

UNCAT Implementation Tool 5/2018

PROVIDING REHABILITATION TO VICTIMS OF TORTURE AND OTHER ILL-TREATMENT

All victims of torture have an explicit right to rehabilitation under the United Nations Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment (UNCAT, Article 14). Rehabilitation should aim to restore, as far as possible, torture victims' independence, physical, mental, social and vocational ability, as well as their full inclusion and participation in society.¹ States have a corresponding duty to provide for as full a rehabilitation as possible, either through the direct provision of rehabilitation services or through funding private medical, legal and other services, including those administered by non-governmental organizations (NGOs).²

This tool provides an overview of how states have implemented the right to rehabilitation through a collection of practices, supplemented with experiences from non-state rehabilitation providers. The practices included in this tool are intended to inspire states to learn from each other and thereby improve implementation at the national level, within the OSCE region and beyond.³ Promising practice examples from the OSCE region and from other parts of the world have been collected to illustrate possible approaches and steps on the way to ensuring torture victims' right to the fullest possible level of rehabilitation. Their inclusion in the tool does not imply any form of validation of their full compliance with international standards, regional or global relevance and applicability, or superiority to alternative practices applied by other states.

¹ UN Committee against Torture's General Comment No. 3 (2012): Implementation of article 14 by States parties, p.11.

² Ibid, p.15.

³ All OSCE participating States have ratified the United Nations Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment. These are: Albania, Andorra, Armenia, Austria, Azerbaijan, Belarus, Belgium, Bosnia and Herzegovina, Bulgaria, Canada, Croatia, Cyprus, Czech Republic, Denmark, Estonia, Finland, France, Georgia, Germany, Greece, Holy See, Hungary, Iceland, Ireland, Italy, Kazakhstan, Kyrgyzstan, Latvia, Liechtenstein, Lithuania, Luxembourg, Malta, Moldova, Monaco, Mongolia, Montenegro, Netherlands, Norway, Poland, Portugal, Romania, Russian Federation, San Marino, Serbia, Slovakia, Slovenia, Spain, Sweden, Switzerland, Tajikistan, the former Yugoslav Republic of Macedonia, Turkey, Turkmenistan, Ukraine, United Kingdom, United States, and Uzbekistan.



The CTI '[UNCAT Implementation Tools](#)' are a series of practical tools designed to share good practices among States on the implementation of the UN Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment (UNCAT). They offer thematic guidance and ideas for State practitioners and policymakers as they develop or revise context-specific strategies, mechanisms and procedures to prevent torture and other forms of ill-treatment or punishment, and provide remedies for victims.

This Tool – Providing Rehabilitation to Victims of Torture and Other Ill-treatment – has been jointly developed by the OSCE Office for Democratic Institutions and Human Rights (ODIHR) and the Convention against Torture Initiative (CTI).

“ My office promotes a zero-tolerance approach to acts of torture and ill-treatment, and calls on all OSCE participating States to intensify efforts to take persistent and effective measures to prevent and combat torture and to give full support to holistic, victim-centred and long-term rehabilitation services that enable victims to rebuild their lives and dignity as human beings,”

Ingibjorg Solrun Gisladdottir, Director of the OSCE Office for Democratic Institutions and Human Rights (ODIHR)

The geographical and contextual spread of examples presented in this tool reflect many of the key challenges involved in implementing torture victims' right to rehabilitation. These include issues of safety; of trust and confidentiality when victims access services in the countries where they were tortured; of how to expand post-conflict programmes to support contemporary victims; of how asylum seekers and refugees can access the support they are entitled to; and of how to best ensure effective access to highly specialized services in public health systems.

IMPACT OF TORTURE ON THE INDIVIDUAL, FAMILY AND SOCIETY



Torture and other cruel, inhuman or degrading treatment or punishment can have devastating consequences for victims, their families and the broader community.⁴ The severe physical and psychological impact of these acts can disrupt victims' lives and create barriers preventing them from building interpersonal relations, pursuing professional goals or continuing with their personal development, all of which are essential for a person to lead a fulfilling life and interact with their families and communities. Physical and psychological suffering resulting from torture can last for decades and impacts not only the victims but also their families, including children. The impact can be exacerbated in situations where torture is based on or reinforces historic patterns of discrimination, and where individual vulnerabilities affect the road to recovery. Understanding the impacts of torture on the individual, family and society is an important pre-requisite for designing appropriate rehabilitation programmes and policies.

