We want to dedicate this publication, as we did the last, to the survivors of torture: our clients, who so often amaze us with their extraordinary resilience. They trust us with their stories, and privilege us with their trust. We have learnt much from them about the strength of the human spirit.

The BAfF (German Association of Psychosocial Centres for Refugees and Victims of Torture), as the coordinator of the project "Beyond statistics – sharing, learning and developing good practice in the care of victims of torture," would also like to thank everybody who has collaborated in developing and preparing this publication.

We would like to express our special appreciation to our associated researcher Marie Thompson for pulling all the detailed information together. She provided guidance in setting up the framework for the Inventory and was endlessly patient with the different procedures of all the partners. At the same time she forced us into precision and form, so that she could put all the material into a sensible frame, creating a rich overview from which we could draw conclusions.

We would also like to thank the team of the Primo Levi Association for their willingness to take the ideas developed during this project further and discuss them, so that Beatrice Patsalides Hofmann was able to draft the chapter on staff care.

Thanks also to Nimisha Patel for her discussions on outcome evaluation and whose expertise on professional and innovative research issues was greatly appreciated. Her input made a big difference to the final product.

Lisa Breitschuh provided valuable technical and language support and kept the communication between all of us going so that nothing got lost in translation.

Special thanks go to our partners, the five other participating European centres, whose teams have been prepared to critically analyse, document and reflect on their daily work with survivors of torture and have thereby played a key role in making this project possible. Special thanks to:

- Sibel Agrali and Beatrice Patsalides Hofmann, Primo Levi Association, France
- Uta Wedam and Doris Rummel, ZEBRA, Austria
- Esther Schoonbeek, Pim Scholte and Dr. Marie Thompson, Equator Foundation, Netherlands
- Dr. Camelia Doru and Prof. Dr. Erik Holst, ICAR Foundation, Romania

- Dorothee Bruch and Dietrich Koch, XENION, Germany
- Vicky Germanakou, Tonia Loizidou and Periklis Papaloucas, URVT, Cyprus

Thank you all for your professional commitment in being prepared to take the risk of joining us in this project for an inter-institutional self-evaluation. The insightful histories of your centres and your inspiring good practice examples are the heart of this publication.

All the participating organisations would like to express their appreciation to PD David Becker of the International Academy (INA) at the Free University of Berlin and Professor Brandon Hamber of the University of Ulster in Northern Ireland. Both of them provided expert guidance in setting up the framework for the quality assessment and evaluation and helped us to develop the specific methodology for this project.

And, finally, we would like to thank the readers of this publication, who, we hope, will ensure that our recommendations for the improvement of procedures regarding victims of torture in Europe are implemented.

Elise Bittenbinder,
Chairperson of BAfF,
Psychotherapist with XENION,
Psycho-social centre for victims of torture in Berlin

1. Introduction

According to the United Nations High Commissioner for Refugees, 235,900 refugees registered asylum claims in the European Union in 2010 – the last year for which statistic are available. The evidence suggests that the figures went up by about 15 percent in 2011 as a result of the unrest in the Arab world. Many of those refugees will have found themselves in reception camps, some of which are bursting at the seams. Some will have succeeded in making their way further into the various countries of the EU, where they will have been distributed to different parts of the country, according to appropriate administrative directives. No country or county wants to find itself with more than its fair share of refugees. And every country or county wants to have fewer refugees this year than it did last. Anything else is seen as a failure of policy. But, in this book, we want to look beyond the statistics which are the main tool for considering the issue of refugees in the domestic politics of European nations. We want to show that behind the anonymous figures are people – many of them survivors of torture trying to start a new life after horrific experiences that have changed everything for them and left them with scars that might never heal. Some of them need help and rehabilitation in order to be able to dare to trust in themselves and others again and to find a new sense in life. If we want data, it's not primarily to measure the level of "threat" which the numbers of refugees pose to our societies, but to help us provide better services for them. So the data we have collected for this project is descriptive and qualitative, rather than statistical, giving us a better evidence base to help us provide torture survivors with access to what is, after all, their right: the highest quality of care and rehabilitation.

1.1 Background

This publication is based on a project conducted by six European institutions working with survivors[1] of torture and human rights abuses, funded by **the Refugee Fund of the European Commission**. The project's aim was two-fold: firstly, it aimed to evaluate the institutions' working and treatment methods as well as their methods of staff care,

---

[1] The term survivor and victim are used interchangeably throughout this publication, in recognition of the fact that victims have been subjected to a human rights violation, but also survived.

and to develop guiding principles on the basis of that evaluation. Secondly, the project sought to disseminate the findings and the evaluation methods to similar institutions in other European countries and, beyond that, to **the European Network of Rehabilitation and Treatment Centres for Torture Survivors** to attain a wider impact.

