



Шубаи Ташкилоти байналмилалии
Институту «Чамбияти Кушода» - Бунёди Мадад
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Research on the System of Rehabilitation Service for the Victims of Torture

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Authors: **Galina Derevenchenko – Independent Expert on Human Rights**
Takhmina Saidova — Director of the Public Foundation “Public Health and Human Rights”

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When using the information contained in this report, the reference to it is obligatory.

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1. Introduction

The right to freedom from torture, inhumane and degrading treatment is secured in the fundamental universal international documents – the UN Universal Declaration of Human Rights (article 5), International Covenant on Civil and Political Rights (article 7) and European Convention for the Protection of Human Rights and Fundamental Freedoms (article 3).

Despite the fact that torture is prohibited by international law, more than three billion people currently live in the countries where the governments allow for the use of torture. Approximately 35 000 persons apply annually for help to the rehabilitation centers in the world. Their physical and mental suffering is alleviated with the assistance of physicians, nurses, psychologists, physiotherapists as well as other medical workers.

The Committee against Torture in its last recommendations with respect to Tajikistan has noted *the absence of information on any treatment and social rehabilitation services provided to victims, including medical and psychosocial rehabilitation* (art. 14). And it recommended to Tajikistan *to include into its domestic legislation clear provisions on the right of victims of torture to compensation including fair and adequate compensation and rehabilitation, in respect of the damage suffered as a result of torture. Also, to establish mechanisms and programs ensuring the rehabilitation to all victims, including a corresponding infrastructure within the Ministry of Health as well as to finance private medical, legal and other institutions, including those managed by non-governmental organizations which provide services for medical, psychological and social rehabilitation.*¹

The Coalition against Torture which was created in 2011 and which united up until present 11 public associations and 4 individuals has started its work on researching the existing institutions and mechanisms allowing for the introduction of the institute of rehabilitation for victims of torture in Tajikistan. Within the framework of some of the projects of the organization the Coalition members provide for some assistance but it is not comprehensive and systematic. Presently, victims of torture receive the needed legal help in the form of consultations, protection of their rights and interests on the side of the Coalition. However, as practice shows, in most cases the victim first of all needs the rehabilitation, namely, obtaining medical, psychological and social assistance. And only afterwards, upon receiving a comprehensive help, the victim needs legal assistance and support.

In 2014 the organizations, members of the Coalition, have documented 27 cases of torture and cruel treatment. Currently, the rehabilitation of victims of torture is carried out at the expense of the Honorarium Fund of the Coalition against Torture of Tajikistan, which is formed from the corresponding projects of the organizations – members of the Coalition. The Fund covers the following types of expenses:

- expenses related to rendering medical assistance to victims of torture or witnesses: purchasing of medications / drugs, payments for the conduct of urgent surgeries, rendering psychological assistance / rehabilitation of victims of torture;
- expenses for involving specialists for carrying out and drafting the psychological expertise with the determination of moral assessment;

¹Concluding Observations of the UN Committee against Torture on the Second Periodic Report of Tajikistan, November 2012, para. 21, available at the following link:
http://tbinternet.ohchr.org/_layouts/treatybodyexternal/SessionDetails1.aspx?SessionID=328&Lang=en

- expenses to cover other measures aimed at ensuring protection of victims of torture and/or their relatives, counsel and witnesses (temporary apartment renting, boarding, transportation expenses for a provisional change of the place of residence, purchasing a mobile sim-card, Internet access, and so on).

In 2014 a social, medical and psychological assistance was delivered to two victims of torture. They were provided with social support as well as diagnostic and medical services. As it was already stated above, the currently provided rehabilitation is non-inclusive and non-systematic, and it depends on financial means included in advance by the Coalition-member organizations into their projects.

The questions of rehabilitation of victims of torture are part of States' obligations to introduce standards of the Istanbul Protocol. A big work in this area is being carried out within the framework of the project financed by the International Department of the Open Society Institute Assistance Foundation in Tajikistan and Public Association “Human Rights Center” in partnership with international experts from the “Physicians for Human Rights”, on introducing the Istanbul Protocol into the practical activities of the Centers for forensic examinations and documenting the facts of the use of torture. However, this activities do not cover the issues of providing services aimed at rehabilitation of victims of torture.

In February 2014 a Plan of Action of the Working Group on the Implementation of the Istanbul Protocol Standards was signed by the Minister of Health and Social Protection of Tajikistan. The Coalition will be actively involved into the realization of certain areas of the Plan of Action in the sphere of rehabilitation of victims of torture. The Plan of Action contains the following provisions with respect to the rehabilitation of victims of torture:

- increasing the level of knowledge of the health employees in the area of specificity in working with victims of torture;
- elaboration of medical forms for physicians;
- conclusion of memorandums on the cooperation with medical, diagnostic, prophylactic (including with sanatoriums, preventoriums, recreation centers), expert institutions and individual specialists who have the corresponding licenses and certificates for the purposes of bringing assistance to the alleged victims of torture.

