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The IRCT Global Standards on Rehabilitation of Torture Survivors: from adoption to practice

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Key points of interest

- The GSR are a comprehensive framework for rehabilitating torture survivors, addressing their physical, mental, legal, and social needs, aligned with the UN Committee Against Torture's General Comment No. 3.
- The use of the GSR was associated with changes in rehabilitation practices, with improvements in survivor participation, trauma-sensitive care, and advocacy.
- The GSR provided a shared framework that enhanced cross-centre collaboration, aligning diverse organisations under common principles while addressing regional challenges through peer learning and tailored capacity-building.

Abstract

This paper examines the implementation of the Global Standards on Rehabilitation (GSR) by members of the International Rehabilitation Council for Torture Victims (IRCT) and their impact on the quality of rehabilitation services provided to torture survivors. *Methods*: Qualitative and quantitative data were collected through surveys, post-training evaluations, and member feedback to assess the impact of the GSR on rehabilitation practices. *Findings*: Results show significant improvements, including more holistic rehabilitation, increased survivor participation, and stronger advocacy. Key challenges such as resource limitations, political barriers, and resistance to change were identified, alongside recommendations for future focus on survivor engagement, holistic support, and staff training. The paper concludes that the GSR roll-out has strengthened the capacity of IRCT members to provide quality rehabilitation services, highlighting the need for continued support and sustainable funding to expand impact.

Keywords: rehabilitation, global standards on rehabilitation, torture survivors, rehabilitation services

Introduction

The International Rehabilitation Council for Torture Victims (IRCT) is a global network of 171 civil society organisations and independent experts in 76 countries, comprising around 4,000 staff, who support survivors of torture to heal and rebuild their lives through rehabilitation, including medical, psychological, legal and social support.

How were the GSR established and why?

The development of the , the Global Standards on Rehabilitation of Torture Victims (GSR hereby)[1] is precedented by the United Nations Committee Against Torture's General Comment No. 3

1 Find the official document annexed. Read more about the GSR and access the official document (available in 6 different languages) at https://irct.org/gsr/.

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(2012) on the implementation of article 14 of the Convention Against Torture (CAT) by States parties, which highlights the right of victims to redress, including compensation and rehabilitation, and requires that states must ensure comprehensive reparations for victims of torture and ill-treatment, encompassing restitution, compensation, holistic rehabilitation, and guarantees of non-repetition. It addresses the need for specialized services to support victims' recovery and the obligation of states to provide adequate training for relevant professionals (UNCAT, 2012).

Building upon the IRCT membership's efforts to prevent torture, fight impunity, and provide redress and holistic rehabilitation to victims, IRCT members embarked into the development of what would represent an internationally recognised framework of minimum standards for holistic torture rehabilitation. The GSR represent IRCT's most comprehensive effort to define how rehabilitation should be structured and how non-state actors can effectively provide as full rehabilitation as possible, as envisioned in General Comment No. 3 (2012).

The process started with a global survey of good practices employed by IRCT members, followed by three phases of revision, between 2016 and 2020:

a. A technical review by experts from the membership to ensure quality,
b. Regional consultations to ensure relevance to the different local contexts in which IRCT members work
c. A political negotiation and adoption process in the IRCT's General Assembly to ensure the widest possible engagement and support in the IRCT membership.

The IRCT General Assembly unanimously adopted the final document on the 6th of October 2020 (see full document as Annex).

Many of the elements detailed in the GSR, are entailed in the UN CAT's General Comment No. 3 (2012), such as the definition and scope of rehabilitation understood as a holistic process designed to restore and uphold the dignity, independence, and overall well-being of survivors of torture. It should, thus, encompass the victims' physical, mental, emotional, legal, and social needs. Beyond offering immediate medical treatment, rehabilitation must ensure survivors have access to long-term, multidisciplinary support services that are customized to their specific situations. The GSR also similarly reflect the key principles of rehabilitation stated in General Comment no. 3:

- Holistic and Comprehensive: Rehabilitation should address the full range of victims' needs, including:
  - Medical care: Physical treatments to address injuries sustained from torture.
  - Psychological support Mental health services, such as therapy and counselling, to address trauma.
  - Legal services: Support to help victims pursue justice, compensation, and protection
  - Social reintegration: Programs aimed at helping survivors regain independence, such as vocational training and employment support.
- Victim-Centred Approach: Rehabilitation must be tailored to the unique needs and circumstances of each survivor. Victims should have a say in choosing the services they need, with respect for their culture, language, and gender-specific requirements.
- Accessible to All Victims: States must ensure that rehabilitation services are available to all victims of torture without discrimination. This includes special attention to refugees, asylum seekers, women, children, persons with disabilities, and other marginalized or vulnerable populations.
- State Responsibility: States have a duty to provide and sustain rehabilitation services, which requires allocating sufficient resources and funding to ensure these programs are accessible, effective, and long-lasting.

Since their adoption, member centres have progressively implemented the GSR, addressing specific challenges and evolving their practices to improve outcomes for survivors. This roll out process began in 2022 with a self-assessment that set up a baseline for members to guide their work towards the implementation of the GSR, which was supported by tools, learning materials and knowledge-sharing spaces co-designed by members, guided by the IRCT Health Advisory Board and the IRCT Secretariat.

