



**Transitional Justice in Southern Africa  
Preliminary Strategic Guidelines for addressing  
Violence in Angola: Results of a Needs Assessment  
Workshop Held in Luanda  
August 2009**



**UNIVERSITY  
OF OSLO**

Norwegian Centre for Human Rights

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## 1. Background

The Development Workshop and CSVR report on Transitional Justice mechanisms present in Angola was launched in Luanda in March 2009. This process created the opportunity for key stakeholders to come together to discuss issues of transition and current challenges. During the process of data collection for the report, requests for support around issues of unresolved trauma and gender-based violence (GBV) were made. This included a direct request from the Ministry of Women and Developmental Affairs for training in these areas. The wide media coverage of the launch and the discussion held during it once again highlighted the need for Angolans to address the consequences of decades of civil war and how this contributed to current levels of violence.

ICTJ obtained additional funding for follow-up work in Angola, aimed at addressing some of these needs. In considering this intervention in more detail with relevant specialist programmes within CSVR, several key processes needed to be undertaken in order for the project to succeed. It is clear that unresolved trauma (and corresponding GBV) is a key issue for Angolans today. However, the dimensions of this challenge as well as the needs around it were not clear. In order for any intervention to be effective it is necessary to understand the problem in detail along with a contextual understanding of how this may be addressed and the gaps that exist.

As such, CSVR approached the follow-up project by conducting a detailed in-country needs assessment in regards to violence. This involved key stakeholders (government and civil society organisations) and sought to achieve the following:

- a. Unpack the complexities of violence and how violence shapes and affects Angolans today
- b. Present a model for strategic intervention in relation to violence (at a national level), informed by the South African experience
- c. Conduct a SWOT analysis in relation to Angola's capacity to address this issue
- d. Develop a strategy for intervention for Angola which is contextually based

### **Why is it important to have overall strategic guidelines for trauma treatment?**

Angola's population is approximately 16 million people. Analysing Post Traumatic Stress Disorder (PTSD) prevalence rates allows us to determine the number of people who will need more intensive assistance in Angola. In USA prevalence rates for the general population is around 8%<sup>1</sup> and for Vietnam vets it is at 29%<sup>2</sup>. Two studies were found which look at PTSD in Angola (although there may be

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<sup>1</sup> Kessler RC, Sonnega A, Bromet E, Hughes M, Nelson CB. Posttraumatic stress disorder in the National Comorbidity Survey. *Archives of General Psychiatry* 1995; 52 (12):1048–1060.

<sup>2</sup> Kulka RA, Schlenger WE, Fairbank JA, Hough RI, Jordan KB, Marmar CR, Weiss DS. (). *Trauma and the vietnam war generation: report of findings from the national Vietnam veterans readjustment study*. New York: Brunner Mazel; 1990.

more) the one focussed on soldiers and found PTSD in 20%<sup>3</sup> while the other found PTSD rates of 86% for Angolan adolescents (very high because of age, the war was still on at the time, and due to length of war). We can conservatively estimate that PTSD will be around 20% in Angola. This means that there are an estimated 3,2 million people in need of psychological and/or psychiatric care in Angola.

According to the WHO<sup>4</sup> in 2006 Angola had 1165 medical physicians, which means a ration of 1 doctor for 13,733 Angolans. This begins to highlight the need for a comprehensive strategy to be developed for Angola. It would be possible to train a few people but unless there is a strategy about whom to train and in what way, with what skills, it will be difficult to address the needs of victims in Angola.

## **2. The needs assessment:**

The needs assessment was based on a three day workshop held from the 11<sup>th</sup> to the 13<sup>th</sup> of August 2009 in Luanda. The information upon which this document is based is limited to the needs assessment conducted over these three days. Although key people from different sectors were present we accept that there may be gaps in the information obtained. There may be services that were not identified by the participants but exist and there may also be new services that have emerged since.

### Organisations represented:

Development Workshop (DW) – 3  
Council for Christian Churches in Angola (CICA) 1  
Search for Common Ground (SFCG) 1  
Organisation of Angolan Women (OMA) – 4  
Angolan National Association for the Disabled (ANDA) – 3  
Ministry of Youth and Sport (MINJOD) – 1  
National Institute for Angolan Children (INAC) – 3  
General Command for National Police (CGPN) 2  
Council for Angolan Veterans (CVIA) 1  
League of Veterans of the Angolan War (LIVEGA) 2  
Ministry of Family and Women (MINFAMU) 1  
ASACITA 1

## **3. The socio-political and economic context in the country regarding violence**

Objective: to map out some of the key contributors to violence in Angola

### Understanding violence:

There is usually no single cause or single solution to violence. There are many different causes and solutions to this complex problem. Most acts of violence are

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<sup>3</sup> Eric G Bing; Karen G Cheng, Daniel J Ortiz, Ricardo Ovalle-Bahamón. Post-traumatic stress, depression, alcohol use and HIV/AIDS risk among Angolan soldiers

<sup>4</sup> WHO Country Health System Fact Sheet 2006, Angola

situated in a complex network of social, cultural, and historically specific supports and prohibitions for who may get harmed and by whom.

