demand attention. Conflicts within and between families are a common example.
- **Lack of clarity on number of sessions:** When this project started, there were no guidelines for doing home visits. The lack of clarity on the number of sessions allocated for each client resulted in some clients being seen for extended periods, raising once again the issue of creating dependence rather than facilitating empowerment.
- **Lack of clear goals for home visits:** Similarly, community facilitators felt stressed by the fact that they did not have a clear purpose or goal for doing home visits.

There were also practical challenges in doing home visits, including:

- **Lack of services in communities:** The limits, or indeed absence, of services to which clients can be referred constitutes a significant challenge. There are very few places that deal with torture and cruel or inhumane and degrading treatment in the country.
- **Poor services after referral:** Some clients complained that they were not satisfied with the quality of the service they received at the place to which they were referred. For example, one client complained about a social worker who broke confidentiality following our referral.
- **Fluid client population:** Some of our clients, as a result of financial problems or lack of resources, moved homes several times and changed phone numbers, making it difficult to keep track of them and make follow-up appointments.

- **Language barriers:** Problems often arose when the community facilitator did not speak the same language as the client.
- **Safety:** Townships are known to have high rates of crime. As a result, home visits raise issues of safety for facilitators.
- **Unfamiliar environments:** For community facilitators not familiar with the area in which they are working, it is difficult to locate the homes of clients because many houses do not have numbers. For example, on two occasions facilitators spent almost two weeks trying find the houses of two clients.
- **Burnout:** The risk of burnout among community facilitators is high. This work involves a lot of travelling in unfamiliar environments, listening to trauma stories and seeing the poverty-stricken conditions under which people live. It can and does evoke sad and angry feelings within community facilitators.

#### **Guidelines for a four-session home visit model**

Based on this less than positive self-evaluation, CSVr decided to formalise its home visits in a four-session model. The purpose of home visits is to assess clients' needs and refer them to relevant resources, as it is not possible for community facilitators to address all the needs of their clients. The main goal of doing home visits is to provide basic emotional support and containment and to connect people with relevant resources in their communities, even though there is awareness that the quality of these resources and services may not be adequate and in some communities may not be available.

The number of sessions for home visits was limited to four. This is a response to two factors: that there are limited resources for doing this work and that limiting the number of sessions avoids the problem of creating dependency among clients. Visits are done on a weekly basis, although this has varied from case to case.

Each visit is prepared with community facilitators asking themselves the following questions beforehand:

- 1) Is it really necessary to visit this client?
- 2) What is the purpose of my visit?
- 3) What do I want to achieve with this visit?

As a general rule, each session lasts for one to two hours. Again, this may vary from client to client, depending on the nature of the presenting problem. As a general rule, sessions should be kept to below three or four hours. This helps to maintain boundaries and ensure that facilitators are on time for other

appointments. There are four phases to the home visit intervention/process that correspond to one session each:<sup>4</sup>

- 1) Introductory session
- 2) Follow-up session
- 3) Impact assessment session
- 4) Termination session

### **Revisiting home visits**

In a country like South Africa, where the majority of the population does not have access to mental health services, limited-session home visits conducted by community facilitators may be a way of providing some people with psychosocial interventions. For torture victims, many of whom are immobile and cannot access the very limited services dedicated to dealing with the impact of torture, home visits may be a lifeline.

It is clear from the ethical dilemmas and challenges that community facilitators have encountered, however, that guidelines are needed. Clear guidelines are particularly important if this is to become an effective stand-alone intervention in working with individual victims of torture and CIDT. CSVr envisages that the process notes kept by community facilitators will be used not only for supervision but also to provide data with which to assess the strengths and limitations of the CSVr home visit model in the future.

### **Concluding remarks on CSVr community interventions**

In this chapter, we have explored two cases of CSVr community-based work with victims of torture and CIDT. It is evident that income-generating projects should be initiated, particularly when working with marginalised groups such as refugee women and ex-combatants, to enable participants to take a lead in finding solutions to the daily challenges they face. Such initiatives should be geared towards helping marginalised groups achieve some independence and break the cycle of dependence on humanitarian organisations. It is also important that community-orientated rehabilitation services such as home visits are initiated and extended to victims of torture and CIDT in communities. In addition to this, prevention and advocacy processes should be added to both income-generating and home visit projects to ensure that they are sustainable over a long period of time.

The ultimate goal of CSVr community interventions is to assist communities in realising their own potential and resources to become self-sufficient and self-reliant. Despite all the challenges and ethical

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<sup>4</sup> For a full description of the home visit model, see Langa (2011b).

dilemmas encountered, the home visits, with the new guidelines in place, can be useful in “assisting” communities to realise their own potential. We have learnt a lot by developing guidelines for our home visits that would be important for community workers to follow.

## Chapter 5:

### A community work model for addressing torture

In this final chapter, we describe a CSVR community work model for addressing torture that was developed on the basis of the literature (Chapter 2), the desk study (Chapter 3) and CSVR's own experiences (Chapter 4). This model was put cautiously and tentatively into practice in 2012 in three different settings that we describe below. It is still too early to evaluate the results of the model implementation, so this chapter will only present the model in schematic terms. This form is given by the six questions we introduced in Chapter 1 (context, target group, theories of change, indicators, resources and sustainability) that are inspired by Jessen et al. (2010).

Following the exploration and reflection processes described in the previous chapters, we identified a number of particularly important sources of inspiration. Generally, the model presented here should be seen within the parameters of community psychology as elaborated for South Africa by Lazarus and Seedat (cited in Naidoo 2000). In their account, community psychology aims to "transform the way in which the etiology and development of psychosocial problems is conceptualized and understood" (p. 8) to be within a systemic framework. It aims to strengthen resilience through partnerships in which community members and psychologists work together to obtain social justice. In addition, it aims to extend mental health services to all, including those who have been historically marginalised and oppressed.

In terms of theories, liberation social psychology (grounded in social action theory) and the ecological model have been most influential in our thinking. Social action theory suggests that one-on-one interventions are inappropriate for addressing problems that have their genesis in social structures. The aim of social action is to mobilise community members to become "active citizens." Social action theory provides for interventions at a range of levels, from grassroots level to state. Implicit in this is an ecological perspective according to which change in one part or level of a system, for example intervention with groups, organisations, institutions or the whole community, will result in changes in other parts of the system.

Mobilising groups of victims around torture and its consequences might result in people reporting torture more frequently, referring victims for rehabilitation and speaking out against torture at a local level, thus increasing awareness about torture. Community members who take up the cause could be trained to monitor places of detention, produce statistical reports, contribute to national advocacy activities and participate directly. These theories implicitly also seem to have influenced the Bangladeshi and Philippine projects, discussed in the desk study chapter. These projects provided the most inspiration because they

focused on the mobilisation of victims and on linking poverty and inequality with violence and torture. Finally, following our critical examination of CSVR's refugee women's group and the home visits, the empowerment approach evident in the refugee women's group presented a useful approach to incorporate into the more general model for CSVR's community work.