Rehabilitation helps torture victims rebuild their lives through a combination of services, including medical, psychological, legal and social support. It is a process that supports the agency of victims and empowers them. It also takes into account individual needs and identities, as well as the cultural, social and political background and specific environment. Rehabilitation services positively impact the health and well-being of victims, their families and wider communities. Rehabilitation enables victims to sustain

“ Rehabilitation programs tailored to the needs of torture victims enable their resilience and empowerment, restore their dignity and have long-lasting effects felt in the individual's community and society as a whole. Also, the successful provision of redress to victims can have a preventive effect towards the non-recurrence of further human rights violations and the anchoring of societies in the rule of law.”

Mikolaj Pietrzak, Chairperson, United Nations Voluntary Fund for Victims of Torture (UNVFVT)

⁴ Henceforth, the tool will use the term “torture” to refer to all acts of torture and other cruel, inhuman or degrading treatment or punishment.

positive family and social lives and facilitates their reintegration into the workforce, which thereby strengthens social inclusion and integration, and maintains the victims and where applicable, their family's livelihood. Rehabilitation reduces chronic, long-term health problems, which may require interventions by health and social care services over many years if not addressed. Finally, ensuring that torture victims have access to redress and reparation is a key indicator that a society is built on the principle of rule of law and respects the inclusion of all its members.

“ The rehabilitation of victims of torture requires a multidisciplinary, participatory, and holistic approach which is integrated with programmes of empowerment aimed at improving personal skills in order to strengthen positive social relationships, as a powerful additional support mechanism providing victims of torture with access to activities that give them some dignity.”

Ambassador Alessandro Azzoni, Chairperson of the Permanent Council of the OSCE

UN Convention against Torture, Article 14:

1. Each State Party shall ensure in its legal system that the victim of an act of torture obtains redress and has an enforceable right to fair and adequate compensation, including the means for as full rehabilitation as possible. In the event of the death of the victim as a result of an act of torture, his dependants shall be entitled to compensation.
2. Nothing in this article shall affect any right of the victim or other persons to compensation which may exist under national law.

Key elements in effective rehabilitation services:

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| The right to redress and rehabilitation is recognized in national law. | Rehabilitation is funded directly or indirectly by national governments. | Rehabilitation is provided in close consultation with and tailored to meet the specific needs of each individual victim. The effectiveness of services is continuously monitored and evaluated. | Rehabilitation is provided at the earliest possible time after the torture occurred, without a requirement for victims to pursue judicial remedies, but solely based on recommendations by a qualified health professional. | Rehabilitation is holistic, providing medical and psychological care, legal and social services. | Rehabilitation is available, appropriate, accessible and provided in a way that guarantees the safety and personal integrity of the victims, their families and their care-takers. |
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LEGISLATION, POLICY GUIDANCE, ACTION PLANS

The right to reparation is included in the constitutions of some states, while others have included provisions specifically on rehabilitation in comprehensive anti-torture laws, or as part of domestic criminal legislation. Once the legal basis is in place, the development of secondary legislation, policies, action plans, adequate budget allocations and specific approaches to individual victim groups can support effective implementation.



Bolivia: Constitutional provision for reparation

[Article 113 of the Constitution of Bolivia](#) provides all victims whose rights have been violated with “the right to timely indemnification, reparation and compensation for damages and prejudices”.



The Philippines: Comprehensive anti-torture legislation

[The Anti-Torture Act \(RA 9745\) 2009](#) provides victims of torture with the right to obtain redress, including rehabilitation. Section 19 of the Act mandates government agencies, including the Department of Social Welfare and Development (DSWD), the Department of Justice (DOJ) and the Department of Health (DOH), to work with civil society organizations to establish a comprehensive rehabilitation programme for victims and their families to provide for their physical, mental, social, psychological healing and development. The legislation also mandates the creation of an Oversight Committee to periodically oversee the implementation of the Act. Subsequently, [implementing rules and regulations](#) were adopted and several government departments issued executive orders to further support the implementation of the Act. These regulations outline in more detail the responsibilities of the agencies tasked to jointly implement the rehabilitation programme, what the rehabilitation programme should include and how it should be funded.



