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**irct**  
International Rehabilitation  
Council for Torture Victims

## Second OSCE Workshop on Rehabilitation for Victims of Torture

### Outcome report on discussion and recommendations

Co-organized by the 2018 Italian OSCE Chairmanship, the Government of Denmark, the Government of Switzerland, the OSCE Office for Democratic Institutions and Human Rights (ODIHR), the inter-governmental Convention against Torture Initiative (CTI) and the International Rehabilitation Council for Torture Victims (IRCT)

OSCE Workshop

Vienna, 21 June 2018

This second OSCE workshop was jointly organized by the 2018 Italian OSCE Chairmanship, the Government of Denmark, the Government of Switzerland, the OSCE Office for Democratic Institutions and Human Rights (ODIHR), the inter-governmental Convention against Torture Initiative (CTI) and the International Rehabilitation Council for Torture Victims (IRCT). It aimed at offering delegates working on the OSCE human dimension a unique opportunity to deepen their understanding on how torture victims are assured their right to rehabilitation under the guidance of leading experts and practitioners working with victims of torture in the OSCE region.<sup>1</sup> The workshop also aimed at providing a platform to discuss practical challenges and promising practices among OSCE participating States, based on the ODIHR/CTI Implementation Tool on Providing Rehabilitation to Victims of Torture and Other Ill-Treatment.<sup>2</sup>

This report should neither be interpreted as containing official OSCE recommendations based on a consensus decision, nor as representing the official position of ODIHR or any other OSCE structures, or of any particular OSCE participating State; it reflects opinions expressed individually by participants in the workshop.

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<sup>1</sup> ODIHR news item, 21 June 2018 at <https://www.osce.org/odihr/385491>

<sup>2</sup> ODIHR/CTI Practical Implementation Tool, published on 21 June 2018 at <https://www.osce.org/odihr/385497>

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# Background

## The right to rehabilitation for victims<sup>3</sup> of torture – an ongoing dialogue with OSCE participating States

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.<sup>4</sup> States have a corresponding duty to provide for as full 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).<sup>5</sup> All OSCE participating States have ratified the UNCAT as prescribed in OSCE commitments (e.g. Copenhagen 1990, Athens 2009, paras. 1 and 6). In addition, OSCE participating States have committed to ensuring the full rehabilitation of torture victims (Athens 2009, para. 9).

This workshop built on previous discussions with OSCE participating States on the implementation of the right to rehabilitation for torture victims, notably a discussion of the Human Dimension Committee in March 2016 on "Challenges of implementing the right to rehabilitation - regional perspective", an OSCE high-level regional conference in Copenhagen organised by the Danish Government as part of the Convention against Torture Initiative (CTI) in partnership with the German Chairmanship of the OSCE and DIGNITY- Danish Institute Against Torture on 23-24 June 2016,<sup>6</sup> and an OSCE workshop on the rehabilitation for victims of torture organised by the OSCE Office for Democratic Institutions and Human Rights (ODIHR) in cooperation with the OSCE German Chairmanship 2016, CTI and the Ministry of Foreign Affairs of Denmark.<sup>7</sup> Based on the positive outcome of these discussions, ODIHR in partnership with CTI launched a small-scale project supported by Italy and Denmark aimed at the publication of a practical implementation tool for State parties to the UNCAT, including all OSCE participating States.

The workshop brought together representatives of 32 OSCE participating States (44 participants, 24 women and 20 men) as well as expert speakers and facilitators from the Italian Ministry of Health, Ms. Serena Battilomo; the International Rehabilitation Council for Torture Victims (IRCT), Mr. Asger Kjaerum; the Secretariat of the Convention against Torture Initiative (CTI), Dr. Alice Edwards; the Center for Rehabilitation of Victims of Torture in Rome/Medici Contro la Tortura, Ms. Federica Dolente and Ms. Luisa Pepe; the Center for Torture victims in Athens/ 'Medicines sans Frontieres', Mr. Christos Eleftherakos; and ODIHR's Adviser on Torture Prevention, Ms. Stephanie Selg.

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<sup>3</sup> Acknowledging that victims' organizations increasingly use the term "torture survivors" or "survivors of torture" instead of "victims of torture", this paper uses both terms interchangeably.

<sup>4</sup> UN Committee against Torture's General Comment No. 3 (2012): Implementation of article 14 by States parties, §11.

<sup>5</sup> Ibid, §15.

<sup>6</sup> Outcome report at [http://cti2024.org/content/docs/CTI%20OSCE%20report\\_final\\_rev.pdf](http://cti2024.org/content/docs/CTI%20OSCE%20report_final_rev.pdf)

<sup>7</sup> Outcome report at <https://www.osce.org/odihr/osce-workshop-on-rehabilitation-for-victims-of-torture-outcome-report-on-discussion-and-recommendations?download=true>

This report aims to summarize the discussion among OSCE participating States and to formulate recommendations in order to further advance the effective implementation of the right to full rehabilitation for torture victims in the OSCE region.