In 2014 the Coalition against Torture has started a new direction of activities aimed at the promotion of creating and developing an efficient system of providing medical, psychological and social support for victims of torture and cruel treatment in accordance with the requirements of the Istanbul Protocol and recommendations of the UN Committee Against Torture. These activities are carried out within the framework of the Coalition's Working Group on Introducing the Standards of the Istanbul Protocol and are realized by two public associations, members of the Coalition against Torture: “Legal Initiative” and “Human Rights Center”. Up until present, no attempts to conduct an assessment of the existing system of providing rehabilitation services for the victims of torture have been made.

The present research was carried out with the support of the research public association – Assistance Foundation in Tajikistan from November 2014 to January 2015.

We hope that the present assessment will be helpful in determining the future of rehabilitation of victims of torture in Tajikistan.

2. Methodology

In order to research the system of rehabilitation services for victims of torture, a monitoring concept defining aims, tasks, issues and research methods, was worked out. For the purposes of conducting the research a toolbox was developed, to carry out semi-structured interviews with heads of organizations, psychologists / psychiatrists and social workers. The toolbox was tested in the course of a pilot interview conducted with the public association “Avesto”.

During the research of the system of delivered assistance such subordinate institutions under the Ministry of Health and Social Protection of Population as support offices for women victims of domestic violence were revealed. They had been created in 6 polyclinics of the country in various regions (except GBAO). Owing to the fact that in Tajikistan there are practically no organizations which provide rehabilitation services to victims of torture, a decision was taken to cover by the research also the organizations providing rehabilitation to victims of domestic violence, human trafficking, etc.

The visits to crisis and resource centers as well as support rooms for victims of domestic violence were carried out during the period of December 2014 to end of January 2015. In the course of the monitoring the following methodology was used:

- ✓ review of international standards and national legislation in the sphere of rehabilitation of victims of torture;
- ✓ review of the world practice in the area of existing rehabilitation centers for victims of torture and cruel treatment which will create an efficient mechanism of providing help to victims of torture in Tajikistan;
- ✓ visiting centers, organizations and rooms;
- ✓ studying blanks, forms and materials on documentation;
- ✓ conduct of semi-structured interviews.

The research covered the following regions: Dushanbe-city, Soghd region, Khatlon region and GBAO (town of Khorog).

The assessment concerned 6 support rooms for victims of domestic violence, the State Rehabilitation Center for children of Khudzhand-city and 9 public organizations which provide various types of services to victims of torture, domestic violence, trafficking and so on. Total: 16 entities providing these or that services to victims.

#	Title	Region
1.	Support room for women who suffered from violence, Maternity Hospital #2	Dushanbe
2.	Support room for women who suffered from violence, The City Central Hospital	Kayrakum
3.	Support room for women who suffered from violence, Maternity Hospital of Khudzhand	Khudzhand
4.	Support room for women who suffered from violence, District Maternity Hospital	Kulyab

5.	Support room for women who suffered from violence, a unit of the Regional Maternity House	Vakhdat
6.	Support room for women who suffered from violence, Central Clinical Hospital	Kurgan-tyube
7.	Children Rehabilitation Center for Protection of the Rights of the Child	Khudzhand
8.	Center of Legal Support for Victims of Human Trafficking under the association “Women of Science of Tajikistan”	Khudzhand
9.	Women's Resource Center at the public association “Umed”	Isfara
10.	Crisis Center at the public association “Gamkhori”	Kurgan-tyube
11.	Women's Resource Center at the public association “Center of support of Vorukh”	Isfara
12.	Public association “Dzhakhon”	Dushanbe
13.	Center for Women's Self-Knowledge under the Khukumat of the city of Dushanbe	Dushanbe
14.	Public association “Avesto”	Dushanbe
15.	Public association “Nadzhoti Kudakon”	Kulyab
16.	Regional public organization “Association of Lawyers of Pamir”	Khorog

Practically all the indicated organizations and institutions have been visited by the researchers, with the exception of the public organization “Association of Lawyers of Pamir”. Since the research was carried out during winter-time and the access to GBAO is limited at this time of the year due to the region's geographical particularities, the questionnaires were sent and the responses were received by way of the Internet network.

Practically in all the entities covered by the research, the researchers were not granted access to the available documentation. The exception was the Crisis Center at the public association “Gamkhori” and the Center for Women's Self-Knowledge where the forms of registration of the person for undergoing a rehabilitation in the Centers was demonstrated (this is a single unified form developed for the crisis centers for victims of domestic violence).

For the purposes of covering the support rooms for victims of domestic violence by research a letter with request for support in the research's conduct was prepared and forwarded to the Ministry of Health and Social Protection of Tajikistan. The researchers thank the Ministry of Health for the support provided and for its readiness to cooperate with the civil society institutions.

