Indicators of Practice

Global Standards on Rehabilitation of Torture Victims
This collection of infographics builds on the indicators of practice developed under the Practice Guide for the Global Standards on Rehabilitation for Torture Victims. These indicators provide guidance on working methodologies and mechanisms that should be in place to support the implementation of the standards when providing rehabilitation services to torture survivors. They describe what your centre should do in order to meet each standard.

It is recognised that each member centre is operating in different contexts. Hence, these infographics do not demand that all member centres take the same actions to implement the standards. Instead, it is assumed that centres will review their specific needs, context and existing funder or donor requirements, and develop actions to implement the Standards in a way that is meaningful to the centre.
Our commitment to victims

PARAGRAPH 1

Uphold the well-being and dignity of torture victims 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.

INDICATORS OF PRACTICE

1.1. The centre puts the survivor’s interest and wellbeing at the centre of service provision (planning, design, implementing, evaluation), supporting active decision-making and individual choice.

1.2. The centre ensures that service provision is in line with the key medical ethical standards and international human rights standards.

1.3. The centre provides support strategies that are contemporary, evidence-based, transparent and capable of review.

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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 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.

2.1. The centre documents, monitors and implements processes and policies to evaluate the appropriateness of external sources of funding, and the alignment of funding with centre objectives to ensure that it does not engage with donors that have a perceived or real undue influence on its work and in particular its service provision.

2.2. The centre has a clear internal policy guiding the provision of victim-centred, evidence-based, participatory, empowering, holistic, accessible, equitable, respectful, gender sensitive, culturally appropriate, and accountable rehabilitation services that can serve to protect against undue influence on the service provision.

2.3. The centre documents, monitors and implements processes to evaluate the appropriateness of external sources of funding, and the alignment of funding with centre objectives.

2.4. The centre has a clear internal policy ensuring that individual staff are able to provide rehabilitation services in accordance with internal policies and without undue influence.
Ensure the implementation of every possible safety and safeguarding measures for victims receiving services, including all aspects of the relationship with victims, bearing in mind that the best interest of the torture victim is a key principle of rehabilitation services. Torture victims must be informed about and input to the determination of safeguarding and safety measures.

**INDICATORS OF PRACTICE**

3.1. The centre documents, monitors and effectively implements safety management systems; this includes processes to:
- assess risk within services and risks to individual torture survivors,
- report and respond to incidents involving clients (torture survivors),
- develop and implement strategies that reduce risks, and
- regularly review risk management.

3.2. The centre effectively monitors the safety needs of torture survivors, and works in partnership with them to identify and implement safeguarding and risk mitigation strategies to manage these risks.

3.3. The centre considers gender and cultural safety needs, and where required will engage staff members of certain genders or ethnicities to provide services.
Support to families

PARAGRAPH 4

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.

INDICATORS OF PRACTICE

4.1. The centre operates with a definition of torture that, to the extent possible, allows families of survivors to access services and get support with their trauma-related needs.

4.2. The centre has evidence-based policies for providing support to children of torture survivors in a way that is appropriate and effective in their individual context.

4.3. As far as possible, the services provided to family members should be tailored to the specific cultural identities and contexts of the survivors being supported by the centre.
Access to justice

PARAGRAPH 5

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 and file complaints and advocating with national authorities to adopt and implement national anti-torture laws and National Preventive Mechanisms (NPMs).

INDICATORS OF PRACTICE

5.1. Where possible and within its resources, the centre seeks to promote access to justice by:
   • Providing individual torture survivors with relevant and timely information about their rights to justice
   • Helping them obtain evidence of torture in accordance with the Istanbul Protocol
   • Helping them identify legal support
   • Advocating for national policies that promote access to justice for survivors
Intake processes

PARAGRAPH 6

Establish intake processes where victims of torture can access rehabilitation services on the basis of self-referral or referral by a third party such as 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 that are marginalised, detained, living in remote areas or lack funds for transport costs.

INDICATORS OF PRACTICE

6.1. The centre manages access, commencement and discharge from services in a transparent, fair, equal and responsive way.

6.2. The centre develops, applies and regularly reviews policies and practices related to service access, eligibility criteria, non-discrimination, priority of access, waiting lists, and service commencement and discharge.

6.3. The centre monitors and addresses potential barriers to service access including those that may be related to vulnerability or marginalisation and where possible develops outreach programmes targeting these groups.

6.4. The centre maintains warm referral pathways with other relevant organisations and community networks.
Access to information

PARAGRAPH 7

Provide torture victims with all relevant information concerning the rehabilitation services offered. Rehabilitation centres must respect and promote torture victims’ agency over their own lives and the choice(s) regarding their rehabilitation. Where possible and appropriate to the service provided, reliable interpreters should be made available at no cost to the torture victim. 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.

INDICATORS OF PRACTICE

7.1. The centre provides torture survivors with information about service options, rights and responsibilities, feedback and complaint mechanisms, and support to assist them in making independent and informed decisions about their services and options.

7.2. Wherever possible the centre will support torture survivors to exercise choice regarding the professionals who deliver their services, this includes supporting gender preferences.

7.3. Wherever required and possible, information will be provided in a language and format that meets torture survivor’s needs and the centre will provide interpreter services at no cost. Before accessing interpreter services, the centre will confirm that services do not present conflict of interest and will ensure interpreters understand their requirements to maintain privacy and confidentiality.

