FINAL REPORT

“Evaluation of the Global Standards

On Rehabilitation of Tortured Victim Project”

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June 2024

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1. INTRODUCTION AND BACKGROUND

1.1. BACKGROUND AND CONTEXT

For several years, the IRCT has supported organizations worldwide to implement the Global Standards on Rehabilitation (GSR) to improve the rehabilitation services provided to torture survivors. There has been a need to streamline international efforts for the rehabilitation of torture survivors. The GSR combines the learning and global approach developed over the years on treatment services for torture survivors. This set of general standards and knowledge sharing will ensure high-quality rehabilitation services. The IRCT is leading a global process with all its members to jointly develop learning materials that can serve to further implement and promote the GSR globally.

The 17 GSR were drafted in close cooperation with 161 torture rehabilitation organisations, members of the IRCT, in 76 different countries, and unanimously adopted at the General Assembly meeting in October 2020. They are the world's first global standards for the rehabilitation of torture survivors and are intended to build and develop the capacity of CSOs and to ensure that torture survivors around the world have access to high-quality rehabilitation services. The GSR aims to improve the quality of life for the many people who are subjected to torture each year, increasing the opportunities for survivors to achieve justice and create a safe environment in which they can share their experiences and fight for their rights.

Of the 76 countries in which IRCT member organisations operate, 52 are recognised as ODA countries. In addition, a large proportion of the remaining organisations work with torture survivors from the global south. The IRCT will collaborate with its three Danish member centres, Dignity (co-applicant), RCT and Oasis, as well as members from the Global South to develop the learning content. The three Danish centres will each share their specific technical knowledge throughout the project to inform the learning materials for the GSR.

The knowledge sharing and dissemination of the GSR will largely take place through an innovative e-learning package and virtual space between organisations. The project will consist of developing and improving the IRCT's Fabo e-learning community, which will be the epicentre of courses and knowledge sharing across organisations. DanChurchAid (DCA), as co-applicant and developer of the Fabo platform, will provide the necessary technical expertise to create and distribute high-quality learning tools.

The roll-out of the GSR is expected to have an immediate impact on the quality of the services that our member organisations can provide. Acknowledging that centres and organisations operate in different contexts, the IRCT has developed monitoring processes and indicators for measuring the project's impact to help with the roll-out of the GSR in the best possible way in different contexts of the global south.

As a global membership network, the IRCT has a strong focus on using secure and effective digital solutions to support frontline human rights and health services. One of the tools the IRCT uses is the Fabo platform in collaboration with DCA. This has proven to be an effective way for the IRCT to virtually connect members worldwide, to share knowledge and experiences, and to learn from each other without the need to travel to a specific location. Feedback received from members and local CSOs accessing the platform has been very positive, particularly from those based in the global south whose resources to travel or access best practice knowledge may have been more limited.

The objective of this project is to create and deliver an e-learning package on the IRCT's Global Standards on Rehabilitation of Torture Victims, from which the 161 rehabilitation centre members of the IRCT, as well as the broader health and human rights community, can benefit. The secure and accessible online format of this project allows our partners, other CSOs, health, legal and human rights professionals both in Denmark, the global south and worldwide, to use it in their daily professions and learn from it. These standards are, by essence, applicable to other organisations and professional sectors working with any type of human rights violations, not only exclusively torture. Thus, this e-learning project aims not only to benefit experts and practitioners working within the anti-torture community, but other professionals working in the broader health, legal and human rights sector.

The e-learning package developed with the support of this project comprises four elements:

1. An e-course
2. An e-site with additional material
3. A virtual space for knowledge sharing
4. An article published in our academic journal (Torture Journal)

While component (1) aims at providing an introductory understanding of the theoretical and practical scope of the standards, components (2) and (3) are intended to allow and promote

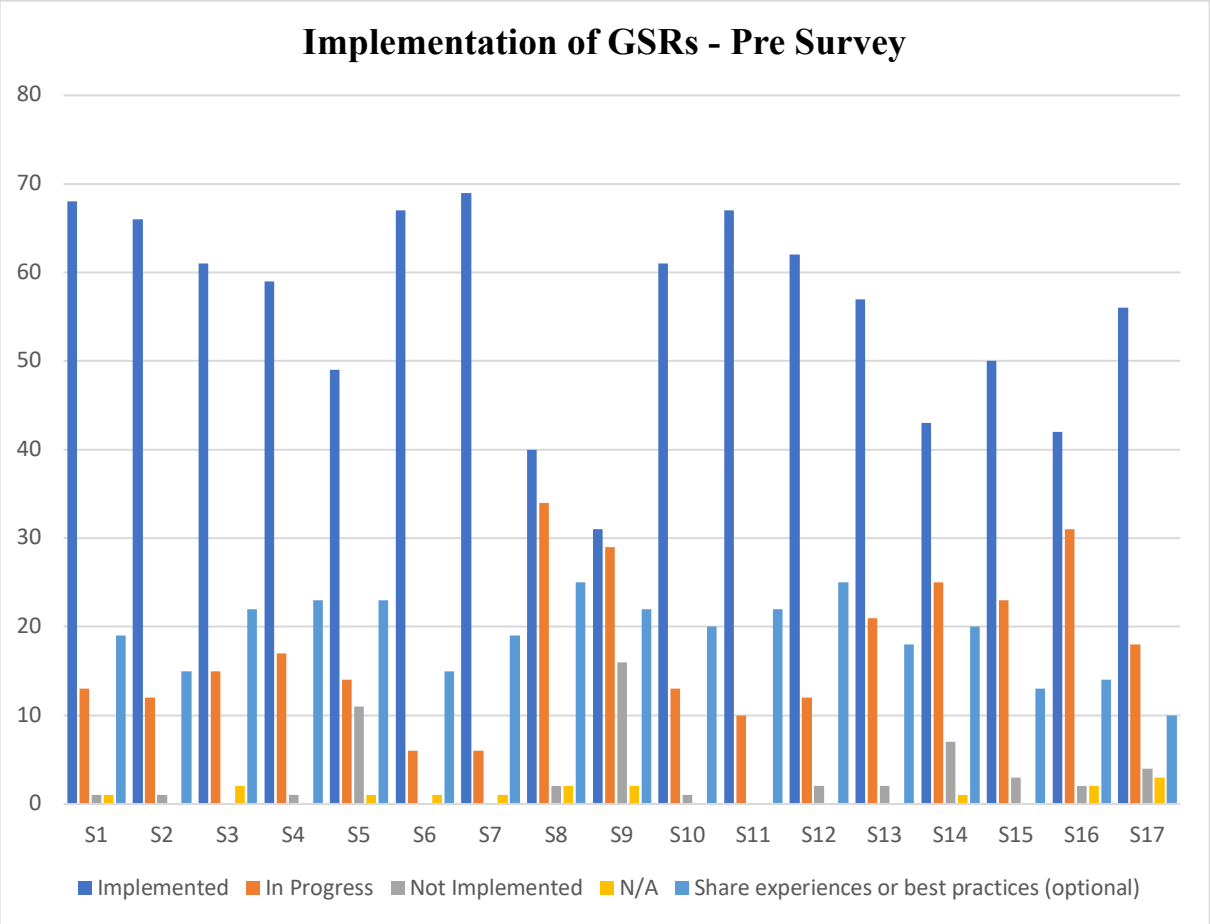
continuity in the learning process. They provide a space for broader global knowledge sharing by reflecting and echoing the learning and identified needs in other media. Component (4) will summarise the conclusions and lessons learned at the end of the project.

2. EXISTING DATA

2.1. 2022 SELF-ASSESSMENT RESULTS

A self-assessment survey was conducted by 85 participants to get a general idea of where they are as an organisation and where they are having challenges.

2.1.1. QUANTITATIVE DATA



This survey had two purposes:

1. To obtain a general overview of the implementation of the GSR by the centres.
2. To identify the most challenging standards in order to develop specific learning material.

As for the main purpose, the survey clearly highlights a few trends: Out of the 17 standards, S8 – Victims' Feedback and S9 – Victims' Participation in Rehabilitation are the standards that appear to be the least implemented, with less than 40% of the centres participating in the survey reporting these standards as implemented.

Less obvious but still below the 50% mark of implementation are S5 – Access to Justice, S14 – Advocate for Rehabilitation Funding, and S16 – Evaluating Improvements in Quality of Life. These are the second least implemented standards by the centres participating in this survey.

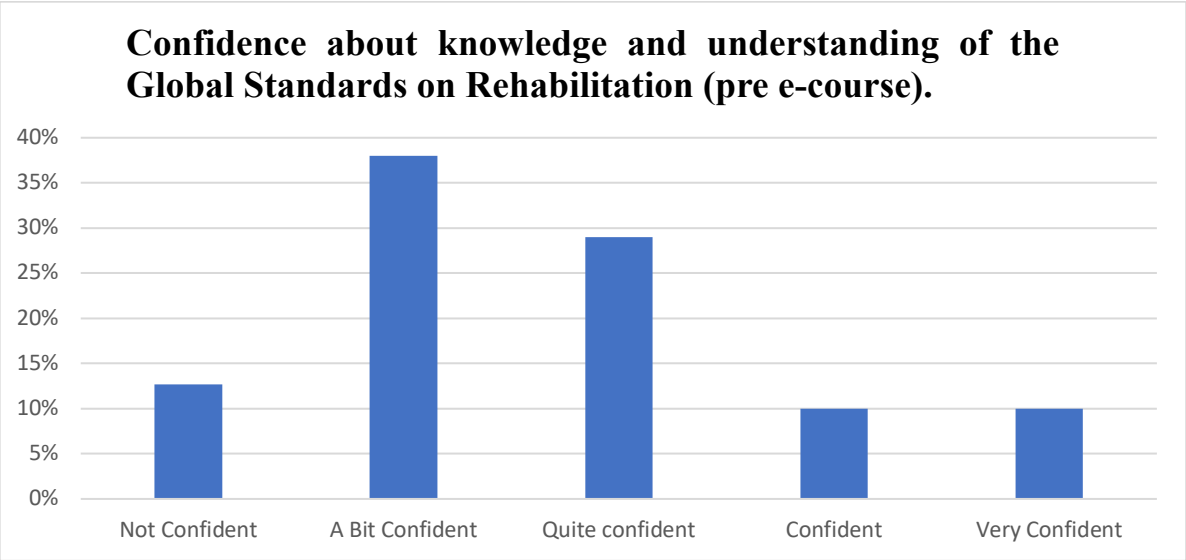
Despite their lower degree of implementation, S8 – Victims' Feedback, S9 – Victims' Participation in Rehabilitation, S14 – Advocate for Rehabilitation Funding, and S16 – Evaluating Improvements in Quality of Life are the standards that appear to be the most in progress of implementation.

On the other hand, S5 – Access to Justice, S9 – Victims' Participation in Rehabilitation, and S14 – Advocate for Rehabilitation Funding are the three standards that appear to be the least implemented in the centres participating in the survey, with S9 being the least implemented of them all.

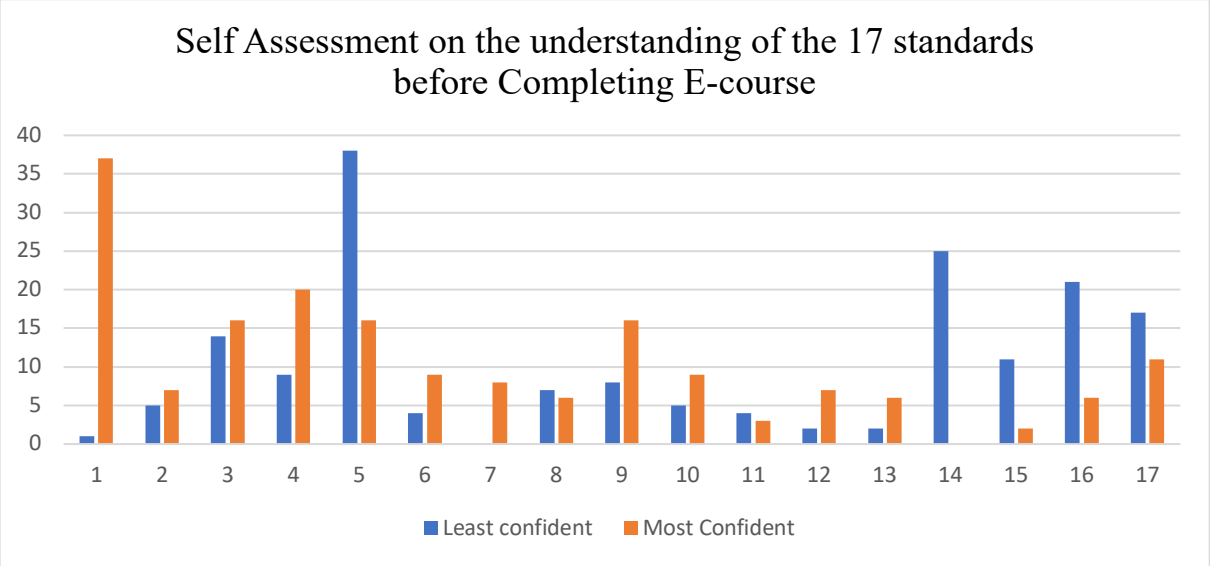
Overall, the results are promising as most of the standards are already implemented. The most challenging standards have been identified and are reported as the ones being the most in progress of implementation.

2.2. PRE E-COURSE SURVEY

After the self-assessment survey, a new survey was made available to address the confidence of the centres on each of the standards. This survey was answered by 216 participants.



Out of all the participants, the majority is represented under the category "a bit confident" while the second biggest group is represented under "Quite confident". The "Not Confident" option represents the third biggest group of participants. Overall, the confidence of all the participants, ranking from 1 to 5, was reported at 2.9.



This time, out of the 17 standards, S1 – Our Commitment to Victims, S4 – Support to Families, and S9 – Victims' Participation in Rehabilitation are identified by the centres as the standards they feel the most confident with. Standard 1 is undeniably the standard centres are the most comfortable with.

On the other hand, S5 – Access to Justice, S14 – Advocate for Rehabilitation Funding, S15 – Definition of Quality of Life, S16 – Evaluating Improvements in Quality of Life, and S17 – Documenting Our Global Impact appear to be the most challenging standards for the centres answering the pre e-course survey.

It is clearly identifiable that Standard 1 and Standard 5 are the standards that centres agree on as, respectively, the most confident and least confident standards.

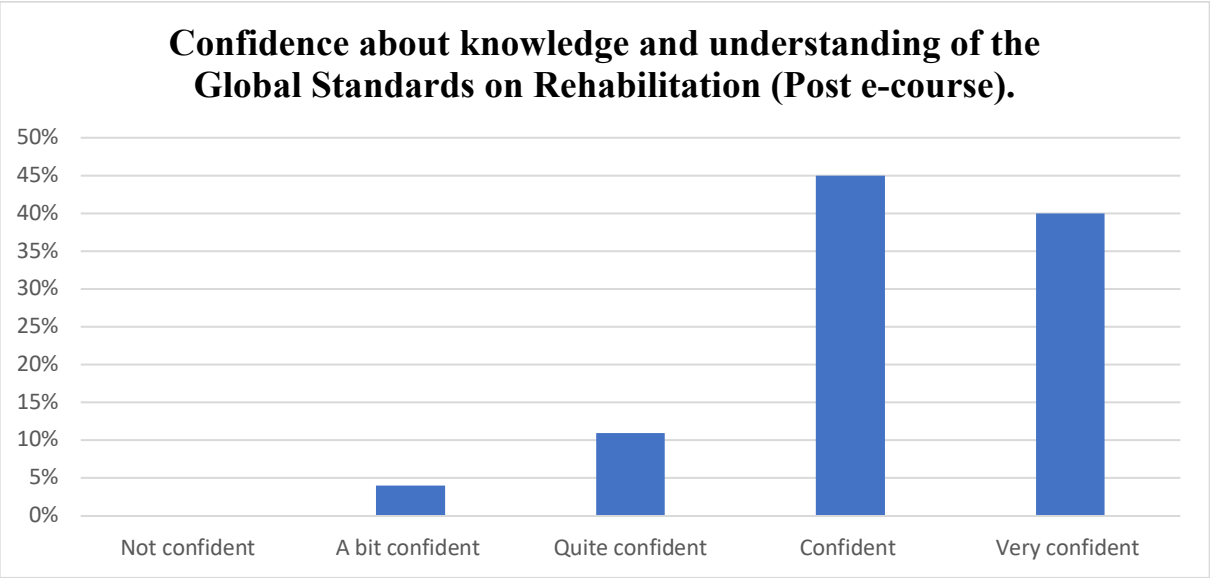
From the self-assessment survey and the pre e-course survey, the main trends identifiable are:

- Standard 5 – Access to Justice and Standard 9 – Victim's Participation in Rehabilitation are the least implemented and appear to be the most challenging standards.
- Standard 5 – Access to Justice is the standard centres are the least confident with when it comes to its implementation in rehabilitation practices.
- The majority of participants feel "a bit confident" to "quite confident" regarding their knowledge and understanding of the standards.

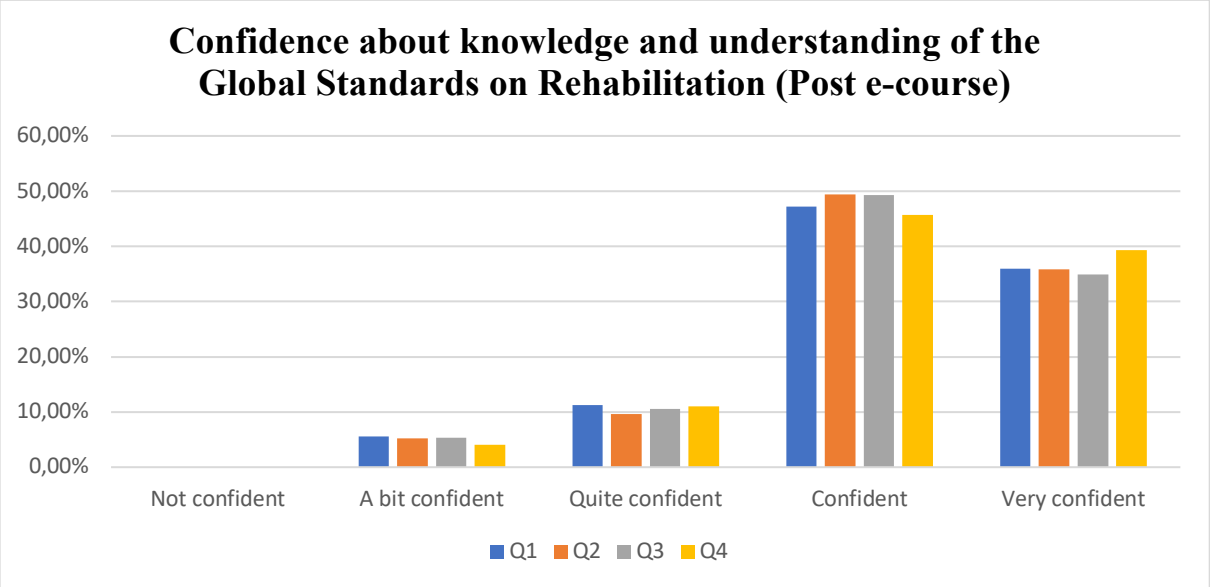
2.3. FINAL EVALUATION POST SURVEY

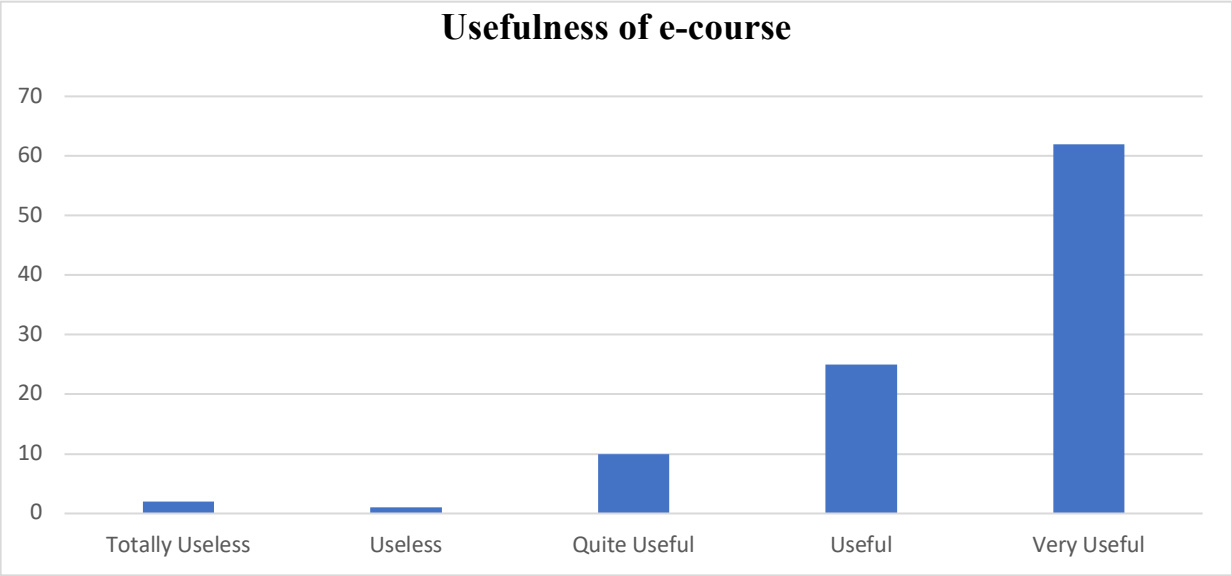
2.3.1. QUANTITATIVE ANALYSIS

202 participants of the e-course completed the final evaluation survey. This time, the majority of participants fell under the category of 'Confident' (45%), followed by 'Very Confident' (40%). The 'Quite Confident' category represented the third group, with significantly fewer participants (11%). Overall, the average confidence level of all participants, on a scale of 1 to 5, was reported at 4.2, a significant increase from the pre e-course survey.