3. International Standards in the Sphere of Torture Victims Rehabilitation and Legislative Framework

3.1. International Standards

The rehabilitation of victims is an important component of compensation and law recognized by the international human rights documents.² International law requires from the States to investigate allegations of torture and punish those persons who are responsible for such offences. It also requires that victims of torture receive redress for the damage and fair and adequate compensation, and that they are restored in their rights and undergo the maximum rehabilitation possible.

For the purposes of rehabilitation it is necessary to carry out two aspects: **procedural aspect and material legal aspect**. *Procedural obligations* imply the entry into force of the laws and mechanisms to consider complaints, organs and institutions for investigation including independent judicial bodies competent to establish the right of the victim of torture or cruel treatment to compensation and to award such compensation. *Material legal obligations* include the full and effective redress and replenishment including compensation and other means for the fullest possible rehabilitation. For the purposes of the present research the procedural obligations are not touched upon.

Convention against Torture

The UN Convention Against Torture contains a provision according to which the State must ensure in its legal system that the victim of torture receives redress and has an enforceable right to fair and adequate compensation including the means for as full rehabilitation as possible. In the event of the victim's death the right to compensation will be conferred on to his dependents (art. 14).³

General comments of the UN Committee against Torture

According to international standards, the victims are persons who have individually or collectively suffered harm, including physical or mental injury, emotional suffering, economic loss or substantial impairment of their fundamental rights, through acts or omissions that constitute violations of the Convention against Torture. A person should be considered a victim regardless of whether the perpetrator of the violation is identified, apprehended, prosecuted or convicted, and regardless of any familial or other relationship between the perpetrator and the victim. The term “victim” also includes affected immediate family or dependents of the victim as well as persons who have suffered harm in intervening to assist victims or to prevent victimization.⁴

The General comment #3 of the UN Committee against Torture provide an exhaustive response to the issues of rehabilitation of victims of torture (paras. 10-15). Thus, each State should adopt a long-term and integrated approach, and ensure that specialist

²See, for example, the Convention on the Rights of the Child and the Optional Protocol to this Convention, the Convention against Torture, the Declaration on Enforced Disappearances, the Declaration on the Elimination of Violence against Women.

³Available at: <http://daccess-dds-ny.un.org/doc/RESOLUTION/GEN/NR0/460/23/IMG/NR046023.pdf?OpenElement>

⁴General comment #3, the UN Committee against Torture, December 2012, para.3. Available at: http://tbinternet.ohchr.org/_layouts/treatybodyexternal/TBSearch.aspx?Lang=en&TreatyID=1&DocTypeID=11

services for victims of torture or ill-treatment are available, appropriate and readily accessible. These should include a procedure for the assessment and evaluation of individuals' therapeutic and other needs, based on, inter alia, the Manual on the Effective Investigation and Documentation of Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment (The Istanbul Protocol); and may include a wide range of interdisciplinary measures, such as medical, physical and psychological rehabilitative services; re-integrative and social services; community and family-oriented assistance and services; vocational training; education, etc. A holistic approach to rehabilitation which also takes into consideration the strength and resilience of the victim is of utmost importance. Furthermore, victims may be at risk of re-traumatization and have a valid fear of acts which remind them of the torture or ill-treatment they have endured. Consequently, a high priority should be placed on the need to create a context of confidence and trust in which assistance can be provided. Confidential services should be provided as required.

Besides, it should be ensured that **effective rehabilitation services and programmes are established in the State**, taking into account a victim's culture, personality, history and background and are accessible to all victims without discrimination and regardless of a victim's identity or status within a marginalized or vulnerable group (including asylum seekers and refugees). **The legislation should provide for establishing concrete mechanisms and programs for providing rehabilitation to victims of torture or ill-treatment.** *Access to rehabilitation programs should be provided to torture victims as soon as possible following an assessment by qualified independent medical professionals.* Means for as full rehabilitation as possible can be made available through the direct **provision of rehabilitative services by the State, or through the funding of private medical, legal and other facilities, including those administered by non-governmental organizations (NGOs)**, in which case the State shall ensure that no reprisals or intimidation are directed at them. The victim's participation in the selection of the service provider is essential. Services should be available in relevant languages. Systems for assessing the effective implementation of rehabilitation programs and services, including by using appropriate indicators and benchmarks, should be established.

