



Strengthening the Torture Treatment Network in Ukraine

MAPPING, NEEDS ASSESSMENT, & RECOMMENDATIONS

Heartland Alliance International (HAI) works to secure the rights and well-being of marginalized people and communities worldwide including in the U.S. through the Marjorie Kovler Center. Now an independent organization, HAI began our journey as the global arm of the Chicago-based Heartland Alliance family of nonprofits, founded by Jane Addams over 130 years ago. Our technical areas include:

- Trauma-informed mental health and specialized torture treatment
- Gender equity
- Access to justice
- Stigma-free healthcare
- Livelihoods and economic empowerment

We advance and sustain change through a multifaceted approach including data-driven direct service delivery, capacity strengthening of local partners, policy advocacy, and research.

No Healing without **Justice**, and No Justice without **Healing**

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The widespread and systematic use of torture by the Russian military and occupying forces in Ukraine has been documented extensively. Many thousands of cases of torture and ill-treatment of both detained Ukrainian civilians and Prisoners of War have been documented. Decades of research and practice globally have documented the destructive, pervasive, and long-term negative impacts of torture. These include harms in multiple domains: physical, psychological, social, and access to justice, among others. Drawing from international experience and best practices, services for torture survivors should be comprehensive (i.e. addressing multiple domains in an integrated way). There is an urgent need to ensure that the vast number of survivors of torture and ill-treatment in Ukraine have access to specialized and comprehensive services, and that this focus is integrated into broader efforts to strengthen mental health and health systems in Ukraine.

Heartland Alliance International/Marjorie Kovler Center (HAI) carried out a “mapping” of the torture treatment network in Ukraine from November 2023-February 2024. Needs assessment interviews and site visits with organizations in this network took place. Responses from the interviews/site visits were documented and analyzed to identify strengths and gaps in current services for survivors of torture. A convening of organizations identified as having experience/expertise in providing comprehensive services to survivors of torture in Ukraine

took place in Kyiv in November 2024. Outcomes of the convening included identification of priority areas and recommended action steps to strengthen legal protections and the system of services. The purpose of this report is to provide all stakeholders who would like to join efforts to strengthen legal protections and the system of services for survivors with contextually relevant and up-to-date information to guide their efforts.

1. Mapping (see pages 4-8):

There is an existing network of organizations in Ukraine that have significant experience and have gained expertise in providing specialized holistic/integrated services for survivors of captivity/torture.

These include at least 4 Civil Society Organizations, 2 government hospitals, the Prosecutor General Office, and 3 International NGOs.

2. Strengths (see pages 9-10):

- Ukrainian direct service providers have significant experience and have gained expertise in providing specialized holistic/integrated services for survivors of captivity/torture.
- Ukrainian service providers are part of the international professional community, and they have accessed consultation and training from high-level international specialists and have contextualized international best practice models.
- This network of Ukrainian direct service providers has

ongoing initiatives to improve the system of specialized services available to survivors of captivity/torture.

3. Gaps (see pages 10-12):

- There is insufficient access to specialized holistic/integrated services for survivors of captivity/torture.
- There is insufficient coordination of services for survivors of captivity/torture at the government/national/regional levels.
- The current system of funding of specialized services for survivors of captivity/torture is not sustainable.
- There is a need to document/create standards of care for specialized services for survivors of captivity/torture.
- There is a need for research on the effectiveness of services and particular interventions for Ukrainian survivors of captivity/torture.
- There is a need to strengthen legal protections for survivors of captivity/torture.

4. Priority areas and recommended action steps identified by convening delegates (see pages 13-15 and Appendix B):

- Introducing people-centered case management at the national level.
- Mobilization of resources to support activities.
- Coordination and collaboration in government policy making.

5. Overall recommendations (see page 16).

Introduction

The widespread and systematic use of torture by the Russian military and occupying forces in Ukraine has been documented extensively by the United Nations¹⁻², by the Ukrainian government (especially Prosecutor General Office), and by Ukrainian civil society organizations³⁻⁴. Although the number of documented cases of torture of detained civilians has been reported in the range from 562 persons⁵ to 1,118⁶, these reports highlight that these numbers vastly underrepresent the actual number of cases due to lack of access to Russian detention facilities, difficulties for survivors to travel from occupied territory to territory controlled by Ukraine, and fear that stories shared by phone or messenger services could be intercepted. Therefore, the number of documented cases “should be seen as indicative, rather than comprehensive”⁷. Among the sources consulted, there is consensus that there have been many

thousands of cases of torture and ill-treatment of both detained Ukrainian civilians and Prisoners of War.

Of former civilian detainees interviewed by OHCHR, approximately 85% reported being subjected to torture and ill-treatment during detention⁸. As reported in the New York Times, Ukrainian officials have said that the number of Prisoners of War who have experienced torture is 90%⁹. During interrogations, the most widespread forms of torture reported were electric shocks, repeated beatings, sexual violence, psychological torture, threats, and witnessing the torture of other people¹⁰⁻¹¹. Torture of civilians was reportedly perpetrated in all parts of Ukraine under Russian occupation¹² with the largest number of so-called torture chambers found and victims identified in the territories that were under occupation the longest (i.e. Kherson and Kharkiv regions)¹³. These data strongly support the claim that there may be vastly larger numbers of unidentified victims currently located in territory occupied by Russia.

¹ [Report of the Independent International Commission of Inquiry on Ukraine \(United Nations\): 10/19/23](#)

² [Report on the Human Rights Situation in Ukraine \(1 August 2023 – 30 November 2023\); United Nations Human Rights Office of the High Commissioner](#)

³ [Enforced disappearances and arbitrary detentions of active citizens during the full-scale armed aggression by Russia against Ukraine \(February 2022 – June 2023\) / N. Okhotnikova, O. Hnatiuk, B. Petruniok; ed. O. Sinyuk; Human Rights Centre ZMINA. – Kyiv, 2023. – 106 p.](#)

⁴ [Torture and ill-treatment of civilian population in Ukrainian territories that were under Russian occupation \(on the example of Kyiv, Kharkiv, Kherson regions\): analytical report / B. Petruniok, O. Hnatiuk, T. Pechonchuk; ZMINA Human Rights Centre. – Kyiv, 2023. – 60 p.](#)

⁵ [Ibid. P 60](#)

⁶ [Report on the Human Rights Situation in Ukraine \(1 August 2023 – 30 November 2023\); United Nations Human Rights Office of the High Commissioner](#)

⁷ [Ibid. P 12](#)