### **What is the context?**

In this section, we explore the specific context of the model and how the context has helped determine how we have approached community work in relation to the problem of current torture and CIDT by police in particular. This includes reflecting on which perpetrating institutions to focus on, considering the public sentiment about torture and CIDT and exploring how state violence relates to inequality and poverty, what rehabilitation institutions exist for which victims of torture and the state of the policy and legal context.

### **Why police torture and not torture by other institutions?**

While torture and CIDT are perpetrated by many state institutions, we focus on victims of torture perpetrated by the South African Police Service (SAPS), including the metro police. Scant attention has been paid by civil society to the police torture that has continued in the post-apartheid period. The prevalence of torture perpetrated by police in South Africa currently is difficult to measure, but several reports point to its ongoing occurrence (ICD 2010; Amnesty International 2011; Dissel et al. 2009). Furthermore, many incidents of torture and CIDT go unreported. The Independent Complaints Directorate (ICD), the oversight body to which the public can direct complaints about the police, notes that because police are not obliged to report criminal offences committed by their colleagues, ICD statistics "are by no means a true reflection of the extent of police criminality" (ICD 2010, p. 100).

In 2011, CSVR's research with victims of police abuse in Kagiso, a township in greater Johannesburg, revealed that experiences of torture and CIDT were considered "ordinary" events in the lives of a particular group of unemployed men involved in crime (Langa & Merafe 2011). Most never reported the incidents of torture and CIDT they experienced. In the same township, ordinary young men who have never committed crimes also experienced police brutality simply by being in the wrong place at the wrong time. Kagiso is not a noteworthy place in the sense of having unusual levels of crime, gang activity or any signs that torture and CIDT are taking place. This suggests that investigations in other township communities would likely reveal abuse by the police that has become routine and not worthy of attention. A review of media reports in South Africa in 2006 supports the notion that CIDT in particular is invisible as it is not perceived as out of the ordinary even by the victims (Dissel et al. 2009).

Similarly, torture and CIDT by police are a problem for particular groups of foreign nationals. There are many reports of unlawful arrest, CIDT and torture perpetrated by police, often with the purpose of extracting bribes. Non-nationals' difficulty in legalising their stay makes them vulnerable to "migration policing," which can result in torture and CIDT in South Africa and in migrants' home countries following deportation. Commonly, police do not allow non-nationals to retrieve their documents, are unwilling to verify their status with the Department of Home Affairs and send them to detention centres without first classifying them as illegal foreigners (CoRMSA 2011, p. 31). In a study that included interviews with 734 detainees, 43 percent said they were arrested by police even though they had valid documents at the time of arrest (Amit 2010). Ten percent of the interviewees at Lindela, a holding facility for foreigners awaiting deportation, reported being injured during arrest. Those arrested by SAPS, as opposed to the Department of Home Affairs, "were more than twice as likely to have suffered an injury during arrest" (Amit 2010, p. 22). The xenophobic attitude of the police, their involvement in xenophobic violence or their turning a blind eye to violence against non-nationals have been well documented by human rights organisations (CoRMSA 2011; Amnesty International 2011).

#### **How does the public feel about torture and CIDT?**

Anti-apartheid activists who were tortured are perceived as having suffered for the struggle to achieve democracy and are thus generally viewed sympathetically. Current torture victims include South Africans who are often in conflict with the law and non-nationals. Common public sentiments are that foreigners, particularly Africans, are in South Africa illegally, are criminals and generally cause problems. For instance, in 2007, Susan Shabangu, then deputy minister of security, proclaimed about criminals: "You must kill the bastards if they threaten you or the community. You must not worry about the regulations. ... You have one shot and it must be a kill shot. ... There are to be no negotiations with criminals. ... The constitution says criminals must be kept safe, but I say no, no, no!" (quoted in *The Telegraph*, 10 April 2008). As such, torture and CIDT perpetrated against these groups is generally seen by politicians and the public as what the police should be doing to reduce crime. They are "unpopular victims" of torture in comparison to apartheid-era activist victims.

#### **What is the relationship between socioeconomic inequality and state violence?**

In South Africa, there are indicators that the structural violence of poverty and inequality, exclusion from participation in economic and political decision making, discrimination and lack of protection from the law directly contribute to risk for torture and CIDT. Young men in Kagiso report that they are vulnerable to torture and CIDT because they are poor. They argue that men who are well-dressed, reflecting a higher

socioeconomic status, would not be tortured (Langa 2011c). At the same time, structural violence exacerbates the effects of torture by limiting access to justice and rehabilitation for victims. In addition to their traumatising, injuries and need for justice, the struggle to survive materially is a major problem for torture victims in South Africa.

Many of the torture incidents reported in Kagiso included the police extracting bribes from victims (Langa & Merafe 2011). Bribes are a common theme in the reports of torture made by South Africans and non-nationals. Bribes can be seen as just another form of police misconduct on a continuum of corruption and misconduct that occurs alongside torture. However, the role of bribes in the relationship between police and torture victims must be better understood. How does being able to pay a bribe or not relate to the trajectory of abuse or torture by the police? Hence, inequality and poverty are key factors in making sense of the experience, needs and rights of the torture victim and in developing rehabilitation and prevention initiatives.

### **What torture rehabilitation exists in South Africa?**

During apartheid, sympathetic professionals and volunteers developed a strong torture rehabilitation sector with tight networks and extensive expertise and skills (Sideris 2010). Following the end of apartheid, this network disintegrated. Now, victims of torture may not be aware that there is help and report difficulties in accessing services (Higson-Smith et al. 2006). The South African health care system is burdened by overwhelming demands, including the impact of the HIV/AIDS pandemic and competing political and development agendas. While there are generally problems in accessing state health care, torture victims specifically report that it is very difficult to access these services. Specialised legal and psychosocial rehabilitation services for torture have largely continued to be offered by nongovernmental organisations that are mostly urban based and see mainly victims of apartheid torture or victims tortured in other countries, including the five psychosocial rehabilitation organisations in the national South African No Torture Consortium (SANToC). Victims who have been tortured recently seem not to be accessing psychosocial support.

### **Which legal and policy initiatives around torture exist?**

While there have been problematic developments in relation to the prohibition of torture, positive developments and activities in the anti-torture effort in South Africa including the following:

- 1) The campaign led by the Community Law Centre advocating for the domestication of the United Nations' Convention Against Torture (UNCAT) by passing the Combating of Torture Bill and thereby making torture a crime in South Africa.