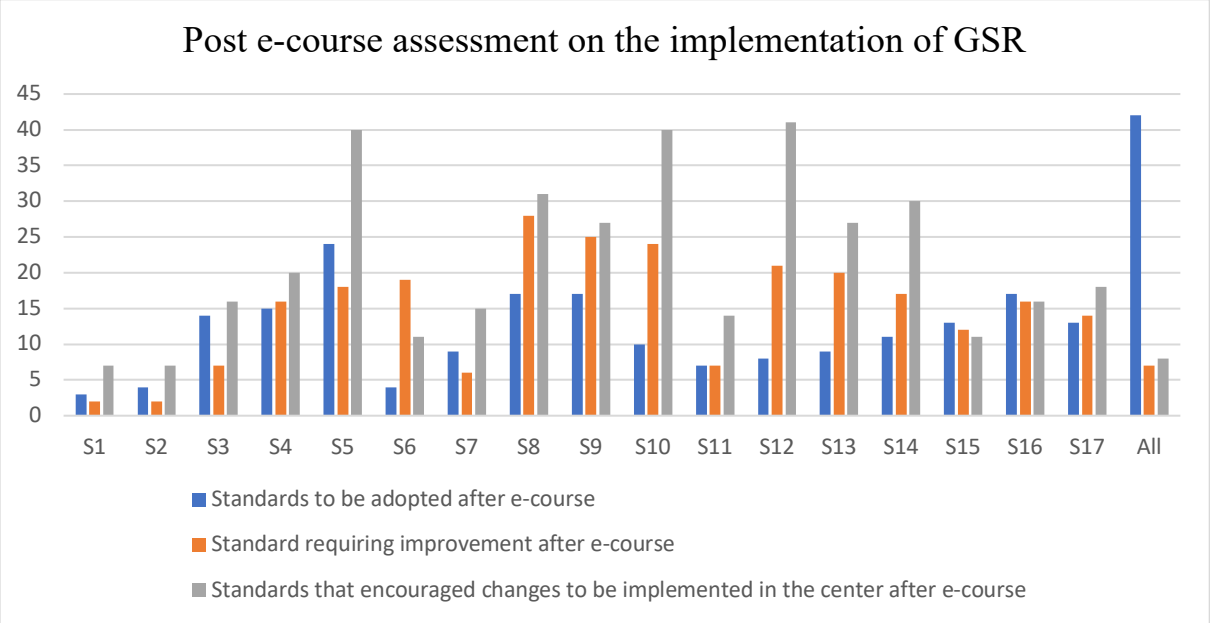
The confidence levels regarding the knowledge and understanding of the GSR remained consistent across all four data collection periods.





As a matter of the usefulness of the course, it appears that the e-course has been very well received, a pretty dominant majority judging the e-course very useful.

After all the answers were collected, it appears clearly that the majority of participants are willing to adopt all of the standards (percentages cannot be applied to this section as most of the participants answered a different number of standards in their answers). Notably, S5 – Access to Justice, stands out as the single standard that centres are most eager to implement. This result directly correlates with the fact that S5 – Access to Justice, consistently appeared as the standard with which centres felt the least confident and the standard being the least implemented before taking the e-course.



Considering the standards requiring improvements, the results are more varied across different standards, making the identification of trends less obvious. However, S8 - Victims' Feedback, S9 - Victims' Participation in Rehabilitation, S10 - Organisational Capacity, S12 - Care for Staff, and S13 - Share Knowledge are the standards centres are willing to improve within their services.

Finally, clear trends can be identified regarding the standards that have prompted changes to be implemented in the centres after taking the e-course. Among all the standards, S5 – Access to Justice, S10 - Organisational Capacity, and S12 - Care for Staff are the three that stand out as requiring modifications in the centres to be fully implemented.

It is not surprising to find S5 – Access to Justice being one of the standards standing out the most within this category as, as seen previously, Standard 5 is the standard that centres are the least confident with as well as the least implemented one. Nonetheless, a new trend can be identified as S10 – Organisational Capacity and S12 – Care for Staff are as represented in the results as Standard 5. This result is explained more thoroughly in the qualitative analysis. In short, many members in the global south learned of the importance of S10 – Organisational Capacity and S12 – Care for Staff through the e-course and decided to dedicate more resources for their implementation.

These findings are corroborated by the participants' comments, which constitute the qualitative data.

2.3.2. QUALITATIVE ANALYSIS

The e-course has been very well received by participants as it clearly improved their understanding of all the 17 standards. After taking the e-course, all the participants of the survey were able to comment on the changes they are willing to implement in their centres to improve their services. After analysing all the feedback from the final evaluation, multiple trends are to be described.

These trends suggest a holistic and committed effort by centres to improve their practices by adopting global standards, with particular attention to client-centred care, staff well-being, and sustainable organisational development. Here are the most common comments to be found in the final evaluation:

- **Victim Participation and Feedback**: There is a strong emphasis on enhancing victim participation in rehabilitation processes and improving mechanisms for victim feedback. This suggests a move towards more client-centred approaches.
- **Organisational Capacity and Staff Welfare**: Many centres are looking to improve their organisational capacity and ensure the well-being and safety of their staff. This includes providing training, creating positive work environments, and offering support programmes.
- **Documentation and Evaluation**: Several responses mentioned the importance of documenting global impact and evaluating improvements in quality of life. This points to a focus on evidence-based practices and continuous improvement.
- **Advocacy for Rehabilitation Funding**: Advocating for rehabilitation funding is a common theme, indicating that financial sustainability and support for services are critical concerns.
- **Cultural and Contextual Adaptation**: Some centres plan to adapt standards to fit their specific cultural and social contexts, recognising the importance of contextually relevant practices.
- **Collaborative and Strategic Approaches**: The responses also reflect collaborative efforts and strategic planning, with many centres discussing their strategies in alignment with other centres or as part of broader organisational goals.

More specifically, these are the main trends on how centres will change their practices after the e-course, ranked from the most mentioned standard to the least:

Care for Staff (Standard 12)

Current practices before e-course: High stress levels among staff due to demanding work conditions coupled with insufficient recreational and self-care opportunities leading to burnout.

- Improvement Strategies after e-course:
    - Establish regular counselling and mental health support sessions for staff.
    - Create a supportive work environment with regular debriefing sessions and stress management workshops.
    - Increase recreational days for staff.
    - Provide mental health support and workshops to prevent burnout.
    - Establish a supportive environment and self-care activities.

Access to Justice (Standard 5):

- Current practices before e-course: Advocacy for legal support and access to justice is ongoing, but more structured efforts are needed.
- Improvement Strategies after e-course:
    - Strengthen partnerships with legal professionals and organisations to provide pro bono services.
    - Advocate for policy changes and legal reforms to enhance access to justice for survivors.
    - Educate survivors about their legal rights and support them in navigating the justice system.
    - Develop comprehensive legal aid programmes that include documentation and evidence collection in line with international protocols.

Victim's Participation in Rehabilitation (Standard 9):

- Current Practices before e-course: Survivors mainly come for treatment and leave the centre after the session without having a say in their treatment.
- Improvement Strategies after e-course:
    - Establish a system for victim participation and feedback sharing in the centre to empower survivors.
    - Enrol survivors in support groups.
    - Hear from survivors about their experiences and recommendations for positive change/improvement in services.

Organisational Capacity (Standard 10):

- Current practices before e-course: Insufficient continuous training and professional development opportunities for staff.
- Improvement Strategies after e-course:
    - Develop and implement standardised training modules for new recruits.
    - Conduct regular training and workshops on protection, mental health, and other relevant areas.
    - Increase staff capacity by enrolling in workshops on protection and mental health on a regular basis.

- Update all existing operational documents with the information gathered from this e-course to ensure that all our manuals are in line with international best practices.

Support to Families (Standard 4):

- Current practices before e-course: Family support is not always provided. When provided, it is through inclusive services but can be improved with more structured involvement.
- Improvement Strategies after e-course:
    - Implement family-centred care plans that include psychosocial support for family members.
    - Regularly involve family members in rehabilitation processes and decision-making.
    - Organise family support groups and educational sessions to help families understand and support the survivor's recovery journey.
    - Ensure family needs are assessed and addressed as part of the holistic care approach.

Intake Processes (Standard 6):

- Current practices before e-course: The intake process involves identifying and addressing work process problems and reducing barriers to access and retention.
- Improvement Strategies after e-course:
    - Streamline intake protocols to ensure clarity and efficiency.
    - Prioritise evidence-based practices and integrate them into the intake process.
    - Develop a system for triaging clients to ensure the most vulnerable receive timely assistance.
    - Enhance staff training on intake procedures and client engagement techniques.

Victim Feedback (Standard 8):

- Current practices before e-course: Some centres already have mechanisms for feedback such as surveys and quarterly meetings but face challenges in consistent engagement.
- Improvement Strategies after e-course:

- Implement more accessible and varied feedback channels like suggestion boxes, dedicated phone lines, and anonymous online surveys.
- Conduct structured interviews and focus groups to gather in-depth feedback.
- Regularly analyse feedback data and incorporate it into service improvement plans.
- Involve external evaluators to ensure unbiased feedback collection.

Staff Safety (Standard 11):

- Current practices before e-course: Staff safety is addressed through security protocols, but there is a need for more psychosocial support and regular care programmes.
- Improvement Strategies after e-course:
    - Develop comprehensive safety protocols, including risk assessments and emergency response plans.
    - Provide ongoing training on safety and conflict de-escalation techniques.

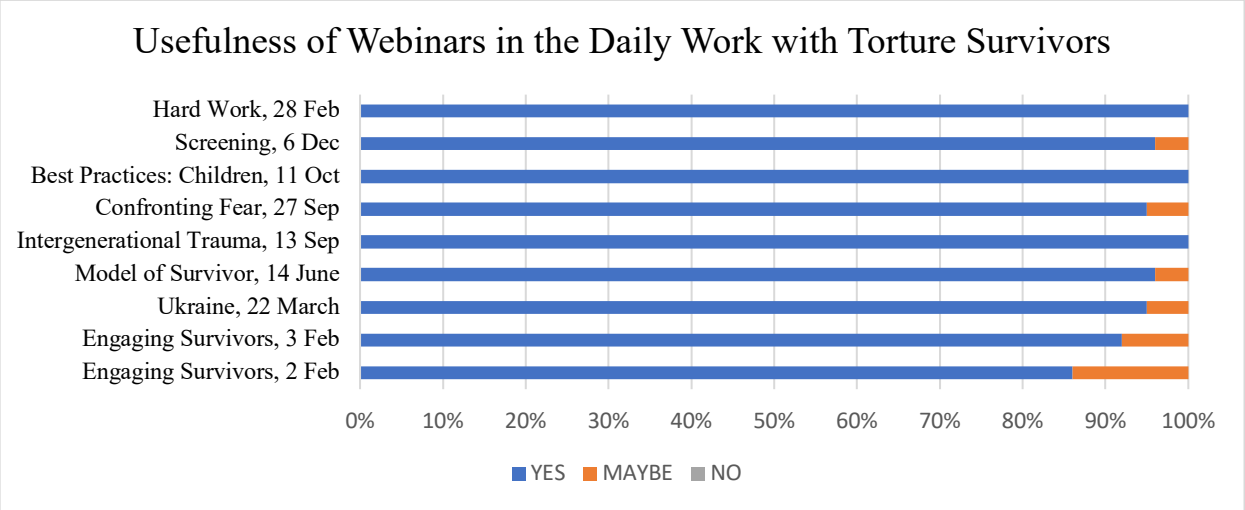
Documenting Global Impact (Standard 17):

- Current practices before e-course: Documentation is recognised as important but often lacks a structured and consistent approach.
- Improvement Strategies after e-course:
    - Develop a standardised framework for documenting and reporting global impacts.
    - Regularly publish annual reports and impact assessments to highlight achievements and areas for improvement.
    - Use case studies and success stories to demonstrate the impact of services on survivors' lives.
    - Collaborate with international organisations to share best practices and learn from global experiences.

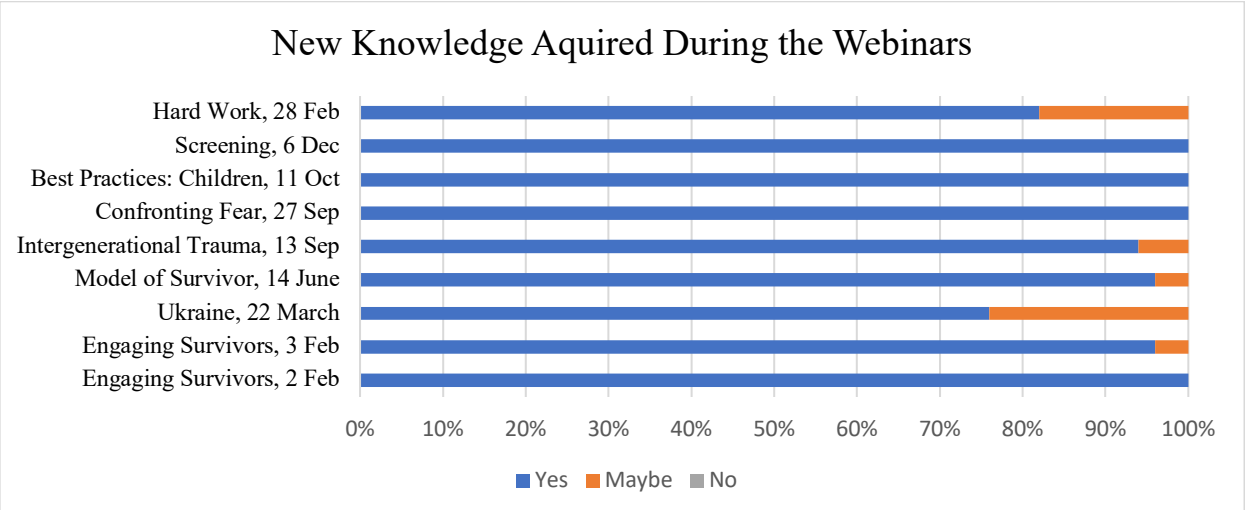
These results encompass the broad outcomes obtained from 202 different answers to the post e-learning survey. No regional trends could be identified since the results were all anonymous.

2.4. POST WEBINARS

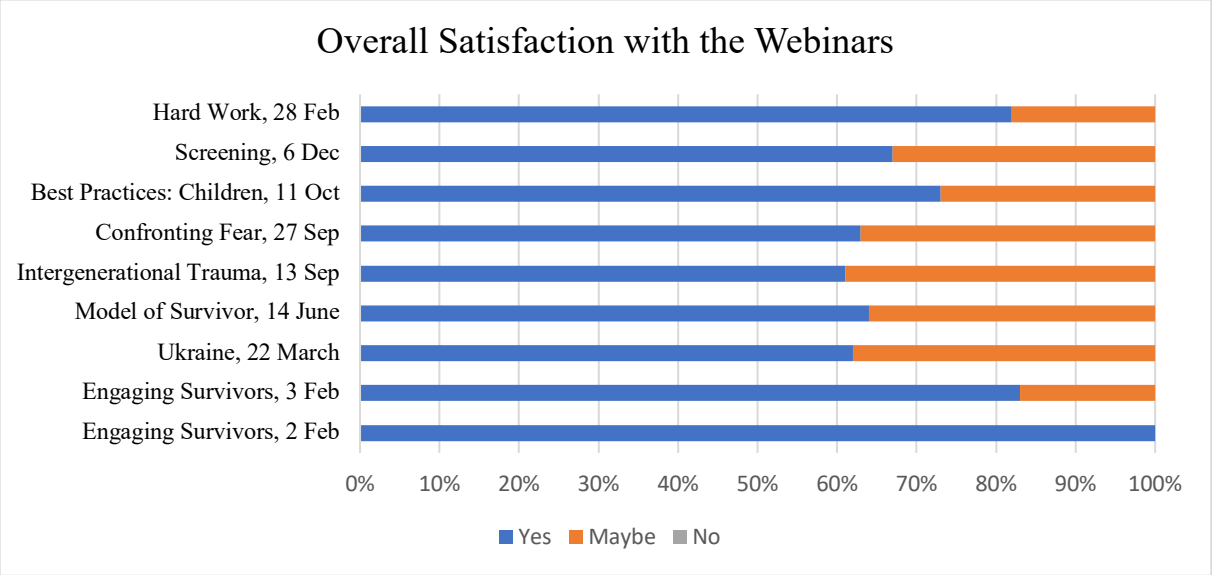
After attending the webinars, the majority of survey participants stated that the webinars have been useful in their daily work with torture survivors. More specifically, it appears that the only two webinars that received 100% "yes" responses when asked about the usefulness of the topic in the daily work of the centres, are the webinars related to support for families: “Family Affair: Treating Intergenerational Trauma” and “Best Interests: Treating Children as Primary or Secondary Survivors of Torture”.



Similarly, members answered “Yes” in great majority to the question “Did you learn something new?”, showing once again the importance and usefulness of the webinar sessions. The only two webinars that received less than 90% "Yes" responses are: “IRCT - Ukraine: Psychosocial Support to Ukrainians Experiencing Trauma - Year 1” and “Hard Work: Caring for Caregivers”.



Finally, the overall satisfaction, though collecting fewer positive answers than the other polls, still ranks high with an average of 72% satisfaction.



Following the webinars, member centres were asked what topics they would like to discuss in upcoming IRCT webinars. Based on the answers provided, it appears that centres have well integrated the standards in their practice and are now willing to push the 17 standards further by suggesting more specific topics for future webinars. These topics are representative of the challenges member centres can face, hence asking for support and recommendations. Below is a list of the topics centres have mentioned in their comments, organised thematically:

- **Trauma and Rehabilitation:**
  - Psychological wounds and aftereffects of torture : disorders of extreme stress
  - Surviving torture and healing traumas in different cultures
  - Effective MHPSS interventions and skills
  - Current research on treatments of PTSD and depression after torture
  - Transgenerational trauma
  - Anger management as a symptom of trauma
- **Human Rights and Legal Issues:**
  - Rights of unaccompanied minors
  - Refugees and human rights
  - Access to prisons in socio-political crises
  - Legal remedies for early release of detainees, especially torture victims

- The right and obligation for national and international organisations to enter prisons in situations of socio-political crises.