Long<sup>5</sup> outlines five types of motivational and relational contexts for violence which can be useful for understanding and overcoming violence. These include:

- Interpersonal (arousal of emotion in the aggressor by the victim);
- Identity (victim as representative of a negatively considered group or as part of relations with a positively considered group);
- Instrumental (violence to obtain material or other benefits from the victim);
- Occupational (violence as part of a job) and
- Structural (violence as part of consciously or unconsciously perceived rights inherent in the social relationship of aggressor and victim)

In South Africa all of these have been or are in some way present. For example some of the causes of current violence in SA include<sup>6</sup>:

- Transition and destruction (and rebuilding) of existing mechanisms of social control and authority (vigilantism, gangs, urban terror, xenophobia, internal conflict between foreigners)
- Taxi violence
- The culture of violence
- Youth marginalisation and blocked opportunities for youth
- Political violence in one of the provinces after 1994, KwaZulu-Natal
- Easy access to and availability of firearms
- Creation of a sub-economy dependent on violence (e.g. trade in arms and protection)
- Socio-economic factors (poverty, economic recession, and lack of services)
- Inadequate support for victims of violence (re-victimisation)
- Psychosocial factors (e.g. racism, masculine identity)
- Myths/stereotypes

In order to begin to develop a strategy for Angola in terms of dealing with violence and its consequences it is necessary to unpack what the contributing factors are.

Here we look at four areas:

- historic-political,
- psychosocial,
- economic, and
- cultural

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<sup>5</sup> Long, J. , 2009-07-14 "Political and other types of Violence: a relational approach" *Paper presented at the annual meeting of the ISPP 32nd Annual Scientific Meeting* <Not Available>. 2009-07-01 from [http://www.allacademic.com/meta/p370514\\_index.html](http://www.allacademic.com/meta/p370514_index.html)

<sup>6</sup> Hoffman and McKendrick (1990)

#### 4. Contributors to violence in Angola:

Participants were divided into four groups: historic-political, psychosocial, economic, and cultural and asked to map the contributors to violence in Angola. Groups were asked to look at these at a national, community and interpersonal level.

##### 4.1. Historical-political

- Pre-colonial wars from Bantus' movements from North Africa into Angola at the sacrifice of existing local cultures
- Colonization which destroyed all existing community systems. The colonisers also introduced religion which divided people.
- Transition into independence – from the Portuguese (the Accord was very violent in its nature in terms of who was chosen and how)
- Political ideologies – linked to the cold war, communism and the world powers at the time which forced people to align with either the Soviets or the Americans. This in turn, influenced the formation of the political parties later. For example during communism people had to wake up at 3am to stand in a cue to get things. This was seen as one of the causes leading to the civil war. MPLA wanted socialism and UNITA wanted democracy
- Civil war continues to affect Angolans today
- Political polarisation occurs today. You either belong to the leading party or the other. This is causing violence as people are not free to express their views.
- Angola has a fragile peace as the process of holding people accountable could still happen. Only the President holds the power to give amnesty. But amnesty is not enough. Angolans need to look at compensation not only amnesty.
- Besides amnesty it is necessary to develop a political environment which allows Angolans to talk openly about the things that divided them.
- Lack of transitional justice mechanisms and or processes
- Lack of forums for people to talk about their problems and a lack of a culture of debate.
- Building of roads or infrastructure is seen as a part of reconciliation and as such become a contentious issue
- Recognition of only the ruling party representatives and no others is problematic
- Lack of political engagement due to the fact that one party won and another lost. People have taken those roles of losers and winners and behave accordingly.
- Tribal divisions also play a role in the dark or background
- Lack of an effective criminal justice system
- Priorities in terms of reconstruction (what, when and were) could also lead to violence

##### 4.2. Psychosocial

- Family disintegration
- Fear of post-election violence

- Delinquency
- Social pressure – traffic jams and aggressiveness
- Lack of institutes to address basic human rights
- Culture of violence – violence is the only way Angolans can address problems. The past acts for liberation are violent so now Angolans have only that example of how to resolve things. It is often used in daily talk.
- Culture of immediate gratification – since there is peace everyone wants to get ahead and they do not care who they have to run over, they want it now. This is leading to people being less sensible and more violent.
- Insecurity and inability to assert oneself leading to violence

#### 4.3. Economic

##### National level:

- Unemployment
- Under-employment (many people think they are employed but have a salary that does not cover basic needs)
- Poverty. Poor division of the riches which increases the distance between the rich and the poor. This difference is so visible so it leads to frustration and violence
- Poor management in government (corruption) and lack of transparency
- Corruption “gazoza”
- Mineral resources and associated violence in terms of who controls these and who has access.
  - Petroleum
  - Diamonds
  - Timber
- Chinese contracts for construction leading to people feeling that jobs are being given to others
- Building on credit (so using money one does not have) which is increasing public debt
- Decisions on where resources are used for reconstruction and what for and when
- Angola is too rich for its own good

##### Community level

- Unemployment
- Under-employment (many people think they are employed but have a salary that does not cover basic needs)
- Poverty
- People relying on violence and crime:
  - Arms
  - Private security
  - Organised car and cell phone syndicates
  - Gangs
  - Prostitution

##### Interpersonal level

- Unemployment

- Under-employment ( many people think they are employed but have a salary that does not cover basic needs)
- Poor management at an individual level (father, NGO's, a priest)

#### 4.4. Cultural

- Prevalence and hegemony (dominance) by men – women are bringing in the income which men can not cope with and so violence is used by men against the woman as well as the children. The ways in which the funds are obtained are questioned, so poor trust exists.
- Racism – it is latent but exists between the white, black and mixed groups. Problems are not spoken about openly. Racism between black and mixed groups is a serious problem.
- Tribalism and regionalism – Angola has many tribes and this can lead to violence. Some think that they are superior to others. Some people think that those that are in the north of the country are superior to those in the south
- Beliefs - Lack of education leads to beliefs in myths which results in casting spells (“feiticismos”) which may lead to violence. This is much higher now than it ever was before. This may be linked to people wanting to become rich. Every day this is on the news. Some religious sects are also developing as a way of people trying to deal with their difficulties but those in the sect have other intentions. Government needs to create limitations. Some of these myths are from a long time back even during colonisation.
- The identity being created and craved by the young Angolans is problematic as it is not clear and is being influenced by America and Brazil. There is a loss of cultural identity as Angolans.
- Morals and values are not communicated through our culture which is diluted and lost due to people shedding their culture to be like the other
- There are problems which do not get spoken about which results in violence
- Ethnic divisions do exist whereby people assume what your abilities are based on your name. Some people are benefited over others based on this
- Foreigners coming into the country resulted in a clash of cultures which resulted in violence. They brought in new ways of doing things.

### 5. **Unpacking violence in Angola**

Objective: to understand what forms of violence are present in Angola

Participants reported that the following forms of violence are currently affecting Angolans:

- Domestic violence
- Child abuse
- Elder abuse
- Robbery
- Armed violence
- Violence against women

- Murder
- Child neglect
- Sexual violence
- Cultural violence (marrying young)
- Torture
- Psychological violence
- Physical violence

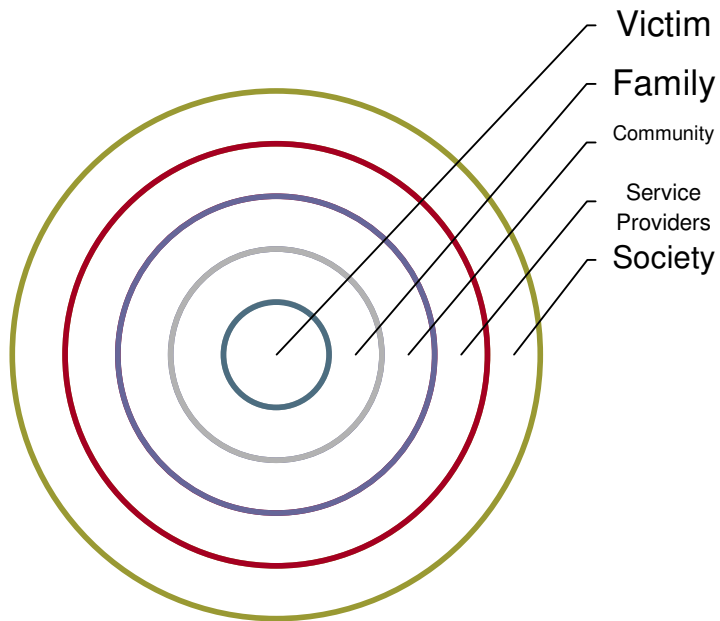
Of these, the following three were identified as the most serious:

1. Domestic violence
2. Sexual violence
3. Armed robberies

## 6. The victims:

Objective: to know who the victims are and what their needs are

It is important to look at victims and how they can be empowered. By understanding victims' needs and the impact of violence on them we will be able to develop strategies to address these. By addressing these, victims are given a better opportunity to recover and heal which can reduce re-victimisation and therefore be a violence prevention strategy. When there is an act of violence there is a ripple effect<sup>7</sup>:



### 6.1. Who are the victims:

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<sup>7</sup> Sloan (1998)

Participants were asked to develop a picture of who the victim is for each of the top three forms of violence identified.

6.1.1. Domestic violence

- Men, women and children
- Children between 0 -17 years old (at the hands of the parents or siblings)
- Women between 17 – 45 years old (linked to husbands that are unable to provide for the family so these women get jobs sometimes illegally to provide for the family which the husbands do not like. The men often spend the days doing nothing)
- Elderly men and women also suffer from domestic violence as men often are more financially secure and so may have a younger wife who abuses them
- Mostly in the lower class (women and children)
- The elderly men often belong to the middle class
- Low level of education

6.1.2. Sexual violence

- CAUSES – war, drugs (especially in young perpetrators), unemployment, psychosocial instability, cultural beliefs, past traumas
- Children, youth and the elderly
- Ages: children (0 – 17)
- Youth (15 - 18)
- Elderly (45, 50, 70)
- Lower class – people with low levels of stability
- Perpetrators are often someone known to the victims and range from the age of 12 to 70 years
- Places: poor neighbourhoods, places with low lighting, in the victims house
- Children could also be used for pornography

6.1.3. Armed robberies

- Women, men children and elderly (in many cases the only thing that matters is if you have what they want)
- Mostly over 10 years old (more mobile, more resources such as cell phones and walking alone)
- Middle and lower class (although upper class also)
- Middle and low educational level
- For example bank robberies are often higher level
- Victims may turn to cultural or religious practices to assist
- Often these are planned beforehand, it was not always that way but now they target the houses that have more resources

6.2. Impact of violence on victims:

When reflecting on what the impacts on victims of violence were, participants reported the following:

6.2.1. Physical and/or biological impact:

- Genetic problems
- Problems during birth which affect development
- Physical changes such as obesity or loss of weight
- Physical wounds such as: fractures, burns, blindness, heart attacks, problems with blood pressure, legions, bleeding, pregnancy
- Miscarriages
- Death
- Temporary disability
- Psychosomatic illnesses
- STD's
- Depression
- Drug abuse

6.2.2. Psychological, social and spiritual impact:

- Fear
- Revenge against the perpetrator
- Keeps the incident secret
- Shyness
- Social isolation
- Family disintegration
- Low self-esteem
- Restlessness
- Aggressiveness
- Frustration
- Difficulty with learning
- Depression
- Anxiety
- Loss of sleep
- Stress
- Suicidal thinking
- Loss of or reduced belief in God
- Increased spirituality
- May turn to traditional practices
- May doubt the existence of God

6.2.3. Economic impact:

- Loss of income (loss of job and accommodation)
- Reduction in productivity
- Economic dependency
- Poor financial management
- Inability to provide for the family
- Absent from work
- Poverty
- Divorce

- Delinquency
- Loss of material
- Loss of income that needs to go to treatment

### 6.3. Needs of victims:

When asked what the needs of victims are the following forms of support were identified:

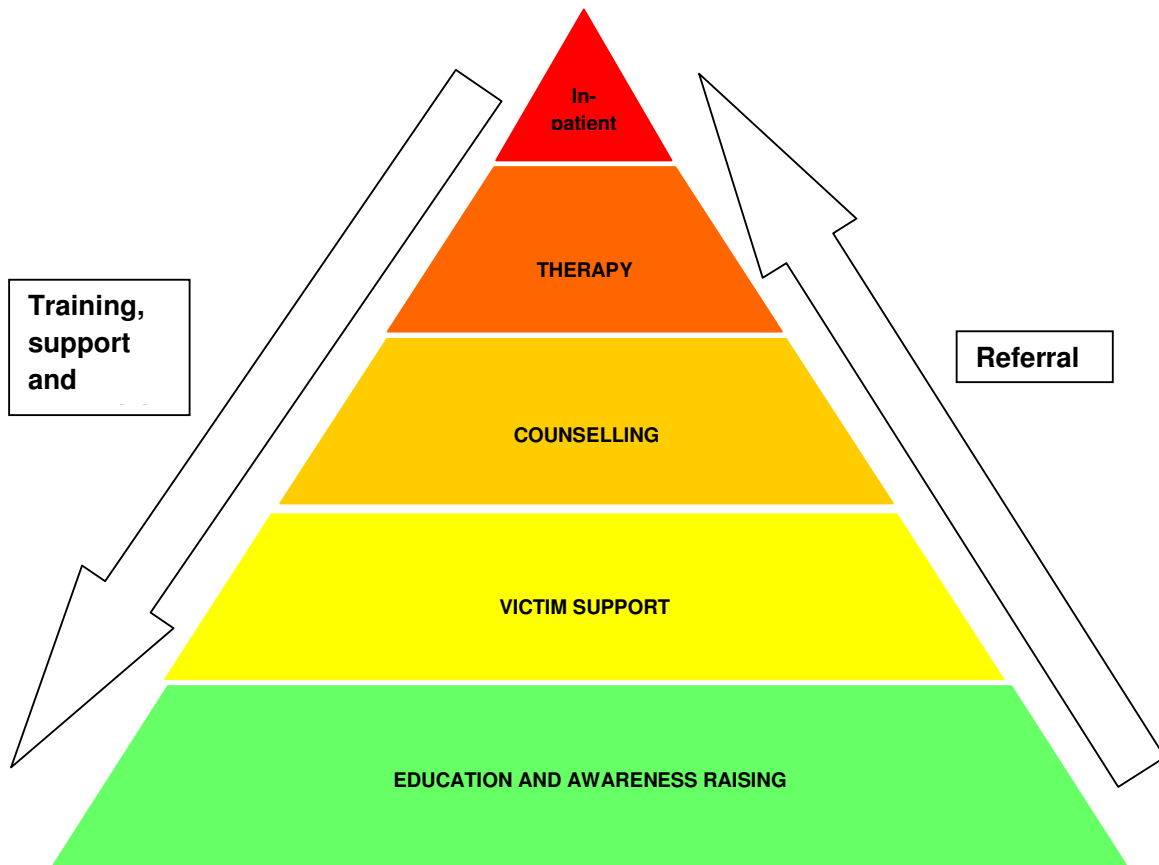
- Moral
- Material
- Spiritual
- Legal
- Psychological
- Financial
- Family
- Traditional/cultural
- Institutional (in terms of homes, counselling, medical care, from relevant ministries)

## 7. **SAITS Model Input**

After unpacking the context of violence, types of violence, victims and their needs we can begin to look at how these needs are and can be met. In order to do this the model developed by the South African Institute for Traumatic Stress (SAITS) of Integrated Trauma Service Delivery<sup>8</sup> was used. This has been adopted to look at violence more generally.

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<sup>8</sup> Higson-Smith, C. (2005) *South African Institute for Traumatic Stress*



	<b>TARGET POPULATION</b>	<b>EMOTIONAL STATE</b>	<b>DURATION OF INTERVENTION</b>	<b>CONTENT OF INTERVENTION</b>	<b>REGULATION</b>	<b>CRITICAL LINKAGES</b>
<b>IN and OUT PATIENT CARE</b>	Very small proportion of victims who cannot be contained within their families and communities without psychiatric medication	Meet the diagnostic criteria for recognised psychological disorders. Typically high levels of distress.	Varies widely between acute treatment for episodes of mental illness and chronic care	Combinations of containment, psychopharmacological intervention and therapy	Health professionals registered with HPCSA Professional societies	Clinics and hospitals Depts. of Social Dev. and Health HPC Universities
<b>THERAPY</b>	Small proportion of victims who do not respond to counselling, or whose symptoms persist beyond a month	Many will meet diagnostic criteria for recognised psychological disorders. High levels of distress	Typically between 6 and 12 sessions, although sometimes ongoing on a weekly basis for a year or more	Includes uncovering repressed content, desensitizing triggers, and changing entrenched defensive behaviours	Health professionals registered with HPCSA Professional societies	Clinics and hospitals Depts. of Social Dev. and Health HPC Universities
<b>COUNSELLING</b>	Roughly 25% of people recently victimized who do not make significant progress within 3 weeks	Majority are psychological health and in great distress. Need assistance to mobilize internal healing resources	From 1 to 6 sessions of around 45 minutes each	Mediated re-exposure Reframing cognitive distortions Symptom management Problem solving and decision-making	Currently unregulated New standards of practice and training urgently needed	Clinics and hospitals Welfare agencies Courts Depts. of Social Dev. and Health
<b>VICTIM SUPPORT</b>	Any people recently victimized	Majority are psychologically healthy but with a high level of distress	From 1 to 4 sessions of around 45 minutes each	Emotional support Mobilize coping Mobilize support Information Practical assistance and problem solving	Currently unregulated New standards of practice and training urgently needed	SAPS Courts Hospitals Depts. of Criminal Justice, Police and Social Development
<b>EDUCATION and AWARENESS RAISING</b>	General population	Very diverse Majority healthy with low distress.	Ongoing and repeated.	Victims' rights Available services Signs of impact Recovery process Helping yourself and others	Advertising standards authority Broadcasting authority	Electronic, print and internet media companies. National organisations and most govt. depts.

## 8. Mapping of existing services to victims

Based on the needs expressed, participants were asked to identify who are addressing these needs currently?

### 8.1. In-patient treatment:

What already exists:

<b>Who is currently providing</b>	<b>What are they providing</b>
Military Psychiatric Hospital (Luanda)	Psychological and psychiatric treatment for military personnel. Civilians are required to pay.
Luanda has four public hospitals with psychiatric wards	Psychological and psychiatric treatment
One psychiatric hospital in Luanda	Psychological and psychiatric treatment
Private clinic (Clinica Sagrada de Esperanca)	Psychological and psychiatric treatment

What are the gaps and who should address these:

<b>What are the gaps</b>	<b>Who should address these</b>
Not all the disciplines or sectors are present (for holistic service provision)	Ministry of Health, Education, Interior, Higher Education, Social Communication, Defence, Veterans, the National Institute for Angolan Children and NGO's
Lack of access for everyone due to lack of knowledge (about where to go as well as what services are available) and high costs involved	Ministry of Social Communication and partners, NGO's, Ministry of Finances
Lack of trained professionals in trauma	Ministry of Health and Ministry of Education and partners
Lack of medication (few or insufficient number which interferes with treatment)	Ministry of Health, Finance, and Transport
Lack of services in other provinces (outside Luanda)	National government, Provincial government and NGO's
Lack of a culture of going to the psychologist	Ministry of Social Communication, NGO's, Ministry of Health and partners
Lack of sufficient psychologists	Ministry of Health and Ministry of Education and partners

### 8.2. Therapy:

What already exists:

<b>Who is currently providing</b>	<b>What are they providing</b>
Psychologists	Counselling, increasing self-esteem, spiritual preparation, judicial, the length of intervention depends on the

	diagnosis and the victim
Counselling centres - each municipality has one	Multi-disciplinary: psychologists and social workers
INAC – National Institute for Angolan Children	Counselling, increasing self-esteem
Social educators (hospitals, MINARES, prisons)	Counselling, increasing self-esteem
Police	Counselling, increasing self-esteem

What are the gaps and who should address these:

<b>What are the gaps</b>	<b>Who should address these</b>
Lack of integrated services (work isolated, not one place where all services are found)	Ministry of Health, Education, Interior, Higher Education, Social Communication, Defence, Veterans, the National Institute for Angolan Children and NGO's
Problems with diagnosis (which impacts negatively on the victim)	Ministry of Health
Insufficient number of qualified people in Luanda, lack of these in the rest of the country	Ministry of Health and Ministry of Education and partners
Lack of incentives for those who are qualified	Ministries and Provincial Governments
Insufficient culture of going to the psychologist	Ministry of Social Communication, NGO's, Ministry of Health and partners

### 8.3. Counselling:

What already exists:

<b>Who is currently providing</b>	<b>What are they providing</b>
Police	Reconciliation once violence has happened, awareness of when they have done something wrong, building self-esteem
Family members	
Priests, pastors (Churches)	
Traditional leaders	
Counsellors	

What are the gaps and who should address these:

<b>What are the gaps</b>	<b>Who should address these</b>
Insufficient number of qualified social workers	Ministry of Social Assistance, Ministry of Education, State Secretary on Higher Education
Poor training of specialists	Ministry of Education and partners
Lack of appropriate places to provide services to victims	Provincial Governments, Municipalities, Communities
Poor information in relation to violence and where people could get helped	Ministry of Social Communication and partners

Lack of qualified people	Ministry of Education and partners
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#### 8.4. Victim support:

What already exists:

<b>Who is currently providing</b>	<b>What are they providing</b>
Ministry of Health Hospitals	Counselling and therapy (including medication)
Ministry of Military Veterans Ministry of Education National Institute for Angolan Children Organisation of Angolan Women (OMA) NGO's Churches	Moral support, legal, political, medication, psychological, spiritual,

What are the gaps and who should address these:

<b>What are the gaps</b>	<b>Who should address these</b>
Lack of qualifications	Ministry of Education, State Secretary on Higher Education
Lack of medication	Ministry of Health, Finance, and Transport
Lack of information	Ministry of Social Communication and media (radio, written media, TPA)
Lack of socio-economic support	Ministry of Finances, Planning, Economy, Social Development, NGO's and Churches
Not adhering to the law	Ministry of Justice, Courts, Police, Prosecutors

#### 8.5. Education and awareness:

What already exists:

<b>Who is currently providing</b>	<b>What are they providing</b>
Families Ministry of Education Media Churches National Institute for Angolan Children NGO's Ministry of the Family	Information

What are the gaps and who should address these:

<b>What are the gaps</b>	<b>Who should address these</b>
Insufficient specialists	Ministry of Education, State Secretary on Higher Education, Ministry of

	“Tutela”
Insufficient number of programmes specifically dealing with these issues	Government, NGO’s, Churches, Associations, and individuals
Lack of training institutions	National government, Provincial government and NGO’s
Lack of monitoring the support given to victims	Organisation of Angolan Women, NGO’s, Churches, Ministry of Justice, of the Family, of Social Communication, Health, and National Institute for Angolan Children

**9. Recommendations for Angola in terms of addressing the needs of victims of crime and violence (both past and present):**

The following recommendations are based on the information obtained during the needs assessment conducted in Angola in August 2009 and informed by the experience and knowledge at the Centre for the Study of Violence and Reconciliation. These recommendations should be seen as a starting point for addressing the needs of victims in Angola and will not remain static. It is clear from the needs assessment that the Angolan government has a key role to play in addressing the gaps that exist in Angola in terms of providing services to victims of crime and violence. NGO’s, religious institutions and the media were also identified as key stakeholders.

**9.1. Organise and strengthening the sector**

9.1.1. Mapping of role-players

In order to be able to intervene in terms of providing services to victims, it is necessary to identify relevant stakeholders and role-players. These would include all organisations, institutions, and/or governmental entities which are in some way linked to providing services to victims. This document could be seen as the beginning of this process whereby a number of people responsible for addressing the gaps in terms of service delivery have been identified. However, a thorough mapping exercise would be necessary in order to identify all role-players at national, provincial and local (community) level. This should be an inclusive process and include traditional leaders, Faith Based Organisations (FBO), and instances where people have developed community-based responses to assisting victims. This exercise should also include a description of the roles and responsibilities of each role-player. A description of how role-players already collaborate would also be valuable. It would be important to identify a driver/champion who will lead the process of collaboration and sector strengthening. In relation to this, a government entity with the mandate would be most appropriate. This mapping exercise will assist in the development of a shared strategy for services to victims at various levels of intervention. It would be important to learn what community based responses are in place and explore how these could be used in other communities. At the same time it is necessary that role-players begin to discuss and

agree on how victims' needs can be addressed and look at the policies necessary for these to be developed. Appendix 1 includes a list of role-players identified during the needs assessment as well as what gaps they should be addressing across the different levels of intervention outlined in the SAITS model. In the longer-term it could be useful to develop a directory of services available to victims which would outline who is providing what services, where they are doing them, as well as what capacity they have.

The following role-players were identified during the assessment:

- Ministry of Education
- Ministry of Health
- Ministry of Social Communication
- State Secretary on Higher Education
- Ministry of Justice
- Ministry of the Family
- National Institute for Angolan Children
- Ministry of Defence
- Ministry of Veterans
- Ministry of Finance
- Ministry of Transport
- Ministry of Social Assistance
- Provincial governments and municipalities
- Ministry of the interior (incl. police)
- NGO's
- Churches
- Media

9.1.2. Develop and increase the inter-sectoral collaboration between relevant role-players

All participants recognised the importance of inter-sectoral collaboration when it comes to addressing the needs of victims. Once someone is a victim, they often require more than one type of assistance. Increased collaboration between the role-players increases the chances of recovery of the victim. Often this collaboration may occur at a local level when an NGO in a community establish connections to people in the local police station and/or the local clinic. However, in order for this to be successful it is necessary that at a national level, departments have platforms to discuss this collaboration. One way to achieve this would be to establish networks or forums focusing on victims which have representatives from all relevant role-players. These could be established at a national level where policy may be discussed as well as at more local levels in communities. These networks would be aimed at facilitating communication as well as sharing of knowledge in terms of victims and their needs. They will also be important in terms of guiding the process of development of policy or legislation that may be necessary in order for the needs of victims to be addressed.

## **9.2. Increase access to services**

### **9.2.1. Increase the number of qualified professionals (including psychologists and social workers)**

In order to be able to increase services to victims it is necessary that a sufficient number of professionals are being trained in the country. Referring back to the SAITS model one can clearly see that it is necessary to initially place emphasis on the capacity building of qualified professionals able to provide more intensive services (therapy and in-patient treatment). Once they are in place and have training and experience in assisting victims they will be in a position to provide training and supervision to the other levels (counselling, victim support, and awareness raising and education).

### **9.2.2. Improve the quality of training given to professionals thereby increasing correct diagnosis and treatment**

Treatment of victims of trauma requires knowledge on the impact of trauma, its symptoms and evidence-based treatment methods. A great deal of research exists in the field of trauma treatment effects and knowledge on these needs to be specifically obtained. A special focus on trauma should be included in the training curricula of all professionals who may come into contact with victims. Up to date training should be done as well as refresher courses as part of continuous professional development. This would ensure that more effective treatments are given to victims hereby increasing recovery rates and reducing the extent to which victims may suffer. In order for this to be possible it would be necessary to ensure that lecturers/trainers at the different training institutions are familiar with current trauma knowledge and are able to allocate time during the year for this.

### **9.2.3. Increase the number of qualifications available for people working with victims**

The SAITS model clearly requires different levels of knowledge, experience and training, depending on the intervention one is focusing on. As such it would be possible to develop different levels of qualifications according to these. Some may require a higher level of training (at a university level) while others could be accessed by community members interested in supporting and assisting victims. Developing clear qualifications will allow for standardised high level services available to victims. Services to victims can happen on a number of levels. Although it would be important to have qualified psychologists and social workers (specialised in trauma), it would be just as important to offer training in community-based interventions where volunteers or community members can be trained. In order to reach more people and offer support to more victims, adopting a community-based intervention method in terms of training may be most appropriate. This training would also include capacity building in

identification of victims that would need to be referred on for more specialised services.

9.2.4. Increase the number of training institutions

Currently, most of the training institutions are centralised in Luanda and producing a limited number of psychologists, social workers, and psychiatrists. More training institutions will ensure that more professionals will be available to address the needs of victims which may require assistance. These may include making it possible for non-governmental organisations to receive a qualification in victim support at a community level. This will allow training in the field to be more accessible to more people while at the same time maintaining an agreed standard.

9.2.5. Address the factors that stop or inhibit people accessing help

A number of participants raised the concern that accessing support, counselling or therapy is not common among Angolans. As such, work would need to be done to increase awareness about the benefits of accessing help when they are not coping with experiences. The benefits should be made public through various avenues including the media, through schools, centres of health, and police stations. Public education activities that aimed at de-stigmatising the consequences of trauma and being a victim could also be helpful here. It would be important to discover what the reasons behind not accessing help is for Angolans and from there develop initiatives to address these.

9.2.6. Increase the number and quantity of medications available for treatment of victims

Some victims will need pharmacological treatments to assist with the effects of violence. In order for these to be effective it is necessary that they are available to victims in the quantities required. Medications proven to be effective in the treatment of Post Traumatic Stress Disorder, anxiety, and depression should be made available to doctors to prescribe.

9.2.7. Increase awareness regarding services available to victims

Once someone has become a victim, it is important that he/she knows where to go and what services are available to him/her. More information should be distributed regarding existing services (including governmental and non-governmental). One way of doing this would be to develop and distribute a directory of services. These should be available at any point where a victim may go (e.g. police stations and centres of health) and would include information on legal, psychological, social, spiritual, and medical services available. The directory should include local community resources available as well as governmental and non-governmental services.

9.2.8. Increase funding for services available to victims

In order to improve services and treatment of victims it would be necessary to increase the budget. This could include increasing the budget of government departments currently providing services, include budget for victim services for those government departments that should be working with victims but are not, or increasing funding to NGO's working with victims. It would also be important to identify potential sources of funding for the sector. This could include large businesses at a national level, to local businesses at a community level. In South Africa for example, Business Against Crime ([www.bac.co.za](http://www.bac.co.za)) has been involved in the fight against crime since 1996.

### **9.3. Prevention**

Treatment of victims of violence can be seen as a prevention strategy as we know that victims are more vulnerable to re-victimisation and that most perpetrators were victims at some point in their lives. Effective, early treatment will also reduce the burden on the economy that victims could become. At the same time, it is important that strategies to reduce the incidence of violence be developed. Relevant stakeholders should work together to identify the underlying causes of violence in communities and seek ways in which to address these. At the same time, strategies to reduce violence through rapid response and effective justice should be developed. In line with this, it would be important that legislation and policy be developed in order to protect and support victims once they have been victimised. In South Africa a number of policy and legislative documents have been produced as it relates to victims, which may be useful for Angolans working in the sector. The following documents have been attached to this document:

- National Policy Guidelines for Victim Empowerment
- Service Charter for Victims of Crime in South Africa
- Minimum Standards on Services for Victims of Crime

### **9.4. Provide socio-economic support to victims**

Reparations to victims is one of the ways in which some countries have chosen to restore the imbalance of crime and violence. Crime may result in loss of income or ones ability to generate income and victims may need assistance to recover from this. Socio-economic support to victims may assist in recovery and reduce the long-term impact of the experience. Other forms of restoration between the perpetrator and the victim could also be explored.

### **9.5. Monitor the services provided to victims**

Victims could be exposed to services that affect them negatively, making their recovery very challenging. At times, it is at the hands of those meant to assist that victims are further victimised. As such, it is necessary to ensure that those providing services to victims are monitored in some way. This should happen within the government departments as well as NGO's

## **10. Conclusion**

The level of interest shown in this needs assessment through the numbers of participants and the intense interest in and engagement with the issues under discussion highlights the importance of this topic for Angolans. Concern regarding current levels of violence in Angola as well as how to respond to these is clearly evident. The needs assessment, although not exhaustive, provided insightful information on the following: the contributing factors to violence in Angola; current forms of violence; who the victims are; what the impact of violence is on victims and their needs; who is addressing these and in what way; what the gaps are, and who could fill these. The needs assessment shows that services are being provided to victims by different role-players. It also highlighted that some capacity does exist in Angola at each of the levels of intervention outlined in the SAITS model. The challenge for Angola will be to enhance, mobilise and further empower these to continue and expand in this work. A number of recommendations are made here which outline what future steps could be taken to increase Angola's ability to provide services to victims. This is, however, a preliminary strategy which may not be exhaustive and which should be seen as dynamic and changing according to changing needs and contextual factors.

**APPENDIX 1 – Role-players identified during the needs assessment as well as what gaps they should be addressing across the different levels of intervention outlined in the SAITS model:**

	<b>In-patient care</b>	<b>Therapy</b>	<b>Counselling</b>	<b>Victim Support</b>	<b>Education and Awareness</b>
<b>Ministry of Education</b>	<p>Facilitate the inter-sectoral collaboration by working closely with other stakeholders</p> <p>Increase the number of qualified professionals</p> <p>Increase the number of psychologists trained</p>	<p>Facilitate the inter-sectoral collaboration by working closely with other stakeholders</p> <p>Increase the number of qualified professionals</p>	<p>Increase the number of qualified social workers</p> <p>Improve the quality of training given to professionals</p> <p>Increase the number of qualified professionals</p>	<p>Increase the number of qualifications available for people working with victims</p>	<p>Increase the number of training institutions</p>
<b>Ministry of Health</b>	<p>Facilitate the inter-sectoral collaboration by working closely with other stakeholders</p> <p>Increase the number of qualified professionals</p> <p>Increase the number of psychologists trained</p> <p>Address the factors that stop or inhibit people accessing help</p> <p>Increase the number and quantity of medications available for treatment of victims</p>	<p>Facilitate the inter-sectoral collaboration by working closely with other stakeholders</p> <p>Improve correct diagnoses</p> <p>Increase the number of qualified professionals</p> <p>Address the factors that stop or inhibit people accessing help</p>		<p>Increase the number and quantity of medications available for treatment of victims</p>	<p>Monitor the services provided to victims</p>
<b>Ministry of Social Communication</b>	<p>Facilitate the inter-sectoral collaboration by working closely with other stakeholders</p>	<p>Facilitate the inter-sectoral collaboration by working closely with other stakeholders</p>	<p>Increase awareness regarding violence and where and what services victims can</p>	<p>Increase awareness regarding violence and where and what services victims can</p>	<p>Monitor the services provided to victims</p>

	Increase awareness regarding services available to victims  Address the factors that stop or inhibit people accessing help	Address the factors that stop or inhibit people accessing help	access	access	
<b>State Secretary on Higher Education</b>	Facilitate the inter-sectoral collaboration by working closely with other stakeholders	Facilitate the inter-sectoral collaboration by working closely with other stakeholders	Increase the number of qualified social workers	Increase the number of qualifications available for people working with victims	Increase the number of training institutions
<b>Ministry of Justice</b>				Increase adherence to the law/decrease crime	Monitor the services provided to victims
<b>Ministry of the Family</b>					Monitor the services provided to victims
<b>National Institute for Angolan Children</b>	Facilitate the inter-sectoral collaboration by working closely with other stakeholders	Facilitate the inter-sectoral collaboration by working closely with other stakeholders			Monitor the services provided to victims
<b>Ministry of Defence</b>	Facilitate the inter-sectoral collaboration by working closely with other stakeholders	Facilitate the inter-sectoral collaboration by working closely with other stakeholders			
<b>Ministry of Veterans</b>	Facilitate the inter-sectoral collaboration by working closely with other stakeholders	Facilitate the inter-sectoral collaboration by working closely with other stakeholders			
<b>Ministry of Finance</b>	Increase funding for services available to victims  Increase the number and quantity of medications available for treatment of victims			Increase the number and quantity of medications available for treatment of victims  Provide Socio-economic support to victims	Increase the number of training institutions

<b>Ministry of Transport</b>	Increase the number and quantity of medications available for treatment of victims			Increase the number and quantity of medications available for treatment of victims	
<b>Ministry of Social Assistance</b>			Increase the number of qualified social workers	Provide Socio-economic support to victims	
<b>Provincial governments and Municipalities</b>	Increase number of services available in other provinces (outside Luanda)	Increase the incentives for qualified professionals	Increase the number of sites where victims can access services		
<b>Ministry of the interior (incl. police)</b>	Facilitate the inter-sectoral collaboration by working closely with other stakeholders	Facilitate the inter-sectoral collaboration by working closely with other stakeholders		Increase adherence to the law/decrease crime	
<b>NGO's</b>	Facilitate the inter-sectoral collaboration by working closely with other stakeholders  Increase awareness regarding services available to victims  Increase number of services available in other provinces (outside Luanda)  Address the factors that stop or inhibit people accessing help	Facilitate the inter-sectoral collaboration by working closely with other stakeholders  Address the factors that stop or inhibit people accessing help		Provide Socio-economic support to victims	Increase the number of training institutions  Monitor the services provided to victims
<b>Churches</b>				Provide Socio-economic support to victims	Monitor the services provided to victims
<b>Media</b>			Increase awareness regarding violence and where and what	Increase awareness regarding violence and where and what	Increase awareness regarding violence and where and what

			services victims can access	services victims can access	services victims can access
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## **Appendix 2 – Legislative documents from South Africa**

- National Policy Guidelines for Victim Empowerment
- Service Charter for Victims of Crime in South Africa
- Minimum Standards on Services for Victims of Crime