⁸ [Ibid](#)

⁹ [Ukrainian Reports of Torture Point to Systematic Russian Policy, Expert Says; New York Times; 9/10/23](#)

¹⁰ [Enforced disappearances and arbitrary detentions of active citizens during the full-scale armed aggression by Russia against Ukraine \(February 2022 – June 2023\) / N. Okhotnikova, O. Hnatiuk, B. Petruniok; ed. O. Sinyuk; Human Rights Centre ZMINA. – Kyiv, 2023. – 106 p.](#)

¹¹ [Report on the Human Rights Situation in Ukraine \(1 August 2023 – 30 November 2023\); United Nations Human Rights Office of the High Commissioner](#)

¹² [Torture and ill-treatment of civilian population in Ukrainian territories that were under Russian occupation \(on the example of Kyiv, Kharkiv, Kherson regions\): analytical report / B. Petruniok, O. Hnatiuk, T. Pechonchuk; ZMINA Human Rights Centre. – Kyiv, 2023. – 60 p.](#)

¹³ [Enforced disappearances and arbitrary detentions of active citizens during the full-scale armed aggression by Russia against Ukraine \(February 2022 – June 2023\) / N. Okhotnikova, O. Hnatiuk, B. Petruniok; ed. O. Sinyuk; Human Rights Centre ZMINA. – Kyiv, 2023. – 106 p.](#)

The destructive, pervasive, and long-term negative impacts of torture have been widely documented. These include harms in multiple domains: physical, psychological, social, access to justice, and identity, among others. Longer periods of detention of many months or even years are likely to result in increased harms. Research with Syrian men who were detained (and among whom torture was widespread) found that, even 10 years after their detention, “acute physical and psychological conditions were fading or absent, while scars, avoidance, intrusive memories, lack of trust, self-isolation, chronic pain, anger, and low self-esteem were reported by $\geq 50\%$ ”¹⁴. Due to the pervasive harms experienced by torture survivors, the torture treatment field has developed as a specialized area of clinical practice and research. One of the core principles that is common to the international network of torture treatment centers is the need to provide holistic and integrated services to torture survivors. Such services should promote stabilization, safety, and re-connection with community.

Given the vast number of people in Ukraine who are torture survivors, it is appropriate that there is widespread agreement about the urgent need to develop comprehensive supports for people who have survived detention and/or torture. These recommendations and initiatives have included:

“Provide reparations and supports to victims, inclusive of medical, psychological and legal support services, with particular attention to survivors of sexual violence”¹⁵.

“Ensure the creation of a national rehabilitation system for persons affected by enforced disappearances, which will include medical, psychological rehabilitation, social support, etc”¹⁶.

“In the process of restoring the territories that were under occupation, special attention should be paid to restoring the stability of the affected local communities. The consequences of committing war crimes are not limited to direct physical damage. Special attention should be paid to the physical and psychological rehabilitation of torture victims and their families”¹⁷.

“Ensure that MHPSS services are provided for survivors of torture and their family members and the families of fallen or missing soldiers”¹⁸.

Launching of Coordination Center of Support for Victims and Witnesses (Prosecutor General Office) to ensure access to needed supports/ services to persons providing testimony as victims or witnesses of war crimes.

14 Kivlahan C, AlSharif M, Elliott I, Pereria AG, Hallak Z, Yonso R, Odaima A, AlHafez N, Aswadd M. Long-term physical and psychological symptoms in Syrian men subjected to detention, conflict-related sexual violence and torture: cohort study of self-reported symptom evolution. *The Lancet*. January 2024. Vol 67. P 1.

15 Report on the Human Rights Situation in Ukraine (1 August 2023 – 30 November 2023); United Nations Human Rights Office of the High Commissioner; P 24.

16 Enforced disappearances and arbitrary detentions of active citizens during the full-scale armed aggression by Russia against Ukraine (February 2022 – June 2023) / N. Okhotnikova, O. Hnatiuk, B. Petruniok; ed. O. Sinyuk; Human Rights Centre ZMINA. — Kyiv, 2023. — 106 p. P. 63

17 Torture and ill-treatment of civilian population in Ukrainian territories that were under Russian occupation (on the example of Kyiv, Kharkiv, Kherson regions): analytical report / B. Petruniok, O. Hnatiuk, T. Pechonchuk; ZMINA Human Rights Centre. — Kyiv, 2023. — 60 p. P. 54

18 Ukrainian Prioritized Multisectoral Mental Health and Psychosocial Support Actions During and After the War: Operational Roadmap (5 December 2022); P 38

Mapping

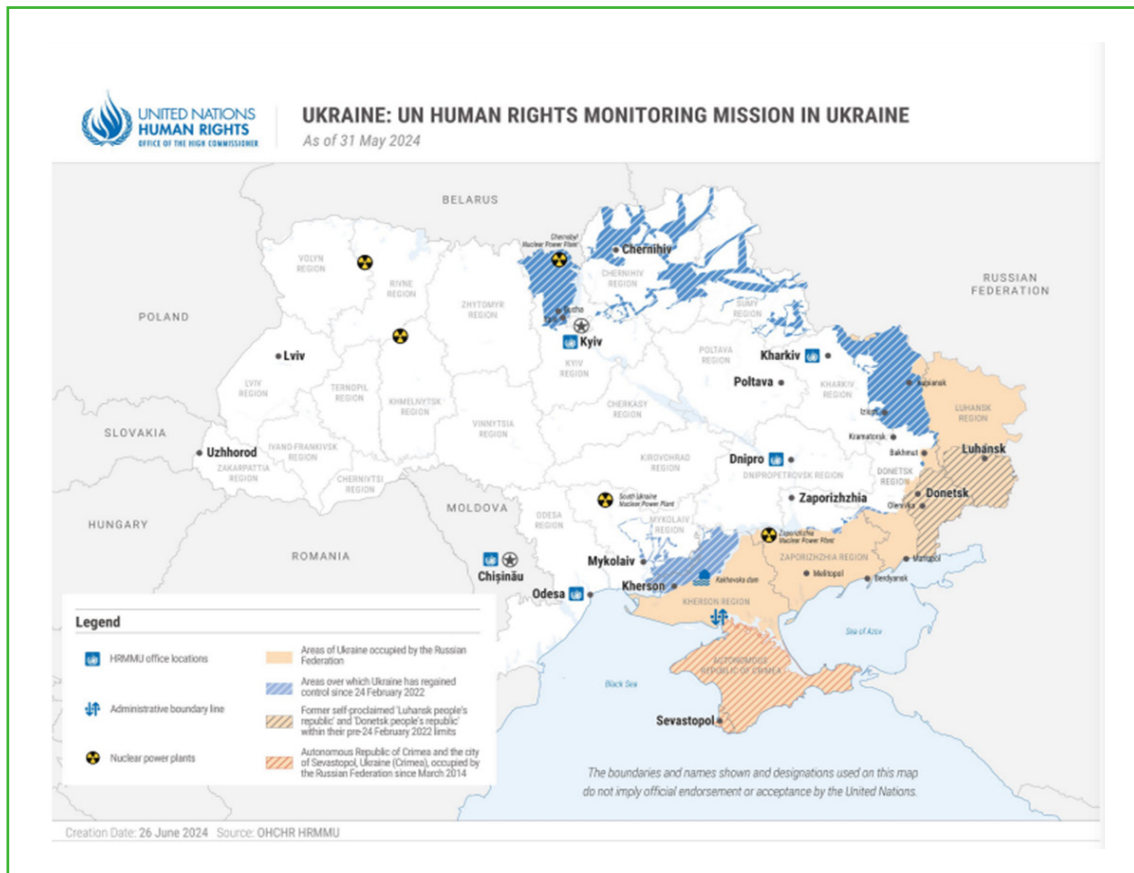
A. Mapping of organizations providing specialized holistic/integrated torture treatment services

