

**Comprehensive Rehabilitation Program for Torture Victims, and their Families,
and those who Committed Torture and Other Cruel, Inhuman
and Degrading Treatment or Punishment**

I. RATIONALE

Torture is a serious and terrible assault against human dignity. It strikes at the very core of one's civil and political freedoms violating human rights. Torture is immoral and impractical and is declared unacceptable by the international law and the domestic laws of most countries.¹

The mental health consequences of violence including torture and traumatic stress worldwide have emerged as one of the major public health problems of our time (WHO 2002). Severe physical and mental health effects associated with torture and trauma will continue to be a public health problem. The consequences of torture are not only in relation to health but also in the exercise of rights of person. It affects not only individuals and families, but also communities, societies, and entire nations. The legacy of these experiences -- because of the indelible marks they leave -- often continue into subsequent generations creating an enduring cycle of pain and suffering (also known as multi generation trauma)²

The prohibition of torture is absolute. The Constitution mandates that no one shall be subjected to torture and other cruel, inhuman and degrading treatment and punishment.³ The Philippines as a state party to the International Convention Against Torture and other Cruel, Inhuman and Degrading Treatment or Punishment, guarantees that no one may be subjected to torture or to cruel, inhuman or degrading treatment or punishment.

On November 10 2009, Republic Act No. 9745, also known as *An Act Penalizing Torture and Other Cruel, Inhuman and Degrading Treatment or Punishment and Prescribing Penalties Therefore*, was signed into law. This is to ensure that all the rights of the detainees, suspects or prisoners are respected as it penalizes torture and other cruel, inhuman and degrading treatment or punishment that would cause physical or psychological harm. Its Implementing Rules and Regulations (IRR), was signed on December 10, 2010.

Section 19 of RA 9745 provides for the formulation of a comprehensive rehabilitation program for the victims of torture and their families. The Department of Social Welfare and Development (DSWD), Department of Justice (DOJ), Department of Health (DOH) and other concerned government and human rights organizations are mandated to formulate comprehensive rehabilitation program in consultation with other human rights-non-government organizations that geared towards the attainment of restorative justice, and a parallel rehabilitation program for persons who have committed torture and other cruel, inhuman and degrading punishment.

II. LEGAL BASES (If there is need to shorten the write-up, we may omit this section, select those most directly related to RA 9745 or merge and select at most 6 international instruments, standards and principles.)

A. INTERNATIONAL INSTRUMENTS

Universal Declaration of Human Rights. Article 8 and of the International Covenant on Civil and Political Rights, Articles 2, 10, 14 provide for the rehabilitation....

United Nation Convention Against Torture, Article has reiterated that “Each State Party shall ensure in its legal system that the victim of an act of torture obtains redress and has an enforceable right to fair and adequate compensation including the means for as full rehabilitation as possible”.

The Convention on the Rights of the Persons with Disabilities also provides a legal basis as all survivors of torture can be categorized as persons with disabilities without exception.

¹ Introduction - Anti-Torture Act of 2009 and its Implementing Rules and Regulations
² WHO 2002
³ Introduction - Anti-Torture Act of 2009 and its Implementing Rules and Regulations

1 **Convention on the Rights of the Child (CRC) and the Convention on Elimination of All Forms of Discrimination**
2 **Against Women (CEDAW)**, also protect any person from all forms of neglect, exploitation or abuse, torture or any
3 other form of cruel, inhuman or degrading treatment or punishment.
4

5 **Geneva Conventions (1949) Third Convention Article 99**, - "no moral or physical coercion may be exerted on a
6 prisoner of war in order to admit himself guilty of the act of which he is accused"
7

8 **International Convention on the Elimination of All Forms of Racial Discrimination**

9 "... to guarantee the right of everyone, without distinction to race, color or national or ethnic origin, to equality
10 before the law, notably in the enjoyment of the following rights:
11

12 "(b) The right to security of person and protection by the State against violence or bodily harm, whether inflicted by
13 government officials or by any individual group or institution..."
14

15 **B. INTERNATIONAL STANDARDS AND PRINCIPLES**

16
17 Another basis is the Principle of Medical Ethics relevant to the Role of Health Personnel, Particularly Physicians, in
18 the protection of Prisoners and Detainees against torture and other cruel, inhuman or degrading treatment or
19 Punishment (1982) of Torture and other cruel, inhuman or degrading treatment or Punishment (Istanbul protocol)
20 (1999).
21