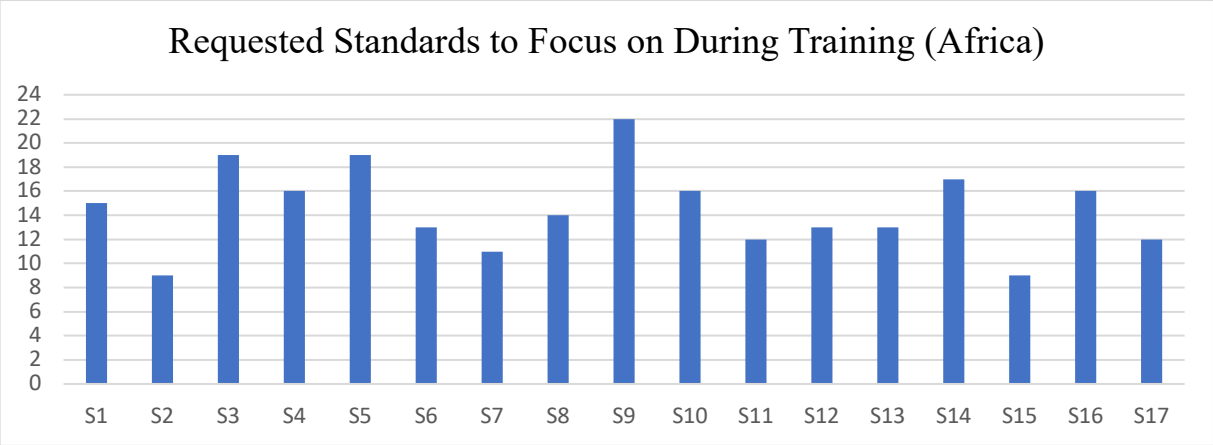
- **Survivor Engagement and Rehabilitation:**
  - Engagement of female survivors in rehabilitation : how to get them to engage in rehabilitation.
  - Group intervention modalities
  - Livelihoods in torture rehabilitation
  - Experiences from members in survivor engagement and rehabilitation : the different models, the challenges and benefits
  - Research feedback linked to work with torture survivors (a member mentioned that a number of centres are undertaking or have undertaken research)
- **Specific Populations:**
  - Elderly refugees and PTSD treatment
  - Engaging with survivors in exile
  - Impact of trauma on communities
- **Documentation and Advocacy:**
  - Documenting psychological and somatic findings according to the Istanbul Protocol
  - Importance of documenting torture in healthcare settings
  - Feedback on small grants and their utilization
  - Global advocacy for human rights and rehabilitation
  - Legal remedies available in each countries that will help facilitate the early release of PDLs especially to victims of Torture to help advocate to government as local policy or National Law. (MAG would like to share knowledge about their project called "Promoting Compassionate Early Release to help Reduce Overcrowding" under GoJust II managed by UNOPS)
- **Miscellaneous:**
  - Web design and creative post skills (potentially for outreach and communication)
  - Multi-sector collaboration and self-care for providers
  - Feedback on small grants from IRCT : how centres utilised them and the learning form the grants

Overall, we can conclude that the webinars have been very useful for the participants as they allowed them to learn more intensively about specific topics. Most importantly, they encouraged members to connect with each other and exchange challenges and best practices within their centres.

2.5. PRE TRAININGS - FOCUS ON GLOBAL SOUTH

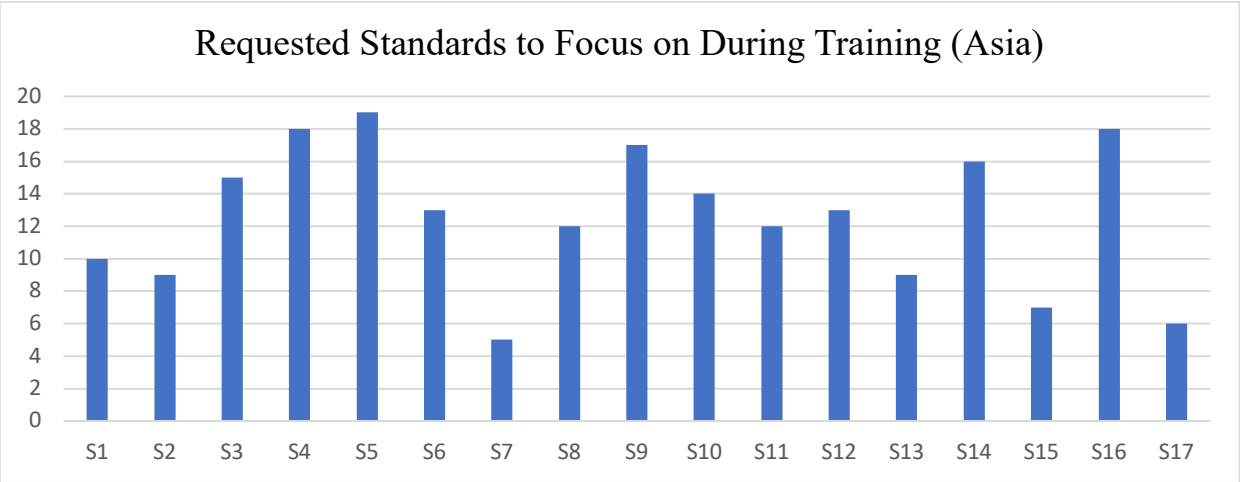
2.5.1. QUANTITATIVE ANALYSIS

The pre-training survey is relevant in this report as it reflects all the learnings gathered by the member centres from the entirety of the learning package. The trainings were organised regionally. Accordingly, data from the global south have been gathered through the member centres in Africa, Asia, and South America.



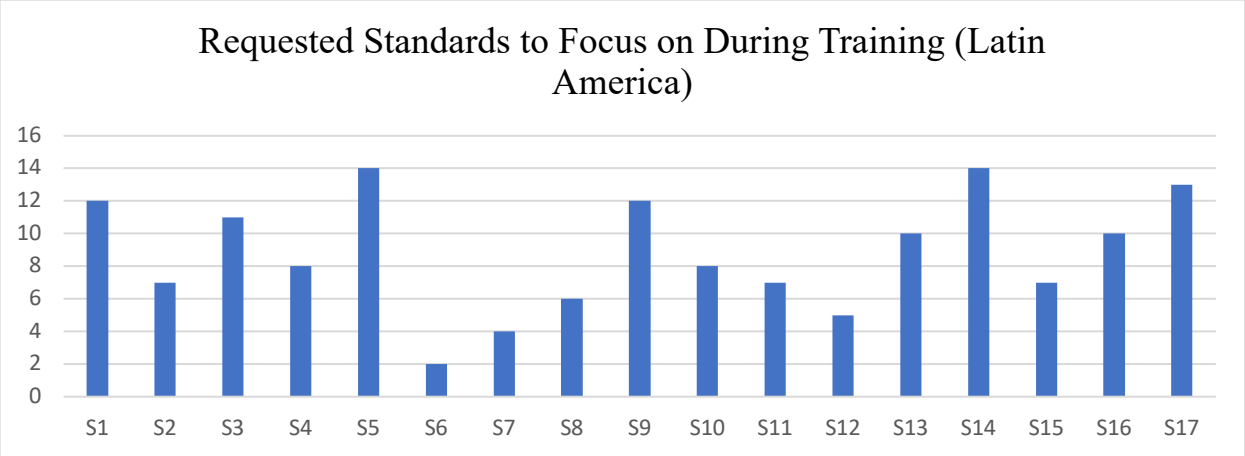
Regarding member centres in Africa, S5 – Access to Justice and S9 – Victim's Participation in Rehabilitation are still pointed out as the standards requiring specific focus, following the main trend that have been identified since the self-assessment survey.

Aside from this main trend, S3 – Safety of Victims, S4 – Support to Families, S10 – Organisational Capacity, S14 – Advocate for Rehabilitation Funding, and S16 – Evaluating Improvements in Quality of Life are the other standards that have been the most voted for which a specific focus has been requested during the regional training.



Regarding member centres in Asia, S5 – Access to Justice and S9 – Victim's Participation in Rehabilitation are again some of the most voted standards as requesting specific focus.

Similarly, S3 – Safety of Victims, S4 – Support to Families, S10 – Organisational Capacity, S14 – Advocate for Rehabilitation Funding, and S16 – Evaluating Improvements in Quality of Life are once again the second trend to be identified as requiring specific focus.



Finally, in Latin America, S5 – Access to Justice is still represented as the standard being the most voted as requesting special focus, while S9 – Victim's Participation in Rehabilitation is less voted than in the other regions but still ranks high as the 3rd most voted standard. Instead, S14 – Advocate for Rehabilitation Funding is the second most voted standard.

A new trend is to be identified in Latin America as, contrary to the other regions, S1 – Our Commitment to Victims, S3 – Safety of Victims, S13 – Share Knowledge, S16 – Evaluating Improvements in Quality of Life, and S17 – Documenting our Global Impact are the second most voted as requiring more focus. Accordingly, Standards 13 and 17 are mentioned for the first time within this category.

2.5.2. QUALITATIVE ANALYSIS - FOCUS ON GLOBAL SOUTH

Before participating in the regional trainings, member centres were asked to highlight the challenges they are facing in the implementation of the standards. Here is a breakdown of the main trends.

2.5.2.1. Africa

Comprehensive summary of comments pre-training Africa

Challenges Highlighted:

- **Victim Support and Justice**: Reaching out to victims of torture, supporting them, and helping them achieve justice are significant challenges.
- **Access to Justice**: Many victims lack any torture-related documentation, making it very difficult to advocate for justice for victims.
- **Victim's Participation in Rehabilitation**: Building the relationship and trust to convince survivors that it will benefit their physical and mental wellbeing.
- **Emerging Global Trends**: Challenges with emerging trends like terrorism, political instability, shrinking resources, and the demanding nature of torture work.
- **Disability and Reintegration**: Difficulty in reintegration for victims with disabilities, lack of resources such as wheelchairs and crutches for disabled victims.
- **Traditional Healers and Cultural Sensitivity**: Working with traditional healers to improve psychosocial rehabilitation, handling clients from diverse cultural and religious backgrounds with respect.
- **Insufficient Funding**: Many organisations face challenges related to limited funding, which hinders their ability to sustain rehabilitation programmes and provide comprehensive support to torture survivors.
- **Legal and Policy Gaps**: Challenges include the lack of strong legislative frameworks, slow judicial processes, a high number of victims, ignorance of legal instruments, threats to victims and defenders, poor understanding of protection mechanisms, and inadequate legal support for survivors, which impede access to justice and rehabilitation.

- **Security and Safety Concerns**: Ensuring the safety of both survivors and staff in volatile socio-political contexts is a significant challenge, impacting service delivery and survivor participation.
- **Capacity and Resource Constraints**: Limited human and infrastructural resources affect the capacity to meet the increasing demand for rehabilitation services, especially in conflict-affected regions

Best Practices Highlighted:

- **Holistic Victim Support**: Implementing comprehensive support that includes medical, psychological, legal, and social assistance is essential. Organisations like Trauma Centre Cameroon (TCC) exemplify this approach, ensuring survivors receive multifaceted care that addresses their diverse needs.
- **Community Engagement and Participation**: Engaging survivors in their own rehabilitation processes through survivor engagement practices and participatory needs assessments fosters empowerment and enhances the effectiveness of rehabilitation efforts.
- **Advocacy and Policy Engagement**: Effective advocacy for strong legislation, funding, and aftercare services is critical. Organisations highlight the importance of advocating for permanent funding and legal frameworks that protect and support torture survivors.
- **Capacity Building and Training**: Building staff capacity through training on trauma-informed care, legal accompaniment, and community-based rehabilitation practices strengthens service delivery and supports sustainable rehabilitation efforts.
- **Integration of Livelihood Support**: Providing economic empowerment through livelihood training and support helps survivors reintegrate into society and reduces dependency, as seen in efforts to empower survivors with skills for economic self-reliance.

Specific Learning and Sharing Interests:

- **Victim Outreach and Justice**: Learning effective strategies to reach and support victims of torture, facilitate their access to justice, and advocate for their rights within legal and policy frameworks.

- **Impact Measurement**: Enhancing methods to measure the impact of rehabilitation services on survivors' quality of life and well-being to better assess programme effectiveness and secure funding.
- **Ethical Practices and Supervision**: Addressing ethical dilemmas in service provision, such as confidentiality vs. trust building, and ensuring ethical practices in the management and supervision of rehabilitation programmes.
- **Community-Based Rehabilitation**: Exploring best practices for community-based rehabilitation tailored to contexts where torture occurred publicly, integrating survivors into community life, and fostering social support networks.
- **Global Networking and Collaboration**: Leveraging global networks and collaborations to share best practices, exchange experiences, and advocate for torture prevention and rehabilitation initiatives globally.

Recommendations:

- **Capacity Development**: Prioritise training and capacity-building initiatives to equip staff with the necessary skills in trauma-informed care, advocacy, and sustainable programme management.
- **Advocacy and Policy Influence**: Strengthen advocacy efforts to influence policy change, secure long-term funding commitments, and improve legal protections and support mechanisms for torture survivors.
- **Knowledge Sharing Platforms**: Facilitate platforms for knowledge exchange and collaboration among organisations, enhancing learning from diverse regional experiences and promoting innovative approaches to rehabilitation.

2.5.2.2. Asia

Comprehensive summary of comments pre-training Asia

Challenges Identified:

- **Funding and Sustainability**: Securing adequate funding for rehabilitation programmes, especially in low and middle-income countries like Nepal, remains a critical challenge. The sustainability of these programmes is often jeopardised by fluctuating donor priorities and limited financial resources.

- **Client Engagement and Trust**: Convincing survivors of torture to participate in rehabilitation activities such as counselling and community engagement poses a significant challenge. Building trust and demonstrating the benefits of these services requires consistent effort and relationship-building.
- **Access to Justice**: Advocating for justice for torture victims, particularly in cases of sexual and gender-based violence (SGBV), is hindered by the lack of adequate documentation and the complexities of legal systems.

Best Practices Highlighted:

- **Integration of Livelihood Support**: Including livelihood activities as part of holistic rehabilitation services is seen as a good practice. This approach not only addresses immediate psychological needs but also empowers survivors economically, aiding in their long-term recovery and integration into society.
- **Community Engagement and Support**: Utilising community-based approaches such as the Mahila Mitra (Women Friends) programme and community policing enhances support networks and fosters a safer environment for survivors to reintegrate into society.
- **Evidence-Based Interventions**: Implementing evidence-based psychosocial support models, like the MHPSS (Mental Health and Psychosocial Support) model, within community-based organisations has proven effective in guiding interventions for refugees and torture survivors. HEI, with its 15 years of experience, is offering to share their experience with any centre in need.
- **Cross-Cultural Learning**: Learning from cross-cultural experiences globally and integrating these insights into local practices helps in tailoring services to diverse cultural and religious backgrounds, thereby reducing biases and enhancing service delivery.
- **Family Engagement**: Enhancing support by involving families in the rehabilitation process and increasing dialogue within families to break the silence.
- **Capacity Building and Training**: Continuous learning from best practices across different countries and cultures to inform and guide local work.
- **Innovative Approaches**: Implementing community-based rehabilitation models that are culturally and contextually relevant.

Specific Learning and Sharing Interests:

- **Advocating for Rehabilitation Funding**: There is a clear interest in understanding how to advocate effectively for rehabilitation funding, particularly from state programmes. This includes learning about successful advocacy strategies and integrating lessons from other countries' practices.
- **Screening and Support Systems**: Learning best practices for screening potential victims of torture (PVOT) efficiently yet sensitively, while addressing their diverse needs (legal, psychosocial, rehabilitation), is crucial. This involves enhancing staff capacity and possibly expanding resources through funding opportunities.
- **Impact Measurement**: Exploring different methods to capture and measure the impact of rehabilitation services is of interest. Developing more robust systems to evaluate effectiveness helps in improving service delivery and demonstrating outcomes to stakeholders and donors.

Recommendations:

- **Knowledge Exchange**: Facilitate platforms for sharing experiences and best practices among organisations working with torture survivors. This could involve workshops, webinars, or conferences where practitioners can learn from each other's successes and challenges.
- **Capacity Building**: Invest in training programmes that enhance staff capacity in trauma-informed care, cross-cultural competence, and advocacy skills. Strengthening internal capabilities improves service delivery and organisational resilience.
- **Collaborative Advocacy**: Form alliances with other NGOs, governmental bodies, and international organisations to collectively advocate for policy reforms and increased funding for torture victim rehabilitation.

2.5.2.3. Latin America

Comprehensive summary of comments Latin America

Challenges Identified:

- **Financial Constraints**: Limited funding poses challenges in meeting the demand for services, sustaining programmes, and providing adequate support to victims, families, and staff, impacting organisational stability and service continuity.
- **Security Concerns**: Ensuring the safety of victims, families, and staff in volatile environments or contexts where political polarisation affects operational independence remains a critical challenge.
- **Legal and Institutional Barriers**: Challenges include navigating legal complexities and lack of institutional support, which hinder effective documentation, advocacy efforts, and access to justice for victims of torture.
- **Resource Allocation and Sustainability**: Short project durations and the need for long-term rehabilitation processes clash with project-based funding models, impacting the continuity and effectiveness of rehabilitation efforts.
- **Cultural Sensitivity and Gender-Based Violence**: Addressing gender-specific issues like sexual torture and institutional gender violence in detention settings requires specialised approaches and cultural sensitivity in interventions.

Best Practices Highlighted:

- **Comprehensive Victim and Family Support:** Organisations emphasise holistic care that includes psychological, social, legal, and medical support for victims and their families, ensuring a multidisciplinary approach to rehabilitation.
- **Informed Consent and Ethical Practices**: Utilisation of informed consent practices ensures that victims are informed and involved in their treatment decisions, respecting their autonomy and rights throughout the rehabilitation process.
- **Capacity Building and Training**: Continuous training of staff in clinical supervision, trauma-informed care, and other relevant skills enhances service quality and effectiveness, despite challenges in budget allocation for professional and administrative roles.
- **Community Engagement and Organisational Participation**: Strengthening organisational and social participation of victims and families through empowerment initiatives and organisational strategies promotes resilience and community integration.

- **Documentation and Evaluation Tools**: Development of qualitative evaluation instruments and robust documentation practices help in objectively assessing the impact of psychological methods and ensuring quality care delivery.

Specific Learning and Sharing Interests:

- **Memory and Historical Narratives**: Integrating historical memory into intervention strategies to address trauma from past human rights abuses and empower victims through acknowledgment and commemoration.
- **Safety Protocols and Risk Reduction**: Sharing strategies for enhancing victim and staff safety through effective security measures and minimising risks during rehabilitation activities.
- **Impact Measurement and Quality of Life**: Exploring alternative evaluation methods for assessing the qualitative aspects of rehabilitation outcomes and improving standards for measuring the quality of life of torture survivors.
- **Legal Advocacy and Human Rights**: Discussing effective legal approaches and advocacy strategies to support victims in accessing justice and holding perpetrators accountable, despite legal and political challenges.
- **Interdisciplinary Collaboration**: Highlighting the importance of interdisciplinary teamwork in providing holistic care and preventing re-victimisation during legal and psychological interventions.

Recommendations:

- **Advocacy and Funding Diversification**: Strengthen advocacy efforts for sustainable funding models and diversify funding sources to mitigate financial uncertainties and support long-term rehabilitation goals.
- **Capacity Development**: Prioritise continuous training and professional development for staff to enhance service quality, cultural competence, and trauma-informed care practices.
- **Knowledge Exchange Platforms**: Foster platforms for exchanging best practices, lessons learned, and innovative approaches across organisations and regions to improve collective impact and resilience.

3. Data Collected specifically for the evaluation

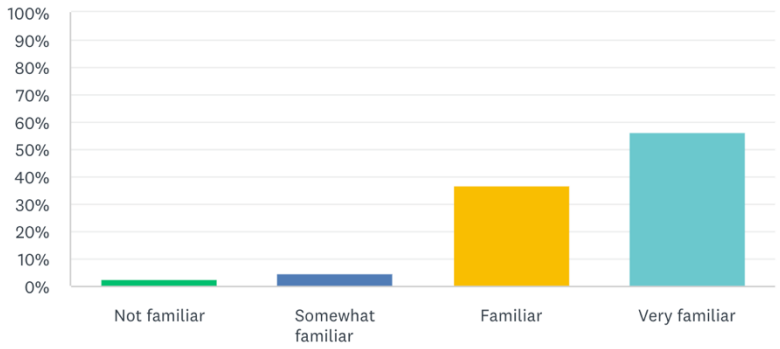
3.1. Global Standards on Rehabilitation of Torture Victims Survey

The survey was available for two weeks and received 41 responses from member centres across the world. This survey was designed to gather information on how the e-learning package has influenced the implementation of the 17 standards within the rehabilitation services of the participating centres.

Firstly, this survey confirms what we have determined throughout the study: members are well aware of all the 17 Global Standards on Rehabilitation and feel familiar with them.

How familiar are you with the Global Standards on Rehabilitation of Torture Victims (GSR) provided by IRCT?

