

Global Standards on Rehabilitation of Torture Survivors: From Adoption to Practice

Executive Summary

This report examines the implementation of the [Global Standards on Rehabilitation \(GSR\)](#) by the members of the [International Rehabilitation Council for Torture Victims \(IRCT\)](#) and their impact on rehabilitation services for torture survivors. It also explores the extent to which the support provided by the IRCT Secretariat has been useful to help members in this process.

The GSR are the first globally recognised set of best practices aimed at improving rehabilitation for torture survivors. The GSR were adopted unanimously by IRCT's General Assembly in October 2020 following a four-year consultation in which more than 90% of all members contributed to their development.

Since then and up to now (2024), IRCT members, with the support from the Secretariat, have been engaged in rolling them out in their own centres to enhance the quality of the rehabilitation services provided to torture survivors. Members have been focusing on those challenges that were highlighted in an initial 2022 self-assessment survey as a starting point for work on areas that could be improved. In a survey of members conducted in the first months of 2024, 59 percent of respondents reported improvements in their rehabilitation practices, noting significant positive impacts on the quality of rehabilitation provided. Examples include holistic approaches to rehabilitation, survivor participation in service planning, and improved advocacy for anti-torture laws, among others.

The support provided by the IRCT Secretariat to this roll-out process has been helpful for members. The IRCT's e-learning platform played a pivotal role in supporting members through online courses, webinars, and regional trainings. Over 200 participants from 90 IRCT member centres across 53 countries engaged in the e-course, and reported how it improved their confidence and knowledge of the GSR, as well as providing guidance for their implementation. Webinars and regional trainings further enhanced understanding and applicability of the GSR, particularly in areas such as trauma-sensitive techniques, staff' care, organisational development, measuring tools on wellbeing outcomes and survivor engagement.

There were some notable regional variations in this process. While centres in the Global North reported smoother implementation due to better resources, those in the Global South faced challenges related to funding and political instability. Despite these disparities, members across regions utilised peer support and collaboration to enhance rehabilitation efforts, leveraging the GSR as a "common language" for communication and knowledge sharing.

Some elements were pointed out that need more focus or work as this process continues rolling out. Key challenges in implementation included resource constraints, political barriers, and resistance to change. Regional challenges, such as reaching survivors in remote areas or navigating political instability, were more pronounced in the Global South.

Likewise, some recommendations and best practices were identified, such as continuing to work and focus on holistic victim support, survivor engagement, and the integration of livelihood support. Centres emphasized the importance of ethical practices, cross-cultural learning, and adaptability to local contexts. Recommendations for the future included focus on advocacy, diversifying funding sources, and continuous staff training, especially in trauma-informed care and advocacy.

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How Were the Global Standards on Rehabilitation for Torture Victims Developed?

The Global Standards on Rehabilitation of Torture Victims (GSR hereby) were developed and adopted by the IRCT global membership (some 160 torture rehabilitation centres in 76 countries comprising around 4000 staff) between 2016 and 2020. The standards were initially developed based on a global survey of good practices employed by IRCT members, followed by three phases of revision:

- 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. The IRCT's GSR are the world's first comprehensive set of internationally agreed best-practice standards aimed at ensuring survivors of torture can receive the best possible rehabilitation wherever they live.

How Has the Roll Out of the GSR Anchored Changes in the Quality of Rehabilitation Services?

Since their approval in 2020, IRCT members have been engaging in the roll-out process to put them into practice in their own centres.

This process started 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 then provided by the IRCT Secretariat.

In this section, we present the results of this self-assessment and describe how member centres have been engaging and working on rolling out the GSR in their centres accordingly.

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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. They were given an indicator of practice reflecting the implementation of each standard, and they had to check whether it was implemented, in progress, not implemented or N/A. 85 centres participated (beyond 50% of membership), indicating that S5, S8, S9, S14 and S16 were shown to be the most challenging for the majority, while standards 1, 2, 7 and 11 were standards with a high percentage of implementation.

This data set the baseline from which member centres could start working, as it showed those areas for improvement and where support may be needed, as well as those areas in which they were strong and could support other peers sharing their good practices.