The UN Declaration of Basic Principles of Justice for Victims of Crime and Abuse of Power

The UN Declaration of Basic Principles of Justice for Victims of Crime and Abuse of Power states that:

"... Victims should receive the necessary material, medical, psychological and social assistance through governmental, voluntary, community-based and indigenous means. Victims should be informed of the availability of health and social services and other relevant assistance and be readily afforded access to them. Police, justice, health, social service and other personnel concerned should receive training to sensitize them to the needs of victims, and guidelines to ensure proper and prompt aid. In providing services and assistance to victims, attention should be given to those who have special needs because of the nature of the harm inflicted..." (paras. 14-17).⁵

Besides, States should consider incorporating into the national law norms proscribing abuses of power and providing remedies to victims of such abuses. In particular, such remedies should

⁵ Available at: <http://daccess-dds-ny.un.org/doc/RESOLUTION/GEN/NR0/477/41/IMG/NR047741.pdf?OpenElement>

include restitution and/or compensation, and necessary material, medical, psychological and social assistance and support (para. 19 of the Declaration). The UN Special Rapporteur notes in relation to the right to compensation that rehabilitation should include medical and psychological care as well as legal and social services.⁶

The practice of international human rights bodies

Human rights documents provide for a procedural right to redress (restitution, compensation and rehabilitation).⁷ According to the practice of international human rights bodies, “... **the remedy ... must be "effective" in practice as well as in law, in particular in the sense that its exercise must not be unjustifiably hindered by the acts or omissions of the authorities...**”⁸

3.2. National legislation

The national legislation of the Republic of Tajikistan does not contain special provisions with respect to rehabilitation of victims of torture. The list of population groups of the Republic of Tajikistan which, in accordance with their social status and medical condition, are entitled to receive free medical services, does not include victims of torture and their relatives. Likewise, the provisions on rendering social assistance at home do not contain any reference to victims of torture and their relatives. For the purposes of bringing the national legislation into correspondence with requirements of international standards, it is necessary to carry out a comprehensive analysis of national legislation, develop a set of proposals and take the initiative to introduce amendments / additions for ensuring the rehabilitation to victims of torture. A thorough study of the legislative basis for rehabilitative activities is thereby needed.

4. Practice of other countries on rehabilitation of torture victims

What is comprehensive rehabilitation?

The aim of **comprehensive rehabilitation** is to help victims of torture to build their lives again and to feel themselves healthy, safe and whole person. Comprehensive rehabilitation tries to assure person who survived torture that he/she avails opportunity to come back to society and make a contribution to the society's life.

Different approaches could be used in the comprehensive rehabilitation. Individual approach used by any person who survived torture will depend on individual circumstances and needs. Some potential approaches include:

- Therapy: psychological consultation, support (short and long term);
- Individual medical assistance aimed at treatment of physical traumas, pain relief and loss of mobility;

⁶Final Report of the Special Rapporteur, Mr. M. Cherif Bassiouni, submitted in accordance with the Commission's Resolution 1999/33, E/CN.4/2000/62, 18 January 2000, principle 24. The text is available at: <http://userpage.fu-berlin.de/theissen/pdf/Basic%20Principles%20Right%20to%20Reparation%20%28Bassiouni%202000%29.pdf>

⁷See: Jeremy McBride, “Access to Justice and Human Rights Treaties” (1998), 17 Civil Justice Q.235.

⁸See: *Aksoy vs. Turkey*, European Cour of Human Rights, Judgement of 18 December 1996 r, para. 95.

- Support in the professional field;
- Social support;
- Integration into society;
- Group work;
- Alternative therapy (music, art and etc.);
- Legal assistance and support in legal issues.

The work of individual practitioner with persons who survived torture needs to be based on the needs of the victim. Due to the complexity and diversity of the needs of victims of torture who participate in comprehensive rehabilitation many types of potential assistance could be used. The victim of torture should have opportunity to choose type of assistance he/she needs.

The work based on the needs of person's survivors of torture means that practicing specialist listens to a victim and support his/her choice. The person, who survived torture, should always be in the center of the work and play an active role in deciding what form of support he/she wishes to receive and sets the pace of work. The person, survivor of torture, should be able to control the amount and rate of disclosure of information related to the torture he/she suffered. Tortures destroy any sense of control in patients who survived them. Thus the working approach based on the needs of people who survived torture helps a person to re-acquire sense of control and personal emancipation. Professional who use victim's needs approach supports victims in his/her statements of wishes and needs and does not decide what is best for the victim.

4.1. The Georgian Center for psychological and medical rehabilitation of torture victims⁹

The Georgian Center for Psychosocial and Medical Rehabilitation of Torture Victims (GCRT) is a nonprofit, nongovernmental organization that addresses the needs of traumatized communities in Georgia and offers professional tailor-made medical, psychological, social and legal services.

GCRT offers assistance to people who have been affected by acts of war and violence and who are severely traumatized as a result of their experiences.

GCRT has a multidisciplinary team of 40 professionals consisting of psychiatrists, psychologists, general practitioners, and social workers. Center has three departments: medical, psychosocial and legal.