- 2) The Association for the Prevention of Torture (APT) and the South African Human Rights Commission (SAHRC) Section 5 committee's ongoing efforts to pressure government to ratify the United Nations' Optional Protocol to the Convention Against Torture (OPCAT). This will compel the state to support the formation of an independent system for monitoring all places of detention, which has been shown to be effective in preventing torture internationally.
- 3) The formation of an interdepartmental task team by government in 2011, at the instigation of the SAHRC's Section 5 committee on torture, to address torture. It is led by the Department of Justice and Constitutional Development.
- 4) The implementation of the Independent Police Investigative Directorate (IPID) Act (2011), which compels IPID to investigate all cases of torture and rape by police officers. The new law aims to create a police oversight body with more power and independence than its predecessor, the Independent Complaints Directorate (ICD) had.

While South African civil society has made strides in advocating for the prevention and prohibition of torture, the integration of torture survivors' perspectives into these advocacy initiatives is limited. The rehabilitation sector in South Africa has been offering services to survivors of torture since the 1980s and thereby has gathered rich information on the lived experiences of victims. Regrettably, to date, there is limited use of this information in advocating for meeting the rights and needs of torture victims, and in the work on prevention and prohibition of torture. There is also limited collaboration between organisations involved in the prevention and prohibition of torture and those offering rehabilitation services, except for the SAHRC's Section 5 committee, which meets infrequently. Khulumani Support Group is a national victims' movement that has created a platform for advocacy for victims of apartheid-era torture. There is not a comparable popular movement or a public advocate against current torture that incorporates victims. Community interventions could provide an effective way to mobilise victims to do local advocacy and macro-level advocacy where they can advance their perspectives and agendas.

### **Who is the target population?**

As Jessen et al. (2010) rightly suggest, often projects do not pay enough attention to identifying the target group. While the CSVr project aims to work with victims of torture and CIDT as well as at-risk groups, these criteria are clearly not specific enough to decide who falls within the ambit of the project. Hence, a process was designed for the present project that determines which communities we will work in, what the criteria are for inclusion in the target group and how we access the target group.

### **Choosing communities to work in**

For many years, CSVR has been working with victims of apartheid-era torture as well as African migrants who were tortured in their countries of origin. However, from the data presented above we knew that torture was still happening in South Africa after the end of apartheid. As the victims of current torture were not seeking out our services, we had to think about how to reach them. CSVR had an existing peacebuilding project with ex-combatants in Mogale City (including Kagiso), west of Johannesburg. Building on this project, CSVR initiated a community project on torture there that included awareness raising and capacity-building workshops on trauma and torture with relevant stakeholders and also home visits to victims of torture and violence. Our initial impression was that current torture was not a significant problem in Kagiso. This was later proven incorrect by research conducted using a “street corner approach,” which resulted in the researchers meeting within just two months approximately 40 young men who had experienced some form of police violence in the two years prior to 2011 (Langa & Merafe 2011). This informed the decision to continue working in Kagiso.

In planning the upcoming three-year project, various approaches to identifying other communities that were likely to have a high number of victims of current police torture were begun. Consulting experts and the statistics of the ICD did not provide a firm direction. Instead, a logical argument based on qualitative evidence seemed to provide the strongest rationale for our choice of settings. A township context had already been explored in 2011 (Kagiso) and so an inner-city community was chosen as a target for 2012, with the expectation that the patterns of torture could be different there and that victims might have different needs. Since we had some information about the experiences of South African young men, non-nationals were chosen as a second important target group. Our forced migrant counselling clients who live in these inner city areas report having regular confrontations with police and some cases of torture and CIDT. According to the head of the ICD, Francois Beukman, the Hillbrow police station is one of the worst in the country as regards regard torture and deaths (Hosken 2011). Prostitution, drug dealing and other illegal activities are common in Hillbrow, and there are large numbers of non-nationals living there. As it is perceived as a dangerous poor slum area (Johannesburg Development Agency 2009), tough policing there is more likely. Hillbrow was thus the inner city community chosen. To complement the two physical communities, we chose also to work with non-nationals in Johannesburg more broadly. They were identified through what we call the institutional approach (see below). Because CSVR is entrenched in established organisational networks in the Gauteng province that deal with non-nationals’ issues, this was identified as a setting in which we could find Johannesburg-based non-nationals who had been affected by torture and CIDT happening currently in South Africa.

In summary, the three communities we decided to work in were Kagiso (township), Hillbrow (inner city) and non-national victims accessed through the network of organisations in Gauteng that focus on non-nationals' issues.

### **Criteria for inclusion in the target group**

The target group specifically includes those South African citizens and foreign nationals who are at risk of or who have been victims of police torture and CIDT in post-apartheid South Africa, and whose experience would fall within the definition of torture and CIDT contained in the United Nations Convention Against Torture and Cruel, Inhuman and Degrading Treatment (1984). However, these formal criteria need to be contextualised in the three settings.

Mainly through the research in Kagiso, we defined the target group as young black South African men of a particular profile. These men are in their 20s or 30s. They live in townships and are unemployed or underemployed. Many have not completed school. They spend their days on street corners gambling, drinking and socialising. Some are known criminals and have passed through the criminal justice system because of illegal activities such as drinking in public, use of illegal substances or dealing drugs, mugging or robbing. All these factors put them at risk of torture. Other victims may not be involved in crime but may simply be abused by police because of their association to criminals or because they fit the profile of criminal men (Langa & Merafe 2011).

The target group of African non-nationals was defined based on our previous work with this group as well as research by other organisations. African foreign nationals who have fled their countries because of torture, war, organised violence, economic insecurity or natural disasters face multiple and significant losses in exile. They have few networks and find it difficult to obtain immigration documentation, as a result of which they have limited access to employment opportunities. They are vulnerable to crime and violence (CoRMSA 2011b). Non-nationals may experience health and psychological problems associated with these stressors of being a migrant in South Africa. The health status of those with previous trauma experiences such as war or torture at home may be worse (Higson-Smith & Bro 2007; Veary 2011). Migrants who have been tortured in their home countries often feel an intense sense of fear when encountering the police. Foreign nationals are at risk of being deported to their home countries, where in some cases they would face torture and CIDT. This adds another element of fear and risk to their contact with the South African police, who often stop people in the street and try to determine whether foreigners are in the country legally and to extract bribes.

Thus, the subgroups of South Africans and African non-nationals (with or without legal immigration documentation) who would meet the criteria above are:

- People breaking the law, for example, people hawking in unlawful areas, sex workers (mostly women)<sup>5</sup> or people drinking in public (mostly men).
- People with criminal records (whom we call victim-perpetrators, mostly men), including youth in trouble with the law.
- Suspected criminals (who could also be victim-perpetrators in some cases, mostly men).
- People who are not engaging in illegal activities but encounter the police or attract the police's attention and fit the police's criteria for being harassed or tortured.

