

Best practices in survivor engagement in IRCT member centres

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Key points of interest

- Survivor engagement empowers torture treatment centres.
- Survivors can be engaged in program direction, service provision, and advocacy without being retraumatized.
- Best practices include nine ways to engage survivors that other centres can adopt.

Abstract:

Introduction: While the literature encourages engaging torture survivors in the direction and provision of services, little is known about how best to do this.

Method: We surveyed 82 member centres of the International Rehabilitation Council for Torture Victims (IRCT), a worldwide network of anti-torture organisations, and interviewed fourteen staff members and executive directors about current practices, best practices,

and the advantages and disadvantages of engaging survivors.

Results: While few agencies involve survivors extensively, those that did found survivor engagement helped agencies engage in better planning, service provision, and advocacy, while at the same time being healing and empowering for survivors. Agency staff described strategies to minimize retraumatization, particularly in not encouraging survivors to share the story of their trauma, but to engage in other ways. Agency staff suggested a number of ways to engage survivors in program direction, service provision, and advocacy, which included having survivors serve on the board of directors, hiring survivors as staff, involving survivors in advocacy, advising staff and volunteers on how better to provide services, and working as community outreach workers and mediators.

Conclusion: IRCT member centres can engage survivors in programming without retraumatizing them, and there are many advantages to doing so.

Keywords: survivor engagement, retraumatization, advocacy

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Introduction

There are 160 torture treatment centres that are members of the International Rehabilitation Council for Torture Victims (IRCT), and they provide needed services to victims

or survivors of torture. The existing literature on mental health, service provision and development encourages centres to involve beneficiaries in the direction and provision of services. The advantages to doing so are many: survivor engagement can help centres better direct their programs, conduct more effective advocacy, provide more relevant services, and can even empower survivors and contribute to their healing. Despite these advantages, only a few torture treatment centres significantly involve survivors in directing and providing services. Why should this be so – and how can we change it? This article explores this issue, using qualitative analysis of in-depth interviews to answer three questions:

1. What are current practices in survivor engagement?
2. What are the advantages and disadvantages of survivor engagement?
3. What are best practices in survivor engagement?

We found that there are a number of advantages and few disadvantages to survivor engagement, but agencies may be reluctant to involve survivors in their work because they fear that engagement will be retraumatizing. Best practices involve engaging survivors in a way that does not require them to recount their traumatic story.

Background

Current practices in survivor engagement

The academic research literature does not define the term “survivor engagement,” and it can mean different things to different people. For practitioners, it appears to be a general term used to describe a spectrum of interventions, from therapeutic programming to high level advocacy and justice activities, all of

which are acknowledged in the IRCT Global Rehabilitation Standards (ICRT, 2020). Those standards use the phrase “victims’ participation in rehabilitation,” not “survivor engagement,” and define participation as “the meaningful contribution of victims in service design and delivery, research, decision-making, and governance processes of rehabilitation services through recognition of victims’ experience in service development and recruitment processes, open consultative and feedback processes, and other participatory methods that are contextually and situationally appropriate” (Paragraph 9). Victim engagement can help agencies provide services “in the best interest of victims” (Paragraph 1) and adopt procedures that are “victim-centred,” “participatory,” and “accountable” (Paragraph 2).

Many movements related to trauma and recovery have been initiated and directed by survivors themselves, including movements to treat domestic violence (Arnold, 2017; Herman, 2015), sexual assault (Arnold, 2017; Bourke, 2022; Martin, 2005), and trauma experienced by former soldiers (Herman, 2015). Survivor-led trauma recovery movements in other areas have adopted a range of activities, including awareness raising, education programs, psychosocial support, and policy and systems change.

Given the absence of a scholarly or practice-oriented definition of survivor engagement, we propose one here. Survivor engagement is the meaningful involvement of torture survivors in the direction of treatment centres, advocacy work, and the design, implementation and evaluation of programs. Engagement can take a number of forms, and IRCT member centres offer different assortments of survivor engagement service delivery models, some of which are led by survivors themselves and some that involve them but are led by technical staff. We define these as follows:

1. *Survivor-led organisations* include activities designed, delivered, monitored and/or orchestrated by individual survivors, who exert control over decision-making for the program and/or entire organisation. Survivors serve in leadership roles and survivors form a majority of the staff and board.
2. *Survivor-engaged organisations* include mechanisms in which the survivors consult and participate in decision making but do not exert control over decision making. Survivors are recruited as volunteers, staff and board members but do not form the majority, nor hold positions in leadership.

Survivor-led and survivor-engaged organisations exist on a continuum. Few member centres have fully survivor-led programs, but some exist in an intermediate category in which survivors form a significant minority of staff and board members but are not fully in charge. Even when a survivor holds the position of Executive Director, the organisation may not be fully led by survivors, as there may be a minority of survivors on the Board and among the staff. Funder requirements may further influence the organisation's activities away from survivors' choices.

Just as survivor engagement is not well-defined in the research literature, there is no existing descriptive or survey literature describing how member centres do the work. Existing articles profile single organisations that engage in best practices, but no research attempts an overview of multiple organisations.

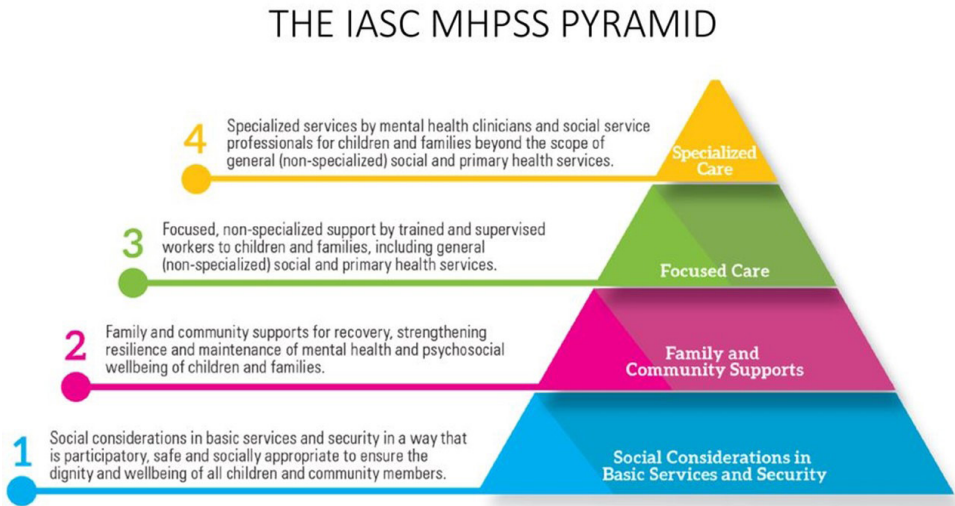
Theorized advantages and disadvantages of survivor engagement

Despite the benefits of survivor engagement, some centre staff may be wary of engaging survivors in programming due to the caution-

ary principle of resisting retraumatization. Others may not engage survivors because their funding is contingent on adopting evidence-based models, which rarely study survivor-engaged therapy. However, when done appropriately, survivor engagement is not only a more sustainable use of resources, but also a more culturally and contextually appropriate model for many client groups. Survivor engagement may also have greater individual and social impact. This is of particular importance when dealing with survivors of torture, due to the severe shame and stigma faced in the aftermath and recovery from torture, and due to the destruction of the social fabric and social capital for these groups. Survivor engagement can contribute to sustainability, effectiveness, cultural and contextual appropriateness, and can foster posttraumatic growth.