Target group

GCRT serves the following target groups in particular:

- Individuals affected by acts of war;
- Individuals tortured by representatives of state agencies;
- Internally displaced persons (IDPs);
- Adult prisoners;

⁹<http://www.gcrt.ge/>

- Former prisoners (including probationers);
- Refugees from Chechnya;
- Juvenile delinquents, including juvenile prisoners;
- Children and adolescents who are victims of physical, psychological or sexual abuse;
- Family members of military and civilians missing as a result of the 1992-3 armed conflict in Abkhazia and the august 2008 war in South Ossetia;
- Victims of domestic violence and sexual abuse.

Services

Psychiatric and psychological services

Services for mental health include psychological, psychiatric and psychotherapeutic components. Treatment plans are developed with the participation of a multidisciplinary team of specialists. Monitoring progress in the process of treatment and rehabilitation is realizing on the ongoing basis. Psychological services of the Center include interview, clients' evaluation and psychological consultation on the individual, group and/or family level. Center ensure psychotherapy group and family services to children, adolescents and adults. Mental health services include diagnosis of mental disorders, counseling, medication management, and, if necessary, referring clients to specialized mental health services. Psychological services include psychological testing and initial interviewing a client during a meeting in the center of the inlet, supportive interventions, as well as individual, group and family psychological therapy.

Psychotherapy services are provided by the Center and include the following forms of intervention:

1. Individual therapy
2. Group therapy
3. Family therapy

Among the evidence-based treatment methods that GCRT uses are trauma-focused cognitive behavioral therapy, prolonged expositional therapy, brief eclectic psychotherapy and somatic experience therapy. Additionally, cognitive, cognitive-emotional and body-focused psychotherapy methods are used in order to achieve stabilization in cases of complex trauma or trauma-related disorders.

Psychiatric services include the following:

- consultation and clinical interview of the client;
- psychological testing with a specially designed set of questionnaires;
- psycho-diagnosing and defining of problems;
- designing a treatment plan together with the multidisciplinary group;
- if necessary, prescription of medical treatment;
- assessing dynamics of treatment and rehabilitation;
- additional consultations and retesting after a certain period of time;
- if necessary, referring clients to special mental health facilities.

Medical services

GCRT works on the assumption that it is impossible to heal the soul without healing the body and that providing only mental health services to survivors of torture is insufficient for a complete recovery. The physical consequences of torture must be addressed adequately as well, which is why GCRT provides extensive medical services both in-house and in cooperation with and through referral to other medical specialists and institutions.

The Center's medical services include consultations with a general practitioner, specialized physiotherapy and administration of medication. These services are provided at the Center's premises, but our organization also cooperates with specialized medical institutions to which we refer clients for laboratory analysis, additional examinations and treatment.

Based on a multidisciplinary approach, medical rehabilitation may involve the following:

- Medical examination, somatic and psychosomatic diagnosis;
- Referral to specialists within or outside GCRT or to medical institutions, for example for laboratory analysis or consultation with a specialist;
- Monitoring the treatment's progress, administration of medication, follow-up examinations;
- Physiotherapy.

GCRT keeps all medical records for its clients and guarantees their confidentiality.

The Center's medical services include laboratory and clinical examinations, consultations with a general practitioner, consultations with various professionals in referral medical clinics, medication treatment and special physiotherapy procedures. The Center keeps all medical documentation for its clients and guarantees their confidentiality.

The center's medical rehabilitation process implies provision of services at the center's premises as well as referring clients to specialized medical institutions for additional examinations.

Based on multidisciplinary approach, medical rehabilitation involves the following activities:

- initial medical consultation, somatic and psychosomatic diagnosis in the center;
- referrals to medical institutions for laboratory examination, specialist's consultation, diagnostic and treatment purposes.
- referrals within the center, in particular, supporting and preparing clients for involvement in psycho rehabilitation process.
- treatment process management- provision of medication, control examinations, if necessary repetition of the treatment.
- physiotherapy services;
- in case of psychosomatic disorder, provision of complex treatment.

Social services

GCRT offers its clients the following social services:

- Assessment of and addressing the client's social needs;
- Providing information about relevant social activities and arranging the availability of these activities for the client;
- Referring the client to educational and training courses outside the Center;
- Research of services that cannot be independently accessed by the clients themselves;
- Mediation with service providing institutions;
- Defending the client's interests and exploring formal and informal supportive networks for the client.

If necessary, GCRT staff visit the client at his or her place of residence, including penitentiary establishments and IDP settlements, to assess the situation and provide tailor-made social services adapted to the client's living situation.

Legal services

GCRT offers free legal services to its clients. Our qualified lawyers provide legal counseling for survivors of torture and their family members on any issue of importance for our clients and not limited to torture, inhuman treatment or other human rights violations. They also provide legal support in case a client decides to apply his or her case to the European Court for Human Rights.