With the goal of identifying how best to contribute to strengthening the torture treatment network in Ukraine, the Marjorie Kovler Center/Heartland Alliance International conducted meetings with mental health and psychosocial support and torture treatment organizations operating in Ukraine and in the region. Below is a map

of the organizations identified so far that are providing specialized holistic/integrated torture treatment services or are working to coordinate such services. A brief description of the services/activities (related to torture treatment) of each organization is included.

Blue Bird (Kyiv): Ukrainian civil society organization (started work in 2015) that specializes in providing holistic/integrated services to survivors of captivity/torture, their families, and family members of missing persons.

- Provides holistic supports including psychological, social, medical, legal, and economic.
- Provides services to civilian and military survivors of captivity/torture.



- Provides services in-person and remotely; a large number of beneficiaries are residing in de-occupied parts of Kherson and Kharkiv regions, and receive services remotely.
- Beneficiaries are typically referred by partner organizations, family members, or they request services directly; initial access point to services is through Blue Bird's psychological, social, or legal hotlines.
- Provide training to those who interact with or provide services to survivors of torture (including government institutions).
- Contribute psychological/legal/social expertise to Lisova Poliana state hospital rehabilitation program.
- Participate in the Ministry of Reintegration Commission that makes decisions on giving victims the status of persons who were deprived of their personal freedom as a result of armed aggression against Ukraine.
- Blue Bird staff currently includes 8 psychologists, 2 social workers, and 2 lawyers.

Coordination Center for Support of Victims and Witnesses (Kyiv): Department of Prosecutor General Office (launched in January 2024) that coordinates needed services for survivors of war crimes.

- Beneficiaries are persons providing testimony to the War Crimes Department of the Prosecutor General Office.
- Coordination Center currently employs approximately 30 care coordinators who connect beneficiaries to needed services (e.g. psychological, social, legal, etc.).
- Mapping of service providers that are trauma-informed and "friendly" to survivors of captivity/torture, in collaboration with Lisova Poliana state hospital.
- In the fall of 2024, units for victims'

support were launched in the prosecutor's offices of 9 front-line and de-occupied regions.

- Goal is to build a mechanism or system of supports for survivors of war crimes.

Forpost (Dnipro): Ukrainian civil society organization (started work in 2014 as a volunteer initiative; institutionalized in 2016) that specializes in providing holistic/integrated services to people who have experienced severe traumas, including survivors of torture.

- Provides holistic supports including psychotherapy, case management, and psychiatry; referrals are made for medical care and legal supports.
- Provides services to civilian and military survivors of torture; beneficiaries are typically referred by partner organizations or are self-referred.
- Provides crisis supports and humanitarian assistance.
- Prepares expert opinions on the psychological consequences of severe human rights violations (according to Istanbul Protocol) for national courts as well as for international judicial and non-judicial situations.
- Training of specialists (who interact with survivors of captivity/torture in some capacity) in trauma-informed approach (e.g. legal providers).
- Advocacy; research; writing articles; translations of professional literature into English; creating documentary films; developing an app for documenting services and outcomes.
- Contribute case management resources/expertise to Department of Defense reintegration centers.
- The Forpost HELP Center for Mental Help and Trauma Therapy (part of Forpost NGO) currently employs an MHPSS coordinator, 2 psychiatrists, 11 psychologists (2 of which are supervisors

in psychoanalysis and EMDR), and one social worker; their activities are supported by a network of volunteers.

Lisova Poliana State Hospital and NGO “Resource Center Lisova Poliana” (Kyiv): State hospital for veterans and NGO that collaboratively provide holistic rehabilitation services for survivors of captivity/torture.

- Currently 20-30 patients (out of 220-240 total patients) are survivors of captivity/torture. Hospital provides approximately 3-week rehabilitation program.
- 90% of survivors of captivity/torture are active military; 10% are civilian.
- Provide clinical case management and psychological support; treatment interventions include Eye Movement Desensitization and Reprocessing (EMDR), neuro-feedback, cranial therapy, and yoga.
- Provide referrals or follow-up care to patients who return to their home communities.
- Provide extensive training (e.g. organized large conference on specialized work with survivors of captivity/torture in the Ukrainian context; training for prosecutors in trauma-sensitive interviewing; developing 10-hour online training for health workers).
- Goal is to develop a sustainable system of services including developing/improving services in additional state-run hospitals.
- Collaborate closely with Prosecutor General Office (e.g. mapping service providers that are trauma-informed and “friendly” to survivors of captivity/torture) and Blue Bird (e.g. direct service provision and training).
- NGO “Resource Center Lisova Poliana” staff currently includes 6 clinical case managers, 15 trainers, and 5-6 psychologists.

Unbroken (Lviv): City hospital that provides holistic rehabilitation services for survivors of captivity/torture

- Hospital provides rehabilitation program that lasts for several weeks; have provided treatment to 20 survivors of captivity/torture; most of survivors have been active military; a few have been civilian.
- Patients are from all parts of Ukraine; mostly referrals are made by word of mouth.
- Unbroken has psychiatric unit and mental health center integrated into general hospital setting.
- Mental health services provided include psychiatry, psychotherapy (e.g. EMDR; Narrative Exposure Therapy), art therapy, group therapy, neuro-feedback, and a collective weaving project.
- After treatment, patients return to their home communities.
- Goal/plan is to develop an outpatient center with a major focus on treatment of survivors of captivity/torture.