Materials and Methods

The implementation of the GSR began in 2022 with the dissemination of a Self-Assessment Tool. This tool was designed to provide an overview of the implementation status of the GSR across member centres and identify the most challenging standards. Participating centres categorized each standard as "implemented," "in progress," "not implemented," or "not applicable."

To monitor the change in the quality of rehabilitation services, qualitative and quantitative data were collected through surveys, post-training evaluations, and member feedback:

- GSR Self-Assessment Tool: Employed in 2022 to obtain a general overview of the implementation of the GSR by members and to identify the most challenging standards. Each centre was provided with an implementation indicator for each standard and asked to categorize its status as "implemented," "in progress," "not implemented," or "not applicable." 85 responses were collected.

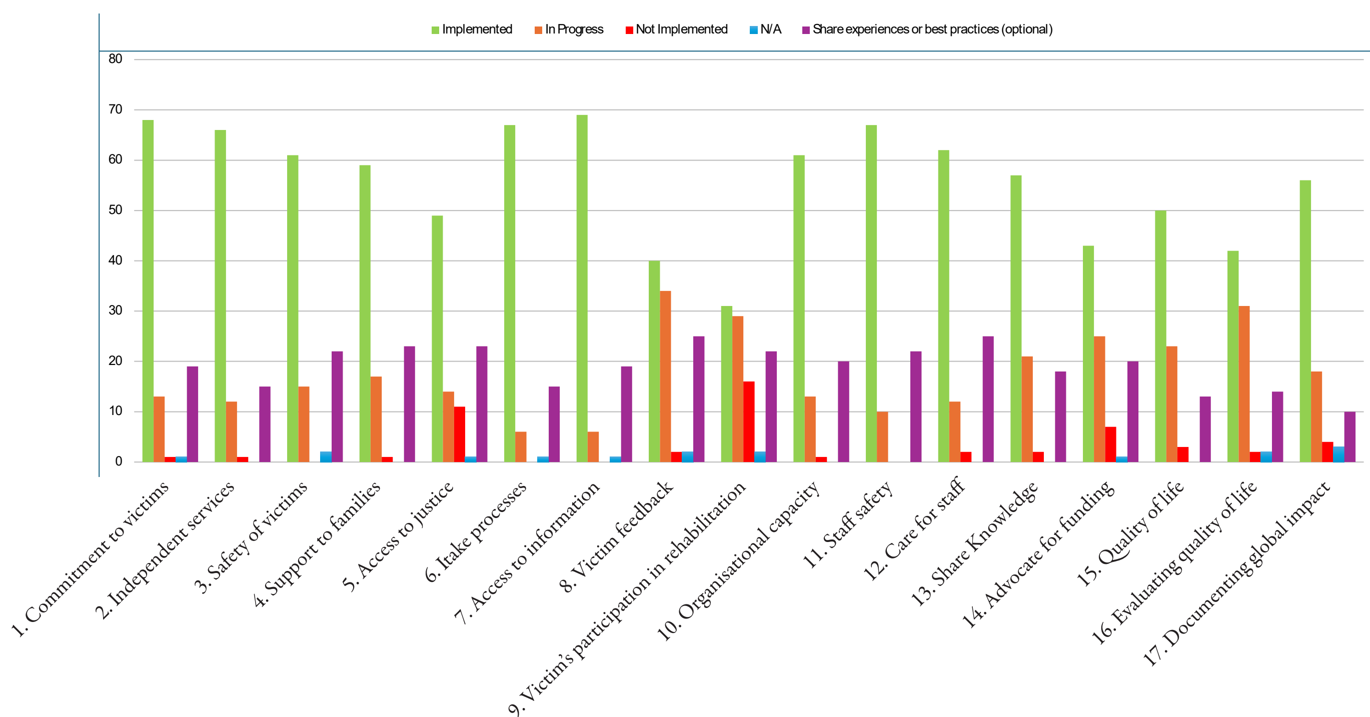
- GSR e-course pre-questionnaire[2]: Employed at the beginning of the GSR e-course to assess participants' familiarity and knowledge of the GSR.226 responses were collected.
- GSR e-course post-questionnaire[2]: Employed at the end of the GSR e-course to assess participants' familiarity and knowledge of the GSR (as compared to before taking the e-course), and potential changes that this could have triggered in their work with torture survivors.216 responses were collected.
- GSR regional training pre-questionnaire[2]: employed prior to the regional trainings to understand which standards members wanted to focus the training on, and to map good practices and challenges that could be shared. 87 responses were collected.
- GSR regional training post-questionnaire[2]: employed at the end of the regional trainings to assess the impact of the GSR regional trainings, the usefulness of the different sessions and to understand how participants would transfer these learnings to their organisations and work with survivors. 87 responses were collected.
- Webinars post-questionnaire[2]: employed at the end of each webinar to assess the extend to what they had acquired new learnings that influenced their torture rehabilitation practice. Responses from 30 member centres were collected.
- Data compiled through the Global Impact Data 2023[2]: sent to all members to collect data regarding different aspects related to their work with healing, justice and organisational capacity. For this study, only data related to the questions on the use of the GSR and improvement of rehabilitation services was used. 142 responses were collected.
- Survey conducted for external consultancy[2]: employed to assess the effectiveness of IRCT's support during the GSR roll out, the usefulness of the GSR in their work, the changes that have been anchored in their rehabilitation practices, and the overall impact of the GSR on the quality of their services. 41 responses were collected.
- Interviews with members: 21 interviews were conducted with IRCT member centres to assess the extend to what they use the GSR to assess the quality of their rehabilitation services.