Advantages: Engaging survivors can have many positive effects not only for survivors themselves, but also for torture treatment and advocacy programs. At the macro level, survivors can improve public knowledge and perception of torture and can impact policy making. At the meso level, survivors can refer other survivors for treatment and provide community support. At the micro level, engagement can help the survivors themselves and other survivors (Soley, 2021).

The Inter Agency Standing Committee's mental health and psychosocial support (MHPSS) pyramid (2007) provides a useful framework for understanding and guiding such services. Although this framework was designed for humanitarian settings, it can be applied to the torture rehabilitation space due to various cultural and contextual similarities. The World Health Organisation states that at least one in five people and at least two in five children in situations of conflict develop mental health conditions, but fewer than

Figure 1. The IASC MHPSS Pyramid

half of these have access to professional care (Kaag, 2019). It is estimated that “less than 1% of foreign health assistance is allocated to mental health” (Beyond Conflict, 2022) yet “as many as 40% of refugees have also experienced torture” (UN Special Rapporteur on Torture, 2023). The discrepancy between demand and supply for MHPSS services in situations of conflict, and for torture survivors in particular, indicates the importance of discerning levels of need for clinical care.

The MHPSS support pyramid helps in structuring effective and coordinated multi-sectoral service delivery, in addition to relevant, culturally responsive and sustainable means to service provision. Level one and two outline broad yet intersecting social and preventative measures that promote well-being and resilience, and upholds a survivors’ resourcefulness (Clark, 2022). Level three demarcates the provision of focussed, non-spe-

cialised mental health care such as group therapies and/or targeted thematic programs. Level four alone stipulates specialized individual care by trained professionals for those requiring it based on clinical need.

Moving beyond predominantly specialized individual care at level one, to include trauma focussed care activities at levels two and three, increases service provision and better meets demand. Many of these activities can and are led by trained community practitioners and survivors themselves, recognizing survivors as “key actors” who can “lead their own communities” (CRS, 2016, p. 2). Furthermore, delivery of level two and three activities by survivors promotes cultural responsiveness, ensuring localised provision of care (Mukwege & Nangini, 2009, p. 3). Anchoring service delivery within survivor communities improves access to services, reducing stigma and discrimination

(WHO, 2019). The MHPSS model therefore includes multiple methods of intervention, from non-specialised community-based support to highly specialised mental health care (Save the Children, 2019).

After a collective traumatic experience, victims and witnesses are more likely to work through their mental and emotional difficulties in a community that is familiar to them, and one that recognizes and identifies with the nature of their pain (Hutchison & Bleiker, 2008). Recovery requires not only the reduction of symptoms, but also an improvement in the capacity for self-regulation and strengthening of interpersonal relationships (Hoffman, 2014). Individual therapy is limited in terms of repairing social and community relationships, whereas group therapy “can provide survivors of violence an exceptional opportunity to counteract the experience of subordination by joining with peers on a plane of equality to combat social isolation and fear, to relieve shame, to cultivate a sense of belonging, to connect with sources of resilience and self-esteem, and to rebuild the relational capacities shattered by traumatic experience” (Herman et al., 2018, p. 2). Survivor-led and survivor-engaged programs can similarly help trauma sufferers establish new relationships in a situation of equality. This both helps the individual survivor and repairs the social fabric and social networks.

Recent publications (Boyles et al., 2023; Mercer, McDonald, & Purves, 2023) showcase survivor-engagement interventions from around the world which are innovative and effective in offering non-specialised, trauma focused activities, inclusive of peer support and advocacy programs. These publications present a diverse range of psychological assessments and interventions within cultural and relational contexts, all of which break the traditional assessor-as-expert framework and

offer a variety of alternatives, including group and community approaches to recovery, and thereby acknowledge creative adaptation in service delivery.

Survivor engagement may encourage post-traumatic growth. Studies of victims of other types of trauma find that posttraumatic growth is common and can occur early in the healing process. Posttraumatic growth can occur in five areas: the discovery of new possibilities, improving relationships with others, discovering personal strength, going through spiritual change, and having a greater appreciation of life (Hoffman, 2013; Tedeschi & Calhoun, 1996). Part of the process of posttraumatic growth involves taking meaning from negative experiences, by making sense of the traumatic event and finding benefit from the traumatic experience (Hoffman, 2013).

Posttraumatic growth can occur through involvement in advocacy and supporting others. Rape survivors who were engaged in advocacy and support were able to “find their voice, reclaim their power, and incorporate their experience into a transformed view of themselves, others, and the world” (Strauss Swanson & Szymanski, 2020, p. 653). Public disclosure of the assault helped some survivors reconstruct the narrative of assault, reimagine their identities as activists, and improve interpersonal relationships (Gueta, Eytan & Yakimov, 2020). Involvement in anti-sexual assault activism was associated with greater community connection, more meaning in life, and greater coping and control, which were in turn associated with more positive psychological functioning (Strauss Swanson & Szymanski, 2021).

Disadvantages: While the advantages of survivor-engaged and survivor-led practices are clear, there are some risks to the survivor. Recounting one’s story in private to therapists and other receptive audiences can help

with healing from trauma (Herman, 2015; O'Connor et al., 2021). Less is known about the effects of testifying in public. Recounting the story of one's trauma in public can lead to retraumatization, as can hearing the testimony of others who suffered similar tortures. The negative effects of testifying in public is particularly common when survivors testify during criminal proceedings against perpetrators (Brounéus, 2008; Henry, 2010; Stepakoff et al., 2015) or during Truth and Reconciliation Commission hearings (Allan 2000; Cilliers et al. 2016; Stein et al., 2008). Testifying in informal, non-legal formats may be less stressful, as it gives survivors more control over their testimony, but we are aware of no research that has tested this. Thus, it is important to involve torture survivors in the work of centres in other ways than telling their trauma story in public.