B. Additional organizations with relevant expertise

Some additional organizations were identified that in the past provided specialized holistic/integrated services to survivors of torture/captivity or whose expertise could be highly relevant to the network of torture treatment providers.

HealthRight International in Ukraine/ Ukrainian Foundation for Public Health (national office in Kyiv):

- Provided specialized services to survivors of captivity/torture in Kyiv and Dnipro from 2015-2022, offering holistic support, including mental health, psychosocial, and legal assistance.

- Integrates mental health, case management, and legal services into primary health care settings across Ukraine, improving access to comprehensive care for IDPs and war-affected populations, particularly in regions severely impacted by the ongoing conflict.
- Provides comprehensive support to survivors of conflict-related sexual violence (CRSV), offering psychological counseling, legal assistance, and case management services, with a focus on survivors' recovery and reintegration.
- Collaborates with government ministries, NGOs, and donors to implement innovative approaches and technologies aimed at strengthening health systems and supporting marginalized populations.
- Operates the SafeWomenHub online platform, a resource designed to support survivors of gender-based violence by providing access to psychological support, legal advice, and information on available services.
- Actively engaged in building local capacity, offering specialized training, and advocating for systemic changes to ensure the effective and sustainable delivery of mental health and psychosocial support services throughout the country.

Doctors without Borders (national office in Kyiv):

- Has experience providing specialized holistic/integrated services to survivors of captivity/torture in de-occupied part of Kyiv region (January – September 2023).
- Provides medical/psychological services in de-occupied and front-line territories.

Mukwege Foundation/Global Survivors Fund/Andreev Family Foundation:

- Mukwege Foundation (INGO) is focused on ensuring access to quality holistic care

for CRSV survivors and on supporting network building of survivor-led organizations (both male and female).

- Global Survivors Fund (INGO) is implementing “Pilot Project for Urgent Interim Reparations for CRSV Survivors”, under which 500 survivors will receive interim compensation and other reparative measures will be ensured via referrals in the existing system of care.
- Andreev Family Foundation (Ukrainian NGO) provides comprehensive services/advocacy to survivors of CRSV including in de-occupied and front-line territories.

C. Overview of process of accessing services for different subpopulations

Exchanged Prisoners of War (POWs):

- Returned POWs are immediately sent to re-integration centers run by the Ukrainian Department of Defense. During the several weeks that they are in these centers, they are often interviewed multiple times (e.g. by the Security Services of Ukraine; Prosecutor General Office; Department of Defense; etc). They also receive some limited supports.
- After several weeks in a re-integration center, returned POWs may be sent to a state hospital to undergo a 3-week rehabilitation program at a state hospital such as Lisova Poliana. Other POWs may return to their home communities for a few weeks.
- After completing a rehabilitation program or spending several weeks at home, as of February 2024 about 70% of military survivors of captivity/torture returned to active duty. Of those who return, some are assigned non-combat responsibilities. Some are returned to combat duty.
- Returned POWs can apply for victim status as survivors of captivity/torture (i.e. “status of persons for whom the fact of deprivation of their personal freedom

as a result of armed aggression against Ukraine has been established”). Their case is likely to be approved. As of May 2024, returned POWs with victim status are entitled to voluntary discharge from the military.

Civilian survivors of captivity/torture:

- Civilian survivors of captivity/torture in de-occupied territories often remain in their home communities. They are likely to have potential access to some needed services but in almost all cases lack access to specialized holistic/integrated services.
- Through referrals by humanitarian organizations, family members, or self-referral a few survivors may be able to access services in a hospital that provides rehabilitation services (such as Unbroken or Lisova Poliana) and some may be able to access psychological/social/legal services remotely (such as with Blue Bird or Forpost).
- Civilian survivors of captivity/torture can apply for victim status. Usually the process of seeking victim status entails many bureaucratic hurdles, takes a long time, and may not be successful.
- If civilian survivors of captivity/torture complete a rehabilitation program in a hospital, they typically return to their home communities in de-occupied territories.

Survivors of conflict-related sexual violence (CRSV):

According to reports by the United Nations¹⁹⁻²⁰ and Ukrainian civil society organization

ZMINA²¹⁻²², sexual violence is a common type of torture perpetrated on POWs and civilian detainees. Of 169 cases of sexual violence documented by the OHCHR, 135 occurred in the context of detention (56 civilians and 79 POWs)²³. However, the international humanitarian field tends to classify CRSV as a type of violence that is distinct from torture. According to Fedir Dunebabin, country director of the Mukwege Foundation and Global Survivors Fund (and according to United Nations reports), there are a large number of organizations in Ukraine providing services to survivors of CRSV; however, survivors of CRSV are hesitant to access services due to a high degree of stigma related to experiences of CRSV (especially for men)²⁴. During a meeting with Mr Dunebabin, he explained that legal and humanitarian frameworks that would conceptualize CRSV as a subtype of torture could result in lowered stigma and more access to needed compensation and supports for all survivors of torture and CRSV. Mr Dunebabin’s perspective aligns with a recent report to the United Nations General Assembly by the Special Rapporteur on torture and other cruel, inhuman or degrading treatment or punishment²⁵. Additionally, from a clinical perspective, persons who have experienced sexual violence in the context of detention and experiencing other forms of torture would likely benefit from clinical services that conceptualize sexual violence as one of several subtypes of torture that the survivor has experienced.