## Launch of ODIHR/CTI Practical Tool

During the same workshop, ODIHR and the CTI launched a joint tool to help OSCE participating States better ensure the right to rehabilitation for victims of torture. The [practical tool, Providing Rehabilitation to Victims of Torture and Other Ill-treatment](#),<sup>8</sup> provides an overview of how a number of states have implemented the right to rehabilitation through a collection of practices, supplemented with experiences from non-state rehabilitation providers. The implementation tool was designed to assist participating States in their efforts to fully implement the right to rehabilitation of each torture survivor in the OSCE region and is available in English and Russian.<sup>9</sup>

**“OSCE participating States have committed to fighting and preventing torture and other cruel, inhuman or degrading treatment or punishment. Giving full support to comprehensive, victim-centred and long-term rehabilitation services is a core obligation of states. We hope that the implementation tool will assist participating States in their efforts to fully implement the right to rehabilitation of each survivor of torture in the OSCE region, and thereby enable them to regain their dignity as human beings.”**

*Stephanie Selg, ODIHR Adviser on Torture Prevention*

Throughout the workshop, the ODIHR/CTI Practical Tool was used as a basis for discussion and to illustrate promising practices from the OSCE region and beyond.

**“Assisting torture survivors in recovering from their trauma and re-starting their lives in peace allows not only the individual, but also families, communities and societies to heal and rebuild. In capturing 20 positive examples of state-led or supported rehabilitation practices, we hope the latest in CTI’s series of implementation tools will inspire governments worldwide to consider adopting similar arrangements tailored to their own national contexts.”**

*Alice Edwards, Head of Secretariat of the Convention against Torture Initiative (CTI)*

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<sup>8</sup> Op. cit., note 2

<sup>9</sup> <https://www.cti2024.org/en/news/cti-osce-tool-focuses-on-victim-rehabilitation/>

# Summary of Discussions

## Keynote Presentations

### *2018 Italian OSCE Chairmanship / Permanent Delegation of Italy to the OSCE*

Despite the absolute prohibition of torture under international law, it continues to be practiced around the world either in isolated cases or systematically. As an EU Member State, Italy stands by those who very courageously engage against this crime through awareness raising, engagement with civil society or support to victims. The rehabilitation of victims of torture is particularly important: it requires a multidisciplinary approach to improve social conditions, facilitate legal protection, medical assistance and reintegration programmes. Rehabilitation of victims is crucial to help them restore their lives and dignity. Italy believes that the OSCE can play a role in the promotion of the right to rehabilitation and has supported the development of the ODIHR/CTI practical tool *“Providing Rehabilitation to Victims of Torture and Other Ill-treatment”* aiming to assist participating States in their efforts to fully implement the right to rehabilitation of each survivor of torture in the OSCE region. The tool gives an overview of how states have implemented the right to rehabilitation through a collection of practices, supplemented with experiences from non-state rehabilitation providers. These examples are intended to inspire states to learn from each other and improve rehabilitation strategies and practices at the national level, within the OSCE region and beyond.

### *Permanent Representation of Denmark to the OSCE*

Denmark is one of the five core members of the Convention Against Torture Initiative (CTI), which was established in 2014 in Geneva. One of the objectives of the initiative is to achieve universal implementation of the UN Convention against Torture by 2024, including the specific right to rehabilitation for all torture victims. CTI is an initiative by states for states aimed at facilitating technical advice, support and cooperation to help in overcoming obstacles to ratification and implementation. In this context, today’s workshop builds on previous OSCE events where different perspectives on rehabilitation for torture victims have been explored. In June 2016 in Copenhagen, the discussions focused on why access to safe, meaningful and appropriate rehabilitation care is of crucial importance not only for survivors of torture, but also for their families and society as a whole. Later in the year in Vienna, OSCE delegates discussed the role of OSCE structures – including ODIHR and field missions – in assisting participating States in their national efforts in providing holistic rehabilitation services. At this workshop, the co-organisers’ intention is to dig even deeper and learn about best practices at the national level and hopefully become inspired about how to improve the implementation of the right to rehabilitation. In short, this event is about turning legal obligations and principles into reality on the ground.

### *Serena Battilomo, Ministry of Health, Italy*

Despite the complex and sometimes difficult environment, in Italy there has been a positive development in the reception of migrants and asylum seekers in the past ten years. During the last couple of years, Italy has become the destination of massive migration flows, composed of both irregular migrants, asylum-seekers and refugees, and the country does not only focus on providing for

essential needs such as accommodation, clothing and food, but also seeks to protect fundamental human rights, such as access to health care.

It is a fact that asylum seekers and refugees are at high risk of developing psycho-pathological syndromes due to the effect of stressful or traumatic experiences. About 90% of them have suffered from very serious violence, if not real torture (for example in the prisons in Libya) prior to their arrival in Italy. In addition, many were forced to leave their home countries to avoid persecution or to escape from combat or civil wars in their birth place. Throughout their dangerous journey to Europe, they have often been exposed to additional risks and traumatic events, such as situations of abuse, violence and various kinds of assault, including sexual violence, malnutrition, lack of health care, humiliation, imprisonment and repatriations. Over the past years, the Italian health care system had to start working more and more on the particular needs of victims of torture, something the system was not prepared for. Therefore, it was necessary to develop areas of expertise, not only to improve the reception of asylum seekers and refugees but also to better identify symptoms and signs of torture, so that those who need specific rehabilitative assistance receive it. Italy has developed a *National Plan* for the integration of immigrants. Employment opportunities are crucial to integration and healthcare is a fundamental part of any work opportunity. Therefore, the rehabilitation of torture victims, including medical care, plays a key role in the integration process.

