

*More than 40 years since a group of medical doctors laid the foundation for the International Rehabilitation Council for Torture Victims (IRCT), the organisation and its 144 member centres continue to play a leading role in the fight for torture survivors' right to redress and rehabilitation. Yet the Council is facing serious funding challenges despite a growing global demand for rehabilitation services. MARIE DYHR reports.*



PHOTO: KATARINA GONDOVA

# The Challenge of Standing up for Torture Victims' Right to Rehabilitation

**T**he International Rehabilitation Council for Victims of Torture (IRCT) grew out of a need to create an international platform for health-based work against torture. What began as the work of a small group of pioneers is now the world's largest membership-based civil society organisation working in the field of torture rehabilitation.

In all corners of the globe, rehabilitation centres provide care to thousands of victims of torture every day. With a membership of over 140 rehabilitation centres across more than 70 countries, the IRCT has become a leading voice in the global anti-torture movement. According to the last census carried out by the IRCT in 2008, an estimated 100,000 torture victims receive treatment by member centres.

Today the need for a strong voice that can support torture victims everywhere is more urgent than ever. With the international community facing the highest number of refugees since the Second World War, many IRCT member centres have seen a significant increase in torture victims seeking help and treatment at their clinics. However, insufficient funding has put these centres under enormous pressure.

"Many of our members are not able to meet the growing demand for rehabilitation services. Sadly, this mounting need has not led to additional funds being earmarked to provide specialised health services to vulnerable groups, including torture victims. Instead, there are rehabilitation centres out there struggling to make ends meet and victims of torture who can't get the treatment they so desperately need because of this,"

says Secretary-General of the IRCT, Victor Madrigal-Borloz.

"The current funding situation for many centres is extremely worrying. The provision of rehabilitation services is essential to improving the physical and mental wellbeing of torture victims, and not having adequate resources can have a devastating impact on the lives of thousands of people."

According to the IRCT Secretary-General, states need to acknowledge their obligation – as set out in the United Nations Convention against Torture and further

developed in General Comment 3 of the Committee against Torture – to support victims of torture and to provide them with rehabilitation services. A notion that is not high on the agenda among governments around the world, currently more concerned about refugee quotas and on how to discourage refugees from crossing their borders.

With political leaders scrambling to agree on a sustainable solution for the millions of people displaced by war and armed conflict, it is easy to

see why funds are being directed towards humanitarian aid. Food, water, shelter, medication and clothes are all basic needs that refugees must have access to.

But as Mr Madrigal-Borloz points out, rehabilitation services that cover both physical and psychological aspects should also be considered a basic need for people who have experienced war or armed conflict, or have been subjected to human-rights abuses such as torture. And to ensure that these people get the right treatment as soon as possible. He urges states to adopt methods to identify torture victims early in the process.

**Today the need for a strong voice that can support torture victims everywhere is more urgent than ever.**

Madrigal-Borloz believes it gets more and more difficult to treat a person whose symptoms have gone undiagnosed. “The question we should ask ourselves is ‘how can we expect traumatised refugees and asylum seekers who have not received any treatment to resume a normal life and become active members of their communities?’,” he says.

### Supporting centres through projects and sub-grants

While a large number of states are still to acknowledge their obligations towards refugees, the IRCT is actively supporting the rehabilitation of victims of torture.

The organisation continues to support centres with few financial resources through numerous projects, programmes and sub-grants. Many of these centres work with women and girls. Last year, more than 4,000 female victims of torture and sexual violence received treatment from 16 IRCT centres thanks to sub-grants. For some centres that meant providing specialised treatment, while for other centres, the grant allowed them to provide medical and psychosocial support to women and girls through various clinical activities and training.

Another sub-grant allowed 36 IRCT members across all regions to provide medical and psychological rehabilitation services, organise activities to document torture, and develop capacity to ensure care for caregivers and effective centre management.

“The grant helped us sustain and provide services to survivors of torture. Without it, we would have found it very difficult to meet the expenses incurred,” according to an IRCT centre in India. Another centre in Europe tells how the grant has enabled them to continue to provide services and secure assistance, especially in the first months of the year. “It helped our team stay flexible and gave us enough time to go searching for new potential donors.”

In the Middle East and North African region, the IRCT has been involved in capacity building activities in a number of countries. It is supporting a local health based NGO in Libya’s capital Tripoli, setting up the medical team, and it has run several training programmes in cities like Amman and Tunis for health professionals in the region.