¹⁹ [Report of the Independent International Commission of Inquiry on Ukraine \(United Nations\); 10/19/23](#)

²⁰ [Report on the Human Rights Situation in Ukraine \(1 August 2023 – 30 November 2023\); United Nations Human Rights Office of the High Commissioner](#)

²¹ [Enforced disappearances and arbitrary detentions of active citizens during the full-scale armed aggression by Russia against Ukraine \(February 2022 – June 2023\) / N. Okhotnikova, O. Hnatiuk, B. Petruniok; ed. O. Sinyuk; Human Rights Centre ZMINA. – Kyiv, 2023. – 106 p.](#)

²² [Torture and ill-treatment of civilian population in Ukrainian territories that were under Russian occupation \(on the example of Kyiv, Kharkiv, Kherison regions\): analytical report / B. Petruniok, O. Hnatiuk, T. Pechonchuk; ZMINA Human Rights Centre. – Kyiv, 2023. – 60 p.](#)

²³ [Report on the Human Rights Situation in Ukraine \(1 August 2023 – 30 November 2023\); United Nations Human Rights Office of the High Commissioner](#)

²⁴ [Service Barriers Faced by Male Survivors of Sexual Violence in Ukraine \(December 2023\); Women’s Refugee Commission/Interagency Working Group on Reproductive Health in Crises/Gender Based Violence AoR \(Ukraine Protection Cluster\)](#)

²⁵ [Torture and other cruel, inhuman or degrading treatment or punishment. Report by the Special Rapporteur on torture and other cruel, inhuman or degrading treatment or punishment, Alice Jill Edwards \(18 July 2024\)](#)

Needs assessment

A. Strengths in current services for survivors of torture

Ukrainian direct service providers (see list of organizations documented in mapping above) have significant experience and have gained expertise in providing specialized holistic/integrated services for survivors of captivity/torture. Blue Bird, Forpost, and HealthRight International all began to provide such specialized services in 2014 or 2015. Whereas Lisova Poliana and Unbroken developed specialization later (after the full-scale Russian invasion in 2022), they have quickly drawn from Ukrainian and international experience/expertise to develop specialized and contextualized models. Forpost has collaborated with international torture treatment partners to develop the Protocol on medico-legal documentation of threats, and a pilot study on the Protocol of Threats was conducted in Ukraine. And Lisova Poliana organized a full-day international conference on “Specialized work with survivors of captivity/torture in the Ukrainian context.”

It is undoubtedly the case that the current network of Ukrainian torture treatment centers does not lag behind the international network of such centers in any way, but on the contrary has relevant experience and expertise of offer to the global community of torture treatment practice and research. Tetiana Sirenko from Lisova Poliana aptly characterized this expertise: “there is a powerful network of professionals in Ukraine”. The Ukrainian direct service providers have been particularly adept at accessing

consultation and training from high-level international specialists and have contextualized international best practice models. The Ukrainian direct service providers accessed such training/consultation from a wide range of organizations/specialists including (but not limited to) DIGNITY, Global Initiative on Psychiatry – Tbilisi, Sir[a] Centre, Centre Primo Levi, Israeli Trauma Coalition, Center for Victims of Torture, and multiple United States academic partners with specialization in evidence-based trauma interventions. However, all of the Ukrainian direct service providers did not seek to replicate international models but rather to adapt such international models and interventions to the Ukrainian context. A simple example of such adaptation is a collective weaving project offered to patients at Unbroken that embodies community-based healing approaches using a Ukrainian art form.

The current network of Ukrainian direct service providers has ongoing initiatives (some in their beginning stages) to improve the system of specialized services available to survivors of captivity/torture. Such efforts at development of new programs and systems are impressive given the ongoing war-related stressors that the people leading these efforts experience first-hand. Notable initiatives include coordination of supports (Prosecutor General Office), mapping of trauma-informed/“friendly” service providers (Lisova Poliana/PGO), training of professionals who interact with survivors of captivity/torture (Lisova Poliana/Blue Bird/Forpost), plans/interest in developing specialized services for civilian survivors of captivity/torture in state run hospitals (Ministry of Health/Lisova Poliana/Blue Bird), the development of an app to more efficiently/effectively document services and outcomes (Forpost), and plans/interest to develop an outpatient center that would provide specialized treatment to survivors of captivity/torture (Unbroken).

Ongoing collaborative efforts among the specialized direct service providers provide a strong foundation for needed strengthening of both the network and the system of services to meet the current and future treatment needs of many thousands of torture survivors.

B. Gaps in current services for survivors of torture

1. There is insufficient access to specialized holistic/integrated services for survivors of captivity/torture:
 - There are not currently enough specialized service providers to provide holistic/integrated treatment to all survivors of captivity/torture who need services (or would participate in services if made aware of available services). (Blue Bird/Forpost)
 - There is a lack of specialized (or at least trauma-informed/friendly) service providers in de-occupied and front-line territories where the majority of civilian survivors of captivity/torture reside. (Doctors without Borders²⁶).
 - Survivors of captivity/torture who are currently residing in regions that are further from the front lines may not be able to access trauma-informed/friendly service providers because “mapping” of such providers is not yet available to them. (Coordination Center)
 - Male survivors of CRSV may be especially unlikely to access services due to stigma/shame and lack of competent specialized service providers (Andreev Family Foundation, Blue Bird). Medical providers in Ukraine may lack knowledge to address medical needs of male survivors of CRSV. (Andreev Family Foundation)
2. There is insufficient coordination of services for survivors of captivity/torture at the government/national/regional levels (especially for the many survivors who are not receiving specialized holistic/integrated services from the specialized direct service providers listed above):
 - Specialized service providers do not currently have the capacity to provide significant services/support to family members of survivors or of those who are currently in captivity or missing. (Blue Bird and others)
 - Specialized service providers have insufficient funding to address certain needs (e.g. medical or dental needs). (Blue Bird, Forpost)
 - Exchanged POWs who undergo rehabilitation and return to active military duty have insufficient access to ongoing services/treatment/support.
 - Incomplete mapping/knowledge of specialized or trauma-informed/friendly services that are available. (Coordination Center)
 - Insufficient coordination/collaboration between government and civil society sectors. (Coordination Center)
 - There is no formal mechanism for identifying survivors of captivity/torture and connecting them to services.
 - There are not enough social workers available/equipped to work with survivors of captivity/torture and connect them to needed services. (Andreev Family Foundation; Forpost; Blue Bird)
 - There is no formal network of specialized holistic/integrated treatment providers or leadership structure for the existing network. (Forpost)

²⁶ OCHA Situation Report Ukraine (12 Feb 2024)

“

We have services but it is not a system”

Veronika Plotnikova; Coordination Center for Support of Victims and Witnesses; Prosecutor General Office

“

There is no clear vision on how to build supports”

Yuri Belousov, War Crimes Department, Prosecutor General Office

3. The current system of funding of specialized services for survivors of captivity/torture is not sustainable:

- Specialized service providers are unable to access sufficient private or government funding to sustain sufficiently comprehensive services or to scale up the services they have been providing in order to adequately address the scale of the need. (Blue Bird; Unbroken; Lisova Poliana; Forpost)
- Organizations that might be well positioned to provide specialized services to survivors of captivity/torture may focus on CRSV programming because more funding for CRSV services is available. (HealthRight International; Andreev Family Foundation)
- Many donors provide short-term funding (e.g. offer project funding

for 6 months or cover only 5-10 sessions per client) and have their own monitoring and performance evaluation systems, which do not always take into account the existing standards of the organization, thereby creating an additional administrative burden on the team. Longer-term funding and more collaborative approaches would allow for provision of more stable (and long-term) services to beneficiaries and increased capacity to fully engage in efforts to improve the system of specialized services. (Forpost)