For this reason, despite the growing economic restraints, Italy considered it necessary to develop national guidelines for the healthcare system to address these specific needs, including through specific training programmes for personnel, also drawing on the respective EU Directives. These *“Strategic guidelines concerning the interventions of support, rehabilitation and treatment of mental disorders of refugees and persons who have suffered from torture, rape or other serious forms of psychological, physical or sexual violence”* have been nationally implemented with a Ministry of Health’s Decree and their publication on 24 April 2017 in the Official Journal. The guidelines have been developed by a working group composed of national and international institutions working with migrants (e.g. UNHCR) and experts from scientific associations and civil society organizations. This allowed for a multidisciplinary approach to all aspects of the assistance provided, starting from identification to rehabilitation with specific attention given to the certification, which is essential to asylum seekers, and mediation, which is necessary to build relationships between the survivor and those they encounter in the process. The guidelines also address health protection of the involved operators, in addition to meet their need for adequate training. Particular attention has been granted to vulnerable persons, such as women and children. There are several projects in order to effectively implement these national guidelines and train operators to identify and take care of vulnerable migrants.

**The Italian Model: “Strategic Guidelines concerning the interventions of support, rehabilitation and treatment of mental disorders of refugees and persons who have suffered from torture, rape or other serious forms of psychological, physical or sexual violence”**

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 working in reception centres would be trained on the

specific needs of victims of torture. The guidelines also describe the rehabilitation procedure which should be in accordance with the following 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.

Early identification of victims of torture is essential. The Italian guidelines provide for three progressive levels:

**1<sup>st</sup> level:** Participation of non-healthcare personnel to support the identification of victims of torture through analysis or through active and organized listening.

**2<sup>nd</sup> level:** Conversation with psychological healthcare personnel of hosting structures, including with specific instruments to evaluate the level of vulnerability.

**3<sup>rd</sup> level:** National Health Service personnel with specialized proficiency in multidisciplinary integrated approach that can provide for accurate clinical-diagnostic evaluations and subsequent adequate treatment.

The guidelines give particular attention to the certification process that is essential for the asylum applicant and for the local commissions that evaluate the application for international protection. The medical certification, which must comply with international standards, can help evaluate the coherence between the medical and psychological manifestations and the survivors' accounts about torture, violence or injuries. Another important aspect in the Italian guidelines is the emphasis on linguistic and cultural mediation that represents an important instrument to provide assistance to victims of torture. Linguistic and cultural mediators establish first contact and ensure mutual understanding and proper communication between the survivor and other interlocutors, including the rehabilitation expert team. Furthermore, the guidelines underline the importance of health protection of service providers themselves. It foresees prompt intervention in cases of work related stress symptoms, burnout syndrome and vicarious trauma. The guidelines also provide for training and upgrades for service providers in order to promote the quality of rehabilitation services.

*Asger Kjaerum, International Rehabilitation Council for Torture Victims (IRCT)<sup>10</sup>: Providing rehabilitation to victims of torture and other ill-treatment – a story*

Listening to survivors of torture is essential, also for experts and advocates that are working on this issue for years, in order to fully understand not only the needs of survivors but also the impact torture has on an individual, families of victims, the community and society as a whole. The story of a survivor who fled his home country and received rehabilitation services in Denmark, may help to understand the unbelievable pain and suffering and the struggle victims of torture face to rebuild their lives.

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<sup>10</sup> The International Rehabilitation Council for Torture Victims (IRCT) is a health based umbrella organization that supports the rehabilitation of torture victims, the prevention of torture and the fight against impunity worldwide. Its members comprise more than 150 independent organizations in over 70 countries. The IRCT is the largest membership-based civil society organization to work in the field of torture rehabilitation and prevention.

“He very calmly described how he was detained in solitary confinement, how they electrocuted him and burned him almost on a daily basis and how he tried not to give up the names of his friends – because then they would be next. He was slowly broken physically. He explained that he would maintain a sense of control over his existence by counting the days through the meals: porridge for breakfast, bread for lunch, beans and rice for dinner and then a cup of tea. And then one day: 3 times porridge, 2 times of tea, one bread, 2 times beans, then bread again, then tea, then beans. And gone was the last element of control. He didn’t say anything about what happened from then until he was finally released and fled to Denmark”.

This story may give a sense of how powerless torture victims can feel and of how torture breaks a human apart. Rehabilitation has helped this survivor to rebuild his life, finish a PhD and write a book about his experiences of torture and subsequent rehabilitation. There are tens of thousands of survivors living in Denmark, but little attention is paid to them and, even if successful, their return to normal life is rarely deemed newsworthy.