This data was also used by the external consultant who conducted an evaluation to assess whether the support provided by

2 The samples of these surveys are annexed as supplementary material.

***Figure 1**. Results from Self-Assessment Survey*

Implementation of GSRs



the IRCT to the membership during the GSR roll out was effective. This report is also referenced in this study as Marboeuf 2024

Results

Self-Assessment Tool: Point of Departure

The Self-Assessment Tool was shared among members in 2022, to obtain a general overview of the implementation of the GSR by members and to identify the most challenging standards. Of the participating centres, 85 (representing over 50% of the membership) identified standards S5, S8, S9, S14, and S16 as the most challenging, while standards 1, 2, 7, and 11 had the highest rates of implementation (see annex 1 for a description of each Standard).

This data established a baseline for member centres, highlighting areas requiring improvement and potential support while also identifying strengths where they could assist peers by sharing effective practices.

With this baseline as the point of departure, member centres actively started to work to align their rehabilitation services with the standards, to the extent possible, throughout 2022 to 2024. The implementation process varied across centres, ranging from reflective assessments to comprehensive changes in organizational structures, programming, and direct care for survivors.

Learning & Experience-Sharing Spaces

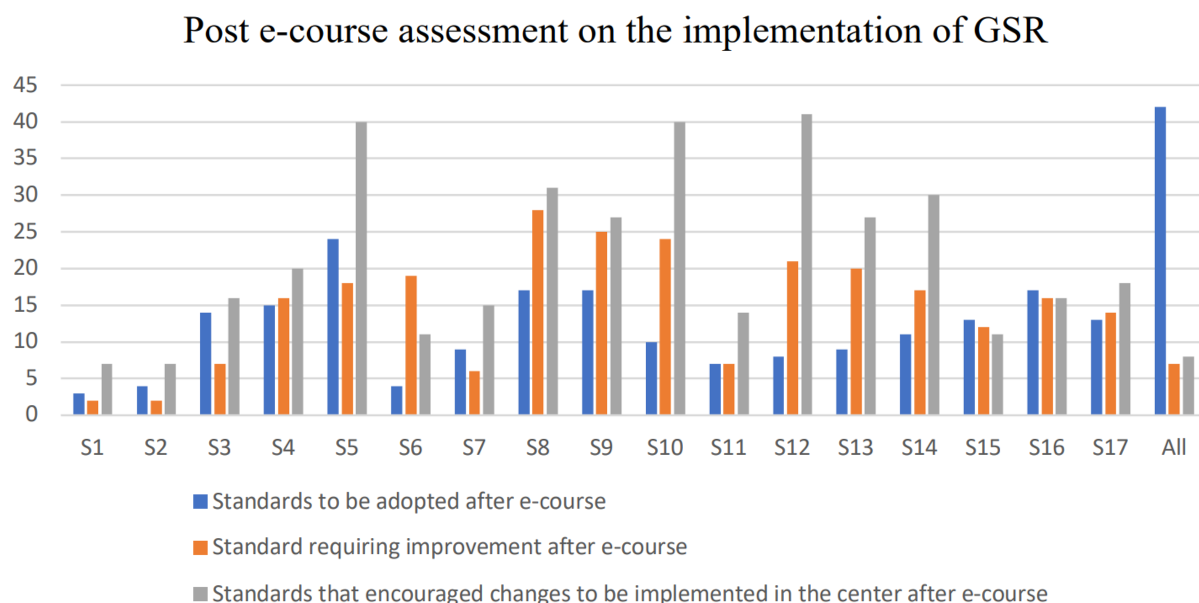
To support this process, the IRCT developed an e-learning package, which comprised an online course (in English, Spanish, French, Arabic), online and in person knowledge-sharing spaces (webinars[3], regional trainings[4]), and other resources with tools and guidance, that complement and support centres in the process.

The qualitative feedback collected through the GSR e-course pre and post surveys highlighted the practical applicability of these learning spaces, which provided clear guidelines and tools for implementing the GSR. Members reported the e-course had been key for them to familiarise themselves and get closer to the practical implications of putting the standards into practice, as it equipped them with practical tools and strategies to overcome challenges to implementation, leading to greater confidence and commitment to implementation.

As shown in Figure 2, the e-course prompted some changes in the applicability of the GSR in members' centres. The most adopted standards were S5 and S17, suggesting a focus on filling gaps in implementation. Improvement centred on standards S7, S9, and S10, highlighting areas where existing practic-

3 Webinars can be accessed here
4 Information can be accessed here

Figure 1*. Post e-course assessment on the implementation of the GSR*



es required enhancement. S5, S12 and S14 were the standards that prompted the most changes in centres.

The usefulness of the e-learning spaces was particularly noted in areas such as developing organisational policies, enhancing service delivery, and improving survivor engagement. Members also noted the importance of the e-course in improving staff safety and care, as well as the integration of trauma-sensitive techniques and evidence-based treatment methods. Moreover, a shift towards a more client-centred approach was a key focus of the GSR and was successfully promoted through the e-course (Marboeuf 2024).