“As a membership-based organisation, one of our main goals is to strengthen the capacity of each of our centres across the globe through peer-to-peer training, which is supported through the coordination of the Secretariat and our partners,” says Mr Madrigal-Borloz.

A now-completed IRCT project in Africa’s Great Lakes region assisted six centres in Rwanda, Burundi and the Democratic Republic of Congo in providing much needed holistic and community-based services to victims of torture and sexual violence, victims of genocide and other forms of political violence.

The four-year project helped the centres reach out to thousands of people through medical care, legal assistance, psychosocial support, livelihood development as well as income generating activities. According to Mr Madrigal-Borloz, the result was a chance for many victims and their families to resume a normal life after years of trauma and suffering.

“Our Great Lakes project brought communities together, healing wounds and creating platforms for dialogue and reconciliation in countries that have seen civil wars, genocide and refugee crises.

“Its legacy continues through new partnerships between service providers, increased access to services, new businesses set up by victims, social counselling groups run solely on the initiative of beneficiaries

of the project, medical professionals who can now produce high quality medico-legal documentation and victims being supported through legal proceedings and challenging impunity.”

### The long-lasting and far reaching consequences of torture

Torture is more prevalent than most of us can imagine and is not only limited to developing countries or nations affected by civil war or armed conflict. According to Amnesty International, torture happens in over 140 countries, many of which have ratified the UN Convention against Torture.

The main objective of torture is to dehumanise and break individuals, leaving severe physical and psychological wounds. While most victims of torture cope for a limited time, several factors such as stress at work or problems in the family are likely to trigger the trauma.

The aim of rehabilitation is to overcome the trauma and help torture victims to be able to live the best life they can. Rebuilding the life of someone whose dignity has been destroyed takes time. This means long-term material, medical, psychological and social support is needed.

## The main objective of torture is to dehumanise and break individuals, leaving severe physical and psychological wounds.



Sadly, more often than not, torture not only affects the primary victims, but the people around them as well. The physical and mental after-effects of torture often place great strain on the entire family and society. Children are particularly vulnerable. They often suffer from feelings of guilt or personal responsibility for what has happened. Therefore, other members of the survivor’s family – in particular the spouse and children – should also be offered treatment and counselling.

“While torture often has devastating implications for the individual survivor, it also impacts negatively on immediate families as well communities and society at large. Our member centres take a holistic service approach to address the needs and rights of individual torture survivors, as well as their affected family members and communities,” explains Mr Madrigal-Borloz.

IRCT’s Great Lakes project had a clear focus on secondary victims and providing them with the various types of programmes they needed. Yet many centres are not involved in similar projects and therefore lack the funding to deal with secondary or in some cases even primary victims. More and more people are coming to them, highly traumatised and looking for help; yet, being under-resourced the centres cannot meet the demand.

As a rehabilitation clinic in Europe puts it, “the cut in funding over the past five years has affected our work drastically and we have had to reduce the number of staff, as well as patients. But now, it affects our actual existence.”

Another European centre is also facing a real risk of closing down, which has forced the centre that

normally treats hundreds of victims to keep only one full-time employee.

From a clinical perspective, not receiving rehabilitation services or having them interrupted is detrimental to the physical and psychological recovery of the individual. Victims who are denied access to rehabilitation services may face prolonged periods of isolation, inability to create relationships within the community and difficulty in accessing needed services.

“If we don’t do anything, thousands of torture victims risk having current treatment programmes interrupted or will be unable to access rehabilitation services in the first place. States in all corners of the world have a responsibility to ensure that there is enough funding to provide rehabilitation to victims of torture, and we need them to take this responsibility seriously,” says Mr Madrigal-Borloz.

Despite the funding challenges facing the rehabilitation movement and the uncertainty that follows, the IRCT and its members remain committed to treating and supporting victims of torture, training health and legal professionals in how to investigate and document torture, campaigning and advocating for victims’ rights and carrying out research that will ultimately benefit the whole rehabilitation movement. Something they will continue to do as long as there are people in need of their help.

“More than ever, victims and caregivers need a credible, strong and persuasive global voice that represents shared positions, values and views. We will continue to provide this voice through a democratic process which benefits torture victims across the globe,” states Mr Madrigal-Borloz. R