Today, it is still organizations like the IRCT, which is an association of 161 rehabilitation centres in 74 countries that bear most of the burden when it comes to providing services to victims. States should step up their efforts and make sure that they draw on the expertise of specialized civil society organizations. IRCT’s expertise has been built based on experiences from around the world over the period of more than 40 years. In this sense, the ODIHR/CTI Practical Tool provides the opportunity to take stock of some of the good practices that exist and to assist governments with further improving the quality, availability and accessibility of rehabilitation services for torture victims. It provides advice on where to find good legal policy frameworks, illustrates different implementation models that are currently being applied and it gives ideas on how to monitor the impact of the different models applied in different countries.

**“The rehabilitation of victims of torture requires a multi-disciplinary, participatory, and holistic approach that includes programmes of empowerment aimed at improving personal skills in order to strengthen positive social relationships. The rehabilitation of victims also means helping them to restore their lives and dignity.”**

*Ambassador Alessandro Azzoni, 2018 Chairperson of the OSCE Permanent Council*

## Discussion with OSCE participating States – Working Groups

### A. Working Group 1: Legislation, policy guidance and action plans

#### Background – [ODIHR/CTI Practical Tool](#)

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.

The legal basis for the rehabilitation of torture victims could be drawn from either constitutional or legislative provisions, or through other policy decisions or directives, including for example enhancing existing programmes through additional budget allocations to respond to new or changing circumstances.

The working group discussion on legislation, policy guidance and action plans focused on the following key questions: a) Do provisions already exist in national legislation to provide rehabilitation to torture victims and mechanisms for funding specialized rehabilitation services? If not, b) is there alternative legislation or a policy that provides for 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? c) Will adapting other services effectively respond to the specific needs of torture victims?

During the discussion, participants focused on different types of legislation in the OSCE region that provide for the right to rehabilitation. Participants discussed the examples presented in the CTI/ODIHR tool that refer specifically to anti-torture laws and "victims of crime" legislation such as the EU legislation on rights of victims of crime or the United States' victims support legislation with domestic and global coverage. The roundtable further discussed national laws on health, asylum or migration, or prisons, where the right to rehabilitation could be located.

Regarding access to rehabilitation, it was observed that reliance on general anti-torture constitutional guarantees was sometimes too circuitous or remote, requiring the constitution to be read to include international treaty obligations such as Article 14 of the UNCAT.<sup>11</sup> Challenges in relation to "victims of crime" legislation were raised, for example that some laws require a final verdict of guilt prior to compensation or other forms of redress, including rehabilitation. It was mentioned that early access to rehabilitation, as part of Article 14 according to the UNCAT,<sup>12</sup> helps in court proceedings by making torture victims more reliable witnesses and avoiding delayed or discontinued proceedings owing to the recurrence of trauma of the victim/witness. Early access was also noted as a good practice in the asylum context: by providing early access to rehabilitation for asylum-seekers, they are better prepared to present their claim for refugee status. In this context, a specific challenge was mentioned: the challenge of ensuring the swift processing of asylum applications, while balancing the extra stress and pressure this can place on asylum-seekers who are victims of torture. Participants agreed on the importance of making information about the right to rehabilitation and the access to services as widely known as possible.

Regarding the territorial applicability of the right to rehabilitation, promising examples where legislation covered both domestic and international victims (either through humanitarian or aid allocations, or by allowing victims to make complaints for harm alleged to have been committed abroad) were discussed. It was agreed that torture victims should be recognized, and rehabilitation

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<sup>11</sup> Article 14 UNCAT, General Assembly resolution 39/46 of 10 December 1984: "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."

<sup>12</sup> UN Committee against Torture, [General Recommendation: Implementation of Article 14 by States parties](#), CAT/C/GC/3, 13 December 2012.

provided, irrespective of where the torture occurred in order to allow them to become fully integrated and productive members of their communities.

In the context of broader policy positions regarding rehabilitation, a number of promising examples were discussed. These included situations where decisions had been taken to allow all persons on the territory to access health services (including rehabilitation services) or where, owing to a particular situation, rehabilitation was provided to a specific victim group. Funding models that supported NGOs and other private sector providers were mentioned, in order to ensure that national health services can cope with existing health priorities while also ensuring sound support for rehabilitation services. The capacity and resource challenges of providing specialist care in a general health care system were also mentioned, and the relevance and importance of the third sector emphasised. A discussion was started on whether torture victims could gain access to other government rehabilitation and support programmes, such as those for victims of domestic violence or trafficking victims; and the advantages and disadvantages of such an approach were addressed.

## **B. Working Group 2: Needs assessments**

### **Background – [ODIHR/CTI Practical Tool](#):**

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 number 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.

The working group discussion on needs assessment discussed the following key questions: Has an assessment or survey been undertaken by the state to determine needs, capacities and constraints? If not, would this be helpful?

### *National-level needs assessment*

An example of a national commission established in a transitional justice process to identify nationals that were subjected to deprivation of liberty and torture for political reasons and to propose the requirements and models of reparations as well as the following implementation phase was discussed. Furthermore, an example of a large scale health survey conducted in another state was presented. The aim of the survey was to identify the health needs of a changing population of migrants and refugees and to specifically examine torture trauma in order to enable the relevant authorities to better understand its prevalence among different refugee groups. It was pointed out that data collection should cover all geographical regions and levels of public administrations. In this case, the needs assessment was used 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.