In feedback after the webinars, 89 percent of participants said these online spaces were useful and that they had acquired new knowledge relevant to their work with torture survivors. The sessions on treating sensitive topics like sexual minorities, intergenerational trauma and best practices for working with child survivors were particularly highlighted as beneficial. All in all, the feedback showed that these sessions helped participants gain a deeper understanding of specific challenges and effective intervention strategies.

Parallel to this, regional trainings -Asia (Philippines) in 2023, Latin America (Colombia) and Sub-Saharan Africa (Kenya) in 2024- were organised to discuss the implications, challenges and lessons learned by members in their practice related to the standards.

Impact on Quality of Rehabilitation Services

Results show that most of them found the GSR to be very useful in their work (59%) (Figure 3), noted changes in their rehabilitation practices since the implementation of the GSR (60%) (Figure 4), and reported a significant impact of the GSR on the quality of rehabilitation provided to torture survivors (58%) (Figure 5).

For instance, Tree of Life in Zimbabwe reported that their rehabilitation processes have been more holistic and intentional, improving the quality of their rehabilitation processes and making them more impactful. Likewise, RCT Zagreb in Croatia said the GSR roll-out conveyed a better support structure and brought focus on important areas of the rehabilitation and integration of survivors, as well as facilitating the monitoring of those elements that need to be improved (Marboeuf 2024, p. 33).

This transformation has occurred both within the organisations (macro) and within the professional practice of those working with survivors (micro), including in areas related to standards that were previously identified as challenging or not implemented, such as access to justice (S5), survivor engagement (S9), rehabilitation funding (S14) and evaluating quality of life (S16). Members reported improvement in organisational practices, such as the establishment of complaint mechanisms for victim feedback (S8), promotion of survivor participation in service planning and implementation (S9), and enhanced advocacy efforts for anti-torture laws and reparation mechanisms (S5).

In Pakistan, the Human Development Organisation (HDO) reported establishing a complaint mechanism for victim feedback, promoting survivor participation in project planning and implementation, incorporating safety and protection

Figure 3. *Usefulness of the GSR in members' work*

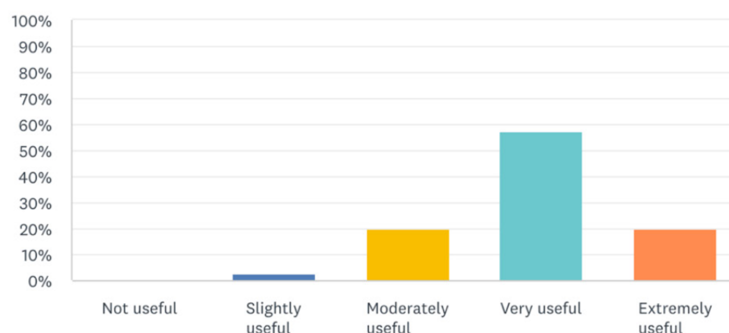


***Figure 4**. Changes in rehabilitation practices*

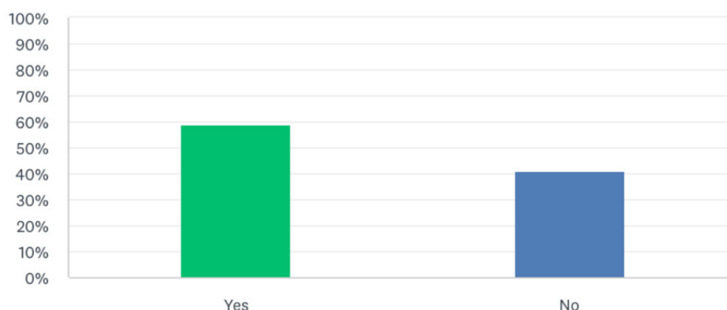
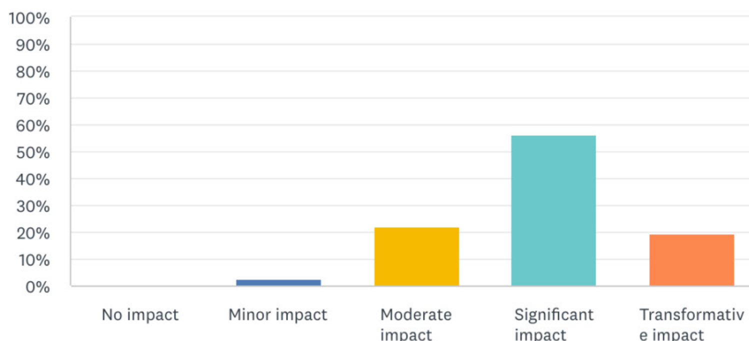


***Figure 5**. Impact of GSR on quality of rehabilitation provided to torture survivors*



measures for beneficiaries, and enhancing advocacy efforts for anti-torture laws (Marboeuf 2024 p. 30).

Notably, there has been a significant transformation in survivor participation and feedback (S8, S9), as organisations have increasingly adopted a survivor-centred approach. Members have implemented mechanisms for gathering regular feedback from survivors, actively involving them in service planning and execution, and utilizing this input to enhance service delivery. For example, Aid Organization for Refugees and Asylum Seekers (ASSAF) in Israel introduced a peer rehabilitation program, enabling survivors to contribute directly to both the planning and provision of services by drawing on their lived experiences (Marboeuf 2024, p. 61).

