

The Copenhagen Declaration on Torture and Forced Migration

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:

Persons who have experienced torture¹ and are forced to leave their country constitute a particularly vulnerable group of migrants;

Untreated physical or mental health problems worsen, making it harder for the individual to integrate and participate fully in the host society.

Observing that:

Forced migrants who experience torture are often unable to access treatment in the host country, due to a lack of appropriate or available services which are readily accessible and provided in a context of confidence and trust, or to a lack of awareness of such services, or of their legal right to access such services;

There is an increase in the numbers of forced migrants detained during the migratory process, thereby placing them at risk of torture in detention, re-traumatisation, or refoulement without adequate consideration of the risk of torture on return;

There are particular challenges faced by forced migrants in situations of humanitarian crisis where, as a minimum, specialised health and psychosocial care needs to be provided as part of humanitarian care by local and international service providers.

¹ Reference to "torture" in this Declaration includes reference to other cruel, inhuman, degrading treatment or punishment, in accordance with the UN Convention against Torture.

Declare that:

States party to the UN Convention against Torture have a clear obligation to provide access without discrimination to rehabilitation services at the earliest opportunity to all persons who have experienced torture;

Forced migrants who have experienced torture (either before or during flight) need access to specialised holistic rehabilitation services which include medical and psychological care as well as legal and social services.

And urgently call upon states to:

Introduce mechanisms in national legislation or policy for the early identification of forced migrants who have experienced torture;

Provide access to specialised rehabilitation services for forced migrants who have experienced torture, without discrimination and regardless of their legal status;

Recognise their obligations to provide protection to forced migrants who have experienced torture where interception occurs, i.e. at sea or at the border, or in refugee and IDP camps, along migratory routes, including when migrants are trafficked;

Introduce comprehensive plans to provide specialised health and psychosocial care in situations of humanitarian crisis, where the needs of forced migrants who have experienced torture are urgent;

Ensure that state and non-state actors who interact with forced migrants who may have experienced torture are trained in identifying signs and symptoms of torture and are sensitised to the needs of torture victims so that they are able to deal with them in an ethical, safe, impartial, respectful and professional manner.

In order to achieve these goals, the IRCT recommends to states the following actions:

Laws and policies:

As a minimum, states should adopt:

- A universal process for initial screening which establishes whether the individual may have experienced torture.
- Systematic procedures for a basic physical and psychological evaluation designed to identify signs of torture and ill-treatment.

- An initial assessment of rehabilitation needs; and, where indicated, access to a full forensic evaluation in accordance with the Istanbul Protocol.

In relation to status determination procedures, states must ensure that:

- Forced migrants are not subject to routine administrative detention.
- Forced migrants who experience torture are not included in an accelerated status determination procedure that may prejudice a fair assessment of their claim.
- Access to legal support and medico-legal documentation is provided by the state in cases where there is an indication that the individual may have experienced torture.
- Access to health and rehabilitation services is provided to ensure appropriate psychological and social support throughout the status determination procedure.
- Interpreters are offered during interviews with state officials and appointments with health care providers. Interpreters should be independent, trained professionals (i.e. not family members), proficient in the preferred language of the client and gender appropriate.

Access to specialised rehabilitation services:

States must ensure that:

- Access to rehabilitation services is possible 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.
- Rehabilitation services are provided in a safe and adequate environment.

Protection of forced migrants:

States must recognise their obligations to:

- Ensure access to fair legal processes and the prompt and effective investigation of allegations of torture.
- Ensure that where interception of forced migrants occurs, and where access to asylum procedures may be obstructed, the individual is not forcibly returned to the country of origin or transit where there may be a risk of torture, in contravention of the principle of 'non-refoulement'.

- Ensure in relation to internally displaced persons (IDPs) that the individual is not forcibly returned to the place of origin where there may be a risk of torture.
- Ensure protection against torture which may occur in association with arrests and/or detention.
- Ensure protection against incidents of violence that may amount to torture, including sexual or gender-based violence and violence against women and children.

In situations of humanitarian crisis:

States must introduce comprehensive plans:

- To address the provision, as a minimum, of specialised health and psychosocial care as part of humanitarian care.
- To facilitate access to, and the awareness of, appropriate services, and of the legal right to access such services.

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)

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Fidelis Mudimu, CSU, Zimbabwe

Samuel Herbert Nsubuga, ACTV, Uganda

² Council member Karin Maria Linschoten, Edmonton Centre, Canada, presented her excuses and did not attend the Council meeting in Copenhagen, March 2014.

Independent Experts

Lutz Oette, Redress Trust, UK

Michael Brune, Haveno, Germany

Secretary-General

Victor Madrigal-Borloz