It was agreed that 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 those marginalized for other reasons, and whether these needs are being met by existing rehabilitation services. The assessment should also include information on the capacities of current rehabilitation services and whether they are state-led or non-state services. It may also reveal the existing gaps in the delivery of rehabilitation services to torture victims

Furthermore, participants discussed how to measure the impact of rehabilitation services provided in a country in order to include this information in the needs assessments conducted. Experts indicated that there are no fixed criteria and hence no fixed evaluation schemes available. However, some standard operating procedures could be developed. It is essential that all aspects, starting from psychological to social needs, are included bearing in mind that survivors are to decide the focus of their rehabilitation process to address their specific needs. The role of experts is to help them understand their own requirements.

Finally, it would be important for any needs assessment to include information on how many persons were seeking rehabilitation services and were redirected to other services and for what reasons.

#### *Individual needs assessment and tools*

Regarding the individual needs assessment, it was found that the active role of victims in the rehabilitation process is key in order to adequately assess their needs. It was pointed out that it is extremely important that the rehabilitation system adapt to the needs of the victim and their experiences. Needs are different, according to the personal stories and acts of torture that were perpetrated. Only a needs-specific rehabilitation process will lead to full rehabilitation. Ideally, torture victims are active actors in identifying their own needs and have an active role in rebuilding their lives. Therefore, rehabilitation should entail the enhancement of social aspects and empowerment of the survivor (e.g. access to information, economic and social independence).

Also in the context of the needs assessment, gender aspects of torture were discussed. It was observed that initial assessments show that torture survivors are mainly men. However, this may also be due to the fact that women are often redirected to other services, e.g. for victims of trafficking in human beings or sexual violence. In this context, participants agreed that rape and sexual violence can amount to torture.

In order to adequately assess the needs of torture victims, the role of cross-dimensional team work was stressed. Expert teams for each survivor should be composed of a medical doctor, a psychiatrist, a social worker, and a cultural mediator, who deal respectively with physical pain and rehabilitation, emotions and mental health, social empowerment and legal support as well as bridging cultural gaps between the experts and the survivor. This team of professionals meets simultaneously with the survivor to assure him or her that their individual and complex needs can be met with different treatments through a holistic approach within the same framework. Moreover, this cross-dimensional team can help the survivors understand that they are more than just a body to be cured, but rather a complex person, with their own desires, plans and sense of human dignity.

During the discussion, experts explained that during the meetings the survivor can express their own conscious needs and the professional can better understand what could be their deeper issues and needs. For example, offering an individual psychotherapy session to a person who is not ready to engage with their own deep emotions could be dangerous. So, survivors let experts comprehend which kind of needs they can handle first, based on what they feel is tolerable. It is important to let the survivors manage what and when they choose to disclose information about their own trauma and story. During the physical exam, the doctor is respectful of the physical boundaries of a body that has been violated through torture (e.g. people who have lived through rape, beatings, etc., have suffered an invasion of their physical boundaries). One of the aims of the group meeting with the interdisciplinary team is to promote the survivors' empowerment and their ability to take back control of their own life and decisions. The idea is to transform them from a passive victim to an active survivor, in their eyes and to others. This can better allow them to understand the results of medical tests and to make informed decisions about the proposed treatment. Giving back control to torture survivors is a key part of the healing process because their control was taken away by the perpetrators of torture.

The role of the cultural mediators is particularly important in the rehabilitation of migrant or refugee victims of torture. The cultural mediators serve as a bridge between the victim and the experts. They are also crucial in establishing the first contact with the survivors and preparing them to meet with the expert team and start the rehabilitation process. This format should be fixed, each survivor meets always the same experts, as a way to give the person stability and build trust with the group of experts. In the rehabilitation process, key words are "time" and "trust": time is crucial to build trust and only when the victim trusts the experts, stories of torture emerge. A holistic approach to rehabilitation tries to reconnect the survivor to their previous life and help them find their past identity. It was explained that often perpetrators of torture brainwash their victims. Torture can also cause the victim to lose their sense of identity. During the rehabilitation process, survivors need to find a way back to the person they were before their trauma, also in order to free themselves from their perpetrators.

During the discussion it became clear that the rehabilitation of torture survivors cannot stand outside of structured social assistance. It would be a mistake not to consider the present social conditions of the victim and only cure them from a medical point of view. Furthermore, social assistance can have a high therapeutic and rehabilitative value. It complements the efforts of the medical and psychological professionals as it serves to reconstruct their life path, to orient themselves in the host society, to plan for their future and thereby help them restore those functions that were affected by torture and sufferings that accompany their flight.

### C. Working Group 3: Rehabilitation services and funding models

#### Background – [ODIHR/CTI Practical Tool](#):

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 of 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.

The aim of the discussion on rehabilitation services and funding models was to share good practices in the field of national rehabilitation services and funding models, as recommended in the [outcome report of the OSCE workshop in October 2016](#). The discussion was framed around the following key question: 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?