4.2. Committee against Torture – Department of rehabilitation programs (Nizhniy Novgorod)¹⁰

Committee against Torture is non-commercial organization which works in the field of human rights protection. Department of rehabilitation programs (DRP) is a structural unit of Committee against torture which aimed at providing medical and psychological assistance to victims of torture and members of their families. Besides DRP assists to the investigation department with evidence basis on the cases based on medical documentation with use of modern means and methods and medical technologies for diagnosis and treatment of different pathologies.

Following tasks are implemented by the DRP specialists:

1. Organization of diagnostic and therapeutic measures.
2. Search and attraction to cooperation of individual health care professionals and institutions, as well as expert structures in various fields needed to provide qualified assistance to victims of torture and ill-treatment.

¹⁰ <http://pytkam.net/>

3. Control of implementation of rehabilitation programs in the regional field offices of the NGO "Committee against Torture".
4. Increasing the level of knowledge of employees of NGO "Committee against Torture" in the medical aspects of working with victims of torture and ill-treatment..
5. Increasing knowledge of health workers in the specifics of working with victims of torture.
6. Accumulation and exchange of experience in the rehabilitation of victims of torture and ill-treatment with organizations engaged in similar activities.

All cooperating with the Committee of therapeutic, diagnostic, preventive and expert institutions and individuals have the appropriate licenses and certificates. All diagnoses, which operate in their work DRP staff, comply with the International Classification of Diseases of 10th revision.

Types of services

Rehabilitation services are rendered to the victims of torture, violence and trafficking. They are provided with legal, medical and psychological assistance. Organization has a staff only coordinator. Social worker and psychologist work on a contract basis for each case. Organization does not have any medical staff. Contacts on cooperation are concluded with medical staff. They work on hourly basis with each applicant.

The Committee concluded cooperation agreements with many medical institutions. Initially, the victim is sent for examination. Finally the statement is prepared on the basis of which victim passes other doctors then diagnosed and treatment is implemented, purchased medicines, consultation with psychologist or therapist are conducted.

Individual program of rehabilitation is developed for each client and lasts as long as it needed for a client.

The working strategy

The process of interaction of DRP staff with victims of torture has several levels. Some medical interventions are needed at the stage of preliminary examination by an inspector of the investigation department. They are requires a number of medical interventions such as the collection of medical history, instrumental and laboratory examination, a forensic medical examination, work with the available medical records of the applicant that aim to confirm or deny the existence of bodily injury and/ or psychological trauma. Forensic examination is carried out in cases where there is no possibility to evaluate physical damage:

- a) evidences of torture regressed over time or during treatment;
- b) injuries were described inaccurately or incompletely;
- c) torture have not left on the body of the victim any signs of damage.

DRP staff organizes consultation of psychiatrist or psychotherapist, because, according to the Istanbul Protocol p.71, namely psychological examination plays a central role in the proof of torture. Medical documentation obtained at this stage is attached to the case.

DRP staff organizes consultation of a psychologist or a psychotherapist, because, according to the Istanbul Protocol¹¹ namely psychological examination plays a central role in the proof of torture. Medical documentation obtained at this stage of attached to the case.

The applicant is recognized as a victim if an inspector makes positive conclusion at the end of the preliminary investigation stage. DRP staff develops individual rehabilitation rout for a victim based on the doctors' recommendations and taking into account the state of the victim. Besides the client the Committee may include members of his/her family, closest relatives and people taking care of a victim to the rehabilitation process. The rehabilitation rout is implemented in the interests of public investigation in close cooperation of DRP staff with Investigation Department. Since the appeal to the Committee the victim may be granted support of the psychiatrist, both during treatment and rehabilitation, and during the legal process (investigative actions, participation in the hearing). The rehabilitation rout is implemented on the base of different specialized medical institutions in the regions where Committee is working, in the neighboring regions and even in the neighboring countries. Pharmacies, providers of medical supplies and individual experts are also involved in the process.

4.3. Rehabilitation Center for Victims of Torture in Kyrgyzstan¹²

The program is implemented by the Public Fund "Voice of Freedom". The center was established in 2007. Program activity is supported by the International Council for the protection of torture victims and UN Voluntary Fund for Victims of Torture. The center is located in the Kyrgyzstan capital Bishkek city.

Types of services and selection of candidates for the rehabilitation

Rehabilitation program services includes: medical, social, psychological and legal assistance. Organization has following staff: social worker, psychologist and lawyer. Medical and therapeutic services are provided on the basis of medical institutions (contracts with medical professionals are concluded for each case).

Rehabilitation of torture victims lasts one month. They receive consultations of a psychologist and psychotherapist and if necessary - medication. A special commission selects candidates to undergo rehabilitation, based on the examination of cases of torture victims, the findings of psychologists and interviews with candidates. Experienced therapists and psychologists are selected for participation in the program.