Answered: 41 Skipped: 0



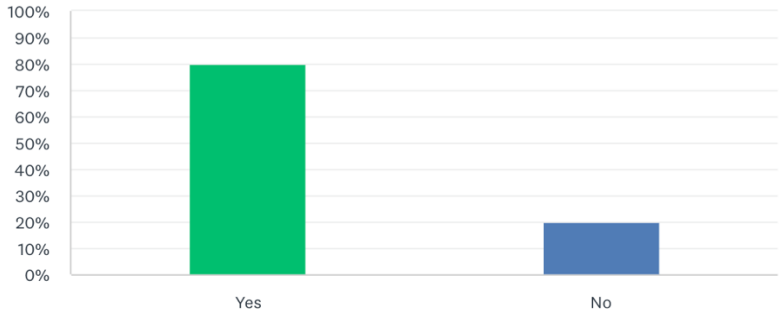
ANSWER CHOICES	RESPONSES	
Not familiar	2.44%	1
Somewhat familiar	4.88%	2
Familiar	36.59%	15
Very familiar	56.10%	23
TOTAL		41

From the 41 participants, 32 of them have used the e-learning package to understand the standards better. Out of the 8 participants who have not used the e-learning package, 5 of them operate in the Global North and 2 of them participated in the drafting of the standards. Out of the 8, 3 participants have skipped the e-learning and have only used the Practice Guide as guidelines. The 5 others have learned about the standards through training sessions in their

centres. Only 1 of the 8 participants who have not participated in the e-learning stated being "Somewhat familiar" with the standards. Four of them feel "Very familiar" and the other three feel "Familiar".

Have you used the resources (e-course, webinars) to understand the standards better?

Answered: 40 Skipped: 1



ANSWER CHOICES	RESPONSES	
Yes	80.00%	32
No	20.00%	8
TOTAL		40

Once again, the results of this survey confirm the trends of the previous data gathered throughout the different stages of the e-learning. The majority of the participants (56.1%) judged the e-learning package being "Very Useful" in understanding and implementing the GSR in their daily operations. 19.51% of the participants indicated the e-learning package "Extremely Useful" while 17.07% only found it "Moderately Useful".

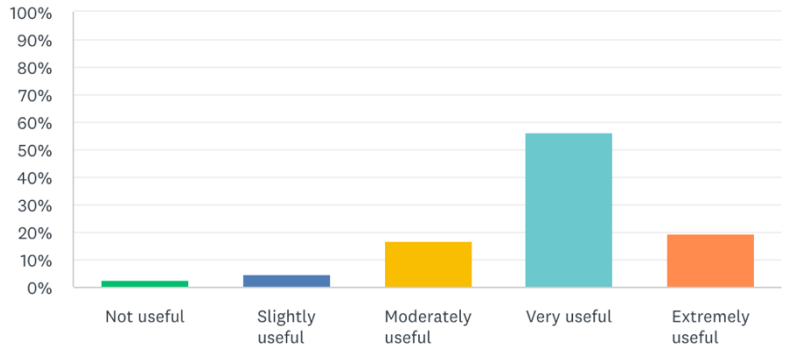
Out of all the answers, HDO's comment is representative of the overall trend on how the e-learning package helped understand and implement the standards in the rehabilitation services:

> "As required in P 8, victim feedback, the HDO has established a complaint mechanism to receive and respond to the victims complaints pertaining to quality and effectiveness of rehab services. In line with P 9, HDO practically promoted the meaningful participation of target group in services, project planning, design, implementation. Although HDO has anti-discrimination and harassment policy, it has learned to incorporate the safety and protection of beneficiaries and participants of programs as required in P 11. In line with P 14 HDO learned through e resources about GSR that the MHPSS and livelihood focused funding should be made and for this purpose HDO has been advocating for this objective. The HDO also benefited from the P 16 of GSR that how to evaluate the quality of life of its beneficiaries while working

in detention centres directly. P 2 improved the accountability and transparency mechanism in HDO, driven its governance, service providing mechanisms to more victim centred sans external influence. As required under P 3, HDO has complied with all possible measures necessary for the safety of victim. In addition it provided all relevant information regarding inputs and services to the victims applying the transparency and accountability mechanism. In line with P 5 HDO has improved and expedited its advocacy efforts for implementation of anti-torture laws and reparation mechanisms which resulted in criminalization of torture in Pakistan during 2022. As per P 6 HDO witnessed good deal of improvement in accessing increased number of victims as self-referral and by others for rehab services in prisons. Through P 7 HDO witnessed improvement in allowing easy access to information to the victims about rehab services which are socially acceptable and culturally appropriate. As per P 9, HDO further improved victims' participation at different stages of rehab services and project designing, implementation and management. As per P 10, HDO improved its organizational knowledge and capacities about evidence based treatment methods, trauma sensitive techniques in accordance with relevant professional standards. In line with P 11, P 12 HDO brought about significant improvement in staff safety and care, both at staff and volunteers level."

How would you rate the overall usefulness of the available resources to understand and implement the GSR in your work?

Answered: 41 Skipped: 0



ANSWER CHOICES	RESPONSES	
Not useful	2.44%	1
Slightly useful	4.88%	2
Moderately useful	17.07%	7
Very useful	56.10%	23
Extremely useful	19.51%	8
TOTAL		41

Most of the participants have been made aware of the standards through the IRCT network (mail, website, Fabo). The e-learning package has served as an introduction to the GSR for a large majority of the participants. This comment from FEDICONGO summarises the overall trend on how centres have become aware of the 17 standards:

> "We learned about the existence of global standards for the rehabilitation of torture victims from online courses organized by the IRCT organization for their member centres, including certain documents that were sent to us, even published on their website or on fabo. That's where we learned the necessary notions about global standards for the rehabilitation of torture victims, and we strengthened our capacities on these notions."

More than an introduction to the standards, many participants mentioned that the e-learning material has provided clear guidelines and tools, facilitating its implementation in an already existing framework, as mentioned by the Legend Golden Care Foundation in Nigeria: "The resources provided clear guidelines and practical tools that were easy to integrate into our existing framework, significantly enhancing our service delivery."

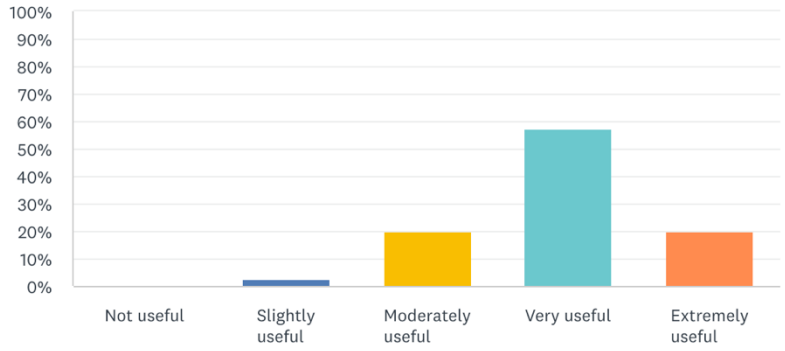
Other centres like Zentrum ÜBERLEBEN in Germany have used the material available and directly implemented it as their new framework: "The GSR are very clear and precise. As a framework, they are very useful to apply to one's organisation and check how they have been implemented in one's organisation."

Overall, the e-learning package has been very well received and implemented within the rehabilitation services, as well as an introduction to new staff, volunteers, or students, as mentioned by Heartland Alliance International - Marjorie Kovler Centre.

Similar results are found regarding the overall usefulness of the GSR in the daily practices of the member centres.

How would you rate the overall usefulness of the GSR in your work?

Answered: 40 Skipped: 1



ANSWER CHOICES	RESPONSES	
Not useful	0.00%	0
Slightly useful	2.50%	1
Moderately useful	20.00%	8
Very useful	57.50%	23
Extremely useful	20.00%	8
TOTAL		40

Most of the comments in the survey regarding the usefulness of the standards in their work mention improvements in organisational policies and capacities:

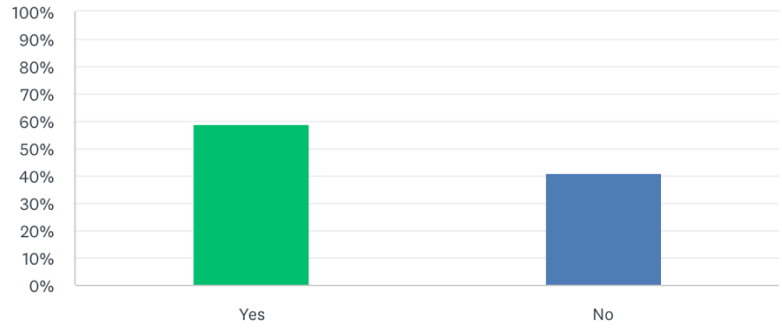
- **REMAK, DRC:** "With the use of these GSRs, our centre has strengthened its capabilities on certain standards that were poorly used or not used at all. The centre gained new knowledge."
- **HDO, Pakistan:** "HDO found the GSR highly useful in improving organisational policies, programmes, and projects to achieve the objective of maximising the impact of rehab services for the victims and campaigning to eradicate the scourge of torture from Pakistan."
- **Trauma Centre Cameroon, Cameroon:** "They serve as a checklist and provide a broad view, taking into consideration all elements of our interventions in the rehabilitation process."

Nonetheless, one of the comments mentioned being overwhelmed by the implementation of the standards coupled with the day-to-day activities of the rehabilitation centre:

- **PSZ Düsseldorf, Germany:** "There are so many organisational processes to be done that it is overwhelming and difficult to structure and prioritise - next to the urgent day-to-day work for the clients."

Since the implementation of the GSR, have you noticed any changes in your rehabilitation practices?

Answered: 39 Skipped: 2



ANSWER CHOICES	RESPONSES	
Yes	58.97%	23
No	41.03%	16
TOTAL		39

The results of this question on noticeable changes in rehabilitation practices after the implementation of the Standards are less obvious than the previous results. Nonetheless, a majority of participants (59%) have stated that the implementation of the GSR did encourage changes within their rehabilitation practices:

- **Legend Golden Care Foundation, Nigeria:** "Yes, staff reported increased confidence in their ability to deliver standard care."
- **Mwatikho Torture Survivors Foundation, Kenya:** "Yes, victims are giving positive feedback about quality service delivery.
- **SiRa, Spain:** "Yes, greater participation of survivors is the main change."
- **ToL, Zimbabwe:** "Yes, our rehabilitation processes have been more holistic and intentional, improving the quality of our rehabilitation processes and making them more impactful."

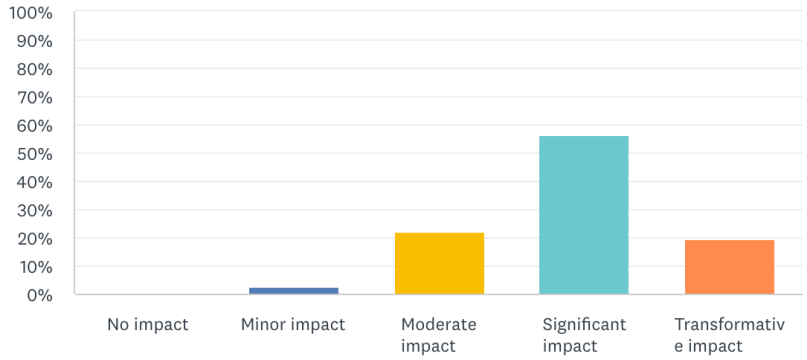
- **RCT Zagreb, Croatia:** "Yes, a better support structure and focus on important areas for the rehabilitation and integration of users. It is easier to monitor in which areas the organisation and the country need to make improvements."

On the other hand, it is still too early for some centres to witness changes:

- **The Center for Victims of Torture:** "No, this will take long and some of the guidelines are already in use at CVT."

How do you perceive the overall impact of the GSR on the quality of care provided to torture survivors?

Answered: 41 Skipped: 0

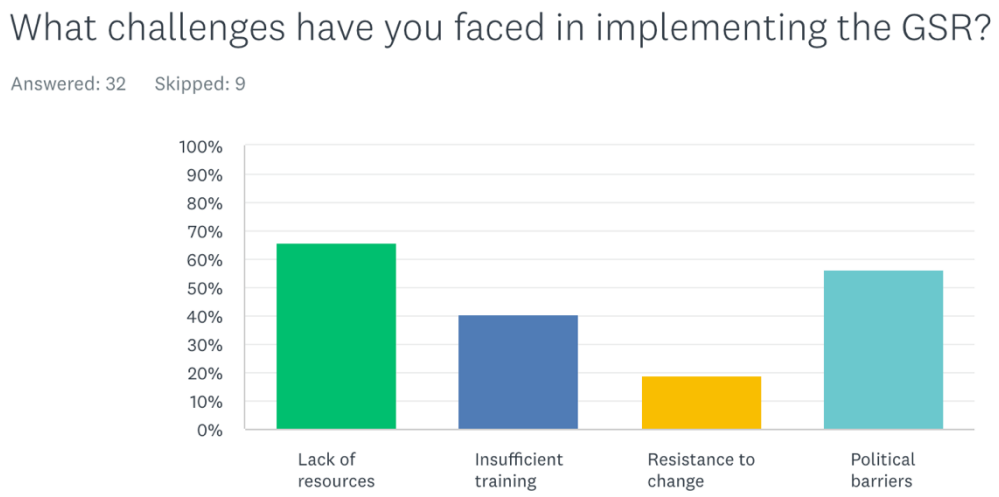


ANSWER CHOICES	RESPONSES	
No impact	0.00%	0
Minor impact	2.44%	1
Moderate impact	21.95%	9
Significant impact	56.10%	23
Transformative impact	19.51%	8
TOTAL		41

On the other hand, most of the member centres (56.10%) that took the survey have noticed a significant impact of the GSR on the quality of care provided to torture survivors. This shows that even if the centres have not clearly noticed changes in rehabilitation practices, they can nonetheless perceive that the GSR have a significant impact on the quality of care they are providing.

It has been reported throughout the entirety of the project that member centres are facing several challenges in implementing the GSR within their practice. After selecting the most common answers from previous data collection, centres have been asked once again to identify the

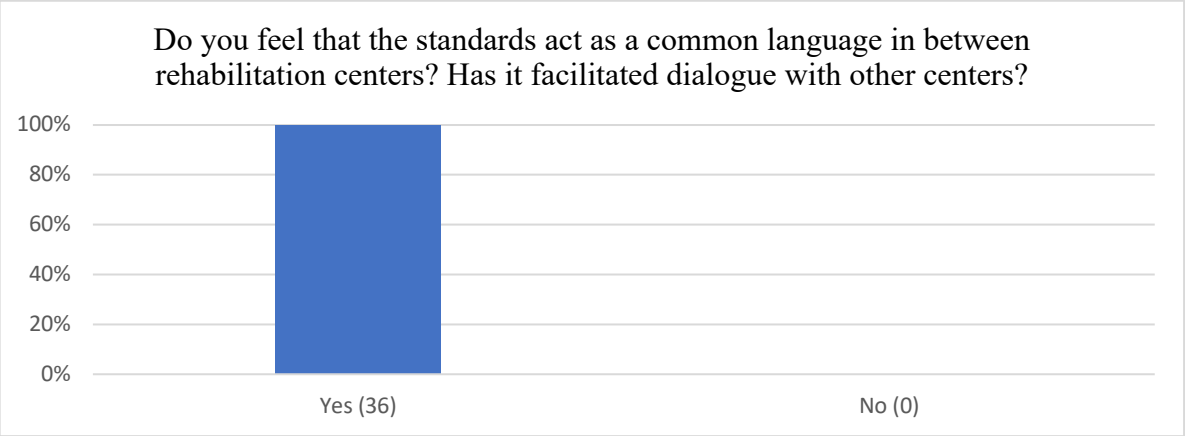
biggest challenges they are facing in implementing the GSR. The most common challenge (65.63%) is the lack of resources, which impacts the implementation of several standards such as Standard 10 – Organisational Capacity, Standard 12 – Care for Staff, or Standard 8 – Victim Feedback. The second challenge faced by centres is political barriers (56.25%), which is mostly a challenge in the Global South. The third challenge is insufficient training on the GSR (40.63%), still ranking high in the number of votes collected. This shows us that despite the overall satisfaction and usefulness of the learning package, there is still a need for more training on the standards. Finally, resistance to change (18.75%), even being the least voted for, is still a challenge that is often mentioned by centres.



ANSWER CHOICES	RESPONSES	
Lack of resources	65.63%	21
Insufficient training	40.63%	13
Resistance to change	18.75%	6
Political barriers	56.25%	18
Total Respondents: 32		

- **Heartland Alliance International - Marjorie Kovler Center, USA:** "The political climate in the U.S. presents barriers and challenges for people to win asylum and reunite with children and spouses in a reasonable timeframe. Public services are also being reduced for vulnerable individuals and families seeking asylum."
- **ToL, Zimbabwe:** "We work with a community-based team that would benefit immensely from the training in GSR; limited funding has slowed down the implementation process."

- **SAPGL, Burundi:** “Collaboration with local authorities on the rehabilitation of victims according to the standards remains a challenge.”
- **Friends of Victims of Human Rights Violations, DRC:** “There is no access to fair justice due to the corruption of the judicial system and the politics of influence.”



When asked if the centres feel that the standards act as a common language, all 37 participants agreed on the practicality of the GSR in facilitating dialogues between centres:

- **REMAK, DRC:** "Yes, the standards act as a common language and this initiative should be praised and encouraged. They serve as our vade mecum, our reference/framework to be applied by all our centres for the well-being of torture survivors."
- **Friends of Victims of Human Rights Violations, DRC:** “Yes, in order for rehabilitation services for survivors to have a positive impact and achieve better change, the standards must act in a common way and must necessarily facilitate dialogue between centres because we all have the same objectives, to provide survivors with impeccable rehabilitation services.”
- **Swedish Red Cross, Sweden:** “Yes, we have discussed the standards in our cooperation with the HRFT.”
- **PSZ Düsseldorf, Germany:** “Yes, they do act as a common language. Additionally, the standards also correspond widely to national professional principles (ethical and professional guidelines, for example) concerning the therapeutic work with vulnerable groups.”

- **The Independent Medico-Legal Unit (IMLU), Kenya:** "Yes, they act as a common language between rehabilitation centres as they guide centres towards standardised approaches in rehabilitating survivors of torture."
- **Human Development Organization (HDO), Pakistan:** "Yes, it serves as a common language between multilingual, multicultural, and multi-ethnic rehab centres under the leadership of IRCT."
- **Mwatikho Torture Survivors Foundation, Kenya:** "Yes, we are now even planning to go for benchmarking to other centres and share experiences and knowledge."
- **FEDICONGO, DRC:** "Yes, the norms act much more like a language that allows our centre among the survivors and for our centre this experience of ours has never been in practice, and we are looking to expand in this sense, to enter into a dialogue of experience with other centres members of the IRCT to attract a lot of experience of exchange and practice to the next one."

3.2. Interviews with IRCT member centres

The data gathered from the different interviews with member centres is a perfect summary of the data that has been collected throughout the various surveys across this evaluation. The main trend that has been observed is a clear distinction between the Global North and Global South, despite some similarities.

3.2.1. Global South

In the Global South, all members that have been interviewed have greatly welcomed the e-learning package. To them, the e-course has served as a thorough introduction to the standards, providing them with the necessary tools to start implementing the standards into their daily work. The way the e-learning package was designed, with examples, scenarios, and case studies, made it very accessible and allowed participants to reflect on the standards. All the participants in the interviews have learned of the existence of the e-learning package through IRCT communication.

Another aspect that has been brought up is that the e-learning package has given the chance to understand the work of other professionals working within their centres. In this way, it has been reported as very helpful from different members to understand the challenges the different departments are facing, and it has encouraged dialogue between them within the same

organisation. Some centres have even shared the e-course with the administrative/finance department of their organisation to train them on the work that the centre is achieving for a better understanding of the purpose of their work.

Even when the e-course has been taken by a few staff members, it has been reported that regular staff meetings are organised to share knowledge on the GSR. Sharing knowledge about the standards has been used as team-building exercises in one centre, getting individuals to speak about their own experiences and encouraging some level of peer support to talk about what is going on in their work with other colleagues than their superiors. This has proven to be efficient in a matter of staff wellbeing as it encourages people to communicate about their experiences before their stress level and overwork reach the point of non-return and induce burnout.

