



OSCE workshop on rehabilitation for victims of torture

Outcome report on discussion and recommendations

Joint OSCE German Chairmanship 2016 – OSCE/ODIHR – Convention against Torture Initiative – Ministry of Foreign Affairs of Denmark

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This OSCE workshop was jointly organized by the OSCE German Chairmanship 2016, the OSCE Office for Democratic Institutions and Human Rights (ODIHR), the Convention Against Torture Initiative (CTI) and the Ministry of Foreign Affairs of Denmark and aimed to explore the current and potential role of the OSCE in assisting participating States in implementing their obligation to provide rehabilitation to victims of torture and other ill-treatment. The workshop was a follow-up event to a [CTI seminar held in June 2016 in Copenhagen](#).

This report should neither be interpreted as official OSCE recommendations based on a consensus decision, nor as the official position of the OSCE Office for Democratic Institutions and Human Rights (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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Executive Overview

This OSCE workshop explored the current and potential role of the OSCE in assisting participating States in implementing their obligation to provide rehabilitation to victims of torture and other ill-treatment, and aimed to discuss what the OSCE, and in particular the ODIHR and OSCE field operations can do to meet these challenges through assistance to participating States. The workshop was a follow-up event to a CTI seminar in June 2016 in Copenhagen, where best practices, remaining challenges and recommendations to OSCE participating States were outlined.¹

The workshop brought together representatives of 17 OSCE participating States, and was facilitated by Dr. Alice Edwards, Head of the Secretariat of the Convention against Torture Initiative (CTI), who also summarized the outcomes of the Copenhagen seminar. Prior to the discussion with and among OSCE participating States, presentations were delivered by Sara Fridlund, Swedish Red Cross, Madina Abubeker, OSCE Centre in Bishkek and Stephanie Selg, ODIHR Adviser on Torture Prevention. The International Rehabilitation Council for Torture Victims (IRCT), represented by Rachel Towers was invited to outline civil society organizations' recommendations in the area of the right to rehabilitation and to give additional expert advice to OSCE participating States during the discussion.

During the discussion, OSCE participating States shared national experiences and good practices and raised relevant questions and concerns with the expert panelists.

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 of torture victims in the OSCE region.

¹ See report on “Regional meeting on rehabilitation for victims of torture for countries in the OSCE region”, 23-24 June 2016, Copenhagen, Denmark at http://cti2024.org/content/images/CTI%20OSCE%20report_final.pdf

Summary of Findings

Keynote Presentations

Summary of the CTI “Regional meeting on rehabilitation for victims of torture for countries in the OSCE region”, 23-24 June 2016, Copenhagen, Denmark

1. The rehabilitation of torture victims is a cross-cutting issue. During an earlier seminar on the right to rehabilitation hosted by the Government of Denmark and the CTI, in partnership with the German Chairmanship of the OSCE and DIGNITY-Danish Institute Against Torture, held in June 2016 in Copenhagen, 60 participants, including representatives from 21 OSCE participating States, NGOs and the ODIHR initiated a discussion on existing good practices in the OSCE region as well as remaining challenges with regard to the rehabilitation of torture victims. The seminar heard many positive examples of State practices even though there is not a single model of rehabilitation that works for all OSCE participating States. While there are several common features, the country specific framework needs to be taken into consideration in order to effectively implement the States’ obligation to provide full rehabilitation to victims of torture. There are a number of rehabilitation services in the OSCE region and there is a growing body of knowledge as to identifying the remaining needs.
2. A major obstacle to the effective implementation of the right to rehabilitation is the lack of acknowledgement in some countries of torture and other cruel, inhuman or degrading treatment or punishment (other ill-treatment). Another challenging fact is that most publicly available information focuses on rehabilitation services by NGOs or the voluntary sector and at times is disconnected with the State and its obligations under the absolute prohibition of torture and other ill-treatment. However, during the seminar in Copenhagen in June 2016, several good practice examples of close cooperation between governments and civil society organizations were presented, as well as other examples of government service provision, legislative or funding frameworks and other structures that provide for rehabilitation for victims. In the OSCE region, there are a number of rehabilitation services, providing social, legal and medical support that could be further studied. Some OSCE participating States however rely solely on NGOs to provide these services, at times with inconsistent or precarious funding arrangements. Where the NGO sector is active, close cooperation between States and CSOs is a key point to allow for victims to obtain the services needed.
3. A major challenge has been identified with regard to the independence and accountability of service-providers when a State is involved in providing or funding rehabilitation services. Another challenge relates to the question of how to make services available to all victims regardless of their legal status, especially where there is high demand, and how to maintain uniformity in quality of services.
4. One of the key findings of the Copenhagen seminar was that rehabilitation services need to be available, accessible and holistic. This means that they should encompass forms of