- Currently available private and government funding is more focused on the micro level (i.e. funding direct specialized services) or on the meso level (i.e. providing training) than on the macro level (i.e. developing a more coordinated/effective/sustainable system of services). (Blue Bird; Unbroken; Forpost)
- Government service providers and Ukrainian NGOs may be unable to attract qualified staff (e.g. psychotherapists; case managers) because they can not offer competitive salaries in comparison to salaries offered by international NGOs. (Forpost; Dnipropetrovsk Regional Administration)
- Specialized service providers have unsustainable workloads, are exposed to a high degree of work-related and war-related stressors, are unable to hire the number of staff that would be needed to reasonably carry out the needed (and funded) services/activities, and are exhausted with insufficient opportunities for self/staff care (e.g. retreats or a sustainable and supportive supervision structure). (Blue Bird; Forpost; Lisova Poliana)

4. There is a need to document/create standards of care for specialized services for survivors of captivity/torture:
- The Coordination Center highlighted the need for a unified/consensus model of services.
 - Lisova Poliana highlighted their work on creating a “concept of recovery” and the need for standard operating procedures to address ethical issues (e.g. confidentiality; data protection) and best practices in particular areas (e.g. inter-disciplinary collaboration/communication; case management).
 - HealthRight International gave feedback that the focus should be on developing “minimum” standards.
 - Notably, Blue Bird and Forpost questioned the need/value of developing common uniform standards of care (i.e. that would apply both to state institutions and civil society service providers), prioritizing instead a focus on “professional discourse” and research (Forpost) or a participant-centered approach (Blue Bird).
5. There is a need for research on the effectiveness of services and particular interventions for Ukrainian survivors of captivity/torture (and for other war-affected groups). Currently, direct service providers are implementing theoretical models of psychotherapy and quite a few specific trauma interventions without research evidence of the level of effectiveness of these models/interventions with Ukrainian survivors of captivity/torture. Such research could inform which models/interventions should be implemented more widely, which models/interventions need to be adapted or discontinued, and would
- contribute toward the development of professional standards and tools for torture treatment services.
6. There is need to strengthen legal protections for survivors of captivity/torture. Areas of needed strengthening of legal protections identified include developing legislation/procedures for civilian survivors of captivity/torture (Coordination Center); eliminating unnecessary bureaucratic hurdles and the amount of time required for civilian survivors of captivity/torture to obtain victim status (Blue Bird; Andreev Family Foundation); the government developing procedures and allocating funding to provide social/legal/medical guarantees to survivors (Blue Bird) including increasing funding for rehabilitation programs (Unbroken, Lisova Poliana); passing a comprehensive law that would provide status and comprehensive supports/reparations/guarantees to all survivors of captivity/torture/CRSV (Mukwege Family Foundation/Global Survivors Fund); strengthening legal protections for survivors residing in de-occupied and front line territories, including but not limited to sustainable, continuous, and strategic communication from the state regarding: the rights of survivors; the rights of people living in occupied and de-occupied territories; state guarantees of social and legal protection; recovery prospects; and state cooperation with non-governmental organizations (Forpost).
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Convening: “Strengthening the Torture Treatment Network in Ukraine”

From November 5-7, 2024, in Kyiv, Heartland Alliance International/Marjorie Kovler Center organized a convening of the organizations identified as having experience/expertise providing comprehensive services to survivors of captivity and torture (including civilian and military), or coordinating such services. The convening was designed in response to feedback and requests during the mapping and needs assessment. Stakeholders shared that they lacked spaces to strategize, reflect, collaborate, and learn from one another.

The following organizations participated in the convening:

- Network of Ukrainian men who survived captivity and torture Alumni (Ukrainian NGO)
- Andreev Family Foundation (Ukrainian NGO)
- Blue Bird (Ukrainian NGO)
- Coordination Center for Support of Victims and Witnesses (Office of Prosecutor General) (Ukrainian Government)
- Doctors without Borders (INGO)
- Forpost (Ukrainian NGO)
- Heartland Alliance International/Marjorie Kovler Center (INGO)
- Lisova Poliana State Hospital/NGO “Resource Center Lisova Poliana” (State hospital/Ukrainian NGO)
- Southern Regional Center of the Coordination Headquarters for the Treatment of Prisoners of War (Ukrainian Government)

- Ukrainian Foundation for Public Health/Health Right International (Ukrainian NGO/INGO)
- Unbroken (State hospital)

Convening agenda/program

The convening agenda/program was designed by Dialogue in Action (Ukrainian NGO), with input from Heartland Alliance International/Marjorie Kovler Center. Facilitation of the convening was provided by 3 Dialogue in Action facilitators. Each day included three 90-minute sessions. Sessions were discussion-based and interactive, and included work in small groups. The sessions focused on the following:

- Building trust among participating delegates and organizations
- Mapping the specialized field with a focus on identifying stakeholders, relationships between stakeholders, processes, and resistance factors
- Identifying priority themes for systemic work within the specialized field
- Identifying and analyzing “connectors” and “dividers” within the specialized field
- Identifying external and internal resistance factors and working on approaches for achieving effective systemic changes
- Identifying strategies and action steps for addressing priority factors in small groups; feedback from larger group

Outcomes of the convening

Heartland Alliance International/Marjorie Kovler Center identified 3 goals for the convening. How and to what extent each goal was achieved is described/assessed briefly below:

1. Develop a common understanding of the strengths/challenges/gaps in the current legal protections and the system of services for survivors of captivity and torture (including civilian and military):
 - Mapping revealed the current system of services for survivors, including the involvement/roles of government ministries, other government actors, and civil society. The mapping revealed the complexity of the system, including what is working well, conflicts among actors, what is working to some degree, and what is not working. “Shadow factors” that negatively impact the system of services were identified.
 - Discussion revealed multiple dilemmas that exist for organizations in their efforts to ensure legal protections and to build a system of services. One of the dilemmas identified (among others) was the tension between focusing efforts on urgent/immediate needs versus focusing on difficult systemic changes that address root causes and long-term needs (such as government policy making).
 - Identification of external and internal resistance factors contributed toward a realistic understanding of challenges that need to be confronted.
2. Envision the legal/policy protections that need to be in place and the system of services that needs to be developed in order for survivors of captivity and torture to have access to specialized and comprehensive services:
 - Delegates identified needs/approaches that have become less relevant and should decrease, those that are currently most relevant and should be prioritized, and those that will become relevant in the future.
 - Examples of approaches that were identified as having become less relevant included: providing only one type of service (rather than more comprehensive services); classifying survivors/beneficiaries into narrow groups (e.g., survivors of sexual violence, or military versus civilian survivors of captivity/torture) resulting in a fragmented approach; accountability that is focused on donors rather than focused on survivors/communities/society; lack of coordination between central government, communities, and grassroots level; etc
 - Examples of approaches that were identified as most relevant included: case management; ensuring access to services including use of digital tools; analyzing central and local budgets to ensure that budgeted funds are directed toward most relevant needs; legislative changes; holistic approach and developing “ecosystem” of services; professionalism/standards/quality control; etc

- Please see Appendix A for a full list of the approaches/needs identified
 - Delegates identified 3 priority areas for stakeholders seeking to ensure legal protections and an improved system of services for survivors. These included:
 - Introducing people-centered case management at the national level
 - Mobilization of resources to support activities
 - Coordination and collaboration in government policy making
3. Identify strategies and action steps in order to collectively work toward legal protections and the envisioned system of services
- Delegates worked in small groups to identify strategies and action steps for each of the priority areas listed above.
 - Please see Appendix B for a list of identified/recommended action steps for each of the three highest priority areas.
 - Organizations that participated in the convening, including Heartland Alliance International/Marjorie Kovler Center, made commitments to collectively work toward improving legal protections, strengthening the system of services, and pursuing change in the priority areas identified.

Conclusions & overall recommendations

Given the widespread and systematic use of torture by the Russian military and occupying forces in Ukraine, this report is in harmony with and complements other reports by key stakeholders²⁷⁻²⁸⁻²⁹⁻³⁰, that emphasize the urgent need to ensure comprehensive supports for people who have survived captivity and/or torture. The analysis and recommendations capture the contextually rich and urgently needed collective “on the ground” experience, knowledge, and insights of those organizations in Ukraine identified as having the most experience/expertise providing specialized/comprehensive services to survivors of captivity/torture (including civilian and military), or directly coordinating such services.

The overall recommendations from this report include:

- In designing programs to strengthen the system of services for survivors, for all relevant stakeholders to take into account the perspectives, priorities, and recommendations of the existing network of organizations in Ukraine with experience/expertise providing specialized/comprehensive services to survivors of captivity/torture.

- Any comprehensive initiatives focused on promoting mental wellness and/or addressing Ukraine’s broader recovery should integrate the specific needs and perspectives outlined.
- For all stakeholders with relevant contextual and programmatic experience to consider addressing gaps in the areas of: access to services; coordination of services; sustainability of services; documenting standards of care; research; and legal protections.
- For all stakeholders with relevant contextual and programmatic experience to consider contributing toward the highest priority areas identified in this report, and to coordinate and collaborate effectively with other relevant stakeholders in such efforts, including:
 - Introducing people-centered case management at the national level.
 - Mobilization of resources to support activities.
 - Coordination and collaboration in government policy making.

²⁷ [Enforced disappearances and arbitrary detentions of active citizens during the full-scale armed aggression by Russia against Ukraine \(February 2022 — June 2023\)](#) / N. Okhotnikova, O. Hnatiuk, B. Petruniok; ed. O. Sinyuk; Human Rights Centre ZMINA. — Kyiv, 2023. — 106 p.

²⁸ [Report on the Human Rights Situation in Ukraine \(1 August 2023 – 30 November 2023\)](#); United Nations Human Rights Office of the High Commissioner

²⁹ [Torture and ill-treatment of civilian population in Ukrainian territories that were under Russian occupation \(on the example of Kyiv, Kharkiv, Kherson regions\): analytical report](#) / B. Petruniok, O. Hnatiuk, T. Pechonchuk; ZMINA Human Rights Centre. — Kyiv, 2023. — 60 p.

³⁰ [Ukrainian Prioritized Multisectoral Mental Health and Psychosocial Support Actions During and After the War: Operational Roadmap \(5 December 2022\)](#).

Appendix A

Trends/themes/processes related to legal protections and services for survivors of captivity and torture

**Please note that the trends/themes/processes were elicited through discussion in small groups. Every small group (and all delegates) had the opportunity to contribute to each of the four lists. Nevertheless, some answers may not reflect the opinions of all delegates at the convening.*

Trends/topics/processes which are no longer relevant, are gone, or are hindering progress

- Stigma is decreasing.
- Fragmented approach, one-time services are becoming less widespread (comprehensive approach is needed).
- Split into “military” and “civilians.”
- Inadequate assessment of the number of beneficiaries, including inadequate data on how many people need our help (Note: Beneficiaries’ needs do not match the real capacity to cover those needs. Project funding is allocated, and then the context and the needs rapidly change, so the project is no longer relevant. Studies are conducted and requests are updated, but the situation is changing quicker than the updates are made. E.g. a project is planned for a year, but the needs are rapidly changing in the beginning of the year and the available data is becoming irrelevant.)
- Lack of professional and quality standards.
- Rating the suffering (“you did not experience CRSV that much”, “you were not tortured enough”) as well as division based on gender and other characteristics.

- Fragmentation and lack of coordination of government policies (even at the Parliament level; in committees there is a tendency to say that people can just talk to each other).
- Lack of focus on the institutional memory (now there is a trend to say that someone should stay and tell what has previously been done).
- Devaluation of socially significant professions (psychologists, doctors, teachers, social workers) and petty corruption.
- Gap between the central government bodies and local authorities (situation “in the field”)
- Excessive bureaucracy (e.g. in order to obtain a status).
- The centralization of state policy/decision making in a single political power/decision making center is being reduced, as it hinders progress.

Trends/topics/processes which still exist but are diminishing (becoming a thing of the past)

- Needs in non-comprehensive care (one-time support, one type of services, e.g. offering only psychological but not medical support).
- Local authorities staying aside and not dealing with the survivors’ problems. People go to the local authorities first!
- Attempts of local public officials to avoid training (Note: More and more police officers and prosecutors seek training and say that they want to learn more. Providing services is more problematic when local public officials are not trained.)
- Negative attitude to the mental health support (Note: There is a change in perception “I am not a psycho if I go to a psychologist.”)
- NGOs reporting only to donors (Note: Now NGOs are becoming more

accountable to the society. People are asking: how are you using the money?)