Many organisations have incorporated the standards into their existing frameworks, while others have adopted them as their main framework. For instance, Zentrum ÜBERLEBEN in Germany have directly implemented the GSR as their new framework, whereas Legend Golden Care Foundation in Nigeria have integrated them into their existing framework and reported significantly enhanced service delivery (Marboeuf 2024 p. 31).

Likewise, this process has worked as a catalyser for some organisations to review and enhance their organisational policies and procedures. This included updating operational documents

to align with the GSR, developing new policies for survivor engagement and feedback (S8, S9), and implementing comprehensive safety protocols for staff and survivors (S3, S11). For example, HDO in Pakistan found the GSR highly useful in improving organisational policies, programmes and projects to achieve the objective of maximising impacts of rehabilitation services (Marboeuf 2024, p. 33). The Trauma Centre Cameroon describe how the GSR serve as a check-list for the quality of rehabilitation services they provide (Marboeuf 2024, p. 33).

Moreover, members also noted the importance of the GSR acting as a common language and framework, facilitating dialogue and collaboration between centres. According to Regroupement des Mamans de Kamituga (REMAK) from DRC, the standards serve as a shared language and foundational framework across centres to support torture survivors. Likewise, the Independent Medico Legal Unit (IMLU) in Kenya highlights how these standards help unify rehabilitation centres by promoting standardized approaches for torture survivor support. Psychosoziales Zentrum für Flüchtlinge (PSZ) in Düsseldorf notes that the standards not only provide a common language but also align with national ethical and professional principles in therapy for vulnerable groups (Marboeuf 2024, p. 36-37).

This roll-out process looked different throughout regions. Members in the Global North, with generally better access to resources and funding, reported a smoother implementation process and greater improvements in policy and procedural enhancements. Organisations in the Global South faced more pronounced challenges due to resource constraints, political instability, and limited funding opportunities. These centres often required additional support in areas such as fundraising, advocacy, and capacity building to sustain their implementation efforts (Marboeuf 2024).

The process also inspired members to support their peers in tangible ways, such as improving the healing experience for survivors, refining internal procedures, or optimizing working methodologies to enhance efficiency. This peer support reflects not only a sense of solidarity among professionals assisting torture survivors worldwide but also a commitment to sharing knowledge and expertise to advance the quality of care. An example was the exchange between Psychotrauma Centrum in the Netherlands and Restart in Lebanon, on trauma-informed approaches and care for staff (Marboeuf 2024).

Challenges

It is important to note that some centres experienced challenges with some particular standards due to specific external factors for the given centre. While most of them are already aligned with the majority of the standards in their centres, others may be lacking mechanisms to fully comply with all of them, others are challenged by contextual or sociopolitical circumstances or lack of capacity and resources, and others do not have an organisational structure that allows changes to happen. More specifically, members reported lack of resources (66%), political barriers (56%), insufficient training (41%), and resistance to change (19%) as the main challenging factors to the implementation of the GSR.

Again, challenges look different among different regions. In Sub-Saharan Africa, members noted difficulties in reaching out to survivors and providing services in some remote areas, building trust with survivors, the lack of torture-related documentation, issues related to disability and re-integration, collaboration with traditional healers, and treating survivors from diverse cultural and religious backgrounds. Other challenges are related to the sociopolitical context driven by global trends such as terrorism, political instability, gaps in legal and policy frameworks, and insufficient funding.

In Asia, members reported challenges when engaging survivors, building trust and demonstrating the benefits of rehabilitation services. Other difficulties were also mentioned concerning securing sustainable funding and advocating for justice in cases of sexual and gender-based violence, which are often complicated due to inadequate documentation and complex legal systems.

In Latin America, financial constraints, security concerns, legal and institutional barriers, and issues related to resource allocation and sustainability were prominent. Addressing gender-specific issues such as sexual torture and institutional gender violence, and ensuring cultural sensitivity in interventions, were also highlighted as critical challenges.

Best Practices

Best practices identified by members included holistic victim support, community engagement, advocacy, capacity building, and the integration of livelihood support. Emphasis was placed on ethical practices, the development of robust documentation and evaluation tools, and the importance of cross-cultural learning and adapting services to local contexts. Members highlighted the implementation of comprehensive support that includes medical, psychological, legal, and social assistance. They also stressed how engaging survivors in their rehabilitation processes through survivor engagement practices and participatory needs assessments fosters empowerment and enhances the effectiveness of rehabilitation efforts (Marboeuf 2024).

More specifically, centres in Asia and Sub-Saharan Africa emphasised the importance of integrating livelihood activities as part of holistic rehabilitation services, which address both imme-

diate psychological needs and empower survivors economically. Whereas in Latin America, members stressed the importance of comprehensive victim and family support, informed consent practices, capacity building and training (Marboeuf 2024).

Discussion

Rolling Out the GSR: Anchoring Change in Rehabilitation Practices

These findings underscore the positive influence of the GSR on enhancing the quality of care provided to torture survivors, highlighting the significant changes members have observed in their practices. The implementation of the GSR has served as an anchor for change in rehabilitation practices, positively impacting both the quality of services and organisational practices. A majority of centres (59%) found the GSR highly useful, with 60% reporting changes in their practices and 58% observing improvements in the quality of rehabilitation services. These shifts are evident in the integration of survivor-centred approaches, enhanced trauma-sensitive practices, and better alignment of organisational policies with ethical and professional standards.