support such as, where applicable, accessing employment, accommodation and education. They should take into account different cultural, gender and linguistic backgrounds of victims. It was also found that access to rehabilitation services should be guaranteed as soon as possible after acts of torture are committed and victims of torture seek assistance. Late access aggravates the situation of the victims, their families and communities and society as a whole.

5. A possible way forward could be to strengthen inter-disciplinary collaboration and exchange of practices with other fields such as first responders and trafficking or domestic violence programmes.
6. The CTI, as an initiative by States for States, offered to continue to support the work of the OSCE, participating States and ODIHR in the area of rehabilitation, and informed the meeting that it would be preparing some tools on good practice examples in this area to be published in 2017.

The Swedish example

7. In Sweden there are 14 specialized centers for the rehabilitation of torture victims, six of them are run by the Swedish Red Cross (SRC) in different regions. The SRC has worked with rehabilitation of victims of torture for more than 30 years and opened its first treatment center in Stockholm in 1985. In the 1980s many refugees with torture traumas arrived in Sweden - many coming from Latin American countries - who did not receive the support and help they needed from general healthcare services. Since then, the situation has changed and refugees coming from more or less all over the world arrive in Europe and Sweden and receive treatment in the Swedish rehabilitation centers.
8. In Sweden, patients are admitted to rehabilitation services based on their needs and irrespective of their legal status. This includes patients with residence permits and Swedish citizens with refugee backgrounds, but also asylum-seekers and undocumented migrants. The common factor is the trauma which is often linked to torture, armed conflict but also on abuse suffered during migration. The SRC has a strong expertise in those fields and therefore an added value in providing rehabilitation services. Very often traumas are multiplied with patients suffering from trauma due to past experiences in their country of origin, with then added trauma linked to dangerous migration journey. This is something that becomes more common with less legal opportunities for persons to seek asylum. Examples from patients with such multiple traumas are parents who lost their children in the Mediterranean Sea, unable to hold on to them and save them to avoid drowning themselves.
9. The SRC applies a holistic approach to the treatment of victims of torture. Inter-disciplinary, professional teams of psychologists, psychotherapists, physiotherapists, social workers, medical doctors, interpreters and administrators work together to adjust support and treatment to each individual case. . While developing treatment plans, the experts put the individual person and his or her needs, abilities and personal situation in focus. Importantly, support to families, including children of victims is also provided. Severe traumas such as from torture are often passed on to children by their parents. Specific programmes for

children are designed and available at the SRC rehabilitation centers. This includes social activities and summer camps to give children space to be just children, play, sing, make paintings, do sports and other fun things that they might be less able to do at home with parents who themselves suffer from trauma, and who may have challenges to cope with their parenting role. In addition to the actual treatment, social workers play an important role in the holistic treatment of torture victims. They provide information about the new host country; foster discussions with authorities, translate documents, answer questions related to work and housing and facilitate external contacts and networks for patients. Those are important aspects, that may be difficult to deal with for anyone arriving in a new country and on top of that, is suffering from severe trauma such as from torture. Finally, the SRC has the unique opportunity to provide additional support in collaboration with other national RC organizations and the ICRC inter alia by tracing missing family members or by providing legal assistance throughout the asylum procedures.