Target group

Ill-treated / tortured by government officials persons or other persons acting in an official capacity (law enforcement agencies, representatives of administrative agencies, etc.):

¹¹Istanbul Protocol (Manual on the Effective Investigation and Documentation of Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment), para 71. Available at:

<http://www.ohchr.org/Documents/Publications/training8Rev1en.pdf>

¹²<https://ru-ru.facebook.com/pages/Rehabilitation-Center-for-Victims-of-Torture-in-Kyrgyzstan/109383465816862>

- Victims of torture and their family members;
- Minors;
- Members of ethnic, religious and minority groups;
- Refugees and asylum-seekers.

5. Research results

The research covered eight government structures (6 rooms for the support of domestic violence victims, trafficking, Rehabilitation Center for children in Khujand and Women’s self-discovery Center) and 8 non-state organizations.

5.1. State structures

5.1.1. Support Rooms for Victims of Domestic Violence

Support Rooms for Victims of Domestic Violence have been established at the maternity hospitals and health centers with the support of UNFPA (United Nations Population Fund). Rooms are former wards in the hospitals (there are cases where they are still used as wards for patients), furnished and equipped with air conditioners and a stove for cooking (there were rooms in which they are almost never used). Very often, the only service provided to the victim is living in a room from 1 to 3 days in most cases (in Dushanbe, this period is extended until the settlement women’s cases). The budget does not include funds for the maintenance of the room, payment of staff responsible for rooms, food and medicine for women. Responsible persons for the rooms are obstetrician-gynecologists who perform their work on a voluntary basis. In some cases (for example in Dushanbe and Khujand) women are referred to the crisis centers (which avail necessary human resources) for provision of psychological and legal assistance. Rooms can be used only as a place to live, they can not be used as shelters because they are in public institutions and their location is known to everyone.

5.1.2. Center for Women's Self-Knowledge

The Center is located in the city of Dushanbe and maintained at the expense of the state budget (Khukumat city). The Center receives victims of domestic violence and violence at the workplace. Center is not ready to provide services to victims of torture, because staffs are not trained on the subject. Center has following staff: one social worker and one lawyer. Clients provided with legal, psychological and pre-medical assistance.

5.1.3. Children Rehabilitation Center for Protection of the Rights of the Child

Rehabilitation Center is located in Khujand city and is a state institution which is maintained by the state budget. . The center provides: psychological, social, legal, and educational services. The staff are: 2 social workers (full-time), one psychologist (part-time), non-formal education teachers and senior tutor. The child can be referred if necessary to the Public Organization “Sarchashma” (which is located at the building of the Center) for provision of legal assistance. Center staffs use neighboring health care centers for medical care (there is an agreement on free admission of children). Funding is provided from the state budget. Children can visit the center during the day, and those who have nowhere to go live in the center. The tenure for children is up to 4 months. For each child an individual program of rehabilitation. Center can receive up to

30. The Centre has expressed readiness to provide rehabilitation services to children victims of torture.

5.2. Non-State Structures

5.2.1. Resource Centers

Resource centers for women are operated with the support of the OSCE (Organization for Security and Cooperation in Europe) in Tajikistan. Victims of domestic violence are rendered with social, psychological and social assistance. Clients may also be offered to pass job training. Individual rehabilitation program is not compiled. Centers could provide rehabilitation services to the victims of torture. Though staff needs special training (but do not have the training) and there is a need for additional assistance (material and human resources).

5.2.2. The Crisis Center for Victims of Domestic Violence

The Center provides psychological, social, legal and medical assistance to the victims of violence and in some cases to the victims of human trafficking. The organization employs 3 psychologists, 3 social workers, 2 lawyers and a doctor (general practitioner). The Center one out two organizations (second is Center for Women's Self-Knowledge) which provided the registration form and individual rehabilitation program. There were cases where victims of torture applied to the Center, admitted and assisted. Staff underwent special training on dealing with victims. The organization expressed its willingness to work with victims of torture.

5.2.3. Center for Legal Support of Victims of Human Trafficking

Center for legal support of victims of human trafficking is established at the Association "Women of science in Tajikistan" in 2013 and has shelter. Target groups are: migrants who were in traffic and sex - workers who were trafficked. Activity of the Center is supported by the International Organization for Migration (IOM). The Center has following staff: psychologist and social worker. The lawyer can be involved on contract basis if needed. Staff is specially trained to work with victims. Shelter can admit up to 6 persons. Victims are provided with food and medicines. The period of stay at the shelter is up to one month. Individual program of rehabilitation is designed for every client. The organization expressed its readiness to provide rehabilitation services to victims of torture, (in case this issue will be agreed with the IOM).