22 **UN Principles of Medical Ethics relevant to the role of health personnel, particularly physicians, in protecting** 23 **prisoners against torture and other cruel, inhuman or degrading treatment or punishment (1982)**

24 Establishes a clear link between international law and medical ethics stating:

- 25 ■ Health professionals charged with medical care of prisoners and detainees have a duty to protect their
26 physical and mental health
- 27 ■ It is a gross contravention of medical ethics and an offence under international law for health
28 professionals to engage actively or passively in torture or other cruel, inhuman, or degrading treatment
29
30

31 **UN Minimum Standards for the Treatment of Prisoners (1957), Rule 31** "Corporal punishment, punishment by
32 placing in a dark cell, and all cruel, inhumane or degrading punishments shall be completely prohibited..."
33

34 **UN Code of Conduct for Law Enforcement Officials (1979), Article 5**

35 "No law enforcement official may inflict, instigate or tolerate any act of torture... nor may any law enforcement
36 official invoke superior order or exceptional circumstances...as a justification of torture... In this code of conduct, the
37 term "law enforcement officials" is said to include all officer of the law who exercise police powers, especially the
38 powers of arrest or detention."
39

40 **World Medical Association Declaration of Tokyo (1975)**

41 Sets out guidelines for medical doctors in relation to detention and imprisonment. It states that doctors should refuse
42 to participate in, condone, or permit torture, degradation, or cruel treatment of prisoners or detainees.
43

44 **C. NATIONAL LAWS**

45
46 **1987 Philippine Constitution, Articles 3, Section 12, paragraph 2** guarantees that "No torture, force, violence,
47 threat, intimidation, or any other means which vitiate the free will shall be used against him. Secret detention places,
48 solitary, *incommunicado*, or other similar forms of detention are prohibited." **Article 2, Section 11, also** provides that
49 "The State values the dignity of every human person and guarantees full respect for human rights."
50

51 Prior to the enactment of R.A. 9745 (Anti-Torture Law) Act of 2009, several legislations containing provisions
52 against torture or cruel, inhuman or degrading treatment or punishment and stating the policy of the State to value
53 the dignity of every human being and guarantee full respect for human rights. Such laws include:
54

- 55 ■ R.A. No. 9710 (An Act Providing for the Magna Carta of Women), **2009**
- 56 ■ R.A. No. 9344 (Juvenile Justice and Welfare Act of **2006**),
- 57 ■ RA 9262 (Violence Against Women and their Children), **2004**
- 58 ■ RA 9231(An Act Providing for the elimination of the worst Forms of child Labor and Affording Stronger
59 Protection for the Working Child, Amending for this Purpose RA 7610), **2003**
- 60 ■ R.A. No. 7610 (Special Protection of Children Against Abuse, Exploitation and Discrimination Act), **1992**
- 61 ■ Republic Act No. 7438, (An Act Defining Certain Rights of Person Arrested, Detained or Under Custodial
62 Investigation as well as the duties of the Arresting, Detaining and Investigating Officers, and Providing
63 Penalties for the Violations Thereof) **1992**
64

1 After the enactment of R.A. 9745 (Anti-Torture Law) a new law was passed, which is RA 9851 An Act Defining and
2 Penalizing Crimes Against International Humanitarian Law, Genocide and other Crimes Against Humanity,
3 Organizing Jurisdiction, Designating Special Courts, And for Related Purposes, particularly in Chapter III, Section
4 6.
5
6

7 III. DEFINITION OF TERMS (operational definition)

8
9 This serves as the operational definition in the implementation of the program:
10