Specific examples, such as Tree of Life in Zimbabwe and RCT Zagreb in Croatia, illustrate how the GSR catalysed changes in operational frameworks and service delivery. Innovations like peer rehabilitation programs (e.g., ASSAF in Israel) demonstrate how the standards have empowered survivors to play active roles in planning and delivering services, fostering both empowerment and more responsive care.

Moreover, the e-learning package, webinars, and regional trainings emerged as transformative components of the rollout. Members consistently highlighted the practical applicability of these spaces, which provided clear guidance, tools, and strategies to overcome implementation challenges. The e-course, in particular, was widely adopted and cited as instrumental in improving confidence and commitment to the standards.

The regional trainings offered a critical space for peer learning and contextual adaptation. By focusing on region-specific challenges and standards, these sessions facilitated deep reflection and exchange of best practices, enabling centres to adapt the GSR to their unique sociopolitical and cultural contexts.

The findings also highlighted several best practices that emerged from the implementation process. These include:

- Holistic Support: Integration of medical, psychological, legal, and livelihood support to address survivors' comprehensive needs.
- Survivor Engagement: Active involvement of survivors in planning and implementation processes, fostering empowerment and more effective interventions.
- Capacity Building and Peer Support: Regional and cross-centre collaborations, such as those between centres in the Netherlands and Lebanon, illustrate the importance of shared learning in advancing care.
- Contextual Adaptation: Centres in Asia and Sub-Saharan Africa demonstrated the value of integrating culturally relevant approaches, while Latin American centres emphasised family-inclusive practices and informed consent.

The emphasis on cross-centre collaboration and shared frameworks has not only enhanced individual centres' capabilities but also strengthened global solidarity and commitment to torture survivors' rehabilitation.

Nonetheless, despite the positive outcomes, members still faced significant challenges to fully implement the GSR in their centres, many of which were shaped by regional contexts. Challenges in the Global South were particularly pronounced, with members in Sub-Saharan Africa, Asia, and Latin America reporting difficulties in funding, outreach, and survivor engagement. Specific barriers, such as cultural and religious sensitivities, political instability, and gaps in legal frameworks, underscored the need for tailored strategies and additional support in these regions.

Future Avenues: Looking Ahead

The Role of the GSR in a Global Movement

For a global torture rehabilitation network such as the IRCT, the GSR represent the world's first comprehensive set of internationally agreed best-practice standards for the health-based rehabilitation of torture survivors. The Board of the UN Voluntary Fund for Victims of Torture took note[5] of the GSR and subsequently the IRCT introduced them to the Fund as a framework for torture rehabilitation programmes to be measured against. The Fund now uses the adoption of the GSR as part of their assessment process of organisations offering rehabilitation services to survivors of torture. Likewise, the World Medical Association (WMA), the world's largest body of medical professionals, recognised the value of the GSR on their Statement on the Right to Rehabilitation for Victims of Torture[6] (WMA, 2024). Moreover, the GSR were presented at the Nordic Mental Health Network as an example of potential catalyst for mental health practitioners (A Human Right Left Behind, 2022).

The journey toward the practical implementation of the GSR has served as a catalyst for IRCT members to critically evaluate and refine their approaches to working with torture

5 Access the UN document A/77/231 here
6 Access the WMA statement here

survivors and delivering rehabilitation services. It has also established a common language and framework for members by committing to certain professional guidelines and ethical principles when providing rehabilitation services. Moreover, it has strengthened communication and understanding among different professionals, recognising the value of interdisciplinarity.

Improved Rehabilitation Through the GSR

These results suggest that the GSR roll-out process has enhanced IRCT members' rehabilitation capacity and the quality of services provided to torture survivors. The majority of members reported changes in their rehabilitation practices since they engaged with the GSR roll-out, and most of them have noticed a significant impact of the GSR on the quality of care provided to torture survivors.

Some of the standards that members initially identified as challenging or not implemented (access to justice, survivor engagement, advocating for funding and monitoring quality of life), have been a focus area for them to work on and incorporate in their centres during this roll-out process. While challenges still persist within resources and capacity, reaching out to survivors, accessing justice and documentation of torture cases, changes and improvements have been reported in the areas of survivor engagement, organisational capacity, staff care and fundraising. Moreover, members mention having improved the way they work with families and children (and intergenerational trauma), the integration of trauma-sensitive techniques, evidence-based treatment methods and other types of therapies, and documentation.

Recommendations

The results presented above were discussed with the members, and the feedback indicated some recommendations for the future. These included strengthening advocacy efforts and diversifying funding sources to ensure financial sustainability, prioritising continuous training and professional development for staff, fostering platforms for knowledge exchange and collaboration, and enhancing interdisciplinary teamwork to provide holistic care and prevent re-victimisation during interventions. Organisations suggested prioritising training and capacity-building initiatives to equip staff with the necessary skills in trauma-informed care, advocacy, and sustainable programme management.

The need for continuous support and resources was more acutely felt in the Global South. IRCT members in these regions highlighted the importance of ongoing training, access to updated materials, and the establishment of regional networks for knowledge sharing and support. Additionally, further support and resources for fundraising and advocacy efforts could help organisations overcome financial constraints and sustain their implementation efforts.

There was also a call for more tailored content that addresses the specific cultural and socio-economic contexts of these regions. Participants from the Global South emphasised the need for practical solutions to overcome the unique challenges they face, such as working in conflict zones, dealing with high levels of trauma among survivors, and navigating complex legal and political environments. Hence, future iterations of the support provided by the Secretariat could include more region-specific content and examples, addressing the unique challenges faced by organisations in different regions.