5.2.4. Public association "Avesto"

NGO "Avesta" provides medical, psychological and social services to victims of torture, who are mostly former prisoners. This year, one client was not former prisoner but academic accused of taking bribes and who was under investigation. Organization is based on the City Health Care Center #2 in Dushanbe. Basically clients to the organization are referred by the TB dispensary. Initially clients are attracted by the possibility of receiving humanitarian aid. 20-30 victims of torture are serviced in average annually (20 in 2014, mainly men, there are 1-2 women victims of torture on average per year). In general, activities are carried out with financial support from the UN Fund for Support of Victims of Torture.

Initial interview is carried out by the project coordinator (the head of the organization) that

assesses needs, identifies the presence of applied to victim torture and related problems and refer victim getting psychological, social and health services (if necessary). The client in need of legal services may be referred to the Public Association "League of women lawyers". According to social worker the individual program of rehabilitation is prepared for each client (but unfortunately copy or form of the program was not provided).

Organization employs psychologist part-time. The psychologist has 5 year experience in the rehabilitation of torture victims and received special training on the rehabilitation of victims. Psychological methods of rehabilitation are mainly used. Such types as occupational therapy, group therapy and music therapy are used. 3-4 session - in average are conducted with the victim of torture based on the nature of the trauma. According to the psychologist for every client, a program of rehabilitation is developed (but the copy was not granted).

The social worker also works part-time - has experience of 3 to 5 years and was trained, to provide social services to victims of domestic violence and human trafficking. Following types of social services are provided: social support, home visits in order to provide social services, distribution, delivery of humanitarian aid, food.

Medical services provided by family doctors of city health center №2, on the basis of which the NGO "Avesta" is located. The victim who needs hospitalization may be placed to the hospital at the polyclinic. Pharmacological therapy is not used.

Almost all the clients of organization (alleged victims of torture) are former prisoners. There is no information whether all victims of torture sentenced to pay and if not, what percentage of the total number seeking help former prisoners. Organization is not a member of the NGO Coalition against torture and does not have practice of work with victims-clients of Coalition.

6. Conclusion

Due to the fact that Tajikistan has no organizations that provide rehabilitation services to victims of torture, it was decided to cover by the study organizations that provide rehabilitation services to victims of domestic violence, human trafficking, etc. The survey covered 16 organizations/structures (8 state: Support rooms for victims of domestic violence, Center for Women's Self-Knowledge and one State Rehabilitation Center for the Protection of the Rights of the Child; and 8 public: crisis centers, resource centers, shelters). The results of the research showed that support rooms for victims of domestic violence do not provide any services except for accommodation. Rooms also cannot be used as a shelter, because they are located in a state institution and location is well known to all. Shelters for the victims of trafficking avails human resources and working experience with victims. However the willingness of shelters to work with torture victims depends on permission of their donors (IOM). Resource centers for women are not willing to provide rehabilitation services to victims of torture, while the crisis centers for victims of domestic violence have the will and capacity to work with victims of torture (but additional support is needed). Rehabilitation center for children in Khujand city has the necessary resources and could provide services to children victims of torture, but the budget of the Center does not provide for payment for medical services. Thus, there is a need

to create a separate pilot center for the rehabilitation of torture victims. Taking into account availability of limited financial resources the model of the Center in Georgia (Center has 20 staff members). The model of the Rehabilitation Center for Victims of Torture in Kyrgyzstan can be used in Tajikistan. Committee employs social worker, psychologist and lawyer. Separate contracts with the relevant specialists and diagnostic centers can be concluded in case of need. Based on the fact that some member organizations of the Coalition against Torture provide legal services to victims of torture – their potential can be used. Some covered by the research organizations and institutions already providing services to victims - such as providing a shelter, vocational training and various types of therapy etc. It is necessary to consider the possibility of cooperation of pilot cabinet with these organizations and to develop map interaction. It is proposed to establish a pilot study initially NGOs. The activity of the cabinet will be initially supported through donor funds and then from the state budget.

7. Recommendations

1. Establish Rehabilitation center for torture victims (pilot cabinet).
2. Establish cooperation between the Centre and the forensic examination, other health authorities and individual experts.
3. Strengthen the capacities of persons involved in the process of rehabilitation (social workers, psychologists, doctors of the first link, lawyers etc).
4. To set cooperation with organizations that can play a supporting role in the rehabilitation process (crisis and resource centers etc.).
5. Develop map of centers' locations Разработать карту расположения центров (see para.4) and available services that can be provided by them.
6. Develop a mechanism for victims' referrals.
7. To conduct comprehensive analysis of the national legislation of the Republic of Tajikistan on rehabilitation of torture victims, followed by the elaboration of a package of recommendations for changes (additions) into national legislation.
8. Consider the possibility of rehabilitation of torture victims who are in closed institutions (prisons, psychiatric clinics and others.).
9. Develop program for protection of witnesses.

10. Examine the registration forms of medical examination and registration of health which were developed by the Ministry of Health and to consider the possibility of use of these forms in the process of registration of torture victims.