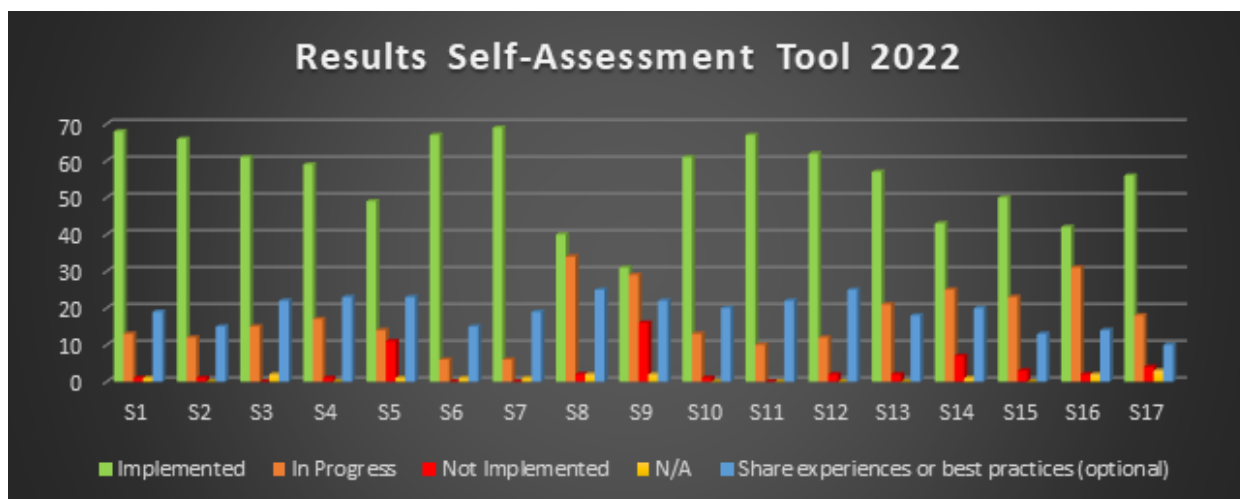


Figure 1: Results from Self-Assessment Survey

Roll-Out Process: Enhancing Rehabilitation

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. This process looked different in each centre - from a purely reflective process to changes in organisational structures, programming, and direct treatment of survivors.

In a survey completed in the first months of 2024, from just over 100 members responding, the majority (59%) reported improvements in their rehabilitation practices since they engaged with the GSR roll-out, noticing a significant positive impact of the GSR on the quality of care provided to torture survivors. This shows that members have clearly noticed changes in rehabilitation practices, indicating that this process has had a significant impact on the quality of care they are providing to torture survivors.

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

Specifically, there has been a remarkable transformation in survivor participation and feedback (S8, S9), with organisations shifting towards a more client-centred approach. Members reported establishing mechanisms for regular feedback from survivors, involving them in service planning and implementation, and using this feedback to inform and improve service delivery. ASSAF in Israel launched a peer rehabilitation programme for survivors to be directly involved in both the planning and delivery of services, leveraging 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 directly implemented the GSR as their new framework, whereas Legend Golden Care Foundation in Nigeria integrated them into their existing framework, significantly enhancing their 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, programs and projects to achieve the objective of maximising impacts of rehabilitation services (Marboeuf 2024, p. 33). The Trauma Centre Cameroon describe how the GSR serves 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 REMAK, the standards serve as a shared language and foundational framework across centres to support torture survivors. Likewise, IMLU in Kenya highlights how these standards help unify rehabilitation centres by promoting standardized approaches for torture survivor support. 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 .

The process also catalysed members' willingness to help their peers with some concrete aspects of service provision, from enhancing the healing experience of survivors to redefining internal procedures or working methodologies that would improve efficiency. Peer support not only reflects solidarity among professionals working with torture survivors all over the world, but it also shows concern for exchanging knowledge and expertise among them to improve their work in treating survivors. An example was the exchange between Psychotrauma Centrum in the Netherlands and Restart in Lebanon, on trauma-informed approaches and care for staff.

Effectiveness of e-Learning and Knowledge Sharing Spaces: Has the IRCT Support Been Useful?