Moreover, members suggested a range of topics for future webinars, reflecting the evolving needs and challenges faced by rehabilitation centres. Suggested topics included trauma and rehabilitation, human rights and legal issues, survivor engagement, specific populations, documentation and advocacy, and miscellaneous topics like web design for outreach and multi-sector collaboration.

Conclusion

The implementation of the Global Standards on Rehabilitation (GSR) marks a pivotal step toward enhancing the quality of care for torture survivors globally. By providing a unified framework, the GSR have facilitated significant advancements in service delivery, survivor participation, and organisational practices. IRCT member centres have demonstrated resilience and adaptability, addressing challenges unique to their regions while leveraging peer support and innovative tools such as e-learning platforms and regional trainings.

Despite disparities in resource availability, the GSR roll-out has catalysed a collective commitment to improving rehabilitation practices. The transformation observed in survivor-centred approaches, interdisciplinary collaboration, and ethical standards underscores the impact of this initiative on both individual organisations and the broader rehabilitation community.

Moving forward, sustaining these advancements will require continued focus on capacity-building, resource mobilization, and fostering collaboration across regions. Tailored strategies to address regional challenges and the evolving needs of survivors will further strengthen the implementation of the GSR, ensuring that all torture survivors receive comprehensive and effective rehabilitation services.

This journey demonstrates the potential of shared standards to unite a global network of professionals, driving collective progress and improving outcomes for torture survivors.

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Annex: The Global Standards on Rehabilitation of Torture Victims

Resolution adopted by the 6th general assembly of the International Rehabilitation Council for Torture Victims (IRCT) on 6th October 2020.

Recognising that there exists a continuum of standards in rehabilitation services and that they may change at any given time, depending on the context, political situation and the scale of human rights violations;

Building upon our efforts to prevent torture, fight impunity, and provide redress and holistic rehabilitation to victims;

The members of the International Rehabilitation Council for Torture Victims (IRCT), in our joint work towards the identification, establishment and promotion of minimum standards for holistic rehabilitation delivery, commit ourselves and urge all rehabilitation service providers to:

Standard 1 – Our commitment to victims:
Uphold the well-being and dignity of torture[7] victims[8] as well as professional ethical standards and principles regarding treatment and rehabilitation, including informed consent, confidentiality, do no harm, the best interests of victims, and their free choice about the services they receive, resist re-traumatisation, and apply global best practices, which are all pivotal to the work of rehabilitation centres that are independent and accountable to victims, in accordance with the principles of the UN Committee against Torture's General Comment No. 3 on the right to redress and rehabilitation.

Standard 2– Independent services:
Implement relevant structures and procedures so that rehabilitation can be provided independently, autonomously, in full compliance with applicable professional standards and ethics, and free from any external influence. In particular, rehabilitation centres should prioritise the development and implementation of structures, methodologies, and procedures that are victim-centred, evidence-based, participatory, empowering, holistic, accessible, equitable, respectful, gender sensitive, culturally appropriate, and accountable. Where funding is received from sources that could be perceived to place an external influence on the rehabilitation provider, it is essential to ensure that the organisation's mandate and the principles of victim confidentiality, transparency, and independence of decision-making are prioritised and emphasise the victims' best interests. Torture victims must be informed about measures taken to protect the rehabilitation process from external influence.

Standard 3 – Safety of victims:
Ensure the implementation of every possible safety and safeguarding measure for victims receiving services including all aspects of the relationship with victims, bearing in mind that the best interest of torture victims is a key principle of rehabilitation services. Torture victims must be informed about and provide input into the determination of safeguarding and safety measures.

Standard 4 – Support to families:
Ensure that the specific rehabilitation needs of torture survivors' families, in particular children and vulnerable populations, are considered an essential part of the rehabilitation process. Where resources allow, families should receive support in accordance with their needs. Where relevant, culturally appropriate community-based approaches should be employed during the rehabilitation process.

Standard 5 – Access to justice:
Whenever possible, support victims' access to justice and be advocates for the eradication of torture as a part of the rehabilitation process. This includes supporting victims to document their claims in accordance with the Istanbul Protocol[9] and to file complaints, and advocate for national authorities to adopt and implement national anti-torture laws and National Preventive Mechanisms (NPMs).

7 In this document, the term "torture" covers all acts and omissions that may qualify as "torture" or "cruel, inhuman or degrading treatment or punishment" as defined by the UN Convention against Torture and further elaborated by the practice of the UN Committee against Torture.

8 The IRCT notes that some anti-torture actors prefer to use alternative terminology to "victim" such as "survivor" or "person subjected to torture". For the purpose of clarity and consistency, this document will use the term "victim" to describe any person that has been subjected to torture or cruel, inhuman or degrading treatment or punishment.

9 Manual on the Effective Investigation and Documentation of Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment

Standard 6 – Intake Processes:
Establish intake processes through which victims of torture can access rehabilitation services on the basis of self-referral or referral by a third party, such as by competent physical or mental health, social, or legal professionals; human rights defenders; faith-based, indigenous, ethnic and national minority communities; other torture victims or family members. These processes must ensure that, within available resources, torture victims have free, equal and non-discriminatory access to services, regardless of their ability to pay or legal status in the country concerned. To the extent possible, rehabilitation service providers should prioritise outreach, in particular for torture victims who are marginalised, detained, living in remote areas or lack funds for transport costs.