United States: Victims support legislation with domestic and global coverage

The [Torture Victims Relief Act of 1998 \(TVRA\)](#) recognizes that torture victims, irrespective of where the torture occurred, should be provided access to rehabilitation services in order to become fully integrated and productive members of their communities. The Act authorizes funding to be provided by the United States government through a grants process to non-United States rehabilitation services that provide direct treatment to torture victims abroad. In addition, it mandates the Secretary of Health and Human Services to provide grants to United States-based rehabilitation services to cover services providing physical and psychological treatment, social and legal services and research and training for health-care providers to torture victims present in the United States.



European Union: Legislation on rights of victims of crime

The [European Union Directive](#) establishing minimum standards on the rights, support and protection of victims of crime provides a right for all victims of crime to specialist support services, including immediate medical support, referral to medical and forensic examination for evidence in cases of rape or sexual assault, short and long-term psychological counselling, trauma care, legal advice, and specific services for children as direct or indirect victims, taking into account the specific needs of the victim. The Directive also provides for measures to avoid re-victimization and reprisals based on an individual assessment that takes into account victims’ personal characteristics, including gender and gender identity.



Armenia: National action plan on human rights

The [Armenian National Action Plan](#) specifically provides for the adoption of legislation to provide compensation and rehabilitation for torture victims, in accordance with Article 14 of the UN Convention against Torture.

NEEDS ASSESSMENTS



To ensure that rehabilitation services provided by a state or through state funding meet the needs of torture victims and take into account any existing gaps in service provision, a needs assessment is recommended. A number of states have undertaken national-level assessments of the following:

- (i) The numbers of torture victims and their rehabilitation needs, including gender specific rights and needs, and of the consultation process with victims and victims' organizations; and
- (ii) Existing rehabilitation services, including the numbers of doctors/psychologists/psychiatrists per capita, the available funding sources and funds available, the geographical spread of services and the in-house capacity of rehabilitation services.

Such assessments may help states to identify gaps between the supply of and demand for rehabilitation services, and to consider the most appropriate model of service delivery.



Chile: Ensuring rehabilitation for victims of past abuses

The National Commission on Political Imprisonment and Torture (Valech I) was established in 2003 as an advisory body to the government. Its duties were:

- (i) To identify persons who were subjected to deprivation of liberty for political reasons and torture by agents of the state or persons acting on behalf of the state between 1973 and 1990; and
- (ii) To propose the requirements, characteristics, forms and models of reparation that could be granted to persons acknowledged to have been political prisoners or torture victims who had not received any reparation on those grounds.

The Commission's report, issued in November 2004, included information on the historical context in which the torture had taken place, the conduct of the different state bodies in relation to this practice, the methods of torture used, the profile of the victims and the effects of this abuse on them. Following a period of implementation, a new Commission (Valech II) was formed, from 2010-2011, to allow for the identification and acceptance of additional victims into the reparations programme. Even earlier, from 2002, the government also applied targeted strategies to allow victims of sexual violence to obtain protection and support. Through these different measures, 130'129 victims of torture and their affected first and second-generation family members have been accepted into the Compensation and Comprehensive Health-Care Programme established by the Government.



Finland: Assessing the rehabilitation needs of migrant and refugee torture victims

To better understand the health needs of a changing population of migrants and refugees, the Finnish government conducted two large health surveys, starting in 2014.⁵ The surveys specifically examined torture trauma and enabled the relevant authorities to understand its prevalence among different refugee groups and the physical and psychological symptoms they might be experiencing. Based on the surveys, the government initiated [the PALOMA project](#) (Developing National Mental Health Policies for Refugees, 2016-2018) to develop a national

⁵ "Survey on work and well-being among people of foreign origin (UTH)", National Institute for Health and Welfare <https://bit.ly/2ydxTYL>.

model for mental health work with refugees and individuals from comparable backgrounds. The project aims to do three main things:

- (i) To gather information about efforts to improve mental health services for refugees and about problems and solutions identified in this context. Data collection covers all geographical regions and all levels of public administration.
- (ii) To develop a national model that contains [guidelines](#) regarding mental health services and other measures to improve mental health in relation to refugees and individuals from comparable backgrounds.
- (iii) To assist in efforts to implement the model nationally and at different levels of mental health work.



Italy: Identifying and responding to torture victims' needs in reception centres

On 19 May 2017, the Italian National Commission for the Right of Asylum issued a circular providing for the application of guidelines on the treatment and rehabilitation of torture victims, and guaranteeing operational effectiveness with regard to the work of authorities determining asylum claims. The guidelines set out that the staff operating in reception centres would be trained to deal with the specific needs of victims of torture. The guidelines also set out the rehabilitation procedure to be applied to victims of torture according to three steps:

- (i) Understand the trauma that the person has suffered and its consequences on her/his mental and physical health;
- (ii) Identify the appropriate therapy to deal with traumatic memories; and
- (iii) Create and strengthen positive social relationships as additional support mechanisms.