- 11 1. **Restorative Justice** – refers to principle which requires a process of resolving conflicts with the maximum
12 involvement of the victim, offenders and the community.
13
- 14 2. **Rehabilitation** – a process of restoring functionality including managing pain, restoring productivity, finding and
15 reframing meaning in experience. It is a transformation process not only towards healing but also being empowered
16 and attaining development, **although the aim is not the full restoration of function but the optimization of quality of**
17 **life.**
18
- 19 3. **Reintegration** -- is a process focused on reuniting the victim and/ or the one who committed torture with his/her
20 family and community or on integration in a new community. It implies a package of measures towards restoring the
21 victim's rights, social status and health and helping him/her regain vital capacity for activities that were restricted
22 due to some reasons. It includes measures on restoring/building friendly relations in the family, vocational training
23 and employment, regaining the feeling of being full-fledged members of society, feeling of self-respect and other
24 ethnic personal interrelations.
25
- 26 4. **Perpetrator** – refers to a person who commits acts of torture, cruel, inhuman and degrading treatment or punishment
27 to an individual.
28
- 29 5. **Torture**-refers to an act by which severe pain or suffering, whether physical or mental is intentionally inflicted on a
30 person for such purposes as obtaining from him/her or a third person information or a confession; punishing him/her
31 for an act he/she or a third person has committed or is suspected of having committed; or intimidating or coercing
32 him/her or a third person; or for any reason based on the discrimination of any kind, when such pain or suffering is
33 inflicted by or at the instigation of or with the consent or acquiescence of a person in authority or agent of a person
34 in authority. It does not include pain or suffering arising only from, inherent in or incidental to lawful sanctions.
35
- 36 6. **Other cruel, inhuman and degrading treatment or punishment**-refers to a deliberate and aggravated treatment or
37 punishment not enumerated under section 4 of the Act, inflicted by a person in authority against a person under
38 his/her custody, which attains a level of severity causing suffering, cross humiliation or debasement to the latter.
39
- 40 7. **Victim**-refers to the person subjected to torture and other cruel, inhuman or degrading treatment or punishment as
41 defined above and any individual who has suffered harm as a result of any act(s) torture and other cruel, inhuman or
42 degrading treatment or punishment.
43
- 44 8. **Service Provider**- refers to an agency/organization//individual providing protection and assistance to a victim
45 survivor of violence (torture) whether government or non-government/faith based-based organization/agency
46 providing social welfare and development services, health/ medical/psychological/psychiatric services, legal
47 assistance, educational (formal, non-formal/alternative) services and others for the recovery and reintegration of a
48 victim survivor. Victims their families and perpetrators
49
- 50 9. **Case Manager**-refers to a social worker or focal person of the service provider who is responsible for the provision
51 and monitoring of services of a particular victim of torture, his/her family and the perpetrator. She/he ensures that
52 services needed by victim of torture, his/her family and the perpetrator are provided by the agency or by other
53 agencies through referral. She/He is in-charge of case management.
54
- 55 10. "Children"- refers to person below eighteen (18) years of age or those over but are unable to fully take care of
56 themselves or protect themselves from abuse, neglect, cruelty, exploitation or discrimination because of a physical or
57 mental disability or condition.
58
59

60 IV. PROGRAM FRAMEWORK

61
62 The Comprehensive Rehabilitation Program for Victims of Torture and other cruel, inhuman and degrading acts and their
63 Families shall provide for the physical, social, and psychological healing and development of victims of torture and their
64 families. Treatment of torture victims ideally requires holistic treatment, since the consequences of torture are acute and

1 chronic, and may include physical, psychological, cultural, spiritual and socio-political problems. The Program aims to
2 enable the victims to recover their health, sense of well being, and to become contributing members of the community.
3 Moreover, it is part of redress and providing justice to the victim.
4

5 Thus, a parallel rehabilitation program for persons who have committed torture and other cruel, inhuman and degrading
6 punishment shall also be crafted to help perpetrators internalize that the torture is inadmissible in any other circumstance
7 and the irreversible and far reaching damage the act inflicts to the individual and the social fabric.
8

9 Rehabilitation program is mandatory for those convicted perpetrators; while voluntary for those who are not yet
10 convicted.
11

12 The intervention shall be crafted based on the different identified needs of torture victims, their families based on the
13 assessment of case manager. Specific corrective interventions for those who committed torture and other cruel acts shall
14 be based on further research and documentation of torture cases along with the processing of convicted perpetrators.
15

16 A. TORTURE VICTIMS

17
18 Survivors of torture referred to treatment have a broad range of mental, physical, emotional, behavioral and socio-
19 cultural problems. Torture victims often develop primary psychological symptoms as well as secondary mental and
20 psychological symptoms as a result of physical sequelae. Torture has a serious impact on the functioning of
21 individuals and is a barrier to overall rehabilitation. It is strongly associated with incapacity for normal employment,
22 poor social participation and progressive functional loss in persons disabled with pain. Chronic pain conditions are
23 also common among torture survivors.
24

25 ~~In documenting torture, the focus will be on the description of symptoms and signs, which provide evidence to~~
26 ~~support the account of torture. Medical documentation of alleged exposure to torture is based on the reporting of the~~
27 ~~degree of consistency between: 1) the torture history, 2) symptoms as described by the victim and 3) possible~~
28 ~~findings at medical examination.⁴ For the template, see Annex ___ (Refer to Section 24 of the RA 9745-IRR)~~
29