An important principle of the model presented here is that it is necessary to reflect critically on the assumptions made about the target group as the work progresses and as evidence is collected. This kind of critical reflection is important for evaluating categories of inclusion and exclusion, using resources effectively and determining the exact needs and vulnerability levels of members of the target group. The focus at CSVR has usually been on marginalised groups, which means torture victims who are poor, marginalised and who have limited access to services. As mentioned, some members of these target groups are “unpopular victims” whom others in their communities may feel are not deserving of support. The resulting tensions that arise during community interventions will have to be addressed.

### **Strategies for accessing the target groups**

In 2011, CSVR generated and piloted two strategies for identifying South Africans who had been tortured recently: an institutional approach and a street corner approach. Langa (2011a) describes and compares these approaches in detail but a summary follows here.

The theory behind the institutional approach is that torture takes place in particular institutions and to access victims one should concentrate on these institutions. As direct access is difficult, it is necessary to partner with organisations that assist people who have passed through these institutions. For example, in South Africa, National Institute for Crime Prevention and the Reintegration of Offenders (NICRO) is an organisation that deals with the rehabilitation of offenders who are going to or have exited the criminal justice system. Inevitably, these offenders will have had contact with the police and some may have experienced police torture. NICRO's services relate to their prison stay and reintegration into society rather than the torture they may have experienced, and so CSVR could offer to partner with NICRO to offer a programme on torture.

The advantages of this approach are that organisations could have access to people from a range of communities and many participants can be met in one meeting. In addition, trust may be easier to build if

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<sup>5</sup> The majority of sex workers have been found to be migrants from other parts of South Africa and southern Africa. Sex workers are subject to a range of human rights violations, by “rogue police” (CoRMSA, 2011). Sex workers are likely to be a stakeholder group amongst non-nationals who CSVR approaches in the initial stages of the project.

the participants trust the host organisation and therefore its choice of partners. Working through organisations may furthermore be sustainable if these organisations eventually take on the torture agenda (Langa 2011a). Building partnerships is a long-term process, however. Generally, these organisations have rigid protocols and bureaucratic procedures for allowing others access to their beneficiaries or for allowing organisations to partner in their interventions. Furthermore, in organisations such as NICRO, beneficiaries are commonly mandated by a court to participate in the programmes. If people are participating reluctantly, there are negative implications for mobilising them to participate in work on torture. The formality of the setting may also prevent participants from talking freely about their experiences and views. Finally, people connected to organisations are receiving some form of support, meaning that they are not the most vulnerable in terms of access to services (Langa 2011a). Thus, as we reflected on the institutional approach, we found that it is not the most effective strategy for accessing the most marginalised South African victims of torture. Nevertheless, it remains an important strategy in terms of the model presented here and could be effectively used when applying the model to a different target group, like non-nationals.

The theory behind the street corner approach, meanwhile, is that meeting people who have been tortured or are at risk of being tortured in their own environments provides an opportunity to understand their reality and to gather information about their needs in an intimate way. This approach was used by CSVR for research and then intervention in Kagiso to access young black men whose social and economic profile puts them at risk for police torture and CIDT. It involves an informal but purposeful initiation of discussions and relationships with young men commonly found spending their days on the street, engaged in gambling, drinking and selling drugs. Engaging them on their “turf” provides an opportunity to gain their trust in a relatively short period of time, although this has to be done carefully by identifying key powerful gatekeepers. In Kagiso, the young men opened up and talked about their experiences, views and opinions on police abuse easily. In group discussions, people “fed off” each other’s stories, eliciting more information. The researcher and facilitator were then able to provide information about their rights in relation to torture and CIDT verbally and in the form of pamphlets that outline how to access services. The strengths of this approach are that access to victims of torture is gained in a short space of time and snowballing to find other victims is effective in reaching a large number of people relatively quickly (Langa 2011a).

The street corner approach raises specific challenges. It requires community workers who can use the “language” of the victims and who can elicit trust. Being considered trustworthy or legitimate may be determined by gender, race, language, age and ways of dressing. The safety of the community worker also needs to be carefully considered if they are associating on corners with people involved in crime. The approach limits access to a specific population in a specific geographical area. The informality of the

method may mean that it is difficult to follow up with participants but also that facilitators may inadvertently not comply with ethical guidelines. Repeated visits to the street corners are needed as participants are not necessarily in one place all the time, which may not be cost effective or efficient (Langa 2011a).

For accessing non-national victims of police torture, the picture is different. CSVN is closely linked to a variety of organisations and networks that have contact with non-nationals living in different areas of Johannesburg and address issues such as immigration status, documentation, basic needs and access to health care. Organisations upholding the rights of non-nationals are likely to be encountering victims of current police torture or those at risk. To this extent, they provide a key access point for CSVN to reach this group. In this case, the institutional approach involves using existing long-term relationships with these types of partner organisations rather than initiating new partnerships. It is likely that the non-nationals who are aware of these organisations may be more resourceful and socially connected, and thus are not the most marginalised. However, they are likely to participate willingly in the project, potentially having some faith in organisations. In using the street corner approach to access non-nationals, it would be vital to have staff members who can identify and access places where non-nationals at risk of torture are found and who can engage non-nationals and elicit their trust. Speaking the languages of this target group could improve access to them.

In terms of the model, then, deciding on a strategy for accessing victims of torture depends on the characteristics of the target group and the resources available, such as time, organisational networks and particular staff members. As the model has developed, it has become clear that strategies for accessing the target population require ongoing critical reflection to consider the most effective way of reaching beneficiaries and the extent to which strategies are successful. Similarly, an initial needs assessment of victims provides clarity on the details of the subgroups to be targeted and assists in clarifying criteria for inclusion and exclusion and the nature of further intervention.

### **What is the theory that informs the intervention? What are the indicators that the assumptions of change are correct?**

In this section, we identify and elaborate on what theories of change the proposed model is built upon and what indicators are useful to measure or to reflect upon the impact of the intervention. As we noted in Chapter 1, these theories are basically causal relations where we explain what the outcomes of a specific intervention might be. By explicating activities in relationships of “if x, then y,” we are also able to identify indicators of the relationship. As we have indicated in previous chapters, a number of theories underpin the CSVN community intervention model. These include social action, Latin American liberation social

psychology and the ecological theory of social systems, as discussed in Chapter 2. We have also been inspired by the different interventions presented in Chapter 3, as well as by CSVr’s own experiences of working with communities. Each of these theories explicitly or implicitly is based on a number of causal relations about change. This section aims to indicate which theories of change the model and its activities are based on, what causal relations we assume and which indicators we think may be useful. As they are being put into practice at the moment of writing, they will be subjected to further reflection going forward.

Inspired by the ecological model, we have identified three levels of change as relevant to community interventions: change at the individual, family and small group level; change at community level; and change at the broader national and social level. For clarity, they are discussed separately below with reference to interventions regarding torture.

### **Change at the individual, family and small group levels**

At this level, we address people who have been victimised by the police or are in danger of being victimised in the inner city or in the township. As we know from the literature, torture results in feelings of powerlessness and social disconnection for individuals. Hence, according to liberation social psychology, community interventions aim for psychological empowerment and to connect people to the communities in which they live.