To support this process, the IRCT developed an [e-learning package](#), which comprises an online course (in [EN](#), [SP](#), [FR](#), [AR](#)), knowledge-sharing spaces (both online and in person), and [other resources](#) with tools and guidance, that complement and support centres in the process.

In this section, we present these different e-learning tools and knowledge-sharing spaces and explore whether they have (or not) been effective in supporting members in the implementation of the standards in their centres and contexts.

e-course and e-site

The [e-course](#) was created to familiarise members with the GSR, help them reflect upon the standards and their relevance, and critically assess the practice of the standards in their centres. More than 40 members engaged in the co-design and co-creation of the e-course, explaining how they understood each standard and how it was implemented in their centres.

There was an increased engagement in the e-course, being **completed by 215 participants** as of October 2024 **from 95 different IRCT member centres across 53 countries**, representing some 60 percent of IRCT members (see Figure 2). This included virtual open forums which facilitated discussions and gave space to share and discuss their practices and challenges throughout the whole implementation process.

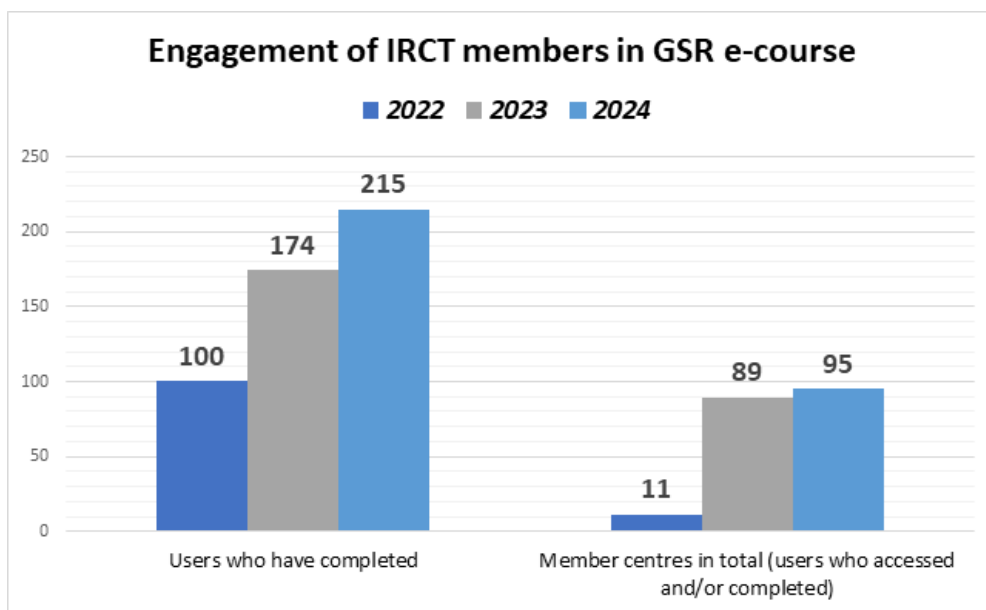


Figure 2: Engagement from IRCT members in GSR e-course

Pre and post-surveys were conducted to assess the impact of the e-course on participants' confidence, knowledge, and implementation of the GSR. Results revealed significant improvements in these areas, highlighting the effectiveness of the e-learning package:

- **Increased confidence levels:** prior to the e-course, the majority of participants reported feeling "a bit confident" (36%) or "quite confident" (30%), whereas after the e-course, 45% of participants felt "confident" and 40% "very confident", showing a remarkable increase in confidence levels regarding the understanding and implementation of the GSR
- **Usefulness of the e-course:** the majority of participants found the e-course "very useful" (56%) or "extremely useful" (20%).

The qualitative feedback highlighted the practical applicability of the course materials, 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 provided them with practical tools and strategies to overcome challenges to implementation, leading to greater confidence and commitment to implementation.

The adoption of the GSR after the e-course was widespread (as shown in Figure 3), with many members incorporating the standards and recognising the impact that the e-course had on encouraging changes in the organisation and its rehabilitation services.