Most European rehabilitation and treatment centres for torture survivors were established by health professionals committed to human rights. Between them, the centres have vast experience and knowledge about how to assess and manage the problems of torture survivors. The centres have coalesced into a vibrant professional network[2] and the network has become an important vehicle which the centres use to share knowledge and to collaborate on improving services to their clients. The network has helped them enhance and strengthen partnerships and cooperation between experts, establish common principles of good practice, and disseminate innovations. Its philosophy lies in defining common standards while respecting and fostering the diversity of its members and promoting an interdisciplinary approach.

However, one challenge for all centres has been how to foster such collaboration at the same time as carrying out their core task of providing services under intense resource constraints, in a highly complex socio-political context and under an increasingly harsh economic climate. Most of these centres offer their services outside the mainstream statutory healthcare provision, and, in the face of the constant financial constraints they face, any resources which are available are prioritised for direct care and treatment for torture survivors, and not for formal evaluation or research activities.

The European Refugee Fund of the European Commission has made it possible for the centres to address this situation by supporting this research project, so that the centres have been able to begin to define what they could do to improve and develop a meaningful approach to evaluation and to collect information on clients' progress. By supporting the dissemination of the project's results, the Fund has ensured that the project will have a sustainable effect.

This project was a continuation and expansion of an earlier project, in which five centres, coordinated by the BAfF, undertook to define good practice for documentation, assessment, training, prevention and lobbying in the work with the most vulnerable refugee groups – those who are victims of torture and human rights violations. The project was conducted between 2008 and 2010 and was remarkable in its approach: the participating centres jointly developed good practice guidance by

---

[2] See www.european-network.org

critically evaluating their own work, and then developed guidance together by systematically reflecting on the results. This first project was pioneering for the European Network (as its first extensive, formal collaboration) as well as for all the institutions involved: they created an inter-country and inter-disciplinary exchange, developing and applying a particular method of self-evaluation and providing recommendations for the benefit of the wider community of European institutions working with torture survivors and refugees.

The current project, conducted between 2010 and 2011, built on and expanded the earlier project, by compiling an inventory of practice methods used by the participating institutions, and by examining methods of care and treatment, as well as approaches to staff care. Further, the project aims to disseminate the findings by initially introducing them to other European treatment centres (which were not participants in the project) and by reaching out to other institutions which are conducting related research in the field. Thus, one new feature of this project was that each of the core project partners established contact with another European institution for the care of victims of torture and introduced it to the method of self-evaluation during a bi-national meeting, guiding it towards the application of the method in its own centre. Another new aspect of the current project was a qualitative research study which was conducted to appraise the suitability and effectiveness of the self-evaluation method. By conducting and disseminating one qualitative method of applied research and its outcomes to the wider community of practitioners and researchers, the project aimed to promote practice-based evidence as a means of ensuring a high standard of care for torture survivors in Europe.

1.2 Objectives and working process

Over the last three decades, vulnerable refugees, including survivors of torture, have been offered rehabilitation, treatment and care in psychosocial and medical treatment centres all over Europe. These centres adopt a holistic approach, offering medical and psychological care, legal advice and social assistance to torture survivors; they train health personnel in order to improve the quality of treatment and rehabilitation, and organise structures for mentoring and voluntary work to support their clients' integration and affiliations into a new life. The centres are mostly organised as independent, non-governmental organisations (NGOs) drawing on a very broad range of working methods, extensive experience and varied knowledge. Unfortunately, their precarious financial situation as NGOs is exacerbated by insufficient (or no) public funding – and this in an environment in which mainstream services for torture survivors are inadequate or simply do not exist. This adds enormous pressure on staff, whose work, which is anyway highly complex, emotionally difficult and demanding, and has to be supplemented with onerous, daily tasks to help ensure the financial security of their services.

The ultimate aim of the project was to develop a common approach for working with victims of torture in a European context. An overarching objective of the project was to combine and draw on the array of expertise of the practitioners in the field by using a participatory research evaluation model. It was intended that such an approach would allow the participants to share their expertise, while using a qualitative research approach to collect and document the data in the form of both an Inventory of Working and Treatment Methods and a Framework for Quality Assessment, both of which would take into account the different contexts in which services were provided. As stated earlier, the development and dissemination of good practice in service provision for torture survivors were crucial aspects of this project. In addition, the project sought to generate interest among other European centres and service providers which would lead them to use self- and peer-evaluation as an effective tool for scrutinising and developing their care for survivors and for their own staff.