One study shows that women survivors of civil war in Peru who gave public testimony were positively affected by it (Laplante, 2007). We are aware of only one article that examines how torture survivors in particular may benefit from engagement, which studied how giving public testimony for advocacy purposes affected survivors living in the United States (O'Connor et al., 2021). It found that the experience of testifying in public was difficult for survivors in the short term, bringing up feelings of fear, pain and depression. In the long term, however, survivors felt a sense of accomplishment, hope, self-confidence and empowerment.

A few studies of the mental health risks that survivors face when they testify suggest ideas on how to minimize that risk. Allan (2000) suggests screening survivors to determine who is prepared to testify and what mental health services they will need if they do. Sadiq-Tang (2018) suggests creating a Critical Incident Protocol to meet the needs of survivors who

suffer a mental health crisis due to their advocacy. No study to date, however, has evaluated a current effort to support and protect survivors during their advocacy experiences.

Of particular importance, and requiring clear sensitivity, is how to facilitate engagement among survivors of conflict related sexual violence (CRSV) and politically motivated rape. Both are recognised internationally as meeting the legal standard for torture (Gaer, 2012; Obote-Odora, 2005), crimes against humanity (McHenry, 2002; Obote-Odora, 2005), and genocide (Obote-Odora, 2005). Both genders experience CRSV, and although the prevalence rate against women is reportedly higher, the stigma for men is more severe.

The aftermath of CRSV results in various ailments, enduring psychological trauma, silencing of the survivor's (and communities') voices, and systematically breaking family and social bonds (Clark, 2022, p. 357). Due to its effectiveness in destroying social capital, women are increasingly targeted using sexual violence as punishment, deterrence, to instill fear and conformity in groups (Deonandan and Bell, 2019, p. 27) and as a means of ethnic cleansing (Mukwege & Nangini, 2009). CRSV can aim to punish and humiliate males by the rape and sexual assault of female family members (Arcel, 2001; Einolf, 2018).

Research shows subsequent difficulty in reporting CRSV for numerous reasons (Freedman, 2014), leading to significant levels of underreporting and "a paucity of documentation and analysis of the violence" in conflict situations (Deonandan & Bell, 2019, p. 27). This means probing for or disclosure of CRSV or rape in social or public spaces requires careful timing, orchestration and facilitation. The choice and control of the story and its disclosure must always remain in the hands of the survivor, for "there is the

risk of stripping victims of agency” and presenting survivors “only as victims and vessels of violation” rather than “as advocates, survivors, and agitators” (Bourke, 2022, p. 12). Unintended negative consequences of public sharing can also extend further than the individual survivor, compromising familial or social networks, cementing stereotypes and stigma, reinforcing racism, and withdrawing of the issue, all of which work against reporting measures and early access to support. (Freedman, 2014).

Working with CRSV therefore requires localisation, real and expressed safety, and a deep understanding of context, or else there is a danger of “pathologizing the victims” traumatisation and of undermining their resilience” (Reimann & König, 2017, p. 3). Research on sexual violence from around the world, released in 2022, recognises that “Sexual slaves found empowerment through becoming global human rights activists” when “communities of solidarity” had been established and survivor groups themselves led the process (Bourke, 2022, p. 170). Efforts to make CRSV visible and therefore accounted for are necessary but must be both useful and justified so as not to exploit survivors or their stories, instrumentalise survivors (Clark, 2022, p. 355) or commodify them to obtain funding or status.

Best practices in survivor engagement

While no literature describes the current state of survivor engagement, a few articles describe best practices, focusing on programs in Zimbabwe (Mpande et al., 2013; Reeler et al., 2009; Walker, Mpande & Wyatt, 2022) and the United Kingdom (Sadiq-Tang, 2018). In Zimbabwe, the Tree of Life organisation employs fifteen paid program staff and over 150 “community facilitators”, most of whom are torture survivors. The community facilitators have graduated from earlier workshops

on trauma and healing, and receive two years of training. They go into communities and organize weekend healing events, in which survivors meet in groups for guided discussions, meditations, and body work. During and after the events, community facilitators receive restorative debriefings, supervision sessions, and case conferences with senior staff, designed to help them maintain their own mental health and to manage the sessions more effectively (Walker, Mpande, & Wyatt, 2022). Internal and external evaluations have found the program to be very effective (Mpande et al., 2013; Reeler et al., 2009).

In the United Kingdom, Freedom From Torture organizes its survivors into three groups: Survivors Speak Out, Write to Life, and Youth Voices. Survivors Speak Out members advocate with government officials to improve policies and services for asylum-seekers, and also speak at events at universities, Parliament, and the United Nations. Write to Life helps survivors produce poems, stories, films, music, and theatre. Survivors do not recount their torture experience but tell their own versions of their own stories on their own terms. Youth Voices extends the other models to include young people aged 16-25 (Sadiq-Tang, 2018).

In terms of empowering survivors, a Freedom From Torture practitioner states that survivor engagement must “go beyond tokenism or consultation” to involve survivors in “spaces of influence and decision-making fora” (Sadiq-Tang 2018, p. 141). To do so, organisations must allocate a “ring-fenced” set of resources and its own team of staff, so that the program is not just extra work for people with other responsibilities but its own free-standing program. Protection for survivor participants is important and includes ensuring informed consent, assessing risk, and having a critical incident protocol for adverse mental health events (Sadiq-Tang, 2018).

Turning to best practices in protecting survivors from retraumatization during public advocacy, we could find no literature on this in specific regard to protecting torture survivors. From the general literature on the stages of trauma, we can deduce that it is important to wait until the survivor has achieved physical and psychological safety and stability (Herman, 2015). Some studies of the activism of survivors of sexual assault emphasize the potentially positive effects of activism to the survivor (Gueta, Eytan & Yakimov, 2020; Strauss Swanson 2020, 2021), but only one study has examined how advocacy can be harmful, and this focuses on the effects of highly publicized disclosures of sexual assault through social media and the mass media (Gueta et al., 2020).

Data and methods

This article bases its conclusions on IRCT's survivor engagement mapping project and interviews with the executive directors and staff of torture treatment centres. We first used the mapping project to generate statistics about member centres' use of survivor engagement in general and to select a sample for in-depth interviews. The qualitative interviews and analysis form the major part of the study.