- People are starting to care, not being indifferent, especially if we compare the situation with 2014. People are starting to care more. (Note: People start helping, not only feeling sorry. When people share information, it is also support, it means people care.)
- Social cohesion is not as strong as in 2022. We are tired.

Trends which are currently relevant, which are in the spotlight

- Case management in public administration.
- Digitalization of services (Note: Digitalization of interactions with state authorities is successfully implemented in Ukraine. This is a real way for the government to invest in new digital services and this is what helps to move away from corruption.)
- Development and implementation of an effective mechanism to access services (Note: Currently, there are different levels of access to services in the capital, in rural areas, and near the frontline.)
- Legislative changes based on the current needs, in particular when obtaining certain statuses (Note: The law on survivors of captivity and torture does not take into account the full-scale invasion.)
- There is a need in coordination of actions among state authorities.
- Holistic approach, an ecosystem. People should receive comprehensive support, and there has to be a referral mechanism. All actors should be aware of their competencies and responsibilities.
- Budget support of NGOs. Government should allocate funds for them to provide a range of services. Such approach is much more reasonable – NGOs receive money to perform the state functions, especially in such areas as culture, sports,

and work with youth.

- Many people are not aware of trauma responses. There is a need to fund accessibility programs. Society should be prepared for the new way of life. Psychoeducation efforts need to be scaled up. Currently, when such projects are implemented, the same people participate in them. It is important to expand psychoeducation, so that more people are aware of the consequences of the war. There is a national accessibility program run by the Office of the First Lady. It is a good program. However, there is no funding to implement it. Now there is a hope that it will be covered from the local budgets.
- Creation of rehabilitation centers. Development of ethical standards.

Emerging trends that will be relevant in the future

- Psychoeducation. Preparing society to interact with people who survived captivity and torture, were engaged in combat activities.
- Raising the issue of supporting people who survived captivity and torture or were engaged in combat activities, in all spheres.
- Integration of people who survived captivity and torture, were engaged in combat activities. These people need to get education, new professions, learn how to live their lives as civilians. How should the society be prepared for the new realities? There has to be a comprehensive approach to integration: healthcare, education, jobs. Now there are a lot of challenges in the labor market: employers need people, while many former servicemen do not have proper education, they need to be trained or retrained. There are young men who joined the army when they were 18 years old, now they are veterans with no civilian professions,

they want to do something, but they can't as they lack knowledge and experience. There must be quotas for veterans, they need education. Employment centers cooperate with NGOs, offer training and reskilling. IDPs and veterans are offered vouchers to cover their education and training, which are provided by employment centers.

- Long-term access to quality education and healthcare services (not one-time support).
- Regulating the competences and qualifications of professionals working with captivity and torture survivors (licensing, advanced training, education).
- Coordinated advocacy with the government.
- Rebuilding the country and the nation (physical and mental recovery; demographics).
- General military training.
- Legislative acts and tools to fight corruption.
- Transitional justice.
- Targeted support for families of captivity and torture survivors, veterans, missing persons.
- Creation of special semi-closed rehabilitation centers to work with different types of abuse.

Appendix B

Highest priority areas and recommended action steps (related to legal protections and services for survivors of captivity and torture)

** Delegates participated in working groups that identified actions steps for each priority area. Please note that there was one working group for each priority area. Each delegate participated in only one working group.*

Introducing people-centered case management at the national level

1. Creation of a quality standard (unification of the existing experience); a unified referral network
 - Drafting a document based on the current experience. Discussing and finalizing it with other actors
 - Available services, mapping of where beneficiaries can be referred (and defining where they should not be referred)
2. Sharing the standard (at the governmental, non-governmental, international level)
 - Trainings for service providers, communities
 - Media activities (PR, raising public awareness on how to communicate with survivors)
 - Introducing relevant issues in the curriculum and advanced training programs (on how the society can co-exist with survivors)

3. Quality control of service delivery
 - Supervision
 - Creating a standard feedback and assessment form
 - Defining the actors to monitor service delivery, training (motivating) them
4. Advocacy, sharing results, funding
 - Sharing data and experience on a regular basis
 - Creating an effective network of donors and support programs
 - Active advocacy
 - Raising the issues in media
5. Care for carers
 - Supervision
 - Retreats
 - Revising the working hours
 - Education
 - Advocacy of care for carers

Mobilization of resources to support activities

Subsection: Human and financial resources

- Attract additional funding (including government resources)
- Addressing burnout and fatigue, psychological support for program staff
- Training beneficiaries to raise their awareness of services and opportunities in their region
- Information campaigns (possibly as part of the effective case management introduction)
- Training of local government officials
- Engaging beneficiaries in joint activities (to ensure their participation in addressing the challenges)

Subsection: Government bodies and local authorities

- Psychological trainings for government officials
- Education sessions for public officials (+ knowledge sharing)
- Submitting legislative proposals
- Cooperation in training public officials (training unification, explaining how public authorities operate)

Subsection: Civil society

- Knowledge sharing
- Informing beneficiaries about the activities and competencies of NGOs and government bodies (what powers and responsibilities they have)
- Providing feedback from beneficiaries
- Cooperation between NGOs and government bodies (NGOs informing about their capacities, functions, and the mechanisms they can use and explaining their expectations from the government bodies)
- Feedback to donors from NGOs

Subsection: Donors

- Participation of Ukrainian NGOs and public officials in all international events on various platforms informing the global community about our challenges
- NGO staff members acquiring knowledge and skills in communication, reporting, etc.
- Needs assessment
- Engaging beneficiaries in NGO activities
- Promoting the responsibility and ownership of communities

Coordination and Collaboration in Government Policy Making

1. Assessment of the current situation to

identify gaps at the central and regional levels; challenges and interests

- Mapping of actors (government + NGOs)
- Identifying the available resources and the needed resources
- Defining the problems in terms of their priority and urgency
- Engaging local experts

2. Development/drafting of the national policy/policies + action plan

- Identifying the impact
- “Zero alternative” (what is the baseline)

3. Finalizing and discussing documents; forecasting

- Presenting draft documents to the Government and to the President’s Office
- Public advocacy campaigns to create NGOs
- Advocacy campaigns for international partners

4. Approving state policies + action plan and their implementation

- Building an advocacy group, including government and civil society representatives

5. Control of implementation and amendments; monitoring and evaluation

- Building a group of influence, which will be monitoring implementation of the policy

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