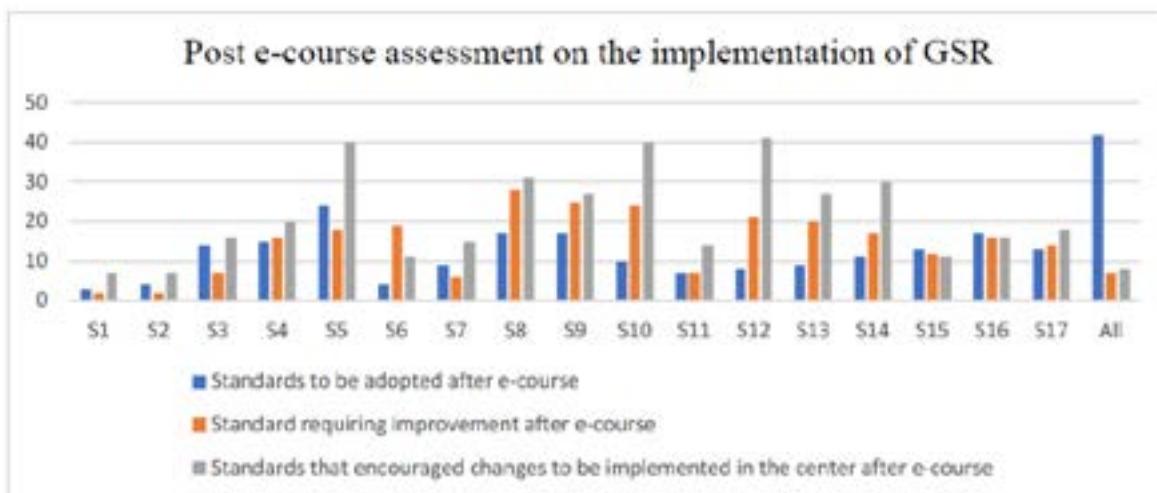


Figure 3: Post e-course assessment on the implementation of the GSR

The e-course's usefulness 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.

Webinars

A series of [webinars](#) were conducted as spaces where specific standards were discussed and experiences from different regions shared, to provide more hands-on guidance on their implementation.

These webinars touched upon different areas related to specific standards, such as [working with children and families](#) and [inter-generational trauma](#) (GSR4), [documentation](#), [different types of treatment and therapies](#) (GSR5 and 16), [survivor engagement](#) (GSR8 and 9) and [staff care](#) (GSR12). An average of 189 participants attended these online spaces.

In feedback collected after the webinars, **89 percent of participants said the webinars were useful and that they had acquired new knowledge** relevant to their work with torture survivors (see Figure 4).

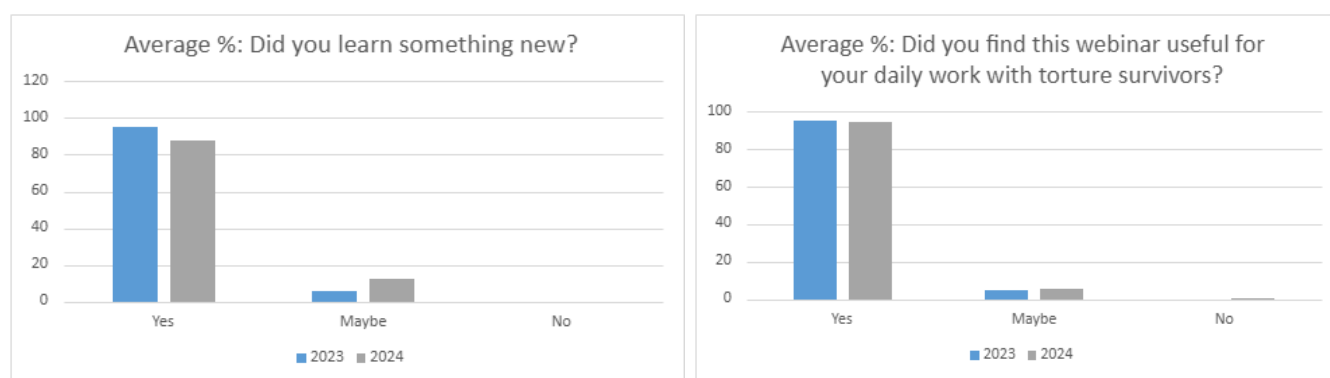


Figure 4: Qualitative feedback from IRCT members on webinars

With a high overall satisfaction (averaging around 72%), the majority of participants reported learning new and valuable information from the webinars. 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.

