



**NATIONAL
CONSORTIUM
OF TORTURE
TREATMENT
PROGRAMS**

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February 25, 2016

Re: Support Funding for Torture Survivor Rehabilitation Programs in FY 2017

Dear Member of Congress,

The National Consortium of Torture Treatment Programs (NCTTP)ⁱ urges you to support the following appropriations levels for torture survivor rehabilitation for FY 2017.

- \$23 million to the Department of Health and Human Services, Office of Refugee Resettlement (ORR) Services to Survivors of Torture Program, consistent with the President's FY 2017 Budget Request.ⁱⁱ
- \$7 million to the Department of State for the U.S. contribution to the United Nations Voluntary Fund for Victims of Torture.
- \$12 million to the U.S. Agency for International Development for victims of torture.

Torture is a deliberate and systematic dismantling of a person's identity and humanity through physical or psychological pain and suffering. Survivors report being subjected to severe beatings, rape, deprivation, humiliation, threats, sensory stress, kidnapping, forced postures, asphyxiation, burning, and witness to murder and torture of family members. Over a decade ago, Congress passed the first *Torture Victims Relief Act* (PL 105–320—OCT. 30, 1998) with strong bipartisan support, authorizing funding to support programs domestically and overseas that carry out projects or activities specifically designed to treat survivors for the physical and psychological effects of torture.

What are the Long Term Impacts of Torture? Experiences of torture commonly lead survivors to demonstrate symptoms such as chronic pain, sleep disorders, severe depression and anxiety, the inability to concentrate, and thoughts of suicide. NCTTP analyzed data from 9,025 torture survivors from 125 different countries living in the United States who sought services at one of 23 NCTTP member centers.ⁱⁱⁱ The study found that 69% of the survivors had post-traumatic stress disorder (PTSD) and 52.4% had major depressive disorder (MDD). Other studies have shown that refugees who report experiences of torture are four times more likely to suffer from PTSD than other refugees and 2.5 times more likely to suffer from depression.^{iv}

How Many Survivors of Torture are there in the United States? A meta-analysis of previous research studies on torture prevalence rates within refugee populations in the United States revealed that as many as 44% of refugees are either primary or secondary survivors of torture.^v For example, studies have shown that 55% of

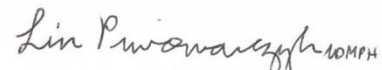
Oromo refugees from Ethiopia, 36% of Somali refugees, 56% of Iraqi refugees and 51% of Karen refugees from Burma report being either primary or secondary survivors of torture. Applying the 44% torture prevalence rate to the overall number of refugees who have been resettled through the U.S. Refugee Admissions Program in the past 30 years, there could be as many as 1.3 million survivors of torture in the United States, not counting the large number of torture survivors who sought and continue to seek protection through U.S. asylum processes.^{vi}

How do Specialized Services Help Survivors of Torture? Without the benefit of help, torture survivors can become immobilized by their distress, unable to function within their communities or contribute to their family's well-being. Effective torture survivor rehabilitation programs are able to address a survivor's physical, psychological, legal and social needs to reduce their suffering and restore functioning as quickly as possible. NCTTP's data analysis found that one and two years after beginning treatment, survivors showed increased rates of employment and improvements in their immigration status. Moreover, the analysis found that earlier treatment limits depression.

In order to address the long-term impacts of torture and the consequences that come with them, it is essential that survivors of torture are able to access comprehensive and specialized rehabilitative services, so they can rebuild their lives, restore their hope, and make important contributions to the economic and social fabric of the communities that welcome them.

Thank you for your consideration. Please contact Annie Sovcik, Director of the Washington Office at the Center for Victims of Torture, at asovcik@cvt.org or 202-822-0188 with any questions.

Sincerely,


Linda Piwowarczyk, MD MPH
President, National Consortium of Torture Treatment Programs

ACCESS Psychosocial Rehabilitation Center for Torture and Survivors and Refugees, Michigan

Asian Americans for Community Involvement, California

Bellevue/ NYU Program for Survivors of Torture, New York

Boston Center for Refugee Health and Human Rights, Massachusetts

Center for Survivors of Torture, Texas

Center for Survivors of Torture and War Trauma, Missouri

Center for Victims of Torture, Minnesota and Georgia

Florida Center for Survivors of Torture/Gulf Coast Jewish Family & Community Services, Florida
Harvard Program in Refugee Trauma, Massachusetts
HealthRight International, New York
Heartland Alliance Marjorie Kovler Center, Illinois
International Institute of Connecticut, Connecticut
Khmer Health Advocates, Inc., Connecticut
Nationalities Service Center/Philadelphia Partnership for Resilience, Pennsylvania
Survivors of Torture, International, California
Oregon Health & Science University Torture Treatment Center of Oregon, Oregon
Program for Survivors of Torture and Severe Trauma, Northern Virginia Family Service, Virginia
Program for Torture Victims, California
Torture Abolition and Survivors Support Coalition, International, Washington, D.C.
San Francisco Trauma Recovery Center/Survivors International, California
Utah Health and Human Rights, Utah

ⁱ NCTTP is a U.S. based network of programs dedicated to advancing the knowledge, technical capacities and resources devoted to the care of torture survivors and acts collectively to prevent torture worldwide. NCTTP currently has 34 member organizations in 17 states and the District of Columbia.

ⁱⁱ ORR currently receives \$10.73 million to support 34 rehabilitation programs and one technical assistance provider in 22 states and in Washington D.C. <http://www.acf.hhs.gov/programs/orr/resource/services-for-survivors-of-torture-grants>.

ⁱⁱⁱ NCTTP, “Descriptive, inferential, functional outcome data on 9,025 torture survivors over six years in the United States,” *Torture Journal*, Volume 25 (Nov. 2015). <http://www.irct.org/media-and-resources/library/torture-journal.aspx>.

^{iv} JAMA, “Association of torture and other potentially traumatic events with mental health outcomes among populations exposed to mass conflict and displacement: a systematic review and meta-analysis,” (Aug. 2009). <http://www.ncbi.nlm.nih.gov/pubmed/19654388>

^v Center for Victims of Torture, “Updating the Estimate of Refugees Resettled in the United States who have Suffered Torture,” (Sept. 2015). http://www.cvt.org/sites/cvt.org/files/SurvivorNumberMetaAnalysis_Sept2015_0.pdf.

^{vi} Id.