More than between staff within the same organisation, the e-learning package has also greatly encouraged dialogue between centres. It has been mentioned in every interview with Global South partners that the standards are operating as a common language for them. This was especially true during the webinars, as centres could ask questions about the different standards during the interactive sessions and communicate more efficiently about best practices and challenges. Sharing knowledge, meeting each other virtually, and being aware of what other centres are doing regarding the standards has been reported as being really helpful for member centres. Nonetheless, some members mentioned that they would have appreciated being given more time to interact with each other at the end of each webinar. People had many questions, but the time was very limited, and some felt that they could not use the opportunity to have their questions answered or to hear more about what other centres had to say. Accordingly, it has been requested that more time be allocated for discussion at the end of each session, or that more sessions be arranged on the same theme. One member suggested having dedicated weeks on a theme, with a one-hour session per day to be able to exchange and reflect on new learnings in order to truly get the most out of the webinars, which have been a very good learning ground for them. Another member suggested having access to a sharing platform where members could meet each other virtually, for example monthly, exchange their experiences, and get to know what works best for other centres. Accordingly, centres could get to know each other better than just during the webinars, as getting to know what works best for the different centres is the real added value of these sessions.

Some members from the Global South have mentioned the importance of webinars such as the one on sexual minorities, as, due to cultural differences, it is not a subject on which they have much knowledge and they welcomed the specific learning on this topic.

Another positive aspect of the e-learning package is its introductory nature, allowing centres to share the material with professionals outside of the centres. This is, for example, helpful with the onboarding of medical doctors and psychologists who can take the e-course and read the different material to understand what working with torture survivors entails and accordingly work more efficiently and provide effective support in treating torture survivors.

In the Global South, most of the centres have learned new standards throughout the e-learning package. This is especially the case regarding Standard 12 – Care for Staff. It was mentioned several times that due to busy schedules, the health of the staff was never a priority. Since the e-learning package, members in the Global South have emphasised the importance of this standard, mentioning that if they are not taking care of themselves, it is impossible to take care of survivors. This standard has been implemented in all the centres I have interviewed and shows the importance of the e-learning package in introducing centres to new standards.

Many mentioned the complementarity of the e-course and the webinars. For example, one member mentioned they learned about Standard 9 – Victim's Participation in Rehabilitation, during the e-course. They could then start implementing this standard in their work after the webinar session, as the new learning and the knowledge sharing from other centres allowed them to efficiently incorporate this standard in their daily work. Before taking the e-learning, this centre was making decisions for all the survivors, but now they are much more included in the process and are informed of their choices. This change in practice has been very welcomed by survivors in the centre.

Standard 8 – Victim Feedback was also mentioned many times during the interviews, mostly because it was judged very helpful for the centres and was not in use before getting acquainted with it during the e-learning.

Standard 5 – Access to Justice, is often mentioned as the most challenging standard. Nonetheless, member centres have started taking necessary steps to implement this standard better, such as better involvement of law enforcement agencies and legal processes to help people exercise their rights. More than access to justice, centres in the Global South have

reported understanding, after taking the e-course and participating in the webinars, the importance for survivors to receive compensation for what they endured and that access to justice is a very important part of the rehabilitation journey.

On the overall aspect of the 17 standards, all members interviewed in the Global South mentioned not feeling overwhelmed by the amount of changes necessary to implement the GSR. It is clear for all interviewees that the GSR act as a framework to help them in their practices and not as a requirement to be all implemented, “you have to be open-minded and not rigid to change”. The GSR operate as an “ideal you need to aspire to and we should do all we can to reach these standards”. But more importantly, they are a framework to follow and build within the centres' practices as they proceed.

Regarding challenges, in the Global South, the main issue is to reach access to the survivors or for them to come to the centres. Many mentioned that even getting in touch with them by phone could be an issue as not all of them have access to a working phone and are never reachable. One centre is using their human rights monitors on the ground to reach them, but it is still an issue. This centre has welcomed hearing from other centres in a similar situation to share their best practices, as it is one of the main challenges they are facing. This appears to be a general trend in the Global South due to the size of some countries.

Another challenge mentioned several times is the lack of resources, making the implementation of the standards not as efficient as certain centres would like it to be. Nonetheless, they are prioritising the standards they consider to be the most important to implement. In the Global South, these standards are mostly standards that centres have learned throuh the e-learning package and implemented due to their relevance, especially Standard 12 – Care for Staff and Standard 9 – Victim’s Participation in Rehabilitation.

Regarding regional trends, regional WhatsApp groups are frequently used to share challenges, best practices, and achievements, such as the “Sub-Saharan Rehab Group”. Centres are also using this platform to reach out for assistance, for example by sharing a case in their country to which other colleague would give their opinion on what they would do.

To conclude on the Global South, the e-learning package has worked as originally intended and has even reached more people than expected, as it has been broadly shared across the different departments as well as with external professionals. The standards work as efficient

guidelines/frameworks and are being incorporated effectively into the rehabilitation practices. The e-learning package introduced centres to new standards which were very welcomed by the centres. There is a general need to facilitate more knowledge sharing through a dedicated platform or online sessions, especially since the standards are working as a common language between centres.

3.2.2. Global North

Aside from Global South partners, one member centre in Russia has reported that, being the only staff member working with rehabilitation within the centre, she is the only one who undertook the e-learning. She mentioned that the e-learning has been very beneficial for her, but that she is facing difficulties in sharing knowledge with other centres. This is an even bigger issue since many of the survivors are fleeing Russia and she has no contact in other countries to have the patients transferred to another centre. Accordingly, she emphasised that aspect of collaboration between centres operating in the same region.

The fact that the e-learning package was not available in Russian has not been a problem since she used an automated translator to take the e-course and had a translator with her during the webinars.

This member centre particularly emphasised the usefulness of the e-learning package on Standard 9 – Victim's Participation in Rehabilitation, which she learned about while taking the e-course. Being the only staff member working with rehabilitation, the e-learning package has been even more important for her as it allowed her to be introduced to new practices and use the framework constituted by the 17 standards to follow a structured plan.

After taking the e-learning package, the centre launched a psychological support group where survivors can help each other and talk about their issues even without the participation of the staff. This project has proven to be very helpful in the improvement of the mental health of the survivors.

Overall, in this centre, the standards are mainly used to develop their internal documents and guidelines, for example, guidelines on rehabilitation. Once again, it is mentioned that the standards work as a very efficient framework to be integrated into daily practices. They also help unite people and organisations who follow the same principles and can relate to one another.

It would be very helpful for them to meet online or in person with the representatives of other rehabilitation centres in the same region and worldwide to share knowledge and exchange best practices and challenges.

On the Global North side, the e-learning package has not been used in the same manner. Due to its very introductory nature, the e-course material has not been used as much as in the Global South. Accordingly, a member centre in Ireland suggested developing a second version of the e-course, going more into detail, including the new learnings and best practices of the standards. Accordingly, it would be more relevant for them to share this more advanced version of the e-course with doctors and psychologists who have already been introduced to the GSR.

With that being said, the northern-based centres have used the "Indicators of Practice" guidelines more intensively. Due to their previous knowledge of the standards, the guidelines have been very useful for them as a point of reference and they used them to ensure their practices were following the standards.

Similarly to the Global South, centres in the Global North are also lacking funding and resources. Accordingly, centres in the North have mentioned focusing on Standard 14 – Advocate for Rehabilitation Funding and Standard 17 – Documenting Our Global Impact to find a solution to these issues.

When asked about knowledge sharing, the centres in the Global North have expressed their willingness to share their expertise and facilitate training sessions to help other centres in need. Unfortunately, due to a lack of funding, this aspect of the standards has been postponed. They nonetheless hope that mentoring centres in need will be a possibility in the future.

Regarding webinars, a centre in Ireland has shared that they have survivors participating in the online sessions when relevant for them. Having them participate allows them to listen to a topic they can directly relate to, hear different professionals exchange their best practices, and feel more involved in the rehabilitation process.

Other Global North organisations, such as DIGNITY, have not used the e-learning package extensively. They have read the standards, which confirmed the alignment of their own practices with the GSR, and continued with their own guidelines. The e-learning package has accordingly not been shared across the organisation. This can be explained by the fact that the organisation is now focusing on survivors of violence, and not only on torture survivors, hence

the GSR being too “torture-centred” for them. Despite not using the GSR internally, DIGNITY has been reported to share the standards with partner centres such as Basic Need Ghana.

On the other hand, the standards have been happily welcomed in a rehabilitation centre in Albania, where the project manager interviewed expressed the usefulness of the standards even outside of the rehabilitation practices. He mentioned that after taking the e-course, the standards have been divided into pillars, which are used by the different project managers to organise their activities and to include them in their future initiatives. The e-learning package has been very useful for them to break down each standard and understand them fully to implement them effectively in their daily work.

Overall, the standards have been very well received in the Global North. Since organisations are also facing numerous challenges in the North, the standards have allowed these organisations to refer to the framework they constitute to try and fix these issues. Additionally, it would be interesting to share their best practices with other centres, such as including survivors in webinars, which can most likely be easily implemented across the world.

The standards have proven to be efficient across different regions of the world due to their very broad scope and have been welcomed as an efficient tool to improve rehabilitation services. The various formats included in the e-learning package have allowed centres to use the resources they judged most relevant for them, and in that manner, not discriminating against any centres regarding their access to the knowledge of the GSR

4. Conclusion

After reviewing all quantitative and qualitative data made available at the different stages of the project, as well as inputting the interviews conducted with members and analysing the results of the final survey, we can conclude that the e-learning package has fully served its purpose in introducing and providing tools to members to implement them in their daily practice.

The support provided by IRCT through the e-course was deemed by a great majority of participants to be very helpful. The confidence of the centres in understanding and implementing the standards within their practice has accordingly greatly increased from a bit confident to very confident after completing the e-course. This trend has shown to be especially true in the Global South where it has been reported that, due to its introductory nature, the e-

course has allowed members to feel confident in their overall understanding of the standards. The same applies to the usefulness of the e-course, which was mainly acknowledged to be very useful.

In the Global South, the e-course has served its purpose to provide tools and recommendations to member centres, which they could afterwards implement within their practices. In most of the centres, the e-course has greatly increased communication between departments and within departments. In cases where the e-course was only taken by a few staff members of the centres, the knowledge acquired through the e-learning has been shared in multiple ways, through weekly meetings, workshops, or internal training. Thanks to its functional nature, members have reported that the knowledge acquired throughout the e-course was easily shareable with staff that did not participate. The same trend has been reported to be true in centres where all staff undertook the e-course. Additionally, the e-course has allowed staff from different departments to understand more deeply the work their colleagues are carrying out, as well as understanding the different challenges they are facing. Overall, the e-course has greatly improved communication within centres and reinforced the feeling of working together for the same goals.

Overall, centres have reported implementing the standards in their framework or using the standards as guidelines. The general feeling is that the GSR have implemented a structured pathway for centres to follow. Considered to be threatening and substantially dense, the e-course has allowed the breakdown of each standard in a comprehensive manner, allowing centres to plan how to implement the standard in their practices. As a result, when asked about which standards centres are planning to adopt within their centre after taking the e-course, the large majority of participants voted for the "All" category. This result demonstrates the efficiency of the e-course in breaking down each standard into reachable goals, allowing centres to feel confident in their capabilities to implement them in their services.

Aside from mainly wanting to implement all standards, several trends have been identified, including client-centred care, staff well-being, and sustainable organisational development. These constitute the trends centres are identifying as the main changes to be implemented in order to improve their rehabilitation services.

In the post e-course survey, all participants have inputted how they are planning to implement the standards:

> "1. Implement a more regular feedback mechanism with clients to not only receive feedback on our quality of services but also to receive feedback on their quality of life - standards 8 and 16
> 2. Participate in finding training opportunities for staff to improve professionally and also to encourage self-care to prevent burnout and or vicarious trauma - standards 10 and 12
> 3. Continue to work on finding ways to make legal information more accessible and informative to those in need - standard 7"

> "AJEM can make significant improvements in its practices based on the knowledge gained from this e-course. It can enhance legal support through partnerships, improve access to information with a centralized resource center, and foster knowledge sharing through regular forums and seminars. These changes will align with the relevant standards and ultimately enhance the support provided to torture survivors and their families."

These comments are a small fraction of many other inputs by centres on how the standards will be adopted and introduced to their practices to improve their rehabilitation services. After reviewing them all, it can be easily assumed that the e-course has provided the necessary tools for centres to feel confident in introducing changes in their practices to follow the global standards.

The improved communication within centres has also proven to be true between centres. This communication between different centres was largely facilitated by the webinars. Participants of the webinars reported attending the sessions to improve their knowledge on the topics, but additionally to have their questions answered. Accordingly, the webinars have been a great opportunity to facilitate communication between members facing challenges in the implementation of certain standards, and other centres sharing their best practices and successes. This platform to share knowledge was reported by the majority to be very helpful for centres as they could exchange together on the same topics. During these sessions, the standards have proven to act as a common language between centres, facilitating communication and recommendations.

The suggestion of topics for potential webinars by members shows that the e-learning package has allowed centres to have a clear understanding of the standards and are now ready to take the next steps by discussing more specific topics where they are facing difficulties.

Finally, the e-site and infographics have mostly appeared to be useful in the Global North, where centres already had significant knowledge of the standards. The Indicators of Practice

were mostly used as guidelines to implement the standards. Accordingly, participation in the e-course and webinars was significantly lower in the Global North. Nonetheless, member centres in the Global North have reported being willing, when funding and resources allow it, to share their knowledge and best practices with centres in the Global South outside of webinars.

Overall, in-depth knowledge of the 17 GSR was reported by many organisations that accessed the e-learning package, stating they feel better equipped to implement the GSR in their centres:

- The standards, in addition to delivering new knowledge for the rehabilitation centres, worked as a strong common language between the centres. By following the same e-courses, meeting during webinars, and exchanging about the standards, centres reported feeling closer to other partners. Thanks to the standards, members feel that it is easier to share challenges and best practices with other centres. The knowledge acquired on the standards by members is more accessible and can be utilised by other members as tools to implement the standards when facing similar issues or challenges.
- The variety of the e-learning package has made it useful and usable across the world, from resource-strong centres already using similar standards to centres with low resources and no previous knowledge of similar standards.
- The standards have been working as a framework/guideline for the majority of centres, allowing them to follow a common structure. In centres that have not applied all standards, it has been reported that they work as a guideline for future improvements. In centres where all standards are implemented, they work as a reminder and an introduction to the rehabilitation services for new staff or professionals who are not aware of them.
- All centres have reported the significant impact the standards had on their work and that they are continuously working on the implementation of these standards. This is mainly due to the understanding that the standards were designed to improve the rehabilitation services and work under the same goals. This trend has clearly been facilitated by the accessibility and efficiency of the e-learning package.
- The e-learning package has been used by some centres to introduce survivors, administrative departments, families of survivors, and external professionals (doctors, lawyers, etc.) to the standards. Due to its pedagogic nature, the learning package has reached more people than it was originally designed for.

5. Recommendations

This section includes recommendations from the different centres that have used the e-learning package, as well as some recommendations from my side to improve data collection in the future. This section will consist of a list of bullet points for better understanding and usability:

Recommendations from centres:

- Many centres in the Global South have asked for the e-learning package to be translated into the local languages of their countries. They mentioned difficulties in translating it themselves and have identified that the standards would have a stronger impact if available in more languages.
- More platforms to share knowledge. Members have reported that the available time to discuss after webinars was too short. They would like a platform where they could seek support from other members in the implementation of the standards. A centre mentioned that it would be very helpful to organise monthly sessions where centres in need could attend and discuss specific topics. This could be done regionally, such as the Sub-Saharan WhatsApp group, which has proven to be very efficient for members to share knowledge.
- Include best practices on methodology and results from member centres that have received a grant for the implementation of some of the standards in their practices. Making this information available would help centres to learn from this experience and apply/use the grants more efficiently.
- A second round of more advanced learning on the standards. Now that members have been introduced to the standards and have started implementing them in their rehabilitation services, centres have asked if the best practices of the different centres could constitute a new learning package.

Recommendations for data collection:

- No anonymous surveys. Because of the anonymity of some surveys, it has not been possible to extract regional trends.
- More open-ended questions with the possibility to add comments. The data collection and its analysis were time-consuming due to members understanding the questions

differently. Many answers were not usable. Additionally, it was time-consuming to reorganise all the data in order to identify trends and input them into graphs.

- When conducting a pre/post survey, include a section where the same questions are asked in order to identify before/after trends.

5. ANNEXES

5.1. ANNEX I – QUANTITATIVE DATA PRE E-COURSE

Best practice and challenges per standard highlighted by members in the survey pre e-course. Overall, the main challenges remain lack of funding to implement, language barrier and political context. On the other hand, best practices shows that the centres have recognised the usefulness of the standards and have implemented them in many different ways.

Standard 1: The centre promotes individual victims' rights to self-determination and decision making, and actively ensures services are independent, accountable and delivered in line with relevant professional and ethical standards and global best practice.

Challenges: Addressing these challenges involves improving communication and information dissemination, ensuring compliance with ethical and professional standards, increasing accessibility, and providing adequate support and resources for all clients and victims:

- **Inconsistent Information Sharing:**
  - Clients and victims are mentioned as being involved in the design and decision-making processes, but there are cases where it is complicated to inform them properly due to unknown manuals or other complexities.
- **Dependency on External Actors:**
  - Some clients, particularly those who are incarcerated, remain co-dependent on other actors like lawyers and health professionals, which can hinder their self-determination and decision-making ability.
- **Client and Victim Empowerment:**
  - Although empowerment and self-determination are key goals, there are constraints, such as the need for a safe environment and stable circumstances before certain therapies can be provided.
- **Resource and Funding Limitations:**
  - Organizations that do not receive government funding may face challenges in maintaining their independence while ensuring that they can still provide comprehensive services.

Best Practice: These successes reflect a strong foundation of ethical standards, client involvement, and comprehensive care practices that can serve as models for other organizations looking to improve their services for clients and victims:

- **Client and Victim Involvement:**
    - Clients and victims are actively involved in the design of services and decision-making processes. They are given opportunities to make informed decisions, which helps to empower them and ensure their needs and preferences are respected.
- **Client-centred and Patient-centred Care:**
    - The commitment to patient-centred care from the time of intake and the focus on client needs and concerns demonstrates a strong dedication to providing personalized and effective services.
- **Empowerment and Independence:**
    - Some organizations have successfully empowered victims to make decisions themselves, promoting independence and self-determination.

Standard 2: The centre has effective and accountable service management and leadership to maximise outcomes for torture survivors.

Challenges: These challenges reflect the complex and multifaceted nature of providing support to survivors of torture and other severe trauma while balancing operational, ethical, and practical considerations:

- **Independence and Influence:**
    - Maintaining independence within operational environments like reformatory and detention centres, while ensuring that external institutions do not influence services or access to client information, is challenging.
    - Ensuring that projects and funding requirements do not compromise organizational values or client confidentiality.
    - The need to balance between donor requirements and maintaining organizational independence can create operational challenges.
- **Cultural and Contextual Adaptation:**
    - Adapting methods and approaches to align with local cultural contexts while maintaining high standards of care and support.

- Addressing gender-specific needs and ensuring that services are inclusive and equitable.

Best Practice: These successes highlight the organization's strong commitment to ethical principles, effective governance, comprehensive and tailored service provision, and continuous improvement in supporting survivors of torture and trauma:

- **Rights-Based Approach:**
  - Implementing a rights-based approach in case and service management, placing victims at the core, demonstrates a strong commitment to human rights principles.
- **Independence and Autonomy in Services:**
  - Maintaining independence within reformatory and detention centres by having private offices and independent staffing and policies, ensuring no external influence on client services.
  - No sharing of client information with external institutions, preserving confidentiality and independence.
- **Operational and Clinical Governance:**
  - Clearly defined governance structures and accountabilities, along with operational and clinical governance policies and procedures, ensure that services are client-centred, evidence-based, and accountable.
  - Regular internal and external audits of programs maintain high standards of operation.
- **Cultural Sensitivity and Local Adaptation:**
  - Respect for gender and adaptation of working methods to local cultural contexts ensure that services are relevant and sensitive to the needs of the community.
- **Positive Client Outcomes:**
  - Observation of increased patient confidence indicates the effectiveness of the organization's services and approaches in building trust and positive relationships with clients.

STANDARD 3 : The centre effectively monitors the safety needs of torture survivors, and works in partnership with the people they support identify and implement safeguarding and risk mitigation strategies.