Participants

IRCT's mapping project reached out to all 160 member centres, of which 82 reported that they had some sort of survivor engagement program. The mapping project followed up with in-depth interviews with 22 centres that stated on the survey that they had ten or more survivors engaged in their work. From these we identified eleven torture treatment centres that seemed to have active programs and interviewed fourteen executive directors and staff members at these centres. We asked centre staff to refer engaged survivors to us for

interviews but were unable to locate enough survivors willing to participate in the project to make a valid sample.

Measures

We conducted the interviews with executive directors and staff, with a focus on an overview of the institutions' survivor engagement programs, examples of best practices in survivor engagement, the effects that engagement had on survivors, and how agencies dealt with the possibility that survivor engagement would be retraumatizing (Annex 1). The interviews were semi-structured, ensuring that all participants were asked the same set of initial questions but allowing for follow-up questions and the exploration of topics not on the interview guide.

Procedures

We conducted the interviews over Zoom between July and November of 2022. We transcribed the interview recordings and analysed the transcripts using a combination of closed and open coding. We first sorted the answers according to the three main research questions, then summarized the responses and selected potential quotes for citation in the final paper. We then examined the responses to follow-up and new questions to look for issues that did not present themselves in the early formulation of the research.

We provided respondents with a copy of the draft article so they could confirm and correct the wording and context of quotations. All quotations below are verbatim, except that we did take out repeated words and corrected the grammar of sentences, as long as doing so did not change the content or the meaning. As there were minimal risks to participants, and the article identified best practices for which the respondents' organisations may want to receive credit, we allowed respondents to

choose whether they would be identified in the article. Participants gave informed consent for the interviews, and we received Institutional Review Board approval for the project under Protocol # HS22-0471.

Findings

This section first describes current practices in survivor engagement, giving an overview of the level of participation by many member centres and then describing seven centres that do significant work engaging survivors. It then reports the advantages and disadvantages to survivor engagement as perceived by centre staff, and how centres can protect survivors by inviting people who are far enough along in their recovery to be ready for it, and by techniques to avoid retraumatization.

Current practices in survivor engagement

There is no comprehensive source of data by which one could determine how extensively survivor engagement is practiced by IRCT's 160 member programs. IRCT recently conducted a survivor engagement mapping project, but data collection was limited by the ability of the staff of member agencies to devote time to participate in the research. Data collection began with IRCT's Global Impact Survey to member agencies in March 2022, which contained a single question on survivor engagement: "How many torture survivors were engaged in mentoring other survivors, speaking out or influencing policy decisions or engaged in advocacy work in 2021?" Of the 131 (82% of the total) centres that responded to the survey, 82 (64%) indicated that at least one survivor had been involved in mentoring, speaking out, or advocacy. Of these, 46 (56%) reported working with more than 10 engaged survivors in 2021.

We followed up with 72 of the 82 organisations who had reported survivor engagement

with a request for interviews, and 22 organisations participated in this first round of interviews. These organisations hired survivors as paid staff, helped survivors talk to the media, put survivors on governing or advisory boards, involved them as mentors or volunteers helping other survivors, and helped them engage in political advocacy. Each organisation only did one or a few of these activities, often informally.

The second round of interviews involved focusing on fourteen of the 22 centres that had participated in the first round, seeking more detailed information about best practices. While most member centres only did a little in the area of survivor engagement, seven had highly active programs: the Assaf Aid Organisation for Refugees and Asylees in Israel, Freedom From Torture (FFT) in the United Kingdom, the Mahteso Foundation in Kenya, the Restart Center for the Rehabilitation of Victims of Violence and Torture in Lebanon, Spirasi in Ireland, the Torture Abolition and Survivors Support Coalition International (TASSC) in the United States, Tree of Life (ToL) in Zimbabwe, and the Wchan Organisation for Victims of Human Rights Violations in Iraqi Kurdistan. We interviewed the executive directors of these agencies to gain more information about how they engage survivors. To demonstrate how survivor engagement activities work in context, the following section describes the seven agencies and the nature of their engagement work.

The Assaf Aid Organisation for Refugees and Asylum Seekers in Israel: Assaf uses survivor volunteers and employees as "community mediators" who work as translators of both language and culture. As "white privileged Israelis," most staff members do not have the lived experience of those who survived torture and went through the refugee and asylum process. Social workers and community mediators work together as full partners to help clients. Media-

tors fully translate what the clients say and add their own perspective on the cultural context of what clients are saying.

Assaf tries to hire torture survivors wherever possible, working with job candidates to recognize their lived experience and expertise even when the candidate may not be strong on paper. Of course, there are some jobs that survivors lack the skills to do, such as the English language ability needed to do fundraising, or the clinical training needed to do therapy. However, Assaf prioritizes hiring survivors for the jobs that they can do. A survivor directs their intake and reception center, and three other staff members out of twenty total are survivors.

Assaf clients who have already had extensive therapy work as mentors to support other members of the community. Individual survivors participate in legal petitions and political advocacy to improve government policies towards asylum seekers. Doing so is empowering, as “they are fighting for the rest of the community and using their own story and their own pain to promote the rights of others.”

Freedom From Torture (FFT): As described by Sadiq-Tang (2018), Freedom From Torture in the United Kingdom has an internally-focused group of survivors that helps with decision making, and three externally-focused groups, Survivors Speak Out, Write to Life, and Youth Voices. FFT survivor volunteers lobby the government for improvements to the asylum system and educate the community about the experience and needs of torture survivors and asylum seekers.

Interviews with FFT staff found that the centre has invested heavily in survivor engagement since the publication of Sadiq-Tang’s (2018) article. They have hired a full-time staff person to take charge of the survivor engagement program. They have expanded the number of paid positions offered to survivors,

and have allowed those already hired to progress upwards. FFT has progressed from having service users consulted in service design, to having service users codesign, codevelop, and co-deliver services. They are piloting a stabilization group which will provide group therapy for survivors on the wait list to receive individualized treatment. The group is run by both clinicians and survivors working as paid staff, and helps survivors manage their symptoms while they wait for individualized therapy.

To protect survivors from retraumatization, FFT staff teach volunteers self-care techniques and helps them act as a network to take care of each other. For survivors to participate in external engagement activities, they must have already completed therapy. FFT encourages survivors to share only what they want to and tell their stories in a way that empowers them. They do not encourage survivors to tell their full torture story, but to talk about their experience generally, only adding details from their personal story when necessary to make a point. They always have a staff member travel with the survivor to any public event, and have a debriefing session afterward. They do not ask people to participate in external events but ask people to decide for themselves when they are ready and what they want to do. They put out news of speaking opportunities to their network of alumni and survivors then sign up if they are interested. While retraumatization is always a concern, “we always push for the support, rather than stopping people from engaging just because we are worried that people would be retraumatized.”