REHABILITATION SERVICES AND FUNDING MODELS



Rehabilitation service models vary from country to country, depending on the political and social context, the particular needs of torture victims, the existing public health infrastructure and funding. There is no “one size fits all” response to the question on how to provide rehabilitation services. Good practice suggests that states adopt a long-term multi-disciplinary approach to providing rehabilitation services and consider the following possibilities:

- (i) **State-led services:** direct provision of specialized rehabilitation services through national health and social systems and budgets;
- (ii) **Non-state led services:** the state provides financial support to non-governmental rehabilitation services; or
- (iii) **A hybrid model:** integration of non-governmental specialized rehabilitation services into the national health infrastructure.

“ Urges States to ensure that appropriate rehabilitation is promptly available to all victims without discrimination of any kind, provided either directly by the public health system or through the funding of private rehabilitation facilities, including those administered by civil society organizations...”

United Nations Human Rights Council resolution 22/21 on Torture and other cruel, inhuman or degrading treatment or punishment, dealing with the rehabilitation of torture victims

“ *Rehabilitation supports survivors of violence to rebuild their lives and livelihoods. For Denmark, rehabilitation services are positive investments benefiting the individual, his or her family as well as the wider community.*”

H.E. Mr. Carsten Staur, Ambassador and Permanent Representative of Denmark to the United Nations in Geneva, 2018



Mexico (State-run services)

The General Law for Victims came into effect in 2013 and aims to protect the rights of victims of crime and human rights abuses. The law establishes the Executive Commission of Attention to Victims, (CEAV) to provide victims with reparation for the harm caused, and with protection and confidentiality, access to justice and legal assistance, and access to specialized treatment to ensure physical and psychological rehabilitation. The law also establishes a national registry of victims and mechanisms to set aside funds to compensate them, funded in part by the assets seized from organized crime groups. The CEAV came into existence in January 2014 and has offices spread across the country. In 2017, parts of the law were revised to make the delivery of support to victims more efficient, by strengthening the capacity of the CEAV. The revised law aims to optimize access to assistance for victims, to enable victims to access independent expert reports to document their allegations, and to provide for the active participation of civil society organisations, victims groups and academics in implementing the law.



Georgia: State financed projects implemented by non-State rehabilitation centres

In 2014, the Ministry of Justice’s crime prevention centre awarded a grant to the Georgian Centre for Psychosocial and Medical Rehabilitation of Torture Victims (GCRT) – a non-governmental organization – to provide psychosocial and medical rehabilitation services to former prisoners (adult and juvenile) who had encountered severe traumatic experiences, including torture, during their imprisonment. In total, 105 former prisoners received holistic rehabilitation services in Tbilisi and Kutaisi. The project involved individual work with clients, as well as short-term group intervention with small groups of individuals (eight people per group for the duration of ten sessions). In 2015 and 2016, the reserve fund of the President of Georgia awarded two grants to GCRT for rehabilitation and re-socialization of former prisoners pardoned by the President. The project provided immediate living arrangements for several days after leaving the prisons (in case of individuals who did not have a place to go to) and included individuals in various vocational trainings and psychosocial and medical rehabilitation. Sixty per cent of the individuals concerned had been subjected to torture and inhuman treatment in the penitentiary facilities.

“ *Recidivism among former prisoners who participated in our program has decreased by up to 96 per cent. We managed to assist 3,345 former prisoners, who were the victims of degrading treatment for many years, to strengthen themselves to overcome the challenges, fight against stigma and discrimination, rehabilitate and re-socialize within general population and their own families. During the last five years, they have benefited from different services: 823 benefited from medical services, while 106 business ideas of 108 beneficiaries (24 women) were financially supported by the program. Notably, 103 business initiatives are still successfully operating. In addition, the program created a unique platform to involve and further strengthen co-operation with civil society organizations with relevant backgrounds and services.*”

H.E. Ms. Thea Tsulukiani, Minister of Justice of Georgia, 2018



The Netherlands: Insurance-based model

Specialized service providers are responsible for holistic rehabilitation services for torture victims in the Netherlands. These are not funded by the state but are reimbursed by insurance companies for those services. The Central Agency for the Reception of Asylum Seekers insures all asylum seekers for medical expenses covered under the Medical Care for Asylum Seekers Scheme, (RZA). Asylum seekers are entitled to healthcare in the Netherlands as soon as they are registered at the COA and are residing in refugee housing. The healthcare includes hospitalization, consultations with general practitioners, physiotherapy, dental care (in severe cases) and consultations with psychologists. Any medical expenses that are not covered by the insurance are reimbursed by the COA upon application.