10. In Sweden, the regional authorities are responsible for providing health care services. This should include rehabilitation of torture victims. A well-functioning and productive dialogue with the concerned authorities is therefore essential for rehabilitation centers. A system called “Idea-based public partnerships” (IOP) has clearly facilitated this dialogue. This means that, in partnership, service providers discuss needs and abilities linked to individual patients or groups with the authorities to develop solutions (proposal for services). The SRC and the relevant authorities enter partnerships on equal terms, which goes beyond the simple “applying for money” according to “calls for funding” that are released). The authorities respect the SRC’s mandate, role and independence and see an added value of working together with a voluntary sector organization to better meet existing needs. The IOP are designed for the long-term, 3 years or longer, which provides for security and stability of the treatment. Providing stability, security and funding in the long term is very important for the treatment of torture victims. Also, in case of emergencies or unforeseen change of circumstances, the long-term partnership allows for flexibility in terms of temporary scaling up of activities or modification of the treatment services.
11. A major challenge for rehabilitation services in Sweden is the fact that the number of victims and their needs have significantly increased over the course of time. In 2015, Sweden received more than 160’000 asylum-seekers and it is expected that many of those who already arrived will need support during the years to come. To make rehabilitation services available to all those in need will be a major task for the government and service providers. Already today, victims that apply for rehabilitation services have to wait up to one year before entering treatment. Although the SRC has scaled up and expanded its activities, people do not receive the treatment they need in a timely manner. Also, refugees may be housed in places far away from specialized services and therefore treatment is not available for them. The authorities have a clear responsibility to do more to ensure the right to rehabilitation.

Key elements of the Swedish model of rehabilitation for victims of torture

Holistic treatment: The inter-disciplinary, professional teams of experts used by the SRC have a broad expertise in various trauma treatment methods and approaches and are able to design individual treatment plans based on the personal situation of each patient. The holistic approach also includes support to the families, including children of torture victims and the availability of social workers.

The added value of the Swedish Red Cross: Many victims arriving in Sweden are reluctant to turn to authorities or unknown non-governmental organizations. The added value of the SRC as a service provider lies in the fact that RC organizations and the ICRC are often known to victims from their home countries, for instance related to family reunions, RC activities in refugee camps or visits of the ICRC in detention facilities. This creates trust and makes it easier for victims to approach rehabilitation services. In addition, the SRC works closely with the ICRC and in some instances assists patients to trace missing family members and provides legal advice during the asylum process. The SRC as a service provider can therefore go beyond the pure rehabilitation treatment and provide additional support to victims and their families.

Close cooperation with authorities – the “Idea-based public partnership” (IOP):

The Swedish model of IOPs covers around 70 % of the total budget for treatment services. The resulting stability of available funds and long term treatment plans is crucial for the rehabilitation of torture victims. And it pays tribute to the fact that even though non-governmental organizations are providing rehabilitation services in the majority of countries, it is the State that bears the obligation to ensure full rehabilitation of all victims of torture under its jurisdiction.

The example of an OSCE field operation – the OSCE Centre in Bishkek

12. In Kyrgyzstan, there is only one rehabilitation programme for torture victims, which is run by the local non-governmental organization “Golos Svobody Public Foundation”, member of the Anti-Torture Coalition of Kyrgyz NGOs. It operates in two provinces, Chui and Osh. A regional expansion is not possible due to the lack of funding and personnel. The programme is structured in for clusters: the medical, psychological, legal and social assistance. For the first two clusters the center works with external experts such as psychological and medical doctors. The services provided include medical tests of the alleged victims, medical or psychological support, legal assistance to both the victim and their families, and support of the reintegration process of the victim. The rehabilitation programme has a broad audience and includes victims of torture but also minors, members of ethnic minority groups or refugees. However, in order to expand its scope both regionally and substantively, the programmer would need additional funds.

13. With regard to its rehabilitation for torture victim's component, the programme may receive a request for services from either the victim or a partner organization. Based on the initial assessment, the experts develop individual rehabilitation plans for each patient. So far, the programme has provided assistance to 540 alleged victims of torture.
14. The main challenges in providing full rehabilitation services to torture victims relate mainly to the regional limitation of its activities and the related lack of availability of the services, the need for capacity building and exchange of best practices and experience with other rehabilitation centers in the region and the need of support for the effective implementation of the Istanbul Protocol. National legislations and practices as well as training of medical staff and inclusion of the Istanbul Protocol in the curriculum of higher education of law and medical students would have a very positive impact.

Example of the OSCE Centre in Bishkek's support to the local rehabilitation programme

The OSCE Centre in Bishkek supports different programmes of the Anti-Torture Coalition of NGOs, including rehabilitation programme since 2011. This happens mainly through financial support to cover staff related costs, including the services of case managers and social workers, the costs of medical services and medication (external psychologists and medical professionals), travel costs, accommodation of service providers other related services. In addition, the OSCE Centre in Bishkek also covers the costs related to the medical examinations of victims of torture.

The OSCE Centre in Bishkek is in support of the expansion of the scope of the rehabilitation programme.