The Mahteso Foundation: Mahteso, in Kenya, is a truly survivor-led organisation. Unlike most torture treatment centres, which are charitable organisations with an appointed Board of Directors, Mahteso is a membership organisation where the members, who are torture survivors, elect the Board. The or-

ganisation has had over 1,000 members in its fifteen years of operation, and over 200 members voted in the last election. Four out of the six board members are torture survivors.

In 2017, Mahteso successfully lobbied the Kenyan parliament to pass the Torture Victims Act, which translated Kenya's commitments under the UN Convention Against Torture into domestic law. Since 2017, Mahteso has used the Act to sue the government for violations, often winning settlements for survivors of \$20,000 to \$45,000. Survivors use these settlements to buy houses and start businesses, and they operate a "merry go round" system where survivors take turns sharing investment funding.

The Restart Center for Rehabilitation of Victims of Violence and Torture (Restart): Restart in Lebanon uses a community-based psychosocial support model of supporting torture survivors. The aim of this program is to prevent the onset of mental disorders before they emerge among affected populations. The program also aims to build the capacity of outreach volunteers to successfully design, implement, and evaluate psychosocial support programs in their own communities. Restart employs survivor volunteers as community outreach workers who recruit individuals with significant distress in their home communities, facilitate their enrolment in the program, and assist specialists during group sessions.

Spirasi: Spirasi in Ireland has a survivor on their Board of Directors and a survivor working as paid staff. The paid staff member goes to the reception centers where newly arrived asylum seekers live and tells them about Spirasi's services. Being a torture survivor himself, and a user of their services, he is better able to communicate with torture survivors about how Spirasi can help them. Spirasi invited survivors to speak at a round table event for doctors and lawyers, explaining

their experience and perspective on rehabilitation and the use of medico-legal reports. One survivor, who had a medical background in his home country, spoke before the Royal College of Surgeons on the subject of torture trauma. The centre consults with survivors through a group of former clients who have also acted as an advisory group for a research project, and the center offers an LGBTQ peer support group for current clients.

The Torture Abolition and Survivors Support Coalition International (TASSC): TASSC, in the United States, is another survivor-led organisation. Its founder, Diana Ortiz, was an American nun who was abducted and tortured in Guatemala. She passed on leadership of the organisation to another torture survivor, and survivors have consistently served as the organisation's executive director. Survivors also form a majority of members on the centre's board.

TASSC operates an advocacy program driven by survivors. Most of TASSC's clients were political activists in their home countries, so doing advocacy in the United States continues their work. Most of TASSC's current clients are from Ethiopia, and they spoke to Congressional staffers in an effort to lobby Congress to pass a resolution condemning human rights abuses in their country. The effectiveness of their lobbying was demonstrated by the fact that several Congressional Representatives changed their position on the resolution just days after meeting with the survivors, and the resolution eventually passed.

A second issue that TASSC lobbies for is an administrative change in how the US immigration authorities process asylum cases. There is a nationwide backlog of hundreds of thousands of cases, including torture survivors from all over the country, who have been waiting seven or eight years for an asylum interview. The US Asylum Division is distracted by an overload of new cases on the southern

border and refuses to interview hardly any of these older cases. Working with staff from other agencies that serve, TASSC organized a coalition that has set up over 30 meetings where survivors meet with Congressional aides. The survivors share their stories of persecution and explain how much they are suffering because they cannot get an asylum interview.

Tree of Life Trust (ToL): Tree of Life Trust in Zimbabwe provides community-based mental health and psychosocial support programs for survivors of organised violence and torture. ToL works through a network of around 150 paid, part-time Community Facilitators who are supervised by a team of full-time staff. Capacity and skill building is cascaded out to the larger CF network through participatory workshops, with deliberate feedback mechanisms and action-learning cycles to inform follow up to emerging themes and relevant needs to be addressed on the ground. This allows for cultural and language adaptations, and the contextualization and localization of support systems.

Most community facilitators are survivors who have been through the Tree of Life workshops and then expressed an interest in joining the organisation as facilitators. Survivors undergo a series of trainings, including personal development and healing requirements, and are paid for their work. Like all Tree of Life staff, community facilitators are supported with supervision, debriefing and self-care activities in order to manage the effects of secondary trauma and re-traumatization.

When working at community level, Tree of Life first links and builds rapport with communities through traditional structures such as with chiefs, community leaders or faith leaders. Once invited, Tree of Life provides workshops in the community, in the local language, and provides long term follow up support. Tree of Life also offers “special follow up” workshops such as gender or age specific workshops de-

pendent on the needs identified for that community. Tree of Life has also started working alongside other development and livelihoods programs to promote social cohesion, cooperation, and the sustainability of projects within communities.

Wchan Organisation for Human Rights: Wchan in Kurdistan-Iraq engages with local prison officials to ameliorate the abuse and torture that sometimes happen to people serving sentences for criminal offenses. An innovative program not only offers training to prison staff, but also brings them together with prisoners and Wchan mental health workers to meet in a circle to discuss problems in the prison and how to resolve them without violence. Staff and survivors raise the point that the prisoners are already being punished according to the law, and that this punishment is adequate; the guards do not need to add to their punishment by abusing them. After one training session, a guard reflected that he used to think, “if a prisoner becomes angry, of course I will beat him.” But after the meeting the guard realized that he had ended up beating the prisoner because he had escalated the situation. “If I beat him, he’s suffering, and he will increase problems for me as well,” the guard stated. “If I respect him, he will respect my duty as well.”

Perceived advantages and disadvantages of survivor engagement

To answer this question, we looked at the effects of survivor engagement on member centres and its effects on the survivor participants themselves. Centre staff told us that survivor engagement in program planning helped improve services. For example, Wchan in Iraqi Kurdistan used to require survivors to come to their downtown office, but their client advisory council convinced them to bring their services to communities outside

of the city centre where their clients lived. When the Center for Victims of Torture in the United States included survivors in their strategic planning process, they learned that the organisation's two-year limit on assistance was too short, as survivors needed more time to become stable and self-sufficient.

Kolbassia Haoussou, Director of Survivor Empowerment at Freedom From Torture, emphasizes the importance of survivor engagement in improving services:

All centres deliver services to survivors. People who work there have been doing this for a long time and think they know what works. That doesn't work. At the end of the day, it's the people using the services who know whether the services meet their needs or not. You have to create a platform for people to feel confident to tell you exactly how they feel about the support that you're giving them. You have to take it as feedback that will help you help them better. Some people seem to think that people are too vulnerable and don't know what's best for them. Even though people are vulnerable, they can tell you whether what you're doing is helping them.