At the beginning of the working group discussion, experts explained two key principles that should apply to rehabilitation services regardless of the funding model in place. First, civil society participation must include the active participation of NGOs and associations providing services to survivors on the local, regional and national level. GOs must be free to assist survivors regardless of the will of the latter to co-operate or not with the competent authorities. Their access to funding must not be dependent on the collaboration between the assistance and the law enforcement agencies. Second, a multi-disciplinary and cross-sectoral approach to rehabilitation services means that a wide range of actors with distinct knowledge and expertise should be systematically involved in the design and implementation of any offer provided to torture survivors. Clear responsibilities and mandates must be defined to ensure smooth cooperation according to agreed procedures and quality standards of assistance.

Participants shared their national experiences with the aim of having an open and constructive discussion addressing the challenges of the different approaches. During the discussion, it became clear that participants were very interested in enhancing their understanding of the different rehabilitation models and how they function in different contexts.

The main conclusion of the discussion was that the best model for a country very much depends on the national context, including the structure of the public health care system, financing systems and tradition for cooperation with NGOs. During the discussion, it was underlined that none of the models were considered to be the golden standard as they all entail advantages and challenges.

Participants agreed that State-led services had the advantage that they usually have more stable and long-term funding. However, some victims of torture might feel reluctant to make use of the public health care system because of a lack of trust in state authorities. Another challenge could be related to limited access due to complicated application procedures.

Participants pointed out that funded but non-State-led services had the advantage that sustainable funding is provided by the State, while the rehabilitation services are provided by specialised NGOs who can respond to the specific needs on the ground. Some participants pointed out that NGOs are often more sensitive to the challenges that victims of torture may be facing, while a challenge with the model is to fully keep track of what is being implemented on the ground.

A hybrid model can encompass a number of different types of cooperation between public health care systems and NGOs. In one participating State, all NGOs had to be formally recognised as a third party service provider. As such, all NGOs were operating according to the same procedures, while still being able to provide individualised care for the victims. In another OSCE participating state, 50 % of the services were provided by three state authorised NGOs while the other 50 % of the services were provided by the public health care system.

It was also observed that sometimes programmes for the rehabilitation of victims of human trafficking were somehow overlapping with programmes in support of torture victims.

It was also mentioned that in the context of armed conflicts it was challenging for public authorities to provide rehabilitation services for victims of torture in occupied territories. Under such circumstances, working with NGOs was even more important and often the only option.

Another question raised was whether to provide rehabilitation for victims of torture in the country of origin or in third countries. During the discussion it became clear that this question can only be answered on a case-by-case basis as it very much depends on the context. In order for rehabilitation to be effective, it needs to take place in a safe and secure environment. This is why many victims seek assistance in third countries. On the other hand, the support of family and local networks in the country of origin can also have a positive impact on the victim's recovery.

**“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.”**

*Carsten Staur, Ambassador and Permanent Representative of Denmark to the United Nations in Geneva*

#### **D. Working Group 4: Delivery of rehabilitation services to torture victims - monitoring and evaluation**

##### **Background – [ODIHR/CTI Practical Tool](#):**

The [UN Committee against Torture, in its General Comment No. 3](#), establishes three criteria to be considered in the implementation of state rehabilitation services for torture victims:

1. 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?

2. Are rehabilitation services **accessible** to all torture victims? Can they be accessed without discrimination, promptly and in a safe, secure and confidential environment?

3. 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?

The working group discussion on the delivery of rehabilitation services was framed around the following key questions: when delivering rehabilitation services or monitoring and evaluating current services, are rehabilitation services 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? 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?

It was suggested that formal referral mechanisms should be put in place in order to ensure, as a first step, that torture survivors have access to rehabilitation services. One example mentioned was a referral mechanism established in close coordination between the public and private sector resulting in a strategic partnership with civil society that provided an effective way to refer survivors to rehabilitation services. During the discussion, experts explained that an effective referral mechanism relies on appropriate allocation of human and financial resources, trained personnel and relevant contacts. A range of support services and resources (i.e. GOs, NGOs, IOs, law enforcement officials and representatives of the judiciary) should be identified at the local level to obtain sufficient local coverage for victim support. Furthermore, international resources and contact points are an essential part of this network (i.e. resettlement). The referral mechanism resources should be identified and secured as early as possible.

Regarding the actual delivery of rehabilitation services, the discussion once again underlined the need for multidisciplinary approaches (social service, medical assistance, mental health, legal assistance, cultural mediator). It became clear that psychosocial approaches should be favoured over trauma focused approaches. Through the multidisciplinary approach and the constant communication between the different experts, all dimensions of a victims' torture trauma are discussed and the rehabilitation plan becomes more realistic and self-oriented. It is crucial to include cultural mediators in the program in order to address the gender and cultural characteristics of each torture trauma. Ways to build trust between the experts and the survivors during the rehabilitation process were also discussed. In this regard, it is crucial to give the survivor absolute control at all times over every session, because it is precisely the absolute lack of control that always goes along with acts of torture. Therefore, participation of the survivor in the decision-making process, the possibility to ask questions and to express concerns at any stage throughout the delivery of rehabilitation services, was found to be a crucial step towards the empowerment of a survivor.