Regional Trainings

Parallel to this, [regional trainings](#) were organised to discuss the implications, challenges and lessons learned by members in their practice related to the standards. The first one was held in the Philippines for the Asia region, attended by 35 participants from 13 member centres from 11 countries. The second one was held in Colombia for the Latin American region, attended by 20 participants from 10 member centres from 8 countries. The third one was held in Kenya for the Sub-Saharan Africa region, which was attended by 20 members from 20 member centres from 12 countries. The regional training for the Middle East and North Africa region will be held in 2025.

These trainings proved instrumental for members to delve into the specificities of the implementation of the standards. The format of sitting together in person for three days discussing those standards that were identified as the most challenging ones by the region, helped participants to be more equipped with learnings and reflections from other colleagues.

A pre and post-survey was conducted before and after each regional training to assess whether these knowledge-sharing spaces were useful for members, where they indicated they would share this knowledge further with their colleagues and organisations through staff meeting presentations, staff training sessions or other channels (see data Annex III in Marboeuf 2024, p. 76). Moreover, most members requested to have this type of training every year (Africa and Asia) or every two years (Latin America) (see

The learnings and key takeaways of these trainings have been compiled as videos that can be accessed in the [interactive map](#) of the [GSR e-site](#) and [IRCT's website](#). Specific key learnings, recommended actions and action points for implementation came out of these trainings (see Annex III and IV in Marboeuf 2024, p. 76-88), which are addressed in the section on recommendations.

This in-person training setting seems to be one of the most effective spaces for members to engage with the GSR and strengthen the sense of common work and solidarity with their colleagues. As different to other online solutions, this format allowed members of the same region to sit and discuss in detail specific issues that are not that easy to be addressed in other formats (due to lack of time, not being in the same space, etc.). For these reasons, this format was very appreciated by members, who felt more familiar with the GSR and solidly connected to their colleagues in the region.

Other Resources

Some further resources were developed to support the learning process and roll out of the standards. The [Practice Guide](#) and the [Indicators of Practice](#), provide an overview of the standards and information about the framework that underpins their implementation, along with practical indicators of practice that can be considered, and implemented by the IRCT member centres. Recognising that IRCT members operate in different contexts, these materials do not demand all centres take the same actions, but rather provide a framework for centres to develop actions to implement the GSR according to their specific needs, context and existing funding.

A [survivor-centred poster](#) was created to inform survivors accessing rehabilitation services of their rights as beneficiaries. Lastly, an [interactive map](#) capturing the key takeaways and learnings from the GSR regional trainings was published on the e-site.

Members indicated that these additional resources were useful to guide the specific roll-out in their centres, as they provided more hands-on, detailed indicators, and complemented the other e-learning material and spaces.

Different Trends in Global South and Global North

Members from different regions interacted differently with the GSR e-learning package. Members in the Global South enthusiastically received the e-learning package, appreciating its comprehensive introduction to standards and its accessibility through examples and case studies. This package facilitated better understanding and implementation of standards, encouraging inter-departmental dialogue and helping even non-specialist staff grasp the centre's mission.

The use of the e-learning package in the Global North, however, varied. IRCT's member in Russia, one centre found the e-course beneficial but reported facing challenges in regional collaboration. Centres in Ireland and other Global North countries suggested a more advanced version of the e-course due to their existing knowledge. The Indicators of Practice were more extensively used than the e-course material.

Lack of funding was highlighted as a significant issue in both regions, prompting a focus on advocacy and documenting impact. Centres expressed a willingness to mentor others but were constrained by funding. Involving survivors in webinars proved beneficial and could be adopted globally.

Overall, the e-learning package effectively introduced and reinforced the GSR, acting as a valuable framework for centres worldwide. Both regions highlighted the need for enhanced knowledge sharing and resource allocation to fully realise the standards' benefits.