Centre staff explained that there can be many benefits to participation. Simon Adams, the President and Chief Executive Officer of the Center for Victims of Torture in the US, explained that while some survivors are not ready for engagement, for others the work can play "a central role in somebody's reengagement with the world, and their recovery." Survivors of torture and atrocities may think, "There is no hope, human beings are horrible, the world is a dark place that should be feared, and we're all just one knock at the door away from being dragged off to a torture chamber somewhere." But "telling their story, being involved in advocacy, or connecting with a kind

of a truth-telling and justice process, can be an important part of their gathering hope and humanity, strengthening their voice, and feeling that there's a purpose in their survival."

Even involvement in fundraising can be empowering. While survivor involvement in fundraising can be "exploitative" and "voyeuristic," speaking at a fundraising event was empowering for a survivor who worked with the Center for Victims of Torture in the United States. According to Adams, "it was incredibly emotional for him. There was a validation that he got to come to the United States and stand on a stage and be able to tell his story and what happened to him. To have people say, 'I want to give money to help organisations who treat other survivors and stop this from have happening,' was both personally and professionally validating."

Speaking out can be especially healing for survivors after their torturers tried to silence them. One staff member stated that "the most important thing is just to give back survivors their voice, because when they were being tortured, many were told that they would never talk again." Many were political activists in their home countries, which is what led them to be tortured in the first place. Engagement opportunities "give them back their voice and a platform to continue what they like to do: advocating." Engagement and advocacy make them feel "not like a victim, but a survivor."

Staff stated that survivors who do political advocacy may find this particularly empowering. After speaking with a U.S. Senator about their experiences in the asylum system, a group of survivors felt positive about their experience. "I can't believe I just spoke to a U.S. Senator," one reflected. "I could live 100 years in my country and never have a chance to talk with one of our elected representatives." Later, a group of survivors talked to the same Senator about conditions in their

home country, and the Senator introduced a resolution in the Senate condemning the violence and human rights abuses there.

Staff members had little to say about the disadvantages of survivor engagement, either for the centre or for the survivor. Centres who engaged survivors in their work asserted that doing so brought benefits to the organisation and acknowledged few drawbacks other than the cost in resources and staff time to facilitate their participation. In regards to disadvantages for the survivor, centre staff emphasized the measures they took to prevent retraumatization. In only a few cases did retraumatization occur despite their best efforts, and even then they were able to help survivors recover from their experience.

Protecting survivors

One issue regarding survivor engagement is the question of which survivors should participate in programs. Survivors in the early stages of recovery are not suitable for engagement, as they are still in crisis and dealing with their own trauma. At some point, survivors heal to the point where engagement is possible, and organisations need to determine when survivors have reached that point.

Most staff members resisted the idea that therapists should judge when survivors are ready to engage in work and advocacy. As the director of Center for Victims of Torture stated, “who’s absolute best at making that determination is the survivors themselves.” His organisation does not pressure survivors to participate but look for individuals for whom “there’s a hunger and determination, and an interest for playing a more active role.” Once the organisation has set up “mechanisms and structures” that make participation possible, survivors will self-select into those programs. The director of Assaf in Israel noted that people will self-select into partic-

ipation in advocacy. “If you open this option with the client itself and see their reaction, people really know for themselves whether they are ready or not.”

A second issue is the potential for engagement to retraumatize survivors. One way to prevent this is to give survivors control over what and how much they choose to disclose. When clients of TASSC go to advocate for torture survivors with Congressional staff, some just say they were persecuted, some tell their stories, and some go as far as to show their scars. Those who choose not to tell their stories of torture can talk about the human rights situation in their home country or their experience as an asylum-seeker in the US, making a contribution without revisiting their trauma.

Freedom From Torture staff provide extensive support to survivor advocates, both for the survivors’ own sake and to convince other staff at the organisation that their clients are not being retraumatized. When a survivor speaks at an advocacy or educational forum, “we make sure you share your story as an empowered person, not as a victim.” They always send a staff person with the survivor to provide support and have a debriefing session after every event. FFT ensures that people have the techniques they need to look after themselves, and they act as a network to take care of each other. FFT makes sure the survivors share only what they want to and tell their stories in a way that makes them feel empowered. With the internal group, they are clear that it is not therapy and encourage people only to share what’s relevant to improving service provision.

Discussion

We surveyed all 160 IRCT member centres to find out which ones engage survivors and did follow-up interviews with the executive directors of 22 centres that indicated on the survey

that they were particularly active. Agency staff emphasized the benefits of survivor engagement to the agency, and thought engagement was beneficial to the survivors themselves. While recognizing that engagement can be re-traumatizing, staff members felt that they had prepared and supported survivors adequately to avoid retraumatization. Significantly, it was very rare that engagement involved the survivor recounting their story of trauma, but instead involved survivors in planning, service provision and advocacy. While it is important only to encourage survivors to engage once they have reached a point of psychological recovery, the survivors themselves are the best judges of whether they are ready. Centres limited the potential for retraumatization by giving survivors control over how they participate and how much they disclose, sending staff members to support survivors who testify about their experiences, and guarding survivors' privacy and the safety of relatives.

From our review of the programs of seven exemplary centres, we found nine best practices that other centres can adopt:

1. Recruiting survivors for the Board of Directors (Mahteso, Spirasi, TASSC)
2. Hiring survivors as paid staff members (Assaf, Spirasi, TASSC, ToL) and as the executive director (TASSC)
3. Having survivors advocate with asylum office officials for better policies and practices on adjudicating asylum claims (Assaf, Freedom From Torture, TASSC)
4. Having survivors advocate with elected officials for human rights policies towards their home countries (TASSC)
5. Speaking with lawyer and doctor volunteers about how better to provide services (Spirasi)
6. Having prisoners meet with prison guards to discuss non-violent ways of maintain-

ing order in the prison (Wchan)

7. Recruiting survivors as an advisory group to provide feedback and guidance on internal policies (Spirasi)
8. Recruiting survivors as community outreach workers or community mediators to assist in providing mental health services (Assaf, Restart, ToL)
9. Having survivors serve as plaintiffs in civil cases suing the government for damages due to violations of the laws against torture (Mahteso)

Conditions vary from country to country, and no single organisation engages in all of these activities. This list provides ideas for survivor engagement, only some of which may be practicable for other organisations.