30 Prevention and rehabilitation are interconnected. It is built on a public health discourse that emphasizes levels of
31 interventions (in preventive work), seeing rehabilitation as one level of preventive interventions, rehabilitation being
32 a form of tertiary prevention which is aimed at reducing residual effects of an illness or injury.
33

34 ~~In public health, distinction is made between primary, secondary and tertiary prevention. Translated to the~~
35 ~~prevention and rehabilitation of consequences of torture and ill treatment, the following distinction can be made:⁵~~
36

- 37 ~~▪ **Primary prevention** is the identification and signaling of the (consequences of) torture and other causes that lead~~
38 ~~to distress and physical and mental health problems and disorders among victims of torture and the promotion of~~
39 ~~adequate measures to eradicate torture and limit the other causes; health care can contribute to the reduction and~~
40 ~~eradication directly (information, education, training) and/or indirectly (providing data to relevant bodies).~~
41
- 42 ~~▪ **Secondary prevention** is the earliest assistance (empowerment) in coping with consequences of torture and the~~
43 ~~timely provision of adequate medical, psychosocial, and/or psychotherapeutic care in order to treat or cure the~~
44 ~~consequences.~~
45
- 46 ~~▪ **Tertiary prevention** is the provision of adequate medical, psychotherapeutic and/or psychiatric care to victims of~~
47 ~~torture or reduces disability, enhance rehabilitation and prevent relapses and recurrences of the illness.~~
48

49 B. THOSE WHO COMMITTED TORTURE AND OTHER CRUEL, INHUMAN, AND DEGRADING 50 TREATMENT OR PUNISHMENT

51
52 The principles of restorative justice shall be applied in providing rehabilitation program for those who committed torture.
53 This principle seeks to obtain reparation for the victim; reconciliation of the offender, the offended and the community;
54 and reassurance to the offender that he/she can be reintegrated into the society. It also enhances public safety by
55 activating the offender, the victim and the community in prevention strategies.⁶ Further, it is a theory of justice that

⁵ Hosman C, Jane-Llopis E, Saxena S. *Prevention of Mental Disorders: Effective Interventions and Policy Options. A Report of the World Health Organization. France: World Health Organization; 2004.*
<http://mhtransformation.wa.gov/pdf/mhtg/PublicHealthModelMH.pdf> p. 20

⁶ R.A.9344, s 4 (q)

1 emphasizes repairing the harm caused or revealed by criminal behavior and is best accomplished through
2 cooperative processes that include all stakeholders.⁷
3

4 The rehabilitation program shall consist of three levels:

- 5
6 a. Primary intervention includes general measures to promote human rights and to prevent the culture of impunity.
7 b. Secondary intervention includes measures to instill accountability, values and behavior modification in order to
8 prevent re-offending
9 c. Tertiary intervention includes measures to reintegrate the perpetrator and become a productive member of the
10 society.
11

12 Given the dearth of data on actual processes for corrective rehabilitation of torture perpetrators, expansive and
13 intensive research will be conducted to come up with more specific and appropriate interventions for the offenders.
14

15 V. GENERAL PRINCIPLES

16
17 ***Comprehensive continuum of care.*** A holistic approach is necessary to guarantee an effective rehabilitation and
18 reintegration of the torture victim and the one who committed torture. As such, a comprehensive continuum of care in
19 accordance with the economic, physical, psychological, and social condition of the client should be made available in
20 collaboration with other agencies/ organizations concerned. ~~Programs and services must be client sensitive, culture and~~
21 ~~gender-responsive to the specific needs of children and women.~~
22

23 ***Confidentiality and right to privacy.*** Only relevant information should be gathered by the service provider and any
24 release or disclosure of such information must be with the consent of the victim.
25

26 ***Gender- sensitivity.*** This is the ability to recognize that women's perceptions, experiences and interests maybe different
27 from those of men, arising from an understanding of women's different social position and gender roles. The provision
28 of gender-sensitive services to torture victims necessarily includes a rights-based approach, i.e. according to women at all
29 times and in all stages of responding to their needs, their respect and dignity as their inherent right.
30

31 ***Appropriateness of treatment and care.*** While recognizing that torture victims share a number of common experiences
32 and circumstances, the service provider should consider the individuality of each client not only in terms of age and sex
33 but also socio-cultural and family background, level of education, economic strata, personality characteristics, and
34 experiences before, during and after torture. Provision of services must be appropriate to the individual needs and
35 circumstances of the