Challenges: These challenges highlight the complex and multifaceted nature of safeguarding and supporting torture survivors and other vulnerable individuals within the organization's care. Addressing these issues requires a comprehensive approach, including strong data security measures, continuous training, and effective collaboration with external entities.
Here are some highlights mentioned by members:

- **Safety Protocols:**
    - Clinical safety plans are crucial, especially for those reporting safety concerns. Referrals to psychiatric hospitals and adhering to the "Do no harm" principle are key aspects.
    - Providing long and short-term protection to victims and potential witnesses is necessary to ensure their safety from threats.
- **Trust and Professionalism:**
    - Torture survivors often have continuous mistrust towards new people, requiring the organization to be highly trustworthy and professional in their interactions.
- **Internal and External Safeguarding Policies:**
    - Recently developed safeguarding policies at the organizational level need to be effectively implemented and monitored.
    - Advocacy for victims' rights to asylum is essential, both at an individual and systemic level.
- **International and Local Coordination:**
    - Coordination with human rights organizations and relevant legal entities is crucial for managing extreme risk cases and ensuring the safety and security of victims.

Best Practice: These successes demonstrate the organization's commitment to ensuring the safety, security, and well-being of their clients through effective implementation of confidentiality protocols, comprehensive safety planning, and collaborative efforts with various stakeholders:

- **Policy Implementation:**
    - Adoption of a set of policies by the Board of Directors including Conflict of Interest Policy, Conflict Resolution, Confidentiality and Privacy Policy, and Respectful Workplace Environment Policy.
- **Protection for Victims and Witnesses:**

- Provision of long and short-term protection to victims, potential witnesses, and their families.
- Successful safety planning and relocations within prison settings.

- **Patient Safety Assessments:**
  - Regular assessment of safety needs at every patient visit.
  - Clinical governance frameworks providing guidance on safety concerns related to services.
- **Safety Education and Awareness:**
  - Providing basic safety advice and awareness to victims and contributing to the determination of safety measures.

STANDARD 4 : The centre works with families and communities to ensure torture survivors access meaningful, coordinated services that are responsive to their health, mental health and wellbeing needs.

Challenges: These challenges highlight the complexities involved in providing comprehensive support to torture survivors and their families, balancing therapeutic, social, economic, and medical support, resource constraints, and cultural sensitivities.

- **Donor and Funding Constraints:**
  - Some donors require services to be provided only to primary survivors, leading to insufficient support for families.
  - The need to balance between providing individual services to family members and adhering to donor requirements.
- **Cultural and Language Barriers:**
  - Providing services in the native language of victims to ensure effective psychosocial support.
- **Community and Family Engagement**:
  - Balancing the need for community and family engagement with the personal preferences of clients who may choose not to involve family members in their recovery journey.
- **Economic and Educational Support**:
  - Providing economic support and educational assistance to the families of torture victims to ensure their basic needs are met and to facilitate recovery.

Best practices: These successes demonstrate a comprehensive, inclusive approach to providing care and support for torture survivors and their families, emphasizing holistic treatment, community engagement, and cultural sensitivity.

- **Holistic Rehabilitation:**
  - Provision of holistic rehabilitation to both primary and secondary torture survivors, including medical treatment and therapies.
  - Equal offering of services to family members of victims.
- **Support for Secondary Survivors:**
  - Services extended to secondary torture survivors (family members) including physical and mental health support, housing connections, employment support, educational classes, and donations of necessities.
- **Community Facilitators:**
  - Network of Community Facilitators supporting clients and their households, providing individual services to family members where needed.
- **Consultation and Engagement:**
  - Active consultation and engagement with families and communities as part of the recovery process.
  - Support for the individual needs and preferences of clients, ensuring they and their families are provided with all relevant information.
- **Educational and Economic Assistance:**
  - Assistance to children of torture victims and economic support to vulnerable families to ensure their needs are met.
- **Patient Hope and Contact:**
  - Observation of increased hope among patients and facilitated contact with them.

STANDARD 5: The centre provides practical and advocacy supports to assist torture survivors to access justice.

Challenges: These challenges underscore the need for comprehensive legal support, better coordination among agencies, and effective implementation of laws to protect and assist victims of torture:

- **Limited Access to Legal Support:**

- There is a significant need for legal aid to support refugee claims and to document evidence of psychological trauma.
- Many organizations refer clients to pro bono or low-cost legal providers due to limited in-house legal resources.

- **Barriers to Reporting and Filing Complaints:**
  - Victims often face difficulties in accessing justice due to the complexity of legal processes and the need for forensic evaluations.
  - Fear of retaliation and the prolonged nature of legal proceedings discourage many victims from pursuing justice.
- **Advocacy and Policy Implementation Issues:**
  - Despite efforts to advocate for and develop anti-torture laws, the implementation and enforcement of these laws remain weak.
  - Organizations work on lobbying for legislative changes, but there is often a gap between policy and practice.
- **Regional and Institutional Barriers:**
  - In some areas, cultural attitudes and lack of resources significantly hinder the pursuit of justice for torture survivors.
  - The Istanbul Protocol, which is crucial for documenting torture, is not widely practiced or understood in some regions.

Best Practices: These best practices reflect a comprehensive approach to supporting survivors of torture and refugees, encompassing legal aid, psychological support, advocacy, education, and collaborative efforts with various stakeholders.

- **Advocacy and Legislative Work:**
  - Engaging in lobbying and advocacy to reinforce government commitments to prevent torture and protect survivors, contributing to the development of relevant laws.
  - Examples include the criminalization of torture, ensuring legal safeguards during arrests, and establishing National Preventive Mechanisms.
- **Collaborative Efforts with Government and NGOs:**
  - Establishing close collaborations with legal NGOs to exchange referrals and ensure continuous support for victims.

- Coordinating with civil society organizations, government offices, and the Ministry of Justice to support judicial processes and advocate for victims' rights.
- Engaging in consistent communication with government offices through letters and meetings to ensure implementation of support measures.

- **Providing Psycho-Social Support in Judicial Processes:**
  - Offering psycho-social support to witnesses and survivors of torture during judicial processes, helping them navigate the complexities of the legal system.

STANDARD 6: The centre manages access, commencement and discharge from services in a transparent, fair, equal and responsive way.

Challenges: Challenges centers face in applying Standard 5 are multifaceted, involving logistical issues related to remote locations, ensuring accessibility through self-referral options, maintaining cultural and linguistic sensitivity, and providing individualized and holistic care:

- **Accessibility and Remote Locations:**
  - Centers located in remote areas face significant challenges in providing services due to the lack of nearby supportive structures. This can limit the accessibility of services for torture survivors who live far from these locations.
  - Some centers report issues with transportation funds, preventing timely evacuation of victims to the centers or other necessary facilities.
- **Self-Referral Options:**
  - Although some centers provide self-referral options, others do not, which can limit access to services for individuals who cannot obtain a referral through organizations or other means.
- **Cultural and Linguistic Sensitivity:**
  - Diverse Populations: Centers serving diverse populations need to ensure that their services are culturally appropriate and available in various languages. This can be challenging in practice, particularly in remote locations where access to translators and culturally competent staff may be limited.
- **Individualized Treatment Plans:**
  - Client Goals and Pace: Providing treatment that is tailored to each client's goals, motivations, and pace requires a flexible and responsive approach, which can be resource-intensive and difficult to maintain consistently across all cases.

Best Practices: These practices collectively contribute to the successful implementation of Standard 5, enhancing the accessibility, inclusivity, and effectiveness of services provided to clients:

- **Diverse Referral Pathways:**
    - Many centers have established referral pathways, receiving clients through multiple channels, including self-referral, referrals by organizations, outreach volunteers, health professionals, and hotlines. This ensures that clients have various entry points to access services, making it easier for them to seek help.
- **Client Rights and Individualized Treatment Plans:**
    - Treatment plans are tailored to each client's goals, motivations, and pace, ensuring a client-centered approach. For instance, clients at one center are given the option to disrupt termination and continue services or reopen access to services even after being discharged.
- **Accessibility for Remote Populations:**
    - Centers located in remote areas or serving hard-to-reach populations have implemented strategies like remote services and community-based psychosocial support. This helps to ensure that even those in distant locations can access essential services.
- **Clear Criteria and Ethical Guidelines:**
    - Having clear criteria for assessing and admitting clients, along with a robust code of ethics, ensures a transparent and fair process. This includes the use of detailed standards and policies to guide the assessment and treatment of clients.

STANDARD 7: The centre promotes torture survivor's rights to self-determination and decision-making, and provides torture survivors with information and support to assist them in making independent, and informed decisions about their services and options.

Challenges: the main challenges include ensuring clear and consistent communication, maintaining comprehensive and confidential documentation, balancing guidance with client autonomy, addressing diverse cultural needs

- **Clear Communication and Information:**
    - Ensuring all clients, especially those from diverse linguistic backgrounds, fully understand the services, their rights, and the consent process. While interpreters

are provided for 100% of clients, maintaining clarity and consistency in communication across languages is complex.

- **Informed Consent and Client Choice:**
  - Ensuring that all clients, including minors, fully comprehend the informed consent process, and have the capacity to make informed decisions about their care. This includes understanding the available resources, treatment options, and their right to decline services.
- **Balancing Guidance and Autonomy:**
  - Providing enough reliable information for clients to make informed decisions without overstepping and making decisions for them.
- **Staff Training and Capacity:**
  - Ensuring all staff are adequately trained to handle the informed consent process, client autonomy, and the use of interpreters while maintaining high standards of care is resource-intensive.

Best Practices: these best practices highlight the centers' commitment to clear communication, client autonomy, accessibility, comprehensive service explanations, and structured, transparent rehabilitation processes:

- **Collaborative Treatment Planning:**
  - Medical and psychosocial teams work with clients to develop treatment schedules based on thorough assessments. Clients are given options and their preferences are incorporated into the final plan.
- **Transparent Rehabilitation Processes:**
  - Rehabilitation plans are realistic and developed with client and family involvement, ensuring that they are tailored to the client's needs and agreed upon by all parties.
- **Rights and Feedback Information:**
  - Clients are informed about their rights, how to make a complaint, and how to provide feedback, ensuring they feel empowered and heard throughout their engagement with the center.
- **Client Autonomy and Informed Consent:**
  - Clients have the ability to choose the gender of their counselor and are active collaborators in their treatment plans.

- Centers emphasize informed consent at the start of each counseling session. This practice ensures clients are aware of their rights and the specifics of the services provided at any stage of victim support.

- **Use of Media for Awareness**: Information about services and client rights is disseminated through radio broadcasts and printed materials, enhancing community awareness and engagement.

STANDARD 8: The centre seeks regular feedback from torture survivors about the quality and impact of services and uses this information to inform individual and organisation-wide service reviews and improvement.

Challenges: centers are facing numerous challenges in applying Standard 8, including developing formal systems, maintaining consistency, engaging clients, handling sensitive feedback, overcoming resource limitations, integrating feedback into improvements, addressing cultural and linguistic barriers, ensuring data protection, and sustaining continuous improvement efforts:

- **Consistency in Feedback Collection:**
  - While some centers have multiple feedback channels (e.g., Restart Center with its comprehensive Feedback-and-Response Mechanism), maintaining consistency in feedback collection and response is a challenge. Ensuring timely and systematic feedback across all channels requires robust processes.
- **Handling Sensitive Feedback:**
  - Collecting and appropriately responding to sensitive feedback, such as complaints about exploitation or abuse, poses a significant challenge. Centers need to balance confidentiality and effective response, as seen in the detailed policies of Restart Center.
- **Survey Fatigue and Engagement:**
  - Engaging a sufficient number of clients for feedback remains a challenge. For example, SURVIVORS aims to increase the number of clients providing feedback but struggles with engagement.
- **Feedback Integration**:

- Integrating feedback into actionable improvements is critical but challenging. Centers must ensure that feedback collected through various means is analyzed and used to inform service improvements.

Best Practice: These best practices highlight a commitment to client engagement, varied and inclusive feedback mechanisms, continuous improvement, and rigorous documentation:

- **Regular and Diverse Feedback Collection:**
  - Restart Centre exemplifies a robust approach with its Feedback-and-Response Mechanism (FRM). This system includes diverse channels like hotlines, suggestion boxes, text messaging, and emails, ensuring comprehensive stakeholder engagement.
  - SURVIVORS engages clients through Patient Advisory Groups, anonymous satisfaction questionnaires, and annual third-party surveys. They also gather qualitative feedback from torture survivors, which informs their strategic planning and service improvement efforts.
  - ASeTTS, are transitioning from informal feedback mechanisms to more structured systems. This includes the use of emails, group feedback, and revamping their websites to facilitate client engagement.
- **Feedback from Multiple Stakeholders:**
  - Collecting feedback from not just clients but also their families, communities, and outreach volunteers, as some centres practice, helps in understanding the broader impact of services and identifies areas for improvement from different perspectives.
- **Anonymous and Direct Feedback Channels:**
  - The introduction of anonymous feedback boxes in therapy rooms and regular feedback solicitation during sessions ensures ongoing and candid client input.

STANDARD 9: The centre works with torture survivors to plan, deliver and review services; and promotes opportunities for torture survivors to participate in a meaningful way to research, service design, staff recruitment, and organisational leadership and governance processes (depending on the torture survivor's interest and preferences).

Challenges: centers face various challenges in applying client-centered approaches and involving clients in planning and delivery. These include formalizing participation

mechanisms, sustaining advisory groups, resource constraints, providing adequate training, engaging clients in broader roles and adapting to availability:

- **Sustainability of Advisory Groups:**
  - Establishing and maintaining client advisory groups is challenging. For example, Wchan had success with their Client Advisory Group, but sustaining these groups over the long term has proven difficult.
- **Resource Constraints:**
  - Limited financial and human resources restrict opportunities for client involvement. For instance, SiRa has difficulty hiring survivors to take on specific roles due to funding constraints.
- **Balancing Representation and Participation:**
  - Ensuring broad and diverse representation in feedback and advisory roles is complex. Centres like SURVIVORS seek to expand client participation more broadly and deeply but face limitations in achieving this goal.
- Engaging Survivors Regularly:
  - Some organizations face challenges in engaging survivors regularly due to their commitments elsewhere or financial constraints. Despite these limitations, the efforts to involve survivors in various capacities reflect a commitment to client-cantered approaches.

Best Practices: these best practices illustrate a strong commitment to a client-centered approach, highlighting the importance of survivor engagement, co-design of services, and leveraging lived experiences to enhance the effectiveness and relevance of support program

- **Peer Rehabilitation Programs:**
  - ASSAF's Peer Rehabilitation Program: The launch of a Peer Rehabilitation Program for survivors of torture, supported by the IRCT's sub-grant, marks a significant step towards deeper engagement of survivors. This program allows survivors to be directly involved in both the planning and delivery of services, leveraging their lived experiences.
- **Survivor-Implemented Work:**
  - Programs that identify suitable survivors and provide extensive training (e.g., a two-year process) to enable them to support other victims and facilitate workshops are successful in fostering survivor leadership and peer support.

- **Partnership with Clients and Communities**
    - Organizations like ASeTTS co-design services and programs in partnership with clients, families, and communities, ensuring that the services are tailored to the needs and preferences of the survivors.
- **Entrepreneurial Success:**
    - Supporting survivors in utilizing their skills, such as the example of a survivor opening a successful IT centre, demonstrates how empowering survivors can lead to sustainable and impactful outcomes.

STANDARD 10: The centre considers learning and skills development as integral to ensuring high quality and contemporary service delivery and continuous improvement of services. The centre supports staff to develop their skills and competencies, meet professional standards and ethics; and sets clear expectations for staff conduct, behaviour and practice.

Challenges: Centres face significant challenges, including resource constraints, high turnover, balancing workloads, access to training and ensuring quality and relevance:

- **Resource Constraints:**
    - Limited financial resources restrict the ability to provide comprehensive training and professional development opportunities. For example, some centres mention that they can only initiate workshops and training when funds are available, indicating financial dependency and limitations.
- **Staff Turnover:**
    - High staff turnover, often due to security risks and other external factors, disrupts continuity in training and professional development efforts. This challenge makes it difficult to maintain a consistently skilled workforce and requires frequent onboarding and retraining of new staff.
- **Balancing Training with Workload:**
    - Allocating time for professional development while managing ongoing work responsibilities is challenging. Some centres like ASSAF provide dedicated leave for training, but balancing this with daily workload and client needs remains complex.
- **Informal Learning and On-the-Job Training:**

- In situations of limited funding, centres like SiRa often rely on informal learning and on-the-job training. While this can be effective, it lacks the structure and consistency of formal training programs, potentially leading to gaps in knowledge and skills.

Best Practice: These practices demonstrate a robust commitment to continuous professional development and capacity building, ensuring that staff are well-equipped to provide high-quality services to clients:

- **Diverse Training Opportunities:**
  - Collaborations with organizations like IRCT and others provide additional training opportunities, including online trainings through platforms like Fabo, training sessions, and other professional development events
- **Specialized Clinical Training:**
  - Clinical staff receive training on various evidence-based approaches (e.g., CETA, NET, IE, EMDR) and national and international standards for the prohibition of torture. This specialized training enhances their competency in addressing the complex needs of clients.
- **Budget Allocation for Development:**
  - Budget for Staff and Organizational Development**: Including a budget line for staff and organizational development in all budgets ensures that resources are consistently allocated for these crucial activities.
- **Library Access:**
  - Providing access to a library within the office supports continuous learning and development by giving staff the resources they need to expand their knowledge independently.

STANDARD 11: The centre is committed to ensuring the safety and well-being of staff and volunteers; and adhere to relevant work health and safety legislation and guidance. The centre takes all reasonably practicable measures to eliminate or minimise risks to the physical and mental health, safety and wellbeing of workers, torture survivors and others.

Challenges: Centers face significant challenges, including resource limitations, high-risk environments, implementing comprehensive policies, addressing mental health needs,

emergency response training, legal compliance, technological and physical security, support for HRDs, training and capacity building

- **High-Risk Environments:**
    - Many centres operate in high-risk environments where staff and volunteers face significant security threats, including political instability and violence. Ensuring safety in such volatile conditions is challenging and requires ongoing risk assessment and adaptive strategies.
- **External Supervision and Support:**
    - Providing external supervision and support for individual staff members is beneficial but can be resource-intensive. Ensuring that all staff, including translators, volunteers, and interns, have access to necessary supervision requires significant investment.
- **Support for Human Rights Defenders (HRDs):**
    - Providing specific support for HRDs, including protection guidelines, litigation support, and financial aid for relocation, is crucial. However, securing consistent funding and resources for these initiatives is challenging.

Best practices: These practices reflect a robust commitment to ensuring a safe, healthy, and supportive work environment, addressing both physical and mental health needs, and adapting to changing circumstances to protect staff, volunteers, and clients effectively:

- **Risk Assessment and Safety Mitigation:**
    - Conducting regular risk assessments and implementing safety mitigation measures as part of the staff care plan helps identify and address potential hazards proactively.
- **Supervision and Support:**
    - External Supervision Budget: Allocating a budget for external supervision for each staff member ensures access to professional guidance and support.
    - Monthly Team Supervision: Regular team supervision sessions ensure quality work and provide opportunities for reflection on cases.
    - Quarterly Individual Dialogues: Quarterly individual staff and management dialogues focus on staff well-being and team cohesion.
- **Enhanced Support for High-Risk Situations:**

- Telephone Tree, Reporting Systems, and Buddy System are in place to monitor the safety and well-being of all staff, ensuring quick communication and support during emergencies.

STANDARD 12: The centre is committed to ensuring the psychological safety and wellbeing of staff and volunteers. While the centre accepts that vicarious trauma is a normal outcome of providing intensive rehabilitation services to torture survivors, they act to minimise risks to their workers, and offer a variety of supports to workers to address vicarious trauma and burnout in their work (and everyday lives as needed).

Challenges: There is not much challenges regarding the implementation of standard 12 aside from the recurring financial limitations.

- **Financial Constraints:**
  - Difficulty in implementing staff well-being programs like the Employee Assistance Programs (EAP) for BALAY – Rehabilitation Centre, due to very limited financial resources.
- **Language and Cultural Barriers:**
  - Managing multilingual and multicultural teams can add complexity to implementing consistent support systems across different regions.
- **Balancing Workload:**
  - Ensuring caseloads are reasonable while maintaining high-quality service delivery can be challenging.
  - Maintaining staff well-being while ensuring efficiency and high outputs in service delivery.
- **Sustainability of Programs:**
  - Ensuring the sustainability and regular implementation of support programs, such as care-for-caregivers retreats and workshops.

