

# Global Standards on Rehabilitation of Torture Victims

RESOLUTION ADOPTED BY THE 6TH GENERAL ASSEMBLY OF  
THE INTERNATIONAL REHABILITATION COUNCIL FOR TORTURE VICTIMS (IRCT)  
ON 6TH OCTOBER 2020.

*Recognising that there exists a continuum of standards in rehabilitation services and that they may change at any given time, depending on the context, political situation and the scale of human rights violations;*

*Building upon our efforts to prevent torture, fight impunity, and provide redress and holistic rehabilitation to victims;*

*The members of the International Rehabilitation Council for Torture Victims (IRCT), in our joint work towards the identification, establishment and promotion of minimum standards for holistic rehabilitation delivery, commit ourselves and urge all rehabilitation service providers to:*

## Paragraph 1 – Our commitment to victims:

Uphold the well-being and dignity of torture<sup>1</sup> victims<sup>2</sup> as well as professional ethical standards and principles regarding treatment and rehabilitation, including informed consent, confidentiality, do no harm, the best interests of victims, and their free choice about the services they receive, resist re-traumatisation, and apply global best practices, which are all pivotal to the work of rehabilitation centres that are independent and accountable to victims, in accordance with the principles of the UN Committee against Torture's General Comment No. 3 on the right to redress and rehabilitation.

## Paragraph 2– Independent services:

Implement relevant structures and procedures so that rehabilitation can be provided independently, autonomously, in full compliance with applicable professional standards and ethics, and free from any external influence. In particular, rehabilitation centres should prioritise the development and implementation of

1 In this document, the term "torture" covers all acts and omissions that may qualify as "torture" or "cruel, inhuman or degrading treatment or punishment" as defined by the UN Convention against Torture and further elaborated by the practice of the UN Committee against Torture.

2 The IRCT notes that some anti-torture actors prefer to use alternative terminology to "victim" such as "survivor" or "person subjected to torture". For the purpose of clarity and consistency, this document will use the term "victim" to describe any person that has been subjected to torture or cruel, inhuman or degrading treatment or punishment.

structures, methodologies, and procedures that are victim-centred, evidence-based, participatory, empowering, holistic, accessible, equitable, respectful, gender sensitive, culturally appropriate, and accountable. Where funding is received from sources that could be perceived to place an external influence on the rehabilitation provider, it is essential to ensure that the organisation's mandate and the principles of victim confidentiality, transparency, and independence of decision-making are prioritised and emphasise the victims' best interests. Torture victims must be informed about measures taken to protect the rehabilitation process from external influence.

### **Paragraph 3 – Safety of victims:**

Ensure the implementation of every possible safety and safeguarding measure for victims receiving services including all aspects of the relationship with victims, bearing in mind that the best interest of torture victims is a key principle of rehabilitation services. Torture victims must be informed about and provide input into the determination of safeguarding and safety measures.

### **Paragraph 4 – Support to families:**

Ensure that the specific rehabilitation needs of torture survivors' families, in particular children and vulnerable populations, are considered an essential part of the rehabilitation process. Where resources allow, families should receive support in accordance with their needs. Where relevant, culturally appropriate community-based approaches should be employed during the rehabilitation process.

### **Paragraph 5 – Access to justice:**

Whenever possible, support victims' access to justice and be advocates for the eradication of torture as a part of the rehabilitation process. This includes supporting victims to document their claims in accordance with the Istanbul Protocol<sup>3</sup> and to file complaints, and advocate for national authorities to adopt and implement national anti-torture laws and National Preventive Mechanisms (NPMs).

### **Paragraph 6 – Intake Processes:**

Establish intake processes through which victims of torture can access rehabilitation services on the basis of self-referral or referral by a third party, such as by competent physical or mental health, social, or legal professionals; human rights defenders; faith-based, indigenous, ethnic and national minority communities; other torture victims or family members. These processes must ensure that, within available resources, torture victims have free, equal and non-discriminatory access to services, regardless of their ability to pay or legal status in the country concerned. To the extent possible, rehabilitation service providers should prioritise outreach, in particular for torture victims who are marginalised, detained, living in remote areas or lack funds for transport costs.

### **Paragraph 7 – Access to information:**

Provide torture victims with all relevant information concerning the rehabilitation services offered. Rehabilitation centres must respect and promote torture victims' agency in their own lives and their choices regarding rehabilitation. Where possible and appropriate to the service provided, reliable interpreters should be made available at no cost to torture victims. Whenever possible, victims should be able to choose the gender of rehabilitation professionals, including interpreters. Informed consent must be obtained according to relevant professional and ethical standards before and during the process of rehabilitation.