Denmark: Structured state financing of non-state services

In Denmark, services for rehabilitation of torture survivors are provided by specialized centres designated by the Danish National Board of Health as national centres specializing in the rehabilitation of traumatized refugees. There are three non-state centres and six centres based in the public mental health sector. They offer different forms of individual, family and group therapy to torture victims who have a residence permit in Denmark, and are accessible on the basis of a referral from a general practitioner. Services are financed by the national health system on the basis of bilateral agreements between the regional authorities and the individual rehabilitation centres.



Sweden: Partnerships between public authorities and non-state rehabilitation centres

The regional authorities in Sweden are responsible for providing healthcare services. They also cooperate closely with non-governmental service providers, such as the Swedish Red Cross (SRC), to deliver specific torture rehabilitation components. The “Idea-based public partnerships” (IOP) system means that service providers discuss needs and abilities linked to individual patients or groups in partnership with the authorities to develop solutions (proposals for services). The SRC and relevant authorities enter partnerships on equal terms, meaning that the authorities respect the SRC’s mandate, role and independence, and see the added value of working together with a voluntary sector organization to better meet existing needs. The IOPs are designed for three years or longer, which provides for security, stability and funding of the treatment plans of each individual victim/patient. This partnership allows for flexibility in terms of temporary scaling up of activities or modification of the treatment services where there may be an emergency, an unforeseen change in circumstances or victims profiles and needs, such as victims of sexual violence, which may need specialized care. The IOPs cover around 70 per cent of the total budget for treatment services in Sweden.

DELIVERY OF REHABILITATION SERVICES TO TORTURE VICTIMS



The UN Committee against Torture, in its [General Comment 3](#), establishes three criteria to be considered in the implementation of state rehabilitation services for torture victims:

- (i) Are rehabilitation services sufficiently **available**? Is information about victims' rights and the existence of rehabilitation services available, including in languages of ethnic and religious minorities? Are a sufficient number of relevant professionals employed in rehabilitation services and do they cover all relevant geographical areas?
- (ii) Are rehabilitation services **accessible** to all torture victims? Can they be accessed without discrimination, promptly and in a safe, secure and confidential environment?
- (iii) Are rehabilitation services **appropriate**, including by meeting the specific needs of the victims? Are they provided according to medical ethics and with special processes and approaches in place for vulnerable clients and gender specific forms of torture? Are there training opportunities for health-care and legal professionals?



“ We can only create a world without torture if we fully address the damage it has caused to all of its victims. Through decades of supporting torture victims to rebuild their lives, we know that the rehabilitation process needs to take point of departure in the victims' needs, choices and aspirations. This is the only way we can meaningfully understand what makes services available, accessible and appropriate.”

Victor Madrigal Borloz, Secretary-General, International Rehabilitation Council for Torture Victims (IRCT)

Peru: Making rehabilitation services available where they are most needed

The Reparations Council of Peru was charged with registering and certifying victims of the armed conflict 1980-2000 – both as groups and individuals – to establish their eligibility for reparations under the Comprehensive Reparations Program (PIR) (Law 28592). As part of the process, the Reparations Council consulted with local victims' organizations and other relevant civil society organizations to ensure the appropriate collection of information on numbers of individual victims and “collective beneficiaries”. This information fed into the creation of a reparations programme for victims of the armed conflict. As part of the programme, the Ministry of Health created a Comprehensive Reparations Programme on Mental Health, which targeted the ten geographical areas most affected by the armed conflict. The programme hired professionals and trained staff to provide mental health services to victims of the armed conflict.

Kenya: Access to rehabilitation during criminal proceedings

The [Kenya Prevention of Torture Act, 2017](#) explicitly provides for court sanctioned rehabilitation for victims of torture, at any time, with the cost to be covered by the Victim Protection Trust Fund, which was established by the Victim Protection Act in 2014. This provides a legal basis for victims to get the support they need to address the physical and psychological consequences of torture, including prior to the conclusion of, often lengthy, legal proceedings.