The chain of hypotheses and related indicators contained in this theory could for instance be the following:

<b>Theory</b>	<b>Indicator(s)</b>
If community members are given a chance to collectively critically reflect on their situation, they generate ideas to improve their situation.	Increased generation of ideas by participants on how to improve their situation or a change in the nature of participants’ ideas (e.g., more realistic).
If there is collective critical reflection, it fosters a sense of agency and energy to plan actions for change.	Increased sense of agency among most individuals in the group measured through an increase in the number of plans to improve their situation.  Indicators of energy and motivation could be that participants have initiated their own meetings or have taken responsibility for arranging one/some aspect/s of the meeting.
If victims of torture engage in collective critical reflection activities, they might address conflict and build solidarity and thereby social connection within the group.	Conflict is not derailing the process of developing joint ideas and plans. Other indicators could be that people and stakeholders who did not work together before plan joint actions.

<p>If community members regain a sense of agency and are connected to others, their energy can be directed to implementing plans to improve their individual situations.</p>	<p>Implementation of plans generated in meetings. These will be activities that promote the improvement of group members' personal situations.</p>
<p>If victims of torture engage in decision making and implementation of interventions to address their problems, this facilitates a sense of control over the environment (agency) and thereby psychological empowerment.</p>	<p>Implementation of plans generated in meetings. These will be activities that promote the improvement of their personal situation or the functioning of the group. Following initial implementation, there is discussion in the group about implementing further plans. Participants report an increased sense of control over their environment/future of their lives through participation in the group.</p>

Activities at this level might include community facilitators organising reflection group meetings with victims of torture and/or other interested stakeholders using the Freirian methods of conscientisation. With regard to the torture project, the themes for reflection would be torture and CIDT as well as abuses of state power. Furthermore, as victims of torture and CIDT as described in the target group are poor and marginalised, activities will also be directed at improving their socioeconomic status.

### **Change at the community level**

To effect change at the community level poses a different set of challenges. It is not enough to address problems at the individual, small group or family level. Instead, this model envisages the creation of a group of activists. This group might be formed by victims or by other community members who are concerned about state violence. This is similar to, for instance, the Philippine or Bangladeshi projects described in Chapter 3 (Quick Response Teams or Victims' Associations). The group would be mandated to help victims access critical resources. It might also help change the social status of the target group in relation to the community around it. The current deficits in the torture rehabilitation sector described above mean that most communities do not have the capacity to provide support to torture victims within their local organisations and state services. While "active citizens" may take on this problem, awareness and capacity for rehabilitation should be developed as it was during apartheid.



The theories and related indicators of this level of change are:

Theories	Indicator(s)
If victims regain a sense of agency and are connected to others, their energy can be directed towards implementing plans to improve the situation of others outside the group within the wider community.	Plans will be developed and implemented that promote the improvement of the situation of others outside the group within the wider community.
If there are joint critical reflection processes, they may lead to the development of a group of “active citizens” in the community.	A group of interested stakeholders form a group and meet regularly.
If there are critical reflection processes within the group, this may lead to them being interested and willing to work with and influence others in the community regarding the issues they are concerned with.	The group develops <i>horizontal</i> contact and connections to other organisations, services and structures within the community.  The group has plans and/or takes action to influence other structures in the community with regard to the issues they are concerned with.
If mobilised and well equipped, “active citizens” can engage the public regarding the issues they are concerned about.	“Active citizens” conduct activities that engage the broader public in their community.
If there are critical reflection processes on how their problems fit into the broader sociopolitical context and what their rights are, community members will develop a will to participate in or influence local power structures in their community.	The group develops <i>vertical</i> contact with government structures at the community level and engages them on the particular problems it is trying to address.
If they engage with the local sociopolitical system, the group members will have increasing levels of influence or power over their immediate community environment.	There are signs that the activities of the group and their key messages are being heard by local power structures. For example, their submissions are tabled in meetings or officials mention their group, ideas or initiatives.  Participants report an increased sense of control over their environment through participation in local advocacy activities.
If they have the capacity and information, “active citizens” can connect or refer community members to appropriate services and resources.	“Active citizens” provide information about resources to fellow community members and/or connect community members to specific service providers or places where resources can be found.

<p>With repeated collective critical reflection over time, the group’s capacity for collective planning and action improves and solidarity for taking collective action is enhanced.</p>	<p>Problems encountered in the community outside of the scope of the project are addressed through critical reflection methods that community members apply in meetings they have initiated and organised themselves.</p>
<p>If they have the capacity, organisations at a community level can contribute to addressing the community’s problems.</p>	<p>After awareness raising, capacity development or networking with CSVR and/or “active citizens,” organisations at the community level contribute to solving the issues that concern the “active citizens.”</p>

In terms of activities at this level, CSVR would support the formation of a task team of “active citizens” that includes participants in the victims’ group meetings and/or other stakeholders. They would critically reflect on which other community organisations or structures would be relevant to work with. CSVR would provide awareness raising and training on national and international legal frameworks on torture and abuse of state power as well as training on methods for raising awareness and preventing torture to the “active citizens” group. CSVR could facilitate their connection to human rights organisations outside their community. The group itself could then engage in any of the following types of projects:

- Promote a culture of rights and respect for all in the community (see Balay project in Chapter 3).
- Reduce risk factors for torture and CIDT in the community, including developing a better understanding of the specific local risk factors for torture and CIDT (see Balay project in Chapter 3).
- Address institutional issues such as the implementation of policy and regulations in places of detention or changes in institutional culture at a local level (see BRCT project in Chapter 3).
- Prevent further impact of torture by implementing community healing approaches (see Tree of Life and HEARTS projects in Chapter 3 and the women’s empowerment project in Chapter 4), as well as facilitate effective referral to specialised services for torture victims who require one-on-one care by building awareness and capacity among local service providers and by advocating for the government to meet its obligations to provide rehabilitation services.
- Organise interventions to increase the productivity, employability or social status of those who are at risk of torture. CSVR could facilitate contact with appropriate skills training or entrepreneurs’ training (see the description of skills development and income-generation interventions implemented by the Balay project and the BRCT described in Chapter 3, as well as the CSVR refugee women’s group project in Chapter 4).

Another activity that CSVR would undertake is assessing and building the capacity of existing local organisations or state services to support victims of torture. CSVR would ensure linkages between “active citizens” and these organisations or services.

### Change at the national level or broader social level

The final step in the CSVR model is to use the experiences gained and structures built at the level of community and the experiences of victims to take the issue of torture and CIDT to the national and broader social level. From a theoretical perspective, national policies and institutional regulations and their implementation or lack thereof play a role in perpetuating social injustice. Incorporating victims’ perspectives in such policies and regulations and related advocacy initiatives would make them more relevant because victims understand torture and its consequences better than anyone else. Thus, it is important to involve people concerned with torture at the community level in policy action (see the Balay project in Chapter3).