Best practices: Best practice on standard 12 includes regular supervision and debriefing sessions, comprehensive support programs, mental health and wellness initiatives, managed caseloads, ongoing professional development, peer support, emergency response protocols, and resource allocation for staff care:

- **Regular Supervision Sessions:**

- Monthly supervision sessions for the clinical and intake team to check in and debrief regarding cases and situations.
- Frequent check-ins and supervision for staff, interns, and volunteers.

- **Supportive Meetings and Programs:**
  - Monthly staff meetings and general team meetings to create a supportive environment.
  - "Move and Relax" program every evening to support mental health, managing stress, and anxiety.
- **Mindfulness and Self-Care Initiatives:**
  - ASSAF has implemented a 13-week mindfulness course for staff.
  - Incorporation of meditation, yoga, and other self-care activities in training programs. (Restart)
- **Debriefing and Reflection:**
  - Regular debriefing sessions, care-for-caregivers workshops, and clinical supervision to address vicarious trauma.
  - Staff retreats for debriefing to counter burnout and vicarious trauma.

STANDARD 13: The centre is committed to improving the responsiveness of mainstream health, education, and other services to torture survivors, through providing training, professional development and awareness raising activities. There is a commitment to improving awareness of the specific needs of torture survivors, the work of the centre (including its impact), and how services can be accessed by torture survivors.

Challenges: The challenges encompasses resource limitations, the impact of the COVID-19 pandemic, dynamic organizational conditions, the need for broader implementation, and the sustainability of initiatives:

- **Resource Limitations:**
  - Limited financial resources hinder the implementation of programs more effectively and extensively.
  - The need for more resources to support and expand the capacity-building programs.
- **Need for Broader Implementation:**
  - Efforts to educate and train are sometimes implemented timidly, indicating a need for more comprehensive and widespread adoption.
  - Ongoing development required to fully realize the potential of educational outreach and training programs.
- **Impact of COVID-19:**
  - The pandemic has strained the healthcare system, putting vulnerable groups at higher risk of marginalization.
  - Difficulty in maintaining in-person training and community engagement activities due to health and safety restrictions.

Best Practices: These practices encompass training, educational outreach, collaboration, documentation, and community engagement:

- **Comprehensive Training Programs:**
  - Offering a wide range of training modules such as Trauma-focused group work, Organizational trauma-informed practice, and Healing & Self-care as solidarity building.
- **Educational Outreach and Community Engagement:**
  - SURVIVORS has produced efforts to educate decision-makers, health, legal, faith-based, education, and social service professionals about the needs of

torture survivors. Participation in community events, provision of newsletters, blogs, and social media posts, and offering Journey to Healing tours to the general public.

- **Collaborative Knowledge Sharing:**
  - Collaboration with other rehabilitation centers and medical centers for referral purposes.
  - Sharing knowledge with researchers, lawyers, medical professionals, and other stakeholders.
- **Specialized Training for Various Professionals:**
  - Restart has organized training for law enforcement personnel, judicial system members, Bar associations, front-liners, outreach volunteers, CSOs, UN agencies, health professionals, and universities on torture prohibition and prevention.
- **Networking and Community Awareness:**
  - Involvement in networking and specialist groups to improve community awareness and service options for refugees and survivors of torture and trauma.

STANDARD 14 - The centre is committed to establishing, strengthening or maintaining dialogue with states, relevant agencies, funders and donors to promote their work and its positive impact in the lives of torture survivors, and advocate for continued funding or resourcing

Challenges: The challenges in advocacy and fundraising highlight the difficulties in securing consistent funding, navigating bureaucratic processes, and maintaining program sustainability amidst limited resources:

- **Resource Limitations and Funding Gaps:**
  - Limited financial resources and difficulty in securing consistent funding.
  - Advocacy and program implementation often require additional resources from national and international donors.
- **Impact of Bureaucratic Processes:**
  - Some funding conditions are too bureaucratic, impacting the center's ability to secure necessary resources.
- **Independence and Public Funding:**

- Organizations like SiRa do not accept public funds to maintain independence, relying instead on agreements with third-party institutions and alternative financing forms.

- **Challenges in Global and Local Advocacy:**
  - Advocating for funding at the state and national levels is tough due to the competitive and limited funding landscape.
  - Networking among centers boosts funding possibilities, but consistent effort is needed to maintain these networks.

Best Practices: In the context of advocacy and fundraising, the best practices focus on robust strategies, effective collaboration, and leveraging networks to secure resources and influence policy changes for supporting torture survivors:

- **Dedicated Fundraising Team:**
  - A fundraising team works diligently to seek funding opportunities and collaborate with agencies for shared funding from provincial and federal governments.
  - Enhancing fundraising efforts through campaigns, particularly around significant dates like June 26.
- **Influence through Advocacy:**
  - SURVIVORS influence local decisions through advocacy in local, federal, and international arenas. This includes partnerships in governance and advisory boards, fostering relationships with local and federal leaders, and elected representatives.
  - Major partners include the National Consortium of Torture Treatment Programs, Office of Refugee Resettlement, State of California Refugee Programs Bureau, County of San Diego, and the United Nations.
- **Strong Networking for Referrals:**
  - Strong networks, including immigration lawyers, lead to most client referrals to SURVIVORS.
  - Collaboration with other centers for knowledge sharing and referrals enhances service delivery.

STANDARD 15 - The centre is committed to applying the IRCT's agreed definition of quality of life in its practices.

Challenges: The only challenge mentioned by centres concerns the tools to define quality of life:

- **Measuring Impact:**
  - Developing and utilizing tools to effectively measure the impact of interventions on social engagement and community integration.
  - Ensuring accurate and comprehensive data collection to assess the quality of life improvements for survivors.

Best Practices: In the context of supporting torture survivors, the best practices focus on holistic care, community integration, and adherence to high standards of quality of life as defined by the IRCT:

- **Commitment to IRCT Standards:**
  - Committing to the IRCT definition of quality of life which includes a victim's social, economic, political, and mental well-being.
  - Acknowledging the need to secure adequate funds to fully meet these standards.
- **Comprehensive Client Support:**
  - Providing a wide range of services including mental health support, employment assistance, case management, educational, and housing support to ensure holistic well-being.
  - Ensuring that clients receive continuous support throughout their enrollment in the program and after discharge to achieve a holistic sense of well-being. (SURVIVORS)
- **Holistic Well-Being:**
  - Ensuring that activities and services contribute to the subjective well-being of individuals and their communities in all their diversity.
  - Including factors such as physical and mental health, family, social and community relationships, culture, and education in the definition of quality of life.

STANDARD 16 - The centre is committed to providing evidence-based and effective supports to torture survivors. Torture survivors will receive comprehensive, timely and accurate assessments of their needs. The impact of services, and torture survivors' progress towards recovery will be regularly reviewed.

Challenges: Organisations face several challenges in fully implementing effective clinical assessments and monitoring systems.

- **Improvement of Evaluation Instruments:**
  - The need to improve evaluation instruments to better capture client satisfaction and service impact.
  - Developing and standardizing tools that accurately measure the various dimensions of quality of life.
- **Resource Limitations:**
  - Limited resources can impact the ability to conduct thorough and regular assessments.
  - Securing funding and support to sustain comprehensive evaluation and monitoring practices.

Best Practice: In the context of clinical assessments and monitoring, the best practices focus on comprehensive evaluations, evidence-based case management, and continuous improvement to support the holistic well-being of torture survivors

- **Specialized Evaluation Tools:**
  - Utilizing a variety of specialized tools such as the Harvard and Hopkins Assessment, CETA Weekly monitoring forms, and the Vulnerability Assessment developed by the center.
  - Conducting pre- and post-intervention assessments to measure social engagement and other key quality of life indicators.
- **Collaboration and Referrals:**
  - Engaging in a follow-up process to identify additional service requirements and referring clients to partner organizations as needed.
  - Working with other centers and health service providers to ensure comprehensive support for torture survivors.
- **Commitment to Continuous Improvement:**

- Continuously reevaluating and improving assessment measures and implementation to enhance the effectiveness of support services.
- Regularly reviewing the impact of services and torture survivors' progress towards recovery.

STANDARD 17 - The centre is committed to their continued support of the IRCT movement, and will contribute to IRCT activities including the Global Impact Report.

No challenges have been mentioned for standard 17.

Best Practice: For organisational enhancement and better appreciation, the focus should be on active engagement, data contribution, and continuous support of the IRCT movement:

- **Active Participation in IRCT Activities:**
  - Regular meetings with other IRCT member organizations to share knowledge and collaborate.
  - Commitment to engage in IRCT activities, paying annual dues, and volunteering time and expertise.
- **Contribution to Global Impact Reports:**
  - Contributing data to the annual IRCT Global Impact Report to help compile quantitative data and generate comprehensive reports.
  - Ensuring timely submission of data and maintaining an anti-torture database for accurate reporting.
- **Quantitative Data Compilation:**
  - Using an anti-torture database as a tool to compile quantitative data and generate reports.
  - Ensuring the data is comprehensive and up-to-date to reflect the impact of support services.

5.2. ANNEX II – EXAMPLES OF COMMENTS FROM MEMBER CENTRES POST E-COURSE

Example of feedback from members applying all standards in their center:

Is there a specific standard/s which you will adopt in your centre after this e-course?	**Identify the standard/s in which your centre can improve its practice and describe how it/they can be enhanced:**	**Identify three ways you will change how you or your centre works based on what you learned in this e-course. Mention the specific related standard/s.**
We have already been adopting most of the standards at our centre. After this e-course, I have been sensitized to further strengthen victim feedback and sharing knowledge at the centre.	Our centre can improve the standard in terms of documenting our global impact, incorporating victim feedback and sharing knowledge. Global impact can be enhanced through joint advocacy with IRCT and other like minded organizations. Victim feedback can be enhanced through a regular feedback mechanism at our centre and its analysis. Sharing knowledge can be enhanced through publication and dissemination of our impacts within and outside the organization.	The three ways to change our centre works would be: 1. Enhance a process of efficient victim feedback mechanism (Article 8) 2. Strengthen knowledge sharing through roll out of Istanbul Protocol and dissemination of results (Article 13) 3. Through appropriate documentation of our global impact in collaboration with IRCT and other like minded organizations (Article 17)
All the standards are adopted.	AJEM can enhance its practice by improving the provision of psychosocial support, increasing survivor involvement through structured feedback mechanisms, and implementing a comprehensive training plan for staff and volunteers. These changes will contribute to a more effective and holistic approach to supporting torture survivors and their families.	AJEM can make significant improvements in its practices based on the knowledge gained from this e-course. It can enhance legal support through partnerships, improve access to information with a centralized resource center, and foster knowledge sharing through regular forums and seminars. These changes will align with the relevant standards and ultimately enhance the support provided to torture survivors and their families.
We were already implementing all the standards within our work and we shall continue to emphasize them as a part of our services at all times.	The standard of access to justice. This can be enhanced by intensifying efforts towards lobbying for more implementation of the anti-torture law and ways how survivors can be helped to receive their compensation when awards are given. This will eventually help the institution and survivors realize the initial motive of this standard.	Keep in mind that the services we give as an organisation and myself as a professional, must always have the client's needs at the centre OR for the best interest of the client OR Must do no harm to the client at any one point of rehabilitation. (Standard 1) As we provide rehabilitation to survivors, we must not forget ourselves as service providers and must also take care of our safety, health and well being. (Standards 11 and 12)

Example of feedbacks from very confident members:

Is there a specific standard/s which you will adopt in your centre after this e-course?	**Identify the standard/s in which your centre can improve its practice and describe how it/they can be enhanced:**	**Identify three ways you will change how you or your centre works based on what you learned in this e-course. Mention the specific related standard/s.**
At the beginning of this course, much of my understanding of the Global Standards came from informal conversations with social workers in my organization. I am the Advocacy Program Manager with a background in international policies, not social work or psychology. Now, because of this outstanding presentation by IRCT Members all over the world, I feel confident enough to speak about the Global Standards myself. Most helpful to me was Standard 14, "Advocate for Rehabilitation funding," and Standard 17, "Documenting our global impact."	Better documentation of results from our clinical, legal and advocacy programs in a way that can be easily absorbed by professionals, the broader public and policymakers.	I- Standard 14, "Advocate for Rehabilitation funding." I learned how I can use Article 14 from the Convention against Torture to advocate for torture survivors in the United States who are unable to present their case to an asylum officer. Article 14 of the Convention says "Each State Party share insure its legal system" that victims have the means for "as full rehabilitation as possible." Thousands of survivors in the U.S. cannot be rehabilitated because the US Asylum agency refuses to interview people who applied for asylum before 2018, which many survivors feel is a form of "psychological torture." 2.Standard 17- "Documenting our global impact." Better documentation of results from our clinical, legal and advocacy programs in a way that can be easily absorbed by professionals, the broader public and policymakers. 3.Standard 9- "Victims' participation in rehabilitation." TASSC's Advocacy Program already involves survivors in their own rehabilitation, but we can find ways for them to be more involved in our other programs.
The Quality of life discussion can be enhanced.This is shall be key in revising the current starndards	1.SAFETY OF VICTIMS -Enhanced assessment of victims safety must be undertaken by updating the client intake and continuous assessment form. 2.ACCESS TO JUSTICE -The legal and medical documentation documents require a session on capacity building for the officers. This shall be in line with the Istanbul protocol to ensure that litigation is well supported for rehabilitation and overall reparations. 3.INTAKE PROCESS --More discussions by the team should be had to ensure that the victims' needs, aspirations and future plans are well captured and supported 1-The client continuous assessment forms should be amended to include;- -Structured feedback	1.SAFETY OF VICTIMS Initial assessment must be medical and security 2.ACCESS TO JUSTICE -quality control, for the legal and medical documentation,entation is core as cases are won initially via documentation. 3.INTAKE PROCESS Officers require refresher trainings on undertaking interviews as trauma-competent officers

Example of feedback from confident members:

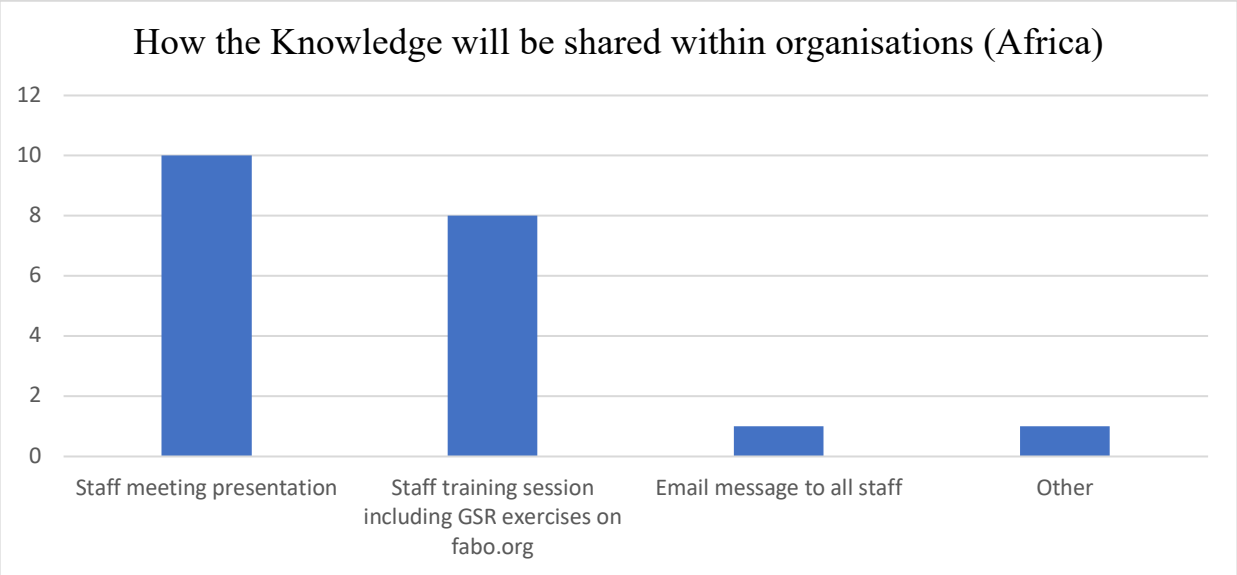
I would want to try to adopt standard 16. It would be great to see how we can be informed of a client's quality of life in a way that is informative and helpful to us and not just a way for us to know that the client is doing well.	Standard 9: We could take a more cooperative approach with the client to identify what kind of support they envision and collaborate with them on how we can achieve that goal Standard 12: We could encourage our senior management team to provide our staff with psychosocial support and encourage the coordination of non-work events to uplift staff	1. Implement a more regular feedback mechanism with clients to not only receive feedback on our quality of services but also to receive feedback on their quality of life - standards 8 and 16 2. Participate in finding training opportunities for staff to improve professionally and also to encourage self-care to prevent burnout and or vicarious trauma - standards 10 and 12 3. Continue to work on finding ways to make legal information more accessible and informative to those in need - standard 7
The specific standards that may be adopted in our organization are: victim feedback, Advocate for rehabilitation funding, definition of quality and evaluating quality of life.	Standards that may be improved in our centre are: organizational capacity, which can be enhanced by developing training sessions are conduct for capacity building activities for staff handling cases of torture; Care to staff which can be enhanced by regularizing staff care program and provide funding for staff care activities.	I think there can be no changes on how we work since most of the standards mentioned here are being practiced in our organization, though there are some standards that we need to improve such as organizational capacity and care to staff and standards that we need to adopt such as share knowledge, advocate for rehabilitation funding, definition of quality of life, and evaluating improvements in quality of life.
I think that all standard are applicable and also already highly respected and implemented at GIP-T centre.	Mostly this would be a standard N17 "documenting our global impact". As indicated earlier, we publish and present our work findings, but we don't publish annual reports. So, we will try to improve in this area.	First of all, i'll share the standards with my team members and we will discuss them. Then we could identify areas where we see gaps or needs of improvement and try to come up with steps to address these challenges, ie already mentions Standard N 17.

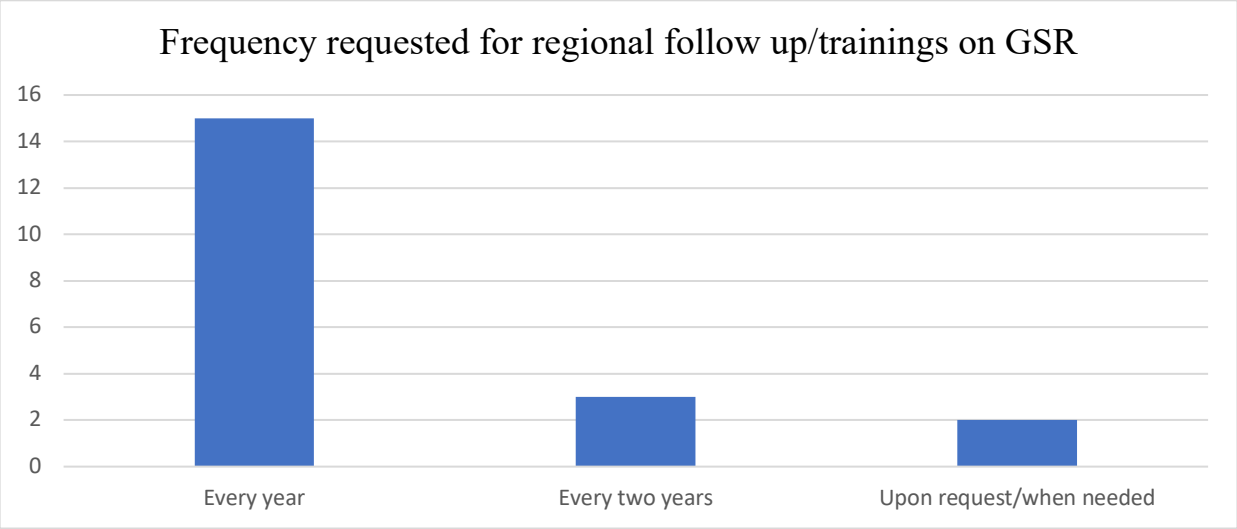
Example of feedback from quite confident members:

Standard 5: Access to Justice where we refer cases in need of legal support to ngos who provide legal services to victims of torture.	Standard 6: Intake processes - We can identify and address problems in our work processes; - We can speed up and sustain the adoption of evidence-based practices; - Reduce barriers to access to and retention in treatment	- Increasing the number of recreational days for staff so that they may be less stressed when performing their duties (Standard 12: Care for Staff) - Increase staff's capacities by enrolling in workshops on protection and mental health on a regular basis (Standard 10) - Provide legal support to victims of torture (Standard 5)
Victims' participation in rehabilitation	We want to receive more feedback. To do this, we began to re-diagnose survivors by psychologists.	1. Share knowledge . Exchange of experience between psychologists working with survivors 2.Victims' participation in rehabilitation. Allow the survivor to more actively choose directions for their rehabilitation 3. Support to families .Help not only survivors, but also their families

5.3. ANNEX III – QUANTITATIVE DATA GLOBAL SOUTH POST TRAINING

5.3.1. Africa





Summary Report on Rehabilitation and Support for Torture Survivors pre training Africa.