It also plans to support additional in-house capacity building measures. The OSCE Centre in Bishkek acknowledges the need to exchange best practices with other OSCE participating States and the respective rehabilitation centers.

The OSCE Office for Democratic Institutions and Human Rights (ODIHR) role and potential future activities

15. OSCE/ODIHR has a wide ranging to assist OSCE participating States through monitoring the situation of human rights, including report writing, capacity building activities and through providing expert advice. Thus, ODIHR has a wide range of possibilities to assist participating States in the implementation of their commitments and can act as a facilitator.
16. ODIHR has started looking into the right to rehabilitation of torture victims only recently. It found that domestic laws and framework frequently do not ensure the right to rehabilitation and that civil society organizations carry out most of the work related to rehabilitation services in the OSCE region. Often they lack appropriate funding and support by the respective participating States. Even though there are some good examples, there are certainly many challenges. The exchange and dialogue with OSCE participating States is

therefore vital to ODIHR's future engagement in this field in order to further assess the situation and identify gaps and challenges which could be addressed by future activities.

17. So far, ODIHR has established work relationships with the IRCT and the Civic Solidarity Platform in order to further assess gaps and challenges for rehabilitation centers in the OSCE region; and has been engaged with the CTI. Furthermore, and considering the fact that in some OSCE participating States there is a growing concern about the increasing insecurity of victims and rehabilitation service providers themselves, ODIHR has taken steps to include rehabilitation service providers in training activities for human rights defenders in the OSCE region. ODIHR noted that service providers are often persons with medical, forensic, psychiatric, and psychological or social work backgrounds. As such, those professionals are not always perceived and protected as human rights defenders, and lack the visibility and support of international or regional actors working on human rights defenders related issues, including their physical and psychological integrity.

Examples of possible future ODIHR activities in the field of the rehabilitation of torture victims

- ODIHR will consider ways in which to promote dialogue among OSCE participating States and/or field operations, on best ways to improve the implementation of the right to rehabilitation in the OSCE region.
- ODIHR will further promote the right to redress, including full rehabilitation of torture victims in the OSCE area. This may include further coordination and collaboration with OSCE field operations and civil society regarding capacity building activities and advocacy.
- ODIHR will continue to offer legal assistance and review legislation, and draft legislation, upon request of participating States
- ODIHR will also continue to cooperate with the OSCE field operations active in this field.
- ODIHR will also emphasize the role of and include providers of rehabilitation services at upcoming events such as the event "Strengthening Regional Human Rights Defenders 'Networks in Western Balkans, Central/Eastern Europe and Turkey'" in Brussels 21-22 April 2017

The International Rehabilitation Council for Torture Victims (IRCT)

18. The International Rehabilitation Council for Torture Victims (IRCT) is a health based umbrella organisation 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.

19. The IRCT is a member of the Civic Solidarity Platform (CSP), which consists of more than 60 NGOs working in the field of torture prevention in Europe, Eurasia and the US. As part of its work on the fight against torture, the Civic Solidarity Platform adopted the Kiev Declaration in December 2013 calling on the OSCE to make combating torture a priority. This was followed by the Supplementary Human Dimension Meeting (SHDM) on the prevention of torture, held in Vienna in April 2014 and most recently, a meeting on the fight against torture held in Warsaw in September 2015. Recommendations to the OSCE structures and to OSCE participating States were issued on those occasions.
20. There is still much work to be done in the fight against torture, both in terms of prevention of torture and ensuring that the right to rehabilitation for torture victims is recognised. Despite the work carried out by organizations involved for decades in the fight against torture, most States do not implement the right to rehabilitation in accordance with established international norms and obligations although rehabilitation is an integral part of the fight against torture and ill-treatment and an important prerequisite for the pursuit of justice and prevention of torture.
21. There are a number of challenges to ensuring the right to rehabilitation is fully implemented. The main challenges are that State budgets not always ensure the availability of treatment. Victims are not always properly identified and recognized by relevant mechanisms and procedures, which prevents them from accessing rehabilitation services. Victims of torture and ill-treatment who are members of vulnerable and marginalized groups face particular difficulties in accessing rehabilitation on account of their disadvantaged status. Asylum seekers and refugees face real difficulty accessing services. Also, domestic laws, public policies and state budgets frequently do not ensure the implementation of the right to rehabilitation. Where State rehabilitation programmes are in place, victims are often reluctant to access these due to a lack of independence from State institutions. The close cooperation of States with civil society organizations active in the field of rehabilitation is essential, including direct or indirect funding. However, this should be done without compromising the quality, capabilities and availabilities of the services provided. In addition, in some OSCE countries, there is growing concern about the increasing insecurity, threats, attacks and other forms of reprisals carried out against victims of torture and rehabilitation service providers, including health and legal professionals who are often obstructed from carrying out their vital work.