7.4. The centre ensures torture survivors provide consent for services before services are commenced.
Victim feedback

PARAGRAPH 8

Establish procedures and mechanisms that enable torture victims to provide ongoing feedback, including upon leaving the service, in a language they speak about the rehabilitation 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, using 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.

INDICATORS OF PRACTICE

8.1. The centre has a systematised and inclusive approach to seeking and enabling survivor feedback on all aspects of the services they have received.

8.2. The centre has a formalised procedure of processing and deciding on complaints, which includes clearly stipulated measures of satisfaction for the complainant.

8.3. The centre demonstrates a culture of continuous improvement and documents and uses compliments, feedback and complaints to identify opportunities to improve services access, quality and effectiveness.
Victims’ participation in rehabilitation
PARAGRAPH 9

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/or other participative methods that are context and situationally appropriate.

INDICATORS OF PRACTICE

9.1. The centre has processes to actively involve torture survivors in the design, planning, delivery, and evaluation of services or programs, as well as organisational leadership and governance processes.

9.2. The centre has processes for enabling torture survivors to speak up publicly about their experiences, to advocate against torture or to participate in research.
Organisational capacity

PARAGRAPH 10

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.

INDICATORS OF PRACTICE

10.1. The centre has a system to continuously monitor the capacity needs of the organisation. The centre is committed to the continued capacity training and development of staff on the basis of organisational and individual needs assessments, to ensure they can perform the duties required of them.

10.2. Professional practice is based on evidence and complies with professional standards, ethics, legislative and regulatory requirements.
Staff safety

PARAGRAPH 11

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

INDICATORS OF PRACTICE

11.1. The centre takes all reasonably practicable measures to eliminate or minimise risks to the physical and mental health, safety and wellbeing of workers, and adheres to relevant work health and safety legislation guidance.

11.2. The centre ensures workers are appropriately trained, developed and supported to safely perform the duties required of them.

11.3. The centre fosters a collaborative and cooperative relationship with workers, and consults with workers on health, safety and wellbeing risks and hazards at work.

11.4. The centre has a policies and processes to support workers manage safety in the workplace, this includes:
   • identifying, evaluating, monitoring, mitigating and communicating organisational and clinical risks and hazards,
   • responding to critical incidents,
   • preventing and/or responding to discrimination and harassment, and enabling a safe and productive return to work following injury or illness.
Care for staff
PARAGRAPH 12

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.

INDICATORS OF PRACTICE

12.1. The centre provides workers with a range of support modalities to manage their experiences of vicarious trauma, workloads and burnout, and ensure their psychological safety and wellbeing. This may include (but is not limited to):
- regular supervision or line management,
- team meetings and support,
- debriefing supports,
- clinical supervision (including supervision that is required as part of professional registration),
- peer supports,
- mentoring supports,
- psychosocial supports, and
- spaces for self-care activities,
- access to external occupational health services.
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 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.

13.1. The centre maintains professional connections with representatives from health, education and other services that support or may come into contact with torture survivors.

13.2. The centre regularly delivers training, workshops and organises awareness-raising activities for broad civil society and other organisations/institutions working with torture survivors. These may address issues such as:
- The effects and impact of torture;
- strengthen awareness of the experiences and specific needs of torture survivors,
- improve the effectiveness and accessibility of mainstream services provided to torture survivors,
- documentation of torture in accordance with the Istanbul Protocol

13.3. The centre generates and disseminates reports and other information to their network of professional contacts, to raise awareness about torture and its effects, rehabilitation services delivered by the centre (and across the broader IRCT movement) and their positive impact.
PARAGRAPH 14

Attempt, where possible, 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 program.

INDICATORS OF PRACTICE

14.1. The centre maintains regular, positive, professional connections with representatives from states, relevant agencies, funders and donors; and takes every effort to keep informed of changes to the structures and policies of these parties.

14.2. The centre engages representatives from states, relevant agencies, funders and donors in dialogue about:
   • the specific needs of torture survivors,
   • rehabilitation services delivered by the centre (and across the broader IRCT movement) and its positive impact in the lives of torture survivors,
   • demand for services (including unmet needs), and
   • resourcing considerations and how the centre, funder or donor could provide support.

14.3. Where possible and required, the centre will advocate for other IRCT member centre across the movement who are struggling to secure funding to deliver services. This could include letters of support, or other forms of support as appropriate to the centre.
Definition of quality of life

PARAGRAPH 15

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.

INDICATORS OF PRACTICE

15.1. The centre’s policies and practices refer to, or incorporate the IRCT’s definition of quality of life.
Evaluating improvements in quality of life

PARAGRAPH 16

Apply evaluation tools appropriate to their specific context. This is done with the recognition that IRCT members provide services in very different contexts, including detention, political repression, uncertain legal status, discrimination and poverty, which may have a severe negative effect on victims’ quality of life. Furthermore, each member centre will determine what 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).

INDICATORS OF PRACTICE

16.1. The centre uses accepted methods and tools to conduct needs’ assessments and diagnoses, and to evaluate improvements in all indicators relevant to addressing the needs and improving the quality of life of the torture victims.
Documenting our global impact

PARAGRAPH 17

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.

INDICATORS OF PRACTICE

17.1. Each year the centre shares information with the IRCT membership about questions such as:
• service outputs,
• survivors’ profiles,
• service strengths,
• trends,
• barriers or challenges faced by torture survivors, and
• the impact of their services in supporting torture survivors with the IRCT movement.

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