

## The Copenhagen Declaration on Right to Rehabilitation

Monday, 31 March 2014



We, the undersigned

Council Members of the International Rehabilitation Council for Torture Victims (IRCT), representing health professionals who care for victims and survivors of torture throughout the world, gathered at the Annual Council Meeting in Copenhagen, Denmark, 27 and 28 March 2014,

Bearing in mind that:

Torture has a traumatic and life-changing impact, which requires multiple interventions in order to restore dignity and enable the victim to be as fully functional as possible;

Victims of torture and ill-treatment have suffered a serious violation of their rights and have an explicit right to rehabilitation as an integral part of the right to reparation under international human rights and international humanitarian law, and as specifically referred to in Article 14 of the UN Convention Against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment;

Observing that:

There is a growing global consensus on the measures needed to achieve as full rehabilitation as possible;

There is a growing number of health and legal professionals in many countries capable of delivering rehabilitation services;

Most states do not implement the right to rehabilitation in accordance with established international norms and obligations;

Domestic laws, public policies and state budgets frequently do not ensure the implementation of the right to rehabilitation;

Many victims of torture are denied their right to rehabilitation due to public discourse not recognising victimisation of specific groups or individuals;

Where State rehabilitation programmes are in place, victims are often reluctant to access these due to a lack of independence from State institutions;

Victims of torture and ill-treatment are often not properly identified and recognised by relevant mechanisms and proceedings, which prevents them from accessing rehabilitation services;

Victims of torture and ill-treatment who are members of vulnerable and marginalised groups face particular difficulties in accessing rehabilitation on account of their disadvantaged status;

In many countries, rehabilitation work is negatively affected by insecurity, threats, attacks or other forms of reprisals against victims of torture and ill-treatment and rehabilitation service providers;

Declare that:

States have an obligation under international human rights and international humanitarian law to ensure that victims of torture and ill-treatment have free and prompt access to rehabilitation services;

Rehabilitation services must be holistic and victim-centred and must include medical and psychological treatment as well as social, vocational, legal and family support as appropriate;

Rehabilitation is an integral part of the fight against torture and ill-treatment and an important prerequisite for the pursuit of justice and prevention of torture;

And urgently call upon States to:

Ensure that the domestic legal framework provides an effective right to rehabilitation;

Ensure that state policies and budgets enable availability and accessibility of appropriate holistic rehabilitation services to all victims of torture and ill-treatment within their jurisdiction;

Ensure that all victims of torture and ill-treatment have a genuine free choice between state or non-state services, that all costs associated with the services are covered by the state, and that the validity of non-state services are fully recognised;

Ensure that victims of torture and ill-treatment have access to rehabilitation services at the earliest point in time, including by giving access based on a mental and physical health evaluation rather than on the pursuit of remedies;

Ensure that victims pursuing remedies are afforded victims' status and psychological support at the earliest possible point in time;

Create a safe, trusting and enabling environment for accessing and providing rehabilitation services. This includes measures to:

- Prevent and sanction any act of reprisal or intimidation against victims, their families or service providers.
- Fully respect medical ethics including principles of confidentiality and 'do no harm'.
- Avoid any restrictions on operation or funding for non-state actors providing rehabilitation services.

Facilitate the continued capacity development of practitioners to adequately cover the demand for rehabilitation within their jurisdiction including by:

- Integrating torture rehabilitation training in relevant university curricula and continued professional education schemes, and allowing state employed rehabilitation practitioners to attend capacity development activities hosted by non-state actors.
- Promoting and supporting community based rehabilitation.

Facilitate awareness-raising and education activities for other actors involved in implementing the right to rehabilitation such as lawyers, prosecutors and the judiciary, persons involved in asylum proceedings and officials involved in deprivation of liberty;

Ensure transparency through regular reporting, including disaggregated data, on measures taken to implement the right to rehabilitation with full respect for victims right to confidentiality.

## **IRCT Executive Committee**

Suzanne Jabbour, MENA – President (Restart, Lebanon)

Karen Hanscom, North America – Vice-President (ASTT, United States)

Pradeep Agrawal, Asia (SOSRAC, India)

Boris Drozdek, Europe (Psychotrauma Centrum Zuid, Netherlands)

Yadira Narvaez, Latin America (PRIVA, Ecuador)

Bernadette McGrath, Pacific (STTARS, Australia)

Uju Agomoh, Sub-Saharan Africa (PRAWA, Nigeria)

Clarisse Delorme, Independent Expert (WMA, France)

## **IRCT Council**

(elected in 2012 for the period 2012-2015)

### Asia

Kamrul Khan, CRTS, Bangladesh

Christine Shanti Arlulampala, Survivors Associated, Sri Lanka

Edeliza Hernandez, MAG, The Philippines

### Europe

Sebnem Korur Fincanci, HRFT, Turkey

Karin Verland, DIGNITY, Denmark

Pierre Duterte, Parcours d'Exil, France

Ludmilla Popovici, Memoria, Moldova

Mechthild Wenk-Ansohn, BZFO, Germany

Aida Alayarian, Refugee Therapy Centre, UK

### Latin America

Eliomara Lavaire, CPTRT, Honduras

Mariana Lagos, EATIP, Argentina

Felicitas Treue, CCTI, Mexico

### Middle East and North Africa

Siavash Rahpeik Havakhor, ODVV, Iran

Mohamed Safa, Khiam Centre, Lebanon

North America

Karin Maria Linschoten, Edmonton Centre, Canada<sup>1</sup>

Pacific

Jeff Thomas, Refugee Trauma Recovery, New Zealand

Sub-Saharan Africa

Guy Kitwe Mulunda, Save Congo, DRC

Fidelis Mudimu, CSU, Zimbabwe

Samuel Herbert Nsubuga, ACTV, Uganda

Independent Experts

Lutz Oette, Redress Trust, UK

Michael Brune, Haveno, Germany

Secretary-General

Victor Madrigal-Borloz

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<sup>1</sup> Council member Karin Maria Linschoten, Edmonton Centre, Canada, presented her excuses and did not attend the Council meeting in Copenhagen, March 2014.