The chain of causal hypotheses for change at this level and the related indicators are:

Theories	Indicator(s)
If there are critical reflection processes on how their problems fit into the broader national and global sociopolitical context and their capacity to participate in policy change processes is enhanced, some “active citizens” will develop the will and capacity to participate in or influence macro-level policies and structures.	“Active citizens” show an interest and willingness to participate in macro-level advocacy.
If “active citizens” develop the will and capacity, they will take action to participate in or influence macro-level policies and structures.	When presented with the opportunity, community members participate in macro-level processes with external support (CSVr’s).
If they engage in macro-level processes, “active citizens” will become increasingly politically empowered.	Participants report an increased sense of control over their environment/future of their community through participation in macro-level advocacy activities. Community members themselves have contact with relevant structures and key change agents without external agents’ (CSVr’s) mediation. These community members become a link between their community and macro-level structures and facilitate the flow of information between these levels.

<p>If initiatives, information and experiences from the community level are systematic processed and documented, they can be useful for advocacy at a macro level.</p>	<p>Advocacy and awareness-raising initiatives by external agencies (CSV) include the direct participation of community members affected by the issues at hand. Information coming from the community level and the activities of “active citizens” are presented at a macro level.</p> <p>There is some indication that the information from the community level has been used or noted at a macro level (e.g., is mentioned in reports on the proceedings, is referred to by the key stakeholder, etc.).</p>
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In terms of activities at this level, CSV would facilitate the translation of community-level experiences and interventions into products or formats that can be used for advocacy at a national or international level and would enhance the capacity of community members to produce these independently. CSV would provide opportunities for victims of police torture to be involved in national advocacy and awareness raising that CSV is participating in on the torture project. Over time, CSV’s linking role between community members and national structures or platforms would be reduced.

### **What resources are required?**

In evaluating and choosing a particular model, it is crucial to be aware of what resources are required to carry through the activities. Here we distinguish between human and material resources.

#### **Human resources**

The principal human resources necessary are the community facilitators. They need to be committed to social justice; they must have knowledge of leadership and of organisational and group dynamics; they should have basic research skills and the capacity to form respectful relationships across difference. They must have the capacity for critical thinking and analysis, facilitation skills and the capacity to mobilise resources and action. They should be able to plan and implement projects. They must have knowledge and understanding of torture and the impact of torture on individuals, families, communities and society. They must also be aware of how language, race, ethnicity, age and gender influence trust and perceptions of legitimacy. This is not about simply matching a facilitator to the target group. Communities are seldom homogenous and so the ability to form relationships across various barriers of difference is critical.

Supervision is essential for the community facilitators to process the complex challenges that community work presents and the specific challenges that working with torture in particular evokes (see,

Sideris 2010). An expert in monitoring and evaluation is required to guide approaches for determining the impact of the project that are in line with the key principles of this model (see principles for community research in Chapter 2) and to support the documentation of the lessons learnt regarding project implementation. Rehabilitation trainers are needed to enhance the capacity of local organisations on torture, as well as a human rights trainer with an appropriate training programme to facilitate training of “active citizens.” An advocacy officer who can work effectively with victims and facilitate their participation in national and international level advocacy is required.

### **Material and infrastructure resources**

- Venues that are accessible to stakeholders in the community.
- A communication budget to contact stakeholders.
- A travel budget for participants.
- Refreshments for meetings and trainings.
- Materials, including awareness-raising materials.
- Directories of resources for making referrals and publicising services.

### **Key resource issues**

Effective documentation, monitoring and evaluation require that everyone involved in the project is provided with sufficient resources, especially time, to participate productively in monitoring and evaluation. Systems for ensuring the safety of community facilitators in their work are required as they work in a less controlled, regulated and contained environment than employees who work in the office. With regard to the torture project, for example, by exposing police and trying to prevent torture, community facilitators place themselves in a vulnerable position with regard to abuse by the police. Similarly, victims of torture who feel suspicious about the intentions of community facilitators could become aggressive or violent.

This model assumes willing community members who will voluntarily participate in reflection, planning and implementing groups and who are willing to form task teams that work on a volunteer basis in dealing with torture. If staff members are being paid, then why should community members be expected to work for nothing? Payment of stipends may be possible within the budget allocated for the interventions. Money is always a sensitive issue in community work but needs to be addressed with transparency. Priorities for using the budget could be decided by the community members. Conflict and suspicion among community members about how resources are allocated are frequent and, indeed, decisions made may be unfair in that they privilege family and friends and exclude others.

## **How is sustainability facilitated or addressed?**

In order to evaluate sustainability, it is useful to think about exit strategies along with considerations about efficacy and effectiveness.

### **Exit strategy**

At the outset of the community intervention, it is likely that there will be no services for victims of torture or that they are being provided by NGOs that know little about torture. In this model, the ultimate aim is for communities to take ownership of interventions and for the government to provide essential services. Thus, the design of particular strategic interventions must bear in mind the fact that the organisation will exit (see the refugee women's group described in Chapter 4).

### **Effectiveness**

Close monitoring and evaluation should be an important aspect of community intervention models to determine whether the planned objectives were achieved. This model proposes a critical emancipatory approach to monitoring and evaluation, in which community members determine the critical success factors of the interventions they have planned and are equipped to measure or evaluate the success factors they have chosen. Nevertheless, the implementing organisation must also monitor its work. For example, for the CSVR project the following would need to be monitored:

- Which method of accessing victims best reached the target group.
- Which method of accessing victims facilitated the most effective and efficient follow-up interventions.
- Adequacy of number of victims and those who are at risk reached.
- Whether adequate participation of other key stakeholders in the community in addition to victims was enabled.
- Whether the identified needs of the victims were addressed (was it effective?).
- Whether the intervention model's theories led to the outcomes intended.
- Whether the interventions designed were sustainable and allowed the exit of CSVR.

It is important to bear in mind that this model relies on the will of community members to volunteer their time to participate in interventions without being paid, which may not be sustainable. Similarly, paying stipends for the period of the project may mean its discontinuation when CSVR exits and stipends are not paid. Because the target group can be "unpopular victims," it may take a long time before other activists in the community take up the issues because they require a period of conscientisation about this target group.

## **Efficiency**

Efficiency refers to the use of resources. For example, in light of the large numbers of torture victims in Johannesburg and in South Africa, a convincing argument would have to be made for so many resources to be used to reach these select groups of victims of police torture. In this case, the argument is that these interventions are being conducted in order to refine an efficient and effective model for community intervention that can be replicated. Since they aim to establish structures in communities that can address torture on an ongoing basis, the interventions and their costs will not be indefinite and can therefore be considered efficient.