Given that the benefits of survivor engagement are great and that the risks to survivors can be minimized, why do so few treatment centres engage survivors? The answer may lie in expense and the allocation of resources. While ultimately survivor engagement can allow programs to reach more people at lesser expense, organisations that are primarily structured along a model of individual therapy may see survivor engagement to be a costly add-on. Already burdened with low resources and many clients, they may decide that the time is not right to start a new initiative.

Limitations

The chief limitation of this study is its lack of data taken from engaged survivors themselves. It is ironic, and unfortunate, that a study of survivor engagement should have no input from survivors. While we made extensive attempts to find engaged survivors to interview by asking staff at member centres to locate survivors and pass along our request to interview them, we were only able to locate three survivors willing to be interviewed. The

small number of member centres who use survivors in their work and the small number of survivors who work at each centre made the population of potential research subjects small. Rather than use an unrepresentative sample of just a few survivors, we elected to limit our analysis to staff responses and leave an extensive study of survivors' perspectives on engagement to future research. Future studies should include the perspective of engaged survivors as a way of triangulating the data, particularly given that agency self-reports may have a positive bias.

Other limitations include the limited information obtained on why organisations might not engage survivors in their work. Only 82 out of 160 organisations responded to the initial survey, and we only interviewed staff from 11 organisations. We found that organisations that made extensive use of survivors were more likely to talk to us, while organisations that did not engage survivors were less likely to respond to our request for an interview. Thus, we were unable to determine why those organisations who do not use survivors decline to do so. Organisations who did involve survivors spoke of the need to devote time and resources to the project, as well as the need to prevent retraumatization, so these may be reasons that other organisations do not involve survivors in their work. The issue of barriers to survivor engagement deserves further study.

Another limitation involves a lack of information about the potentially negative effects of engagement on survivors. Agency staff emphasized that they only engage survivors who are ready to do the work, and only in ways that would not be harmful to the survivors. Agency staff emphasized that they took the proper precautions to avoid traumatizing survivors, but interviews with the survivors themselves may reveal ways in which engagement was found to be retraumatizing.

Finally, our findings were based on retrospective self-reports by organisational staff, who may be biased to believe that the programs that they initiated and manage are successful. The use of retrospective interviews means that later events may colour interviewees' memories of how and why programs were started. Future research should use prospective measures, with benchmarks taken at the beginning of the implementation of survivor engagement programs, and objective measures of mental health status and the achievement of organisational goals.

Conclusion

While IRCT members agreed in 2020 that centres should "promote the meaningful contributions of victims" in their work, progress towards this goal has been limited. Despite our efforts to survey all member centres, we have only a partial picture of what member centres actually do in the area of survivor engagement. We have a better idea of best practices and documented nine best practices among seven centres that we judged to be exemplary. In these centres, staff are concerned about retraumatizing survivors and are careful to only recruit those who deem themselves ready for the work. Centres avoid having survivors recount their stories of trauma, choosing to involve survivors instead in other ways. As the centres that do involve survivors recount many benefits and few risks or drawbacks, it is unclear why survivor engagement is not more common. It is hoped that this article encourages more agencies to engage survivors in their work and advocacy.

Future research can build upon our findings by conducting prospective studies of the effects of survivor engagement on both survivors and centres. Interviews and psychometric measures can assess the mental health of survivors before they begin to engage in work, and

can then follow up at intervals as they work to see what effect survivor engagement has upon their mental health. Similarly, staff interviews can take place at the beginning of survivor engagement initiatives and then follow up to determine whether engagement initiatives met their goals. In addition to the ethical case for survivor engagement, research and experience suggests that survivor engagement has a positive effect on both survivors and centres, but this hypothesis has not been rigorously tested. Follow up studies can see what kinds of engagement programs maximize benefits to survivors and organisations while minimizing risk to survivors.

References:

- Allan, A. (2000). "Truth and Reconciliation: A Psychological Perspective." *Ethnicity & Health* 5(3-4): 191-204.
- Arcel, L. T. (2001). "Torture, Cruel, Inhuman and Degrading Treatment of Women: Psychological Consequences." *Psyke and Logos* 22(1): 322-51.
- Arnold, G. (2017). "U.S. Women's Movements to End Violence against Women, Domestic Abuse, and Rape." Pages 270-290 in H.J. McCammon, V. Taylor, J. Reger, and R. L. Einwohner, eds., *The Oxford Handbook of U.S. Women's Social Movement Activism*. New York: Oxford University Press.
- Beyond Conflict. (2022). *The Field Guide for Barefoot Psychology*. Accessed 16/12/22 from <https://beyondconflictint.org/what-we-do/curent-initiatives/migrant-and-refugee-crisis/the-field-guide-for-barefoot-psychologists/>.
- Bourke, J. (2022). *Disgrace: Global Reflections on Sexual Violence*. London: Reaktion Books.
- Boyles, J., Ewart-Briggs, R., Horn, R., & Lamb, K. (Eds). (2023). *Groupwork with Refugees and Survivors of Human Rights Abuses: The Power of Togetherness*. New York: Routledge.
- Brounéus, K. (2008). Truth-telling as talking cure? Insecurity and retraumatization in the Rwandan gacaca courts. *Security Dialogue*, 39(1), 55-76.
- Cilliers, J., Dube, O., & Siddiqi, B. (2016). Reconciling after civil conflict increases social capital but decreases individual well-being. *Science*, 352(6287), 787-794.
- Clark, J. (2022). Resilience in the context of conflict-related sexual violence and beyond: A "sentient ecology" framework. *The British Journal of Sociology*, 73, 352-369.
- Catholic Relief Services. (2016). *Healing personal trauma to restore communities: Integrating trauma healing for partner staff into recovery programming*. Accessed 5/12/22 from <https://www.crs.org/our-work-overseas/research-publications/healing-personal-trauma-restore-communities>
- Deonandan, K., & Bell, C. (2019). Discipline and punish: Gendered dimensions of violence in extractive development. *Canadian Journal of Women and the Law*, 31(1), 24-57.
- Einolf, C. J. (2018). Why do states use sexual torture against political prisoners? Evidence from Saddam Hussein's Iraq. *Journal of Global Security Studies* 3(4), 417-430.
- Freedman, J. (2014). Treating sexual violence as a "business": Reflections on national and international responses to sexual and gender-based violence in the Democratic Republic of Congo. *Gendered Perspectives on Conflict and Violence: Part B (Advances in Gender Research, Vol. 18B)* (pp. 125-143). Bingley, UK: Emerald Group Publishing.
- Gaer, F. D. (2012). Rape as form of torture: The experience of the Committee against Torture. *CUNY Law Review*, 15(2), 293-308.
- Gueta, K., Eytan, S., & Yakimov, P. (2020). Between healing and revictimization: The experience of public self-disclosure of sexual assault and its perceived effect on recovery. *Psychology of Violence*, 10(6), 626-637.
- Henry, N. (2010). The impossibility of bearing witness: Wartime rape and the promise of justice. *Violence Against Women*, 16(10), 1098-1119.
- Herman, J. (2015). *Trauma and Recovery (Revised)*. Basic Books.
- Herman, J., Kallivayalil, D., and Members of the Victims of Violence Program. (2018). *Group Trauma Treatment in Early Recovery: Promoting Safety and Self-Care*. New York: Guilford Press.
- Hoffman, A. (2013). Positive adaptation: Conceptualizing posttraumatic positive adjustment. *Counselling Psychology Quarterly*, 26(1), 1-7.
- Hofmann S. (2014). Interpersonal emotion regulation model of mood and anxiety disorders. *National Library of Medicine*, 38(5), 483-492.
- Kaag, S. (2019). War's trauma endures long after the last shot is fired - broken souls need rebuilding. *The Guardian*. Retrieved from: <https://www.theguardian.com/society/2019/jun/30/wars-trauma-endures-long-after-the-last-shot-is-fired-broken-souls-need-rebuilding#img-1>
- Hutchison, E. & Bleiker, R. (2008). Emotional