Germany: Early identification and access to rehabilitation in situations of large-scale movements of asylum seekers

In 2008, the local government in Berlin and civil society organizations jointly established a mechanism to identify and refer victims of torture to rehabilitation services. The mechanism consists of a three-step process: an initial screening, to identify torture victims; a complete medical and psychological assessment, to identify more specifically their individual needs; and then referral to rehabilitation services for treatment. The initial screening is implemented using [the PROTECT tool](#), which facilitates the early recognition of torture victims. The mechanism also proved useful in responding to the large-scale movement of asylum-seekers into Germany in 2016, many of whom showed signs of having been tortured.



Australia: Assessing cultural-appropriateness and effectiveness of services

In Australia, the [New South Wales Service for the Treatment and Rehabilitation of Torture and Trauma Survivors \(STARTTS\)](#) maintains a variety of monitoring and evaluation approaches to ensure that services are appropriate, and also to report the findings to the state and federal government departments that fund the work of STARTTS.

STARTTS uses three methods for evaluating clinical services: Process evaluation, to assess how services are operating (such as monitoring to reduce waiting times and determine service volumes); evaluation of client experience outcomes (e.g., satisfaction surveys); and outcome evaluation (e.g., assessing clinical outcomes at regular stages during the counselling process using a computer-based assessment tool in client languages). For the purposes of evaluating a range of community development activities, STARTTS uses the “most significant change” technique, a monitoring and evaluation method used for evaluating complex interventions.

Monitoring and evaluation techniques will vary significantly depending on the activity or service in focus. For example, STARTTS has used a mixed method evaluation and multi-informant design to evaluate the impact of a Capoeira project that is provided in schools involving young people from refugee backgrounds who were at risk of falling out of the education system. Capoeira was found to be particularly appropriate for young refugees who have experienced trauma due to its approach of building confidence and overcoming adversity through the development of individual self-discipline, inner-strength and group membership.

MONITORING AND EVALUATION



The [UN Committee against Torture](#) has stated that states should have mechanisms to oversee, monitor, evaluate and report on implementation of Article 14. Such mechanisms should collect data on the numbers of torture victims, their vulnerabilities, their rights and needs, and the services and/or funding offered by the state to meet them. Having monitoring and evaluation mechanisms in place also allows states to assess the effectiveness of services and ensure they remain sustainable by being financially secure and relevant to the particular needs of torture victims, their families and the wider community.

Belgium: Evaluating reception conditions for vulnerable asylum seekers

In Belgium, a legal mechanism is in place to assess specific needs of vulnerable persons once they are allocated to reception facilities. Within 30 calendar days after having been assigned a reception place, the individual situation of the asylum seeker is examined to determine if the accommodation is adapted to her or his personal needs. Particular attention is paid to signs of vulnerability that are not immediately detectable. A Royal Decree formalized this evaluation procedure, requiring an interview of the individual with a social assistant. This should be followed by a written evaluation report within 30 days, which has to be continuously and permanently updated, and should lead to a final assessment within a maximum of six months. The evaluation should contain a conclusion on the adequacy of the accommodation to the individual medical, social and psychological needs, with a recommendation as to appropriate measures to be taken, if any. A finding of vulnerability may lead to a transfer to more adequate accommodation, if necessary.

South Africa: Monitoring and evaluation in non-state rehabilitation centre

The Centre for the Study of Violence and Reconciliation (CSVR) is a non-governmental organization that provides rehabilitation services to victims of torture and trauma. It has developed an extensive monitoring and evaluation system for its clinical work with torture victims. Through this system, data is collected on a regular basis to assess a client's progress over time. Information is collected directly from clients through regular assessments and from clinicians who write Intervention Process Notes (IPNs). IPNs are completed for any intervention done with a client and cover the content of a session, notes for supervision (areas of concern) and main themes to emerge from the session. From an analysis of the data key impacts and interventions are identified. The results help to determine what treatments the centre should focus on and the range of different strategies needed according to the clients' individual needs.

Uganda: Court sanctioned monitoring of rehabilitation services

In October 2017, a decision by the civil division of the High Court of Uganda (Abdu-Rashid Mbaziira and 19 Others Vs Attorney General, HCT-00-CV-MC- 0210-2017, 12 October 2017-) awarded compensation and medical treatment to 22 people who were tortured in the context of a criminal investigation. While the victims remain in custody, the court ordered that the prison provide medical treatment for their injuries and instructed the African Centre for Treatment and Rehabilitation of Torture Victims, based in Kampala, to monitor the measures taken and to produce monthly reports to the court on the implementation of the decision.