**Key principles for the delivery of rehabilitation services:**

- Referral mechanism should be in place;
- Multi-disciplinary and cross-sectoral approach;
- Civil society participation;
- Safety and security as a key consideration throughout the rehabilitation process;
- Active participation of survivors throughout the process;
- Providing information on all aspects of the process to the survivor;
- Information exchange between all relevant actors only with informed consent of the survivor and with due consideration to the safety, security and privacy of the survivor.

Regarding remaining challenges to the effective delivery of rehabilitation services to torture survivors, the lack of official data and statistics was pointed out by the experts of the two rehabilitation centres present at the event, the Center for Rehabilitation of Victims of Torture in Rome – “Medici Contro la Tortura”, and the Center for Torture victims in Athens – “Medicines sans Frontieres”. According to the experts, the lack of official data is a key obstacle to the identification of torture victims as it also obstructs the development of validated and objective identification tools. In order to assess the vulnerability of migrants arriving at the so-called “hotspots” in Greece and to identify victims of torture as early as possible, the Greek government has recently taken steps to assume this responsibility through a medical actor (KEELPNO). The experts pointed out that such services have to be seen as a long-term endeavour and require not only financial resources but also well-trained practitioners in reception centres across the region. In Greece, where two doctors and three psychologists are sometimes responsible for 7000 people. In other OSCE participating States that accommodate big numbers of migrants and refugees, there is an evident lack of specialized personnel to identify survivors of torture and persons with vulnerabilities. It became clear during the discussion that in places where vulnerability assessments are either not in place or linked to asylum procedures, the identification of torture survivors, their referral to rehabilitation services and subsequent treatment is severely hindered or even impossible.

Another key challenge faced by many rehabilitation service providers is the fact that those who are most in need of assistance are also the most difficult to reach. This may be because victims of torture are unable to reach out themselves and seek assistance due to their trauma, because of their migration status and related fears such as the lack of health care assurances or because of language barriers or concerns about financial implications. In order to address this problem, close and regular cooperation among other international, regional or local organizations working in this field such as the UNHCR was suggested. If possible, cross-organizational working groups should be established.

In response to a question from participants regarding the origins and gender of victims that receive treatment at the Center for Torture victims in Athens – “Medicines sans Frontieres”, the expert explained that 80% of the survivors receiving treatment are men. Their countries of origin are DRC, Syria, Iran, Afghanistan and Sudan. Women survivors are often victims of gender-based violence and domestic violence and are referred to a specialized day care center.

### **The situation in Greece: Medecins sans Frontieres (MSF)**

Since 2015, five Greek islands received the highest number of migrants and asylum seekers arriving to Greece. The so-called “hotspots” have been chronically overcrowded since the adoption of the EU-Turkey Statement in March 2016 (the “Moria hotspot” on Lesbos hosts approximately 7500 people but was built with a capacity of 2500 people).<sup>13</sup> Humanitarian funding for Greece decreased, especially throughout 2017, with many actors closing their programmes and operations. This despite the fact that the situation remains worrying and that a new peak of arrivals from Turkey has been documented in the first half of 2018. In terms of numbers, the number of migrants and refugees arriving on islands as on the Greek mainland (through Evros, the Greek - Turkish land borders) is approximately the same/equal. Many migrants and refugees are nationals of middle-Eastern countries, but there has been a significant rise in numbers of people arriving from sub-Saharan African countries, such as the Democratic Republic of the Congo in particular. The actual number of torture survivors among the migrant and refugee population varies depending on the source.

Following the implementation of EU-Turkey Statement, Greece became a “slow transit country” for migrants, refugees and asylum seekers, therefore the general concepts that should be taken into consideration when designing programs for rehabilitation services such as the pre-migration period, the migration period and the post-migration period cannot be easily applied. Most of the migrants and refugees are heading through Greece to a third country. Therefore there is, on one hand, a high level of drop-outs of programs. On the other hand, there are many that stay longer than intended under inadequate living conditions, which makes it impossible for them to establish a network of valid social relations, an essential basis for the reconstruction of their identity. As a result of their mental and physical health deteriorates. It is therefore essential to create programmes that specifically address additional stress factors such as the inadequate living conditions of survivors.

MSF operates on Lesbos with an emergency response programme and in Athens with a long-term rehabilitation centre. On Lesbos, victims of torture are referred to the MSF rehabilitation clinic in Athens. The MSF Athens project provides a more stable environment than Lesbos and is designed for long-term assistance. At the time of the workshop, there were approximately 60 victims of torture waiting on Lesbos to be moved to Athens. However, transfers have become increasingly difficult under the EU-Turkey agreement but also due to the lack of accommodation capacity on the mainland. Through the two centres, MSF is able to provide services to many victims of torture, restore their lives and the lives of their families but more needs to be done in terms of advocacy and resources.