Recommendations of the International Rehabilitation Council for Torture Victims (IRCT)

In addition to the recommendations that have been made by the Civic Solidarity Platform, and at the seminar in Copenhagen, the IRCT encourages states to keep the following in mind when implementing their obligations to provide rehabilitation for torture victims:

- Criteria should be clear and consistent so all stakeholders have a common understanding of objectives, actions and specific indicators to measure implementation;
- Measures and obligations must be reflected in domestic law, public policy and national

budgets;

- Importance should be placed on the continuous monitoring and assessment of numbers of torture victims and their needs in order to fully plan and establish an appropriate rehabilitation programme;
- Collaboration between civil society experts and state authorities and between states should be maintained in order to understand different models of delivering rehabilitation;
- The sustainability of rehabilitation programmes, without compromising their quality, needs to be ensured.

Discussion with OSCE participating States

The fight against torture

22. Several OSCE participating States welcomed the meeting as an important follow-up event on a topic that has rarely been discussed among OSCE participating States and reiterated their commitment to the eradication of torture. The OSCE commitments and international obligations related to the absolute prohibition of torture and other cruel, inhuman or degrading treatment or punishment are clear but more needs to be done to keep the momentum and to turn discussions among OSCE participating States into concrete action. Examples of recent developments on the national level were shared, such as the ratification of the OPCAT and the establishment of NPMs. It was stressed that the fight against torture is a longstanding priority for OSCE participating States and that all States must ensure the implementation of the right to full rehabilitation for torture victims. In order to do so it was suggested that sharing of good practices, experiences and common challenges among practitioners and governments are key and should be encouraged. It was also stressed that the OSCE as a regional organisation can play an important role in the prevention of torture.

The right to rehabilitation for victims of torture

23. Several participating States welcomed the recommendations issued in the frame of the CTI seminar held in June 2016 and stressed that those recommendations are constructive and useful and should serve as guiding principles for governments but also the OSCE/ODIHR. During the discussion it was stressed by several OSCE participating States that the close *cooperation with civil society organisations* is essential in order to provide rehabilitation services to victims of torture. One of the unique strengths of the OSCE as a regional organisation and the ODIHR as its human dimension office is its close collaboration with and access to civil society. It was noted that ODIHR may play an important role to foster dialogue in those countries where close collaboration between the authorities and CSOs has not yet been established.

24. Similarly, it was suggested that *language and cultural sensitivity* is an important factor when addressing trauma of torture survivors. It was stressed that the cultural background and possible language barriers have to be taken into account when dealing with the rehabilitation of torture victims.