The external evaluation conducted to assess the effectiveness of the e-learning package concluded:

“After reviewing all quantitative and qualitative data collected at different stages of the project, including interviews and final surveys, it is concluded that the e-learning package has successfully served its purpose. It has introduced and equipped members with tools to implement the GSR in their daily practice. The support provided by IRCT through the e-course was deemed very helpful by a majority of participants, significantly increasing their confidence in understanding and implementing the standards. This trend was especially evident in the Global South, where the e-course's introductory nature enabled members to grasp the standards comprehensively.” (Marboeuf 2024 p. 43)

Future Avenues: Looking Ahead

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 reintegration, 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.

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 immediate 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.

Recommendations

Recommendations from IRCT members for the future 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 e-learning material 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

What Do the GSR Mean for IRCT's 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 of [the adoption of the GSR by the Council at its 6th General Assembly](#), on 6 October 2020 (UN Voluntary Fund for Victims of Torture) and, subsequently, the IRCT introduced the GSR to the UN Voluntary 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](#) adopted by the 64th General Assembly, in Brazil in October 2013 (WMA 2024). Moreover, the GSR were presented at the Nordic Mental Health Network as an example of potential catalyst for mental health practitioners.

The process of coming closer to the practical implementation of the GSR has proven to be a catalyst for IRCT members to reflect on the way they work with torture survivors and provide 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.

What Has the GSR Roll Out Achieved So Far?

This report shows 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.

Has the Support Provided by the IRCT Been Effective?

The data and feedback from members demonstrate the effectiveness of IRCT's provision of e-learning and knowledge sharing to support the GSR roll-out process. Members emphasise that the e-learning package provided them with clear guidelines and practical tools that were easy to integrate into their daily operations, which facilitated the adoption and implementation of the standards, leading to improved service delivery and rehabilitation outcomes.

Results show that the majority of participants found the e-learning package highly beneficial in understanding how the GSR can contribute to improving their rehabilitation capacity. Members also provided positive feedback on the usefulness of the webinars in their daily work with torture survivors, stating that they provided a platform for knowledge exchange and addressing implementation challenges. Regional trainings have shown to be a very effective space for members to connect and share experiences and best practices on the implementation of specific standards in their local contexts.

Another aspect that has been brought up is that the e-learning package promoted understanding among different departments, fostering internal communication and team-building. Members report that it helped them understand the work of other professionals working within their centres and the challenges that different disciplines are facing, encouraging dialogue among them. Moreover, the e-learning package served as an introduction to new staff, volunteers, and students, as indicated by Heartland Alliance International - Kovler Centre in the United States.

The project's success is evidenced by the positive feedback from member organisations, particularly from those in the Global South, who have benefited from the secure and accessible online learning format. In the Global North, the e-learning package has been effective in reinforcing existing practices and introducing new methodologies aligned with the GSR.

Members expressed a clear need for continued support on capacity building and training in different areas, such as trauma-informed approach, advocacy and documentation, financial sustainability and diversification of funding, treating specific population groups (women and children), and content tailored to specific cultural and socioeconomic contexts.

Hence, considering that the e-learning and knowledge sharing platforms provided have proven to be effective, moving forward, the IRCT Secretariat aims at continuing to support members to deepen knowledge and influence best practice throughout the process, with the objective of facilitating discussions, expertise and experience-sharing among peer-members around the standards to ultimately improve the quality of services they provide to torture survivors.

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Support the IRCT

When it comes to torture rehabilitation, sadly, demand always outstrips supply. IRCT members consistently report not having the financial resources necessary to treat all torture survivors who ask for help. By donating, even a small sum, you can assist us in the fight to eradicate torture and to provide the best possible rehabilitation to more survivors and their families.

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for Torture Victims**

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Building C, 2nd floor,
2200 Copenhagen N,
Denmark

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Denmark

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Danish Kroner (DKK) Account

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Account No. 4310-821152
IBAN DK90 3000 4310 8211 52

Euro (EUR) Account

Registration No. 4183
Account No. 3001-957171
IBAN DK69 3000 3001 9571 71

U.S. Dollars (USD) Account

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Account No. 4310-005029
IBAN DK18 3000 4310 0050 29