Regarding the monitoring and evaluation, participants discussed UNCAT’s General Comment No. 3 that provides that States should have mechanisms to oversee, monitor, evaluate and report on the implementation of the right to rehabilitation for victims of torture. Such mechanisms should collect data on the numbers of torture victims, their vulnerabilities, their rights and needs, and the services and 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

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<sup>13</sup> As of June 2018.

being financially secure and relevant to the particular needs of torture victims, their families and the wider community.

#### **The Situation in Italy: Medici contro la tortura (MCT)**

MCT is an association of volunteer doctors, founded in 1999, with the mission to provide care to victims of intentional human violence, including torture. It runs a clinic for asylum seekers and refugees in Rome. The recent changes in international protection policies have had a number of impacts on torture survivors.

Following the agreement between Italy and Libya concerning the management of transitory migration flows, the central Mediterranean route has been cut off for many migrants and refugees. This is also reflected in the number of arrivals to Italy which dropped by 26 % in 2017 compared to the previous year. Migrants, refugees and potential asylum seekers are now held in Libyan detention centers and the EU border has effectively been shifted to Libya.

Another key development has been the introduction of Decree Law 13 of 17 February 2017, known as the "Minniti-Orlando Act", which reduces the timeframe for evaluating asylum applications by removing the second-tier level of appeal against denial of a refugee status. Such appeals are now only possible before the Supreme Court of Cassation. In very practical terms, this procedural change limits the time and possibility for receiving the applicants' "histories of torture", which typically emerge gradually, and only after building a relation of trust that helps victims to share painful memories, including the shame associated with acknowledging their status as the survivors.

An additional challenge is that survivors that are in the asylum process are forced to stay in the assigned accommodations while waiting to present their claims, during the preliminary assessment and hearings. The long stays temporary shelters with administrative functions restricts or disrupts social interventions, which is not beneficial to the rehabilitation of survivors of torture.

Those challenging circumstances have required MCT to develop a high-quality response to a social and legal environment increasingly unfavorable to the rehabilitation of torture victims and to expand the association's capacity to identify potential beneficiaries in the shortest time possible; as well as to initiate as early as possible the process of assisting them to reconstruct their stories, including for the purposes of obtaining refugee status.

## **Recommendations**

### **Recommendations for OSCE participating States**

- To ensure that national legislation provides for rehabilitation of torture victims and mechanisms for funding specialized services or alternatively, amend and adapt existing legislation or policy that provides for rehabilitation to other victims' groups, such as victims of crime, human trafficking or sexual or domestic violence to also cover torture victims and their specific needs;

- If not already carried out, to undertake an assessment or survey to determine needs, capacities and constraints, including information on: a) 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 b) what the capacities of current rehabilitation services are, and whether they are state-led or non-state services; to collect additional information, such as the number of staff employed in rehabilitation services, disaggregated by profession;
- To include consultations with torture victims and victims' groups for any kind of mapping exercise of services available or needs assessments of survivors and their families;
- To systematically include a wide range of actors with distinct knowledge and expertise in the design and implementation of rehabilitation services (multi-disciplinary and cross-sectoral approach); to clearly define the responsibilities and mandates of each actor in order to ensure close cooperation in accordance with agreed procedures and quality standards for service providers;
- To ensure that rehabilitation services are available, accessible and appropriate. This means that they should encompass, apart from medical services, forms of support such as employment, help, suitable accommodation and education. They should also take into account different cultural, gender and linguistic backgrounds;
- To consider if the existing public-health system and budget could be used as a starting point for establishing specialized rehabilitation services;
- To take into account particular considerations in relation to specific victim groups, such as women, children, persons with disabilities, asylum seekers or refugees or LGBTI persons in designing policies, programmes and services;
- To define which government departments (health, social services, women, children, criminal justice etc.) should be involved in the establishment and funding of rehabilitation services; and define how decision-makers from different departments work together to ensure that rehabilitation services are successfully provided to all victims of torture;
- To ensure early access to rehabilitation services for torture victims, regardless of their legal status; to consider who is eligible to access services, how and when victims are able to access services and whether services are free to access and guarantee the safety of victims;
- To consider the establishment of a formal Referral Mechanism in order to provide an effective way to refer survivors to services; alternatively, to strengthen informal referral mechanisms already in place and their co-operative frameworks;
- To ensure that access to funding of service providers does not depend on the collaboration of the provider or the survivor with law enforcement agencies;
- To ensure that information about the services is disseminated appropriately in order to reach the target groups;
- To ensure that gender specific forms of torture are recognized as such and addressed in the scope of services offered;
- To ensure that rehabilitation services offered are of an appropriate standard, inclusive of medical ethics, and vulnerable victims or victims of specific offences, such as gender-specific torture practices, are appropriately supported;
- To ensure that monitoring and evaluation processes of services provided are in place;

- To provide specialized training to professional bodies (medical, psychological, legal, public-sector professionals) that may have first contact with torture victims;
- To provide adequate funding in their regular budgets to allow torture rehabilitation services to function in a stable manner; and to foresee emergency funding sources to rehabilitation services that experience financial difficulties;
- To fund or support research initiatives to encourage the continued development of effective rehabilitation methods;
- To further exchange promising practices with other OSCE participating States on the implementation of the right to rehabilitation, in particular with regard to national legislation and practices as well as training of medical staff.