The detailed methodology of the project is presented in Section 2, but overall, the key stages of the project were as follows:

- Develop a framework to share experience and service-related data via joint working meetings with two staff members from each of the organisations involved in the project.
- Develop an Inventory of Working and Treatment Methods, which was to include methods of staff care.
- Develop and implement a Framework for Quality Assessment of qualitative data and good practice examples of client work.
- Establish a research framework for collecting data for the Inventory of Working and Treatment Methods in the partner centres.
- Hold two Team Days and a Study Day for each team in which they should use the method of self-evaluation to analyse and map working and treatment methods and staff care.
- Establish small working groups in each partner centre to provide data for the Inventory and to identify practice examples to be used for the Framework, with the guidance of the internal evaluator.

- Share and disseminate experience, methods and findings in bi-national meetings with organisations new to the method, and then bring all the information back to a core partner meeting for further discussion.
- Disseminate findings and learning points on improving data collection and research methods through presentations at the European Network.
- Conduct a final symposium for core partners to discuss data, good practice examples and the tools which have been developed, to reflect on the outcome of the overall process and reach conclusions, with the guidance of the external evaluator.
- Publish and disseminate findings.

1.3 The project core partners

The five European institutions which participated in the original project mentioned above continued their cooperation for this second project, and were joined by another treatment centre from Cyprus. The core partners were:

- Equator (Amsterdam, Netherlands)
- ICAR Foundation: Medical Rehabilitation Centre for Victims of Torture (Bucharest, Romania)
- Primo Levi Association: Treatment and Support for Victims of Torture and Political Violence (Paris, France)
- XENION: Psychosocial assistance for the politically persecuted (Berlin, Germany)
- ZEBRA: Intercultural Centre for Counselling and Therapy (Graz, Austria)
- Unit for the Rehabilitation of Victims of Torture (URVT), Cyprus Neuroscience and Technology Institute (CNTI) (Lefkosia, Cyprus)

The project, conducted between June 2010 and November 2011, was coordinated by the BAfF, the German Association of Psychosocial Centres for Refugees and Victims of Torture.

1.4 This publication and its contribution to networking

Everybody advocates collaboration and networking, and professionals in this field are no exception: they are acutely aware of the risk of being isolated, overwhelmed and unable to do everything that needs to be done to ensure quality practices. There is a shared sentiment, and a shared aspiration, that by working together, new ideas can be developed which will be better than any one centre or professional could produce alone. However, in reality, networking is more complicated, as professionals with skills, experience and conviction in their own approach want to maintain that approach. They want to maintain the particular nature of the diversity of services which has evolved in their own centres, developed in response to the needs of their clients and societal context. Nonetheless, we are convinced that by working together, practitioners can develop guidelines for good practice which will allow them to work more effectively within their chosen framework – hence this publication.

But the question arises: how does networking function in a concrete way – in a step by step, work-in-progress approach where there is collective sharing of and reflection on working methods, as well as on the "networking process" as a whole?

This book seeks to de-mystify this process of professional networking and "working together." It demonstrates progress made and presents a conceptual framework, illustrating the consensus which was finally achieved, sometimes through a process which included controversy and intense debate.

We hope to show what networking may mean in real-life working conditions, in that it opens unexpected diversions and options. We share the practical framework in which this project proceeded, in terms of time, resources and financial commitments, and show that networking is an energy-intensive process of raising ever more questions. It includes the need for openness, discussion and negotiation in order to achieve a common approach which can move us further forward in our work.

Chapter 2 presents the methodology employed – a qualitative approach using a method of self-evaluation and outcome mapping together with all six partner organisations and their bi-national partners. Data was collected and reflected on, and the participants peer-evaluated each other's working and staff-care methods. The process was also intended as an innovative method of dissemination between the ten European centres involved as core or bi-national partners.

Chapter 3 focuses on one of the tools used in our methodology – the Inventory of Working and Treatment Methods. The outcome of this process of collecting data is summarised and a preliminary analysis presented in the form of a SWOT analysis (Strengths, Weaknesses, Opportunities and Threats), which provides an overview of the key issues, including differences, emerging from this work.

In Chapter 4 we present the Framework for Quality Assessment we applied to our work. It illustrates this process with case examples which also highlight the variety of working methods used in the core partner centres and draw attention to key learning points.

Chapter 5 presents case studies in a more narrative form, each from one of the partners, to demonstrate how the Framework was applied to reflect on and self-evaluate the quality of the clinical work undertaken.

Chapter 6 presents the overall process of the external evaluation of our work in this project, from planning to implementation.

In keeping with our view that evaluation is not just about expected or final outcomes, but also about the process itself, the final Chapter 7 discusses not just the expected outcomes but also unexpected outcomes, closing with some conclusions and reflections on staff care, socio-cultural re-affiliation and on research designs for rehabilitation centres working with torture survivors.