25. It was also found that the proper *funding of rehabilitation centres* is essential. During the discussion it was suggested to produce a joint document involving CSOs outlining funding gaps of rehabilitation services in the OSCE region more generally, including those services that do not receive funds from the UN or other actors.
26. Related to the proper funding of rehabilitation services also through direct or indirect state funding, the issue of *the independence of rehabilitation centres* raises several questions. One OSCE participating State mentioned that victims of torture may be reluctant to ask for assistance from state institutions or rehabilitation centres where federal or local authorities are involved. Also, if governments are asked to include rehabilitation services in their budgets, how far can this go without compromising the independence of the service providers? How do state funding and the independence of service providers interrelate and how can they be combined? It was found that it is essential to avoid compromising the independence of service providers. Rehabilitation services should be state funded in principle. At the same time there have to be strong safeguards in place to guarantee the functional independence of the agencies or NGOs providing rehabilitation services. It was suggested that parts of the overall budget should always be covered by other donor organizations in order to strengthen the independence of rehabilitation services. Also, in order to avoid conflicts of interest, clear rules with state authorities and other donors are absolutely necessary. By way of example, in Sweden the SRC maintains an on-going dialogue with the relevant state authorities and constantly reminds them of their mandate and independence. So far, Swedish authorities have not compromised the independence of the SRC in the frame of their work as rehabilitation service providers. In the past the SRC funding for the rehabilitation centres was linked to public procurement but this has been changed. Today, the funding by state authorities amounts to 70 per cent of the total funding. It was suggested that the proper protection of data and the evaluation of delivery of services by independent evaluators or auditors (instead of by government authorities) may be ways to manage those concerns.
27. One OSCE participating State raised the question if and how *programmes for rehabilitation of victims of domestic violence or human trafficking* can work to support the rehabilitation for torture victims (CTI seminar recommendation para. 49) and how to build synergies and to avoid that those programmes compete for the same resources. It was found that there is an on-going discussion on different possible models among practitioners and governments in the OSCE region. In one OSCE participating State a centre has been created for victims of the war, which also treats victims of domestic violence. In other OSCE participating States, victims of trafficking or domestic violence receive treatment in other places than victims of torture. The Swedish rehabilitation centres stick to the initial target group which is victims of torture among refugees and migrants. Similarly to the Swedish model, in Switzerland the first centre for rehabilitation was established in 1995 and was from the onset a centre for torture victims and victims of war. In Kyrgyzstan, the differentiation of victims of torture and victims of other abuses came naturally with the creation of the specialized programme for the rehabilitation of torture victims. The services provided to victims of torture are often very specific and the expansion of the scope to victims of other abuses such as domestic violence would need proper training of professionals and additional staff. As a good example

on how inter-disciplinary cooperation may support the rehabilitation of torture victims, one participating State explained a national model of a specific mechanism within the judicial system, which provides psychosocial support for victims of torture. Throughout the judicial proceedings victims receive assistance and support regarding hearings before the courts in order to avoid worsening their existing trauma.

28. One OSCE participating State raised the question about best ways to deal with rehabilitation of victims of torture in *occupied territories and situations of war* and how international humanitarian law applies to the right to rehabilitation for victims of torture. It was clarified that even in situations of occupation victims of torture have a right to rehabilitation and should therefore be able to access the services on a non-discriminatory basis.
29. One of the main challenges for the implementation of the right to rehabilitation has been identified as the current large movement of migrants and refugees and the related high numbers of persons in need of rehabilitation services in some OSCE participating States. As a good practice example, the delegation of Canada mentioned that in summer 2016, Canada opened a “Welcome Centre” in Vancouver with integrated services for refugees. Although there is a well-established practice on the governmental level in steering people to the needed professionals, the newly established Welcome Centre offers a prompt and targeted intervention upon arrival of potential torture survivors. The Welcome Centre is run by a civil society organisation that partners with the government to create a one stop shop for migrants. One of its strength is the multilingual trauma support and rehabilitation service. Another OSCE participating State reported that 44 per cent of all asylum seekers and refugees arriving in the country are victims of torture, which is a core issue of the crisis and that recognizing the strengths of the OSCE and defining its role may be of importance to all participating States.
30. The question was raised on how concerned OSCE participating States can better work together and how OSCE structures, including ODIHR can assist. During the discussion it was suggested by one OSCE participating States to conduct a gap analysis together with the office of the United Nations High Commissioner for Refugees (UNHCR) especially as regards countries receiving large numbers of refugees and asylum-seekers. ODIHR is already monitoring the situation regarding the large movement of migrants and refugees in the OSCE region and stands ready to assist OSCE participating States upon their request.
31. One of the major issues related to the treatment of victims of torture is the challenge of *early identification of victims* arriving in the OSCE region. Also, in order to *ensure availability of rehabilitation services* for all, other approaches such as mobile units have to be designed and implemented. It was suggested that this may be a way to reach persons that otherwise would not be able to access the existing rehabilitation centres. It was mentioned that there are also a lot of unaccompanied minors on the route and specific programmes, even short term interventions, will have to be established and made available. This all goes hand in hand with research. It was stressed that the IRCT has a number of publications referring to the challenges and gaps in implementing state obligations under the EU asylum directives, in particular with reference to the early identification of victims of torture among asylum and

refugee populations and the importance of medical legal reports in asylum processes.² In addition, IRCT has published a report on providing psychosocial care to victims in legal proceedings.³ These publications contain recommendations to states and other stakeholders which could be of interest to the participants.