## **Final reflections on the CSVR model**

In this chapter, we have presented a model for community work with victims of torture and CIDT. It is based on the many sources of inspiration that were presented in previous chapters and discussions within the CSVR community team about these sources and the team members' own experiences. Writing up the model has been part of a reflexive process in which the team has been solidified and their insights and perspectives sharpened. The model has been written primarily to guide and refine CSVR's community work on torture. It provides parameters that must guide staff, students, interns and volunteers in the work they do at the community level. With a more formalised approach, it is envisaged that CSVR will systematically document and assess its work, evaluate its impact and adapt the model as necessary so as to effectively reach victims and prevent torture and CIDT.

The model is also intended to be a resource for other community projects at CSVR, organisations who are involved in similar work, including DIGNITY partner organisations, members of the South African No Torture Consortium (SANToC), members of International Rehabilitation Council for Torture Victims (IRCT) and a range of local and international organisations dealing with violence and torture.

## References

- Ahmed, R. & Pretorius-Heuchert, J. (2001). "Notions of social change in community psychology: Issues and challenges." In M. Seedat, N. Duncan & S. Lazarus (eds.), *Community psychology: Theory, method and practice, South African and other perspectives* (pp. 67–85). Cape Town: Oxford University Press.
- Amit, R. (2010). *Lost in the vortex: Irregularities in the detention and deportation of non-nationals in South Africa*. Johannesburg: Forced Migration Studies Programme, University of the Witwatersrand.
- Amnesty International (2010). *South Africa: Amnesty International report 2010*. Retrieved from <http://www.amnesty.org/en/region/south-africa/report-2010> on 13 January 2012.
- Amnesty International (2011). *A-Z country report*. Retrieved from <http://www.amnesty.org> on 12 October 2011.
- Anckermann, S., Dominguez, M., Soto, N., Kjaerulf, F., Berliner, P. & Mikkelsen, E.N. (2005). "Psychosocial support to large numbers of traumatised people in post-conflict societies: An approach to community development in Guatemala." *Journal of Community & Applied Social Psychology*, 15, 136–152.
- Andersen, M.K. (2006). *Borderlands of Violence: The Making of Capable Victims*. Master's Dissertation in International Development Studies and Geography, Roskilde University.
- Bandeira, M., Higson-Smith, C., Bantjes, M. & Polatin, P. (2010). "The land of milk and honey: A picture of refugee torture survivors presenting for treatment in a South African trauma centre." *Torture Journal*, 20.
- Bantjes, M. (2011a). *How others have done it: A desk study of community projects related to torture*. Johannesburg: Centre for the Study of Violence and Reconciliation.
- Bantjes, M. (2011b). *Theories of community intervention: Implications for CSV's torture project*. Johannesburg: Centre for the Study of Violence and Reconciliation.
- Berger, S. (2008). "'Kill the bastards' South African police advised." *The Telegraph*, 10 April. Retrieved from <http://www.telegraph.co.uk/news/worldnews/1584641/Kill-the-bastards-South-African-police-advised.html> on 10 August 2012.
- Bhana, A. & Kanjee, A. (2001). "Epistemological and methodological issues in community psychology." In M. Seedat, N. Duncan & S. Lazarus (eds.), *Community psychology: Theory, method and practice, South African and other perspectives* (pp. 135–158). Cape Town: Oxford University Press.
- Burton, M. & Kagan, C. (2005). "Liberation social psychology: Learning from Latin America." *Journal of Community & Applied Social Psychology*, 15, 63–78.
- Bracken, P., Giller, J.E. & Summerfield, D. (1997). "Rethinking mental health work with survivors of wartime violence and refugees." *Medical Foundation Series*, pp. 1–11. Reproduced from *Journal of Refugee Studies*, 1997, 10, pp. 431–442, with the permission of Oxford University Press.



- Bronfenbrenner, U. (1994). "Ecological models of human development." In *International Encyclopaedia of Education*, 3 (2nd ed.). Oxford: Elsevier. Reprinted in Gauvain, M. & Cole, M. (eds.) (1993). *Readings on the development of children* (2nd ed.). New York: Freeman.
- CoRMSA (2011a). *DHA lifted the moratorium: Deportations have resumed*. Retrieved from <http://www.cormsa.org.za/2011/10/13/dha-lifted-the-moratorium-deportations-have-resumed/> on 14 October 2011.
- CoRMSA (2011b). *Protecting refugees, asylum seekers and immigrants in South Africa during 2010*. Retrieved from <http://www.cormsa.org.za/wp-content/uploads/2011/07/CoRMSA-Report-20111.pdf> on 14 October 2011.
- Dahler-Larsen, P. & Krogstrup, H.K. (2003). *Nye veje i evaluering: Håndbog i tre evalueringsmodeller*. Århus: Systime Academic.
- Dalton, J.H., Elias, M.J. & Wandersman, A. (2007). *Community psychology: Linking individuals and communities*. Belmont, CA: Thomson Wadsworth.
- Dissel, A., Jensen, S. & Roberts, S. (2009). *Torture in South Africa: Exploring torture and cruel, inhuman and degrading treatment or punishment through the media*. Johannesburg: Centre for the Study of Violence and Reconciliation.
- Foster, D. (2004). "Liberation psychology." In N. Duncan, K. Ratele, D. Hook, N. Mkhize, P. Kiguwa & A. Collins (eds.), *Self, community and psychology*. Cape Town: University of Cape Town Press.
- Fuller, R. (2008). "Double Jeopardy: Women migrants and refugees in South Africa." *HBS Perspectives*, 2, 7–11.
- Friedman, M. (2003). *Post-traumatic and acute stress disorders: The latest assessment and treatment strategies*. Kansas City, MO: Compact Clinicals.
- Gibson, K. & Swart, L. (2004). "Community psychology: Emotional processes in political subjects." In D. Hook (ed.), *Critical psychology* (pp. 466–486). Cape Town: University of Cape Town Press.
- Gilbert, A. (1995). *Small voices against the wind: Local knowledge and social transformation*. Paper presented at the fourth international symposium on the contributions of psychology to peace, University of Cape Town, South Africa.
- Hanscom, K. (n.d.). *Treating survivors of war trauma and torture*. 2001 Award winners, International humanitarian award, Advocates for Survivors of Torture and Trauma. Retrieved from <http://www.astt.org/KHanscom-article.html> on 13 January 2012.
- Higson-Smith, C., Mulder, B. & Masitha, S. (2006). "Human dignity has no nationality": *A situational analysis of the health needs of exiled torture survivors living in Johannesburg, South Africa*. Johannesburg: Centre for the Study of Violence and Reconciliation.