Standard 7 – Access to information:
Provide torture victims with all relevant information concerning the rehabilitation services offered. Rehabilitation centres must respect and promote torture victims' agency in their own lives and their choices regarding rehabilitation. Where possible and appropriate to the service provided, reliable interpreters should be made available at no cost to torture victims. Whenever possible, victims should be able to choose the gender of rehabilitation professionals, including interpreters. Informed consent must be obtained according to relevant professional and ethical standards before and during the process of rehabilitation.

Standard 8 – Victim feedback:
Establish procedures and mechanisms that enable torture victims to provide ongoing feedback, including upon leaving rehabilitation services, in a language they speak, about the services they receive; for example, through the use of standing service user engagement mechanisms, victim satisfaction surveys, service evaluations, focus groups, and other participatory mechanisms. This feedback should be reviewed periodically and form the basis for continuous improvements to the rehabilitation services offered. Satisfaction should be clearly defined and use consistently applied standards. In addition, mechanisms whereby victims can complain and receive a prompt and satisfactory response in relation to the rehabilitation services they receive should be established. Victims should be enabled to effectively engage through measures such as provision of information about complaint possibilities and the establishment of support functions that include other victims.

Standard 9 – Victims' participation in rehabilitation:
Promote the meaningful contribution of victims in service design and delivery, research, decision-making, and governance processes of rehabilitation services through recognition of victims' experience in service development and recruitment processes, open consultative and feedback processes, and other participatory methods that are contextually and situationally appropriate.

Standard 10 – Organisational capacity:
Prioritise continuous training and capacity enhancement for staff and volunteers, for example, in specialised evidence-based treatment methods; trauma sensitive interview techniques; empathetic listening and anti- racism; cultural and gender awareness in accordance with relevant professional standards; and ethics and international human rights standards.

Standard 11 – Staff safety:
Ensure that staff and volunteers are safe, secure and cared for and have the means to report incidents that could compromise their safety or the safety of others through reporting processes or other suitable means that ensure that these risks are documented and that context- appropriate measures are taken to minimise them. In this regard, rehabilitation centres should ensure the adoption and implementation of appropriate policies to prevent and address discrimination, harassment, and sexual and other forms of abuse.

Standard 12 – Care for staff:
Address vicarious trauma and prevention of burnout as an organisational priority for all staff. To that end, provide a robust and supportive well-being infrastructure and working environment for staff through, for example, regular supervision, peer support mechanisms, staff mentoring, psychosocial support techniques, and access to occupational health services.

Standard 13 – Share knowledge:
Disseminate information about torture and its effects to professionals in healthcare and other relevant fields who may come into contact with torture victims. Information should include available and possible approaches to rehabilitation, the specific needs of torture victims (including early identification, assessment, and timely referrals), trauma-informed care, documentation procedures according to the Istanbul Protocol, and regarding the value of providing rehabilitation to facilitate life after torture. Where security considerations allow, the dissemination of this information should be considered a critical moral and social responsibility for centres assisting victims of torture.

Standard 14 – Advocate for rehabilitation funding:
Where possible, attempt to establish or strengthen dialogue with states and their relevant agencies to inform them about torture and its effects and the value of rehabilitation, and to request that they provide funding to support the rehabilitation of torture victims worldwide, preferably through: a) direct funding of rehabilitation centres assisting survivors of torture in their respective countries, b) contributing to the United Nations Voluntary Fund for Victims of Torture (UNVFVT) or c) funding the IRCT's sub-granting programme.

RECOGNISING the importance of a holistic approach to the fight against torture, which encompasses prevention, justice and reparation for victims and that IRCT members contribute to all aspects of this effort to eradicate torture;

The IRCT membership expresses our joint ambition to document and demonstrate our collective global impact on the quality of life of the torture victims we support, and therefore commit to endeavour to:

Standard 15 – Definition of quality of life:
Apply the following definition of quality of life: The subjective well-being of individuals and their communities within their specific social and cultural context in relation to factors such as physical and mental health; family, social and community relations; culture; education; employment; economic security; exposure to physical and psychological violence and freedom; good governance and basic human rights; spiritual life; gender equality and non-discrimination; religious beliefs; legal status; and the natural and living environment.

Standard 16 – Evaluating improvements in quality of life:
Apply evaluation tools that are appropriate to their specific context. This is done with the recognition that IRCT members provide services in very different contexts, including detention, political repression, victims with uncertain legal status, discrimination and poverty, which may have a severe negative effect on victims' quality of life. Furthermore, each member centre will determine which tools are best used to evaluate improvements in all indicators relevant to addressing the needs and improving the quality of life of the torture victims they support, and communicate this to the IRCT membership. In documenting the results of their work, IRCT members are encouraged to take into account how the quality of life of torture victims is connected to the enjoyment of rights, including access to justice, international protection, redress and all five forms of reparation (restitution, compensation, rehabilitation, satisfaction and the right to truth, and guarantees of non-repetition).

Standard 17 – Documenting our global impact:
Share the results of their support to torture victims with the IRCT membership on an annual basis. This will become part of the IRCT's annual Global Impact Report, which demonstrates to the world our collective impact in the lives of torture victims.