DEVELOPING AND IMPLEMENTING REHABILITATION SERVICES: THINGS TO CONSIDER



1.

Do provisions already exist in national legislation to provide rehabilitation to torture victims and mechanisms for funding specialized rehabilitation services? If not, is there alternative legislation or policy that provides rehabilitation to other victims' groups, such as victims of crime, human trafficking or sexual or domestic violence that could be amended and adapted to cover torture victims? In this context, it is important to consider whether adapting other services will effectively respond to the specific needs of torture victims.

2.

Has an assessment or survey been undertaken by the state to determine needs, capacities and constraints? Would this be helpful? In this regard, such an assessment or survey may yield information on:

- What the specific needs of torture victims are, including, for example, the needs of victims of sexual torture, children, persons with disabilities and other vulnerabilities, and whether these needs are being met by existing rehabilitation services; and
- What the capacities of current rehabilitation services are, and where they are state-led or non-state services. It may also reveal the existing gaps in the delivery of rehabilitation services to torture victims

Such a mapping exercise should include consultations with torture victims and victims' groups.

3.

Based on existing systems and structures (including the legal framework) and the in-need population, what model (state-led, non-state or hybrid) would work best to ensure rehabilitation is **available**, **accessible** and **appropriate**? Could the existing public-health system and budget be used as a starting point for establishing specialized rehabilitation services?

4.

In designing policies, programmes and services, are there particular considerations that need to be taken into account in relation to specific victim groups, such as women, children, persons with disabilities, asylum seekers or refugees, or LGBTI persons?

5.

Which government departments (health, social services, women, children, criminal justice, etc.) should be involved in the establishment and funding of rehabilitation services? How will decision-makers from different departments work together to ensure that rehabilitation services are successfully provided to all victims of torture?

6.

Are rehabilitation services **available** to torture victims? This information can be based, in part, on the results of the needs assessment (point 2 above) and can be included in the monitoring and evaluation of current services. Additional information, such as the number of staff employed in rehabilitation services, disaggregated by profession, would also be useful.

7.

When delivering rehabilitation services or monitoring and evaluating current services, consider whether rehabilitation services are sufficiently **accessible** to torture victims. For example, who is eligible to access services, how and when are victims able to access services, are services free to access and do they guarantee the safety of

victims? How is information about the services disseminated to ensure that they reach target groups? Are gender specific forms of torture recognized as such and addressed in the scope of services offered?

8.

When delivering rehabilitation services or monitoring and evaluating current services, consider whether rehabilitation services are of an **appropriate** standard. For example, are medical ethics followed, are vulnerable victims or victims of specific offences, such as gender-specific torture practices, adequately supported and are monitoring and evaluation processes in place?

9.

How is the sustainability and continued development of rehabilitation services ensured by the state? Is specialized training provided to professional bodies (medical, psychological, legal, public-sector professionals) that may have first contact with torture victims? Is the state providing adequate funding in its regular budgets to allow torture rehabilitation services to function in a stable manner? Are there emergency funding sources available to rehabilitation services that experience financial difficulties? Does the state fund or support research initiatives to encourage the continued development of effective rehabilitation methods?

10.

Does the state collect data on numbers of torture victims, their needs and the rehabilitation services available to them?

Additional resources

- Rehabilitation of Torture Survivors – A Resource Kit for Service Providers <https://bit.ly/2JNjLd3>
- Screening tool for identification of torture survivors among asylum seekers <http://protect-able.eu/resources/>
- Patel, Nimisha and Cohen, Juliet (2016) *Identification and health assessment of women survivors of rape and other torture: Handbook for Clinicians*. Other. International Centre for Health and Human Rights, London, <https://bit.ly/2HHxT2k>
- Patel, N. and Williams C de C, A. (2014) *Monitoring and evaluation of rehabilitation services for torture survivors: Handbook for service providers*. London: ICHHR, <https://bit.ly/2JL7MNk>
- ODIHR/CTI Report on Regional meeting on rehabilitation for victims of torture for countries in the OSCE region, Copenhagen, Denmark, 23-24 June 2016, <https://bit.ly/2MhVudw>



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