- reconciliation: Reconstituting identity and community after trauma. *European Journal of Social Theory* 11(3), 385–403.
- Inter Agency Standing Committee. (2007). *IASC Guidelines on Mental Health and Psychosocial Support in Emergency Settings*. Geneva: IASC.
- International Resource Center for Torture Victims. (2020). IRCT Global Rehabilitation Standards. Downloaded from <https://irct.org/gsr/>.
- Laplante, L. J. (2007). Women as political participants: Psychosocial postconflict recovery in Peru. *Peace and Conflict*, 13(3), 313–331.
- Martin, P. Y. (2005). *Rape Work: Victims, Gender and Emotions in Organisation and Community Context*. New York: Routledge.
- McHenry, J. (2002). The prosecution of rape under international law: Justice that is long overdue. *Vanderbilt Journal of Transnational Law*, 35(4), 1269–1312.
- Mercer, B. L., McDonald, H., & Purves, C. (eds). *Psychological Interventions from Six Continents: Culture, Collaboration, and Community*. New York: Routledge.
- Mpande, E., Higson-Smith, C., Chimatira, R. J., Kadaira, A., Mashonganyika, J., Ncube, Q. M., Ngwenya, S., Vinson, G., Wild, R., & Ziwoni, N. (2013). Community intervention during ongoing political violence: What is possible? What works? *Peace and Conflict: Journal of Peace Psychology*, 19(2), 196–208.
- Mukwege, D. & Nangini, C. (2009). Rape with extreme violence: The new pathology in South Kivu, Democratic Republic of Congo. *PLOS Medicine* 6(12), e1000204. <https://doi.org/10.1371/journal.pmed.1000204>
- O'Connor, S., Byimana, L., Patel, S., & Kivlighan, Jr., D. (2021). Corrective political experiences: Psychological impacts of public testimony for survivors of torture. *Professional Psychology: Research and Practice*, 52(6), 588–599.
- Obote-Odora, A. (2005). Rape and sexual violence in international law: ICTR Contribution. *New England Journal of International and Comparative Law*, 12(1), 135–160.
- Reeler, T., Chitsike, K., Malzva, F., & Reeler, B. (2009). The Tree of Life: A community approach to empowering and healing survivors of torture in Zimbabwe. *Torture Journal*, 19(3), 180–193.
- Reimann, C. & König, U. (2017) *Collective Trauma and Resilience. Key Concepts in Transforming War-related Identities*. Berghof Handbook Dialogue Series No. 11, edited by Beatrix Austin and Martina Fischer. Berlin: Berghof Foundation 2016.
- Sadiq-Tang, S. (2018). Building survivor activism: An organisational view. *Torture Journal*, 28(2), 140–149.
- Save the Children (2019). *Road to recovery. Responding to children's mental health in conflict*. London: Save The Children.
- Soley, B. (2021). Engaging torture survivors in the global fight against torture. *Torture Journal*, 31(1), 88–92.
- Stein, D. J., Seedat, S., Kamminer, D., Moomal, H., Herman, A., Sonnega, J., & Williams, D. R. (2008). The impact of the Truth and Reconciliation Commission on psychological distress and forgiveness in South Africa. *Social Psychiatry and Psychiatric Epidemiology*, 43(6), 462–468.
- Stepakoff, S., Shawn Reynolds, G., Charters, S., & Henry, N. (2015). The experience of testifying in a war-crimes tribunal in Sierra Leone. *Peace and Conflict*, 21(3), 445–464
- Strauss Swanson, C., & Szymanski, D. M. (2020). From pain to power: An exploration of activism, the #MeToo movement, and healing from sexual assault trauma. *Journal of Counseling Psychology*, 67(6), 653–688.
- Strauss Swanson, C., & Szymanski, D. M. (2021). Anti-sexual assault activism and positive psychological functioning among survivors. *Sex Roles*, 85, 25–38.
- Tedeschi, R. G., & Calhoun, L. G. (2004). Posttraumatic growth: Conceptual foundations and empirical evidence. *Psychological Inquiry*, 15(1), 1–18.
- Walker, L., Mpande, E., & Wyatt, S. (2022). Tree of Life Zimbabwe: Community-based trauma healing. In J. Boyles, R. Ewart-Briggs, R. Horn & K. Lamb (eds.), *Groupwork With Refugees and Survivors of Human Rights abuses: The Power of Togetherness*. New York: Routledge.
- World Health Organisation. (2019). *The mhGAP Community Toolkit: Field Test Version*. Geneva. Retrieved from: <https://www.who.int/publications/i/item/the-mhgap-community-toolkit-field-test-version>.

Annex 1: Interview Guide for Executive Directors and Staff:

1. Does your agency engage survivors in any of its activities?
 - a. If so, why?
 - b. If not, why not? (Follow up questions about cost, staffing, retraumatization, survivors' safety, and matching the organisation's goals)
2. What are the goals of your survivor engagement projects?
3. What are the activities of your survivor engagement projects?
4. How do you avoid retraumatizing survivors?
5. If personal healing and growth are goals of the survivor engagement projects, how do you try to achieve those goals?
6. How do you evaluate whether your engagement program is meeting its goals?