Key Themes and Recommendations:

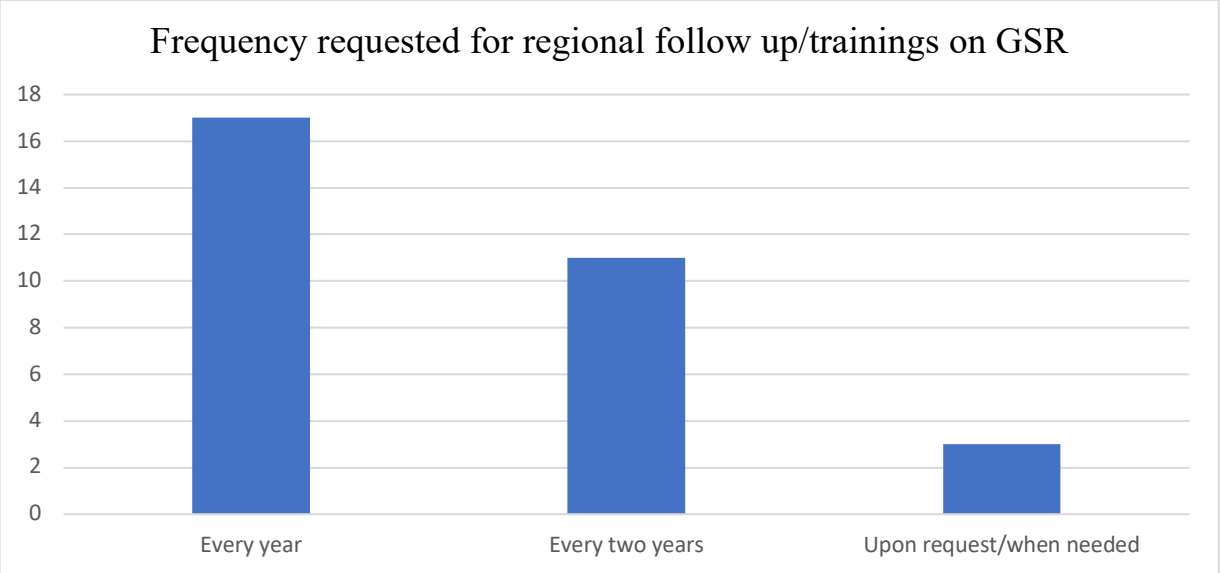
- **Access to Justice:**
  - Ensure survivors receive information about their rights.
  - Help survivors obtain evidence of torture and identify legal support.

    - Advocate for policies promoting access to justice.
- **Personnel and Survivor Safety:**
    - Train and support staff to safely perform their duties.
    - Implement workplace policies to create safe environments for staff and survivors.
- **Survivor Participation:**
    - Involve survivors in projects through advisory boards.
    - Encourage their participation in decision-making processes.
- **Rehabilitation Funding:**
    - Advocate for increased funding for rehabilitation services.
    - Emphasize the importance of financial integrity and sustainability.
- **Quality of Life Measurement:**
    - Develop and implement metrics to measure the quality of life of survivors.
    - Adapt these measures to various geopolitical environments.
- **Livelihood Support:**
    - Incorporate livelihood training and support into rehabilitation.
    - Ensure survivors have income-generating activities to meet basic needs.
- **Documentation and Communication:**
    - Document the impact of services and share information with relevant organizations.
    - Raise awareness about the role of rehabilitation centers and their impact.
- **Organizational Practices:**
    - Integrate global standards for rehabilitation into daily operations.
    - Regularly share experiences and best practices among staff and other centers.
- **Staff Support:**
    - Provide debriefing and supervision for staff working with trauma and torture survivors.
    - Promote self-care and prevent burnout among personnel.
- **Community and Global Engagement:**
    - Strengthen regional and international collaborations.
    - Advocate for the end of torture and support for survivors at national and international levels.

Action Points for Implementation:

- **Training and Awareness:**
  - Expand training on global standards and the Istanbul Protocol.
  - Provide continuous education and support for staff.
- **Feedback and Integration:**
  - Gather and act on feedback from survivors to improve services.
  - Ensure survivors' voices are heard and integrated into organizational practices.
- **Advocacy and Fundraising:**
  - Increase advocacy efforts to secure funding and policy support.
  - Engage with authorities and donors to raise awareness and resources.
- **Networking and Collaboration:**
  - Maintain connections with other organizations to share knowledge and support.
  - Participate in global movements and forums to contribute meaningfully.
- Gender and Leadership:
  - Promote the role of women in leadership positions.
  - Support young women and volunteers to take on leadership roles.

5.3.2. Asia



Summary Report on Rehabilitation and Support for Torture Survivors pre training Asia..

Key Themes and Action Points:

- **Psychosocial Model of Wellness:**
  - Emphasize the importance of a psychosocial approach to wellness for torture survivors.
  - Ensure staff understand and can implement this model effectively.

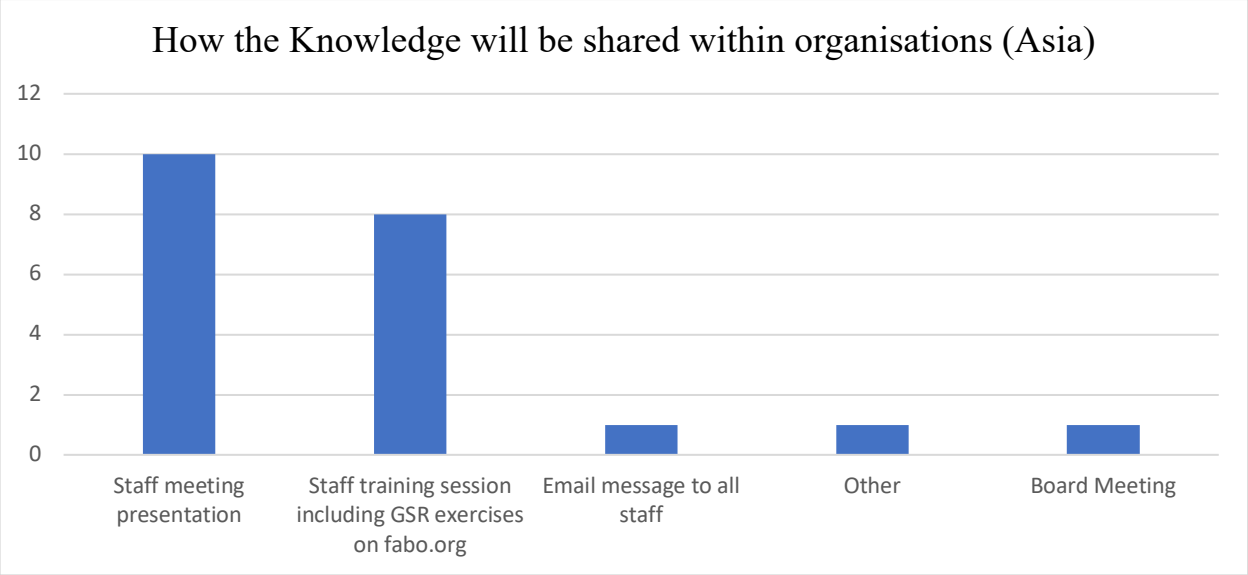
- **Empowering Victims:**
    - Focus on empowering victims through advocacy and support.
    - Engage survivors in the advocacy process to amplify their voices.
- **Staff Training and Capacity Building:**
    - Conduct training for staff on Global Standards for Rehabilitation (GSR).
    - Regularly review and update policies and guidelines to align with GSR standards.
- **Quality of Life Measurement:**
    - Develop tools and indicators to measure the quality of life of survivors.
    - Use data analysis to assess and improve programs.
- **Use of Management Information Systems (MIS):**
    - Integrate GSR indicators into web-based MIS for better reporting and monitoring.
    - Continuously update the MIS to reflect best practices and new learnings.
- **Survivor Engagement and Feedback:**
    - Establish mechanisms for obtaining and utilizing survivor feedback.
    - Increase survivor engagement in program planning and implementation.
- **Staff and Organizational Safety:**
    - Develop and implement safety policies for staff and organizations.
    - Address issues such as harassment and red-tagging of human rights defenders.
- **Advocacy and Networking:**
    - Advocate for the use of GSR among human rights communities and government bodies.
    - Strengthen networks and share resources with other rehabilitation centres and organizations.
- **Documentation and Communication:**
    - Document the impact of rehabilitation programs and share success stories.
    - Increase organizational visibility through storytelling and member engagement.
- **Legal Support and Access to Justice:**
    - Enhance programs that provide legal redress and information about survivors' rights.
    - Advocate for policies that improve access to justice for survivors.

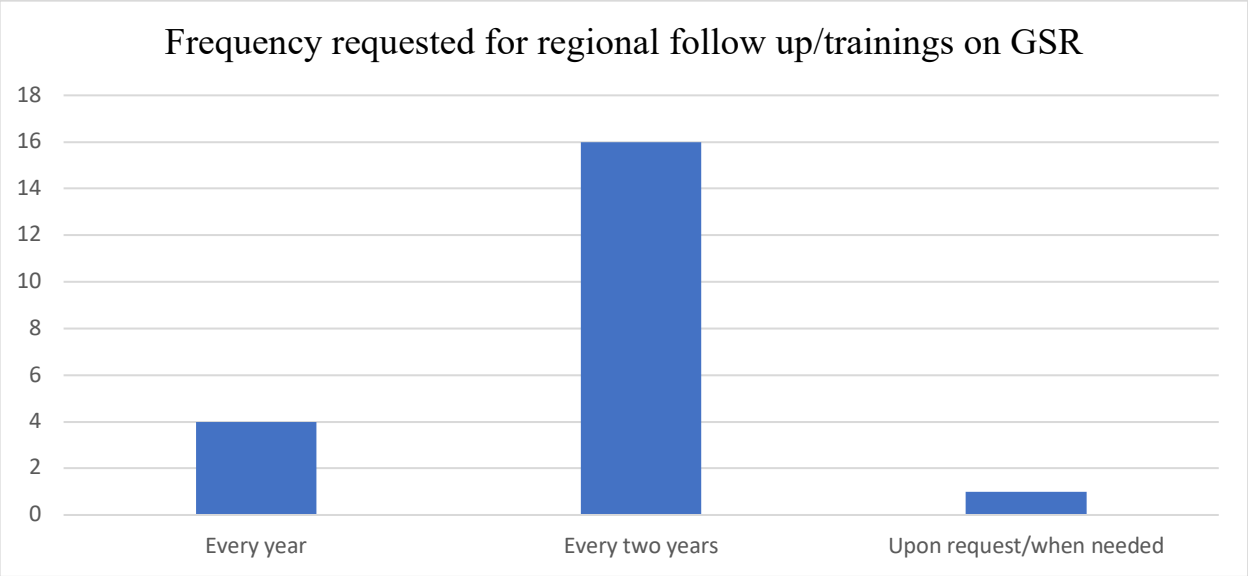
- **Resource Sharing and Collaboration:**
    - Share resources and experiences across the IRCT network.
    - Collaborate with other centres to learn and implement best practices.
- **Programs for Staff Care:**
    - Implement programs that support the psychological well-being of staff.
    - Address staff burnout and provide adequate support mechanisms.
- **Community and Stakeholder Engagement:**
    - Engage communities and sensitize service providers about torture rehabilitation.
    - Build strong relationships with stakeholders like prisons, healthcare providers, and police.
- **Global Standards Integration:**
    - Adopt global standards in everyday work and documentation.
    - Update curriculums and training programs to include GSR principles.

Action Points for Implementation:

- **Internal Discussions and Policy Development:**
    - Discuss GSR and new learnings with staff to develop relevant policies.
    - Create detailed action plans to integrate these standards into practice.
- **Advocacy and Visibility:**
    - Increase advocacy efforts at both regional and international levels.
    - Share stories of survivors and successes to raise awareness and support.
- **Continuous Learning and Adaptation:**
    - Stay connected with the IRCT network for ongoing learning and support.
    - Adapt programs and strategies based on new information and feedback.

5.3.3. Latin America





Summary Report on Rehabilitation and Support for Torture Survivors pre training South America.

<u>Key Points and Recommended Actions:</u>

- **Survivor Participation:**
  - Improve the participation of survivors in the governance of organizations.
  - Incorporate survivor feedback in the evaluation and improvement of programs.
- **Global Impact Documentation:**

- Update and strengthen the database to document cases and the global impact of actions.
- Share documentation with regional and international networks to highlight the work done.

- **Rehabilitation Funding:**
  - Advocate for financial resources to support victims, especially in vulnerable contexts such as pregnant women and children.
  - Actively work for the approval of laws that prevent and sanction torture, improving access to justice.
- **Quality of Life:**
  - Evaluate improvements in the quality of life of those served, considering the political and social context.
  - Clearly define what quality of life means and how to measure it effectively.
- **Justice and Reparation:**
  - Emphasize the importance of justice in the recovery of patients.
  - Advocate for justice, reparation, and guarantees of non-repetition for torture survivors.
- **Networking and Mutual Support:**
  - Maintain and strengthen support networks at regional and international levels.
  - Share experiences and best practices with other organizations for mutual enrichment.
- **Team Training and Motivation:**
  - Share rehabilitation standards with the entire team and ensure their knowledge and application.
  - Reinforce conduct and procedure manuals to prevent fraud and corruption.
- **Access to Justice:**
  - Identify and overcome barriers to justice for survivors.
  - Strengthen institutional actions to facilitate access to justice.
- **Dissemination and Communication:**
  - Increase the visibility of the organization through the dissemination of survivor stories and the work carried out.
  - Create video capsules and other communication means to promote the dissemination of work.

- **Political Context Analysis:**
    - Evaluate the impact of political contexts on human rights violations and torture.
    - Develop strategies to address these issues within the Latin American Network.

Action Points for Implementation:

- Training and Development:
    - Organize training sessions on standards and their application.
    - Disseminate knowledge and strategies within the team and with other rehabilitation centres.
- **Documentation and Evaluation:**
    - Implement systems to document the impact of rehabilitation programs.
    - Continuously evaluate and improve the quality of life of survivors.
- **Collaboration and Networks:**
    - Strengthen collaboration with other organizations at regional and international levels.
    - Actively participate in networks and forums to share experiences and resources.
- **Advocacy and Visibility:**
    - Increase advocacy efforts to secure funding and political support.
    - Use media to increase visibility and support for rehabilitation causes.

5.4. ANNEX IV – SUMMARY OF ADDITIONAL SUGGESTIONS FOR TRAININGS

5.4.1. Africa

1. Invite International Donors and Rights Groups:
   - Encourage the participation of international donors and rights groups for financial support.
2. Provide Funding Support:
   - Allocate funds to various centres that provide services to survivors.
3. Extend Training Duration:
   - Allow more time to cover all the standards and materials thoroughly.
   - Suggested extension of training to at least five working days.
4. Regional Meetings and Local Context:
   - Organize regional meetings with funding allocated to local organizations.
   - Make training practical and adapted to the local context, using case studies, role plays, and local examples.
5. Expert Involvement and Knowledge Sharing:
   - Include expert views in addition to knowledge sharing from sister organizations.
   - Regularly invite other trainers to diversify the training perspectives.
6. Training Logistics:
   - Organize training sessions to last four days with limited working hours to 3:30 p.m. to allow rest and exploration of the city.
   - Reimburse transport costs immediately after sessions.
7. Participant Engagement:
   - Increase the number of participants per organization to two for diverse ideas.
   - Establish a WhatsApp chat room for regular interaction and experience sharing.
8. Training Materials and Certification:
   - Distribute training materials before the commencement of sessions to allow preparation.
   - Grant certificates for each training course.
9. Regular and Practical Trainings:
   - Make in-person meetings more regular, possibly regionally.
   - Focus on practical, contextualized training sessions.
10. Overall Positive Feedback:
    - The regional training was found to be excellent and added value by addressing real problems and finding solutions.

5.4.2. Asia

1. Earlier Notification and Room for Participation:
   - Inform members earlier and provide more opportunities for participation and sharing of their work.
2. Quarterly Sharing and Virtual Learning:
   - Conduct quarterly sharing and learning sessions with partners virtually.
3. Inclusion of Field Level Staff:
   - Include more field-level staff in the training to share field activities and best practices.
4. Skill Building Sessions:
   - Incorporate skill-building sessions to enhance the capacity of members, leading to indirect impacts on rehabilitation efforts.
5. Frequent Trainings and Survivor Involvement:
   - Organize frequent training sessions.
   - Invite one torture survivor from each organization to share their experiences.
6. Session Management and Group Division:
   - Pre-schedule sessions, times, and presenters for better time management.
   - Group participants by organization for tailored discussions and documentation.
7. Networking and Language Support:
   - Dedicate sessions to networking among IRCT member organizations for knowledge exchange and collaboration.
   - Provide translation/interpretation services for non-English speakers.
8. Facilitators for Group Discussions:
   - Ensure participation by providing facilitators to guide group discussions.
9. Strategic Plan Development:
   - Develop a strategic plan for IRCT to improve the knowledge and capacities of its global partners, aiding in convincing donors of the institutional development needs.
10. Practical and Interactive Methodology:
    - Maintain practical and interactive methodologies in upcoming regional training sessions.
11. Regular Meetings and Capacity Building:
    - Hold quarterly virtual meetings and annual in-person meetings.
    - Focus on capacity-building activities and networking for policy support and fundraising.
12. Balance of Experience Sharing and Guidance:
    - Maintain a balance between sharing experiences and providing direction, linking introductions to specific guidelines.

13. Skill-Based Training and Cooperation:
- Focus on skill-based training related to torture, such as trauma healing for lawyers.
- Build cooperation among IRCT members through regular discussions and training sessions.

14. Routine and Moderated Discussion Sessions:
- Routine discussion sessions with moderated participation to ensure everyone has a chance to speak.

15. Regular and Online Trainings:
- Plan regular training programs to improve the capacities of centers.
- Conduct online training sessions at least twice a year.

16. Technological and Logistical Improvements:
- Equip rooms with better technology.
- Hire a dedicated person to handle technological aspects during the conference.
- Provide extension cords with universal plugs.
- Encourage the distribution of handouts to complement slides for better context.

17. Quality of Videos and Continuous Experience Sharing:
- Improve the quality of videos and voice recordings.
- Facilitate continuous sharing of experiences among participants.

18. Positive Feedback and Frequent Exercises:
- Overall positive feedback with suggestions for more frequent exercises and small group discussions.

5.4.3. Latin America

1. Regular In-Person Meetings:
- Suggest in-person meetings every two years to understand the realities of each country and center better, alongside periodic virtual meetings.

2. Webinars and Exchanges:
- Organize thematic webinars.
- Facilitate exchanges between centers based on their expertise.
- Conduct Fabo trainings with follow-up discussions online or in-person.

3. Group Work and Practical Cases:
- Implement group work for more extensive discussions.
- Include practical case discussions to find joint solutions.

4. Inviting External Organizations:

- Invite organizations outside the network to enrich the discussions.

5. Organizational and Dynamic Improvements:

- Consider unifying session minutes and conclusions for distribution and follow-up.
- Contact members for their insights and knowledge on regional initiatives.
- Use work tables for specific topics to make discussions less monotonous.

6. Post-Meeting Dynamics:

- Organize activities after meetings to foster relationships and support networks among participants.

7. Local and Regional Contexts:

- Present and jointly evaluate local and regional contexts, successful strategies, and best practices.
- Bring experts for specific topics to enhance discussions and understanding.

8. Collaborative Learning and Methodology Sharing:

- Value collaborative training spaces.
- Share instruments and methodologies concretely related to the work.
- Analyze cases for each standard and share good practices from centers.

9. Regional Contexts and Flexibility:

- Consider regional and country-specific contexts to situate standards in specific realities.
- Be flexible in applying standards to concrete realities.