- Higson-Smith, C. & Bro. F. (2007). "Tortured exiles: An invisible population." *South African Medical Journal*, 97, 840–841.
- Hosken, G. (2011). "Torture, murder, kidnap rife in cop ranks." *The Post*. Retrieved from [www.thepost.co.za/torture-murder-kidnap-rife-in-cop-ranks-1.1147848](http://www.thepost.co.za/torture-murder-kidnap-rife-in-cop-ranks-1.1147848).
- ICD (2010). *Independent Complaints Directorate annual report 2009–2010, Part 1 and Part 2*. Retrieved from [http://www.icd.gov.za/documents/report\\_released/annual\\_reports/2008-2009/Part1.pdf](http://www.icd.gov.za/documents/report_released/annual_reports/2008-2009/Part1.pdf) and [http://www.icd.gov.za/documents/report\\_released/annual\\_reports/2008-2009/Part2.pdf](http://www.icd.gov.za/documents/report_released/annual_reports/2008-2009/Part2.pdf) on 13 January 2012.
- IRCT (2011). The London declaration on poverty and torture. Signed at the annual council meeting of the International Rehabilitation Council for Torture Victims, London, United Kingdom, 9–10 November 2011.
- Jensen, S. (2004). "Claiming community: Local politics on the Cape Flats, South Africa." *Critique of Anthropology*, 24, 179–207.
- Jessen, T., Modvig, J. & Rønsbo, H. (2010). *An exploratory literature review on community interventions in four Latin American countries*. Copenhagen: Rehabilitation and Research Centre for Torture Victims.
- Johannesburg Development Agency (2009). *Joburg inner city urban design implementation plan*. Retrieved from [http://www.joburg-archive.co.za/2011/inner\\_city/udip2009](http://www.joburg-archive.co.za/2011/inner_city/udip2009) on 13 January 2012.
- Jordans, M., Tol, W., Komproe, I., Susanty, D., Vallipuram, A., Ntamatumba, P. & de Jong, J. (2010). "Development of a multi-layered psychosocial care system for children in areas of political violence." *International Journal of Mental Health Systems*, 4, 1–12.
- Ka Sigogo, T. N. & Modipa, O.T. (2004). "Critical reflections on community and psychology in South Africa." In N. Duncan, K. Ratele, D. Hook, N. Mkhize, P. Kiguwa & A. Collins (eds.), *Self, community and psychology* (pp. 2–19). Cape Town: University of Cape Town Press.
- Kadushin, A. (1990). *The social work interview: A guide for human service professionals*. New York: Columbia University Press.
- Landau, L.M., Ramjathan-Keogh, K. & Singh, G. (2005). *Xenophobia in South Africa and problems related to it*. Paper prepared for South African Human Rights Commission.
- Langa, M. (2010). *Guidelines for community work model for TTP*. Unpublished internal document. Johannesburg: Centre for the Study of Violence and Reconciliation.
- Langa, M. (2011a). *A methodological dilemma: The street corner approach versus an institutional approach to accessing victims of torture and CIDT*. Johannesburg: Centre for the Study of Violence and Reconciliation.
- Langa, M. (2011b). *Guidelines for home visits*. Johannesburg: Centre for the Study of Violence and Reconciliation.

- Langa, M. (2011c). *Report on a meeting that was held on 12 October 2011 in Kagiso*. Unpublished internal report. Johannesburg: Centre for the Study of Violence and Reconciliation.
- Langa, M. (2011d). *Women empowerment: A case study of refugee women's group at CSV*. Johannesburg: Centre for the Study of Violence and Reconciliation.
- Langa, M. & Merafe, M. (2011). *Profiling torture and CIDT in the hands of the police: A case study of Kagiso township, Gauteng*. Johannesburg: Centre for the Study of Violence and Reconciliation.
- Mann, P.A. (1978). *Community psychology: Concepts and applications*. New York: Free Press.
- McLeroy, K.R., Norton, B.L., Kegler, M.C., Burdine, J.N. & Sumaya, C.V. (2003). "Community-based interventions." *American Journal of Public Health*, 93, 529–533.
- Musitu, G. (1999). "The indissociability of community intervention and the ecological perspective." *Psychology in Spain*, 3, 63–68.
- Naidoo, A.V. (2000). *Community psychology: Constructing community, reconstructing psychology in South Africa*. Inaugural lecture, University of Stellenbosch, South Africa.
- Nelson, G. & Prilleltensky, I. (2005). *Community psychology: In pursuit of liberation and well-being*. London: Palgrave Macmillan.
- Palmary, I. (2005). *Engendering wartime conflict*. Johannesburg: Centre for Study of Violence and Reconciliation.
- Pupavac, V. (2002). "Pathologising populations and colonising minds: International psychosocial programmes in Kosovo." *Alternatives*, 27, 489–511.
- Rappaport, J. (1981). "In praise of paradox: A social policy of empowerment over prevention." *American Journal of Community Psychology*, 9, 1–25.
- Reeler, T. (2009). *Subliminal terror? Human rights violations and torture in Zimbabwe during 2008*. Johannesburg: Centre for the Study of Violence and Reconciliation.
- Reeler, T., Chitsike, K., Maizva, F. & Reeler, B. (2009). "The Tree of Life: A community approach to empowering and healing survivors of torture in Zimbabwe." *Torture*, 19, 180–193.
- Sideris, T. (2010). *Drawing on lessons from the past: Towards a fuller realisation of the right to rehabilitation for survivors of torture in South Africa*. Johannesburg: South African No Torture Consortium.
- Swanepoel, H. & de Beer, F. (2006). *Community development: Breaking the cycle of poverty*. Pretoria: Juta.
- Tree of Life Trust (n.d.). *The Tree of Life Trust: Working towards a healed and empowered society*. Brochure.
- Trickett, E.J. (2009). "Multilevel community-based culturally situated interventions and community impact: An ecological perspective." *American Journal of Community Psychology*, 43, 257–266.

- Van Vlaenderen, H. & Neves, D. (2004a). "Participatory action research and local knowledge in community contexts." In N. Duncan, K. Ratele, D. Hook, N. Mkhize, P. Kiguwa & A. Collins (eds.), *Self, community and psychology* (pp. 10–20). Cape Town: University of Cape Town Press.
- Van Vlaenderen, H. & Neves, D. (2004b). "Participatory action research and local knowledge in community contexts." In D. Hook, N. Mkhize, P. Kiguwa & A. Collins (eds.), *Critical psychology* (pp. 445–464). Cape Town: University of Cape Town Press.
- Veary, J. (2011). *Exploring the psychosocial and health rights of forced migrants in Johannesburg*. Presentation made at a policy brief development meeting about migrants' access to psychosocial and mental health care, African Centre for Migration Studies, University of the Witwatersrand, and Centre for the Study of Violence and Reconciliation, South Africa.
- Weyers, M.L. (2001). *The theory and practice of community work: A South African perspective*. Potchefstroom: Keurkopie.
- Zimmerman, M.A. (2000). "Empowerment theory: Psychological, organizational and community levels of analysis." In J. Rappaport & E. Seidman (eds.), *Handbook of community psychology*. New York: Kluwe Academic/Plenum.