32. During the discussion it became clear that many OSCE participating States see the need of *further sharing good practices and addressing challenges* in the field of rehabilitation for victims of torture. It was suggested to organize follow-up peer-to-peer exchange meetings and to further foster dialogue between CSOs and local governments as it was done by ODIHR in the frame of its work with National Preventive Mechanisms from the OSCE region. It was found that on the grassroots level, IRCT provides already an excellent platform for exchange of good practices among practitioners. ODIHR may facilitate future exchange on the governmental level among CSOs and OSCE participating States. In particular further efforts need to be made to ensure that actions taken in the field of rehabilitation of torture victims become more measurable and sustainable.
33. *Steps to be taken* in the future by ODIHR may involve looking to reinforce cooperation with UN bodies in this field such as the UN Voluntary Fund for Victims of Torture (UNVFVT). It was also underlined by OSCE participating States that ODIHR should assess its added value in order to effectively assist participating States in the implementation of the right to rehabilitation. ODIHR does conduct needs assessments in order to see where it can fill a gap and have an added value. Together with CTI, ODIHR is discussing a possible collaboration and broader research on that topic.

Recommendations

34. Recommendations for OSCE participating States

- To intensify efforts to eradicate torture and other ill-treatment in the OSCE region;
- To keep the issue of rehabilitation for victims of torture and other ill-treatment on the OSCE agenda;
- To reinforce the OSCE field missions and ODIHR's work in the field of the right to rehabilitation of torture victims;
- To enhance the understanding of the different rehabilitation models in use across the OSCE and how they function in different contexts so that OSCE participating States can make more informed decisions about which model to apply;

² See *Recognising Victims of Torture in National Asylum Procedures: A comparative overview of early identification of victims and their access to medico-legal reports in asylum-receiving countries* (2013) at http://www.irct.org/assets/uploads/pdf_20161120143448.pdf; and *Falling Through the Cracks: Asylum Procedures and Reception Conditions for Torture Victims in the European Union* (2016) at http://www.irct.org/assets/uploads/pdf_20161120142453.pdf.

³ See *In pursuit of justice: The importance of psychosocial support for torture victims participating in legal proceedings* (2014) at http://www.irct.org/assets/uploads/pdf_20161120142728.pdf.

- To ensure that rehabilitation services are available, accessible and holistic. This means that they should encompass, apart from medical services, forms of support such as, as applicable, employment, help, suitable accommodation and education. They should also take into account different cultural, gender and linguistic backgrounds;
- To guarantee/facilitate early access to rehabilitation services for torture victims, regardless of their legal status;
- To identify, at the national level, financing mechanisms that can ensure that rehabilitation services are sustainable without compromising their ability to deliver quality specialized services;
- To guarantee appropriate funding of rehabilitation centers and at the same time to establish clear rules as to the independence and accountability of service providers;
- To support the UN Voluntary Fund for Victims of Torture (UNFVT);
- To include support to families and children of victims and to design specific programs for those children;
- To maintain close and long-term dialogue with the respective service providers, including national Red Cross organizations beyond financial aspects; to encourage long-term partnerships between the authorities and the rehabilitation centers based on dialogue and respecting the independence and mandate of the service providers;
- To exchange best 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;
- To include the Istanbul Protocol in the curriculum/education of legal and medical studies.

35. Recommendations for International Organizations and the OSCE/ODIHR

- OSCE field operations to support national rehabilitation centres through financial contributions, capacity building activities and expert advice;
- ODIHR to organise a peer –to -peer exchange meeting on the subject of rehabilitation of torture victims and to further engage in dialogue between civil society and OSCE participating states in order to learn about best practices in this field;
- ODIHR to assist participating States to enhance the understanding of the different rehabilitation models in use across the OSCE and how they function in different contexts so that States can make more informed decisions about which model to apply;
- ODIHR to promote protection of rehabilitation providers as part of its human rights defenders work;
- ODIHR to further closely collaborate with the CTI, IRCT and other specialized inter-governmental or non-governmental organisations on the right to rehabilitation of torture victims in the OSCE region.

36. Recommendations for Civil Society Organizations and the Private Sector (service providers)

- To establish proper procedures and structures for the protection of data and the evaluation of delivery of services by independent evaluators or auditors;

- To further strengthen dialogue with local authorities in the field of rehabilitation of torture victims;
- To further closely cooperate with OSCE field operations, ODIHR and other relevant actors.