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3 Manual on the Effective Investigation and Documentation of Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment

## Paragraph 8 – Victim feedback:

Establish procedures and mechanisms that enable torture victims to provide ongoing feedback, including upon leaving rehabilitation services, in a language they speak, about the services they receive; for example, through the use of standing service user engagement mechanisms, victim satisfaction surveys, service evaluations, focus groups, and other participatory mechanisms. This feedback should be reviewed periodically and form the basis for continuous improvements to the rehabilitation services offered. Satisfaction should be clearly defined and use consistently applied standards. In addition, mechanisms whereby victims can complain and receive a prompt and satisfactory response in relation to the rehabilitation services they receive should be established. Victims should be enabled to effectively engage through measures such as provision of information about complaint possibilities and the establishment of support functions that include other victims.

## Paragraph 9 – Victims' participation in rehabilitation:

Promote 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 10 – Organisational capacity:

Prioritise continuous training and capacity enhancement for staff and volunteers, for example, in specialised evidence-based treatment methods; trauma sensitive interview techniques; empathetic listening and anti-racism; cultural and gender awareness in accordance with relevant professional standards; and ethics and international human rights standards.

## Paragraph 11 – Staff safety:

Ensure that staff and volunteers are safe, secure and cared for and have the means to report incidents that could compromise their safety or the safety of others through reporting processes or other suitable means that ensure that these risks are documented and that context- appropriate measures are taken to minimise them. In this regard, rehabilitation centres should ensure the adoption and implementation of appropriate policies to prevent and address discrimination, harassment, and sexual and other forms of abuse.

## Paragraph 12 – Care for staff:

Address vicarious trauma and prevention of burnout as an organisational priority for all staff. To that end, provide a robust and supportive well-being infrastructure and working environment for staff through, for example, regular supervision, peer support mechanisms, staff mentoring, psychosocial support techniques, and access to occupational health services.

## Paragraph 13 – Share knowledge:

Disseminate information about torture and its effects to professionals in healthcare and other relevant fields who may come into contact with torture victims. Information should include available and possible approaches to rehabilitation, the specific needs of torture victims (including early identification, assessment, and timely referrals), trauma-informed care, documentation procedures according to the Istanbul Protocol, and regarding the value of providing rehabilitation to facilitate life after torture. Where security considerations allow, the dissemination of this information should be considered a critical moral and social responsibility for centres assisting victims of torture.

## Paragraph 14 – Advocate for rehabilitation funding:

Where possible, attempt to establish or strengthen dialogue with states and their relevant agencies to inform them about torture and its effects and the value of rehabilitation, and to request that they provide funding to support the rehabilitation of torture victims worldwide, preferably through: a) direct funding of rehabilitation centres assisting survivors of torture in their respective countries, b) contributing to the United Nations Voluntary Fund for Victims of Torture (UNVFVT) or c) funding the IRCT's sub-granting programme.

*RECOGNISING the importance of a holistic approach to the fight against torture, which encompasses prevention, justice and reparation for victims and that IRCT members contribute to all aspects of this effort to eradicate torture;*

*The IRCT membership expresses our joint ambition to document and demonstrate our collective global impact on the quality of life of the torture victims we support, and therefore commit to endeavour to:*

## Paragraph 15 – Definition of quality of life:

Apply the following definition of quality of life: The subjective well-being of individuals and their communities within their specific social and cultural context in relation to factors such as physical and mental health; family, social and community relations; culture; education; employment; economic security; exposure to physical and psychological violence and freedom; good governance and basic human rights; spiritual life; gender equality and non-discrimination; religious beliefs; legal status; and the natural and living environment.

## Paragraph 16 – Evaluating improvements in quality of life:

Apply evaluation tools that are appropriate to their specific context. This is done with the recognition that IRCT members provide services in very different contexts, including detention, political repression, victims with uncertain legal status, discrimination and poverty, which may have a severe negative effect on victims' quality of life. Furthermore, each member centre will determine which tools are best used to evaluate improvements in all indicators relevant to addressing the needs and improving the quality of life of the torture victims they support, and communicate this to the IRCT membership. In documenting the results of their work, IRCT members are encouraged to take into account how the quality of life of torture victims is connected to the enjoyment of rights, including access to justice, international protection, redress and all five forms of reparation (restitution, compensation, rehabilitation, satisfaction and the right to truth, and guarantees of non-repetition).

## Paragraph 17 – Documenting our global impact:

Share the results of their support to torture victims with the IRCT membership on an annual basis. This will become part of the IRCT's annual Global Impact Report, which demonstrates to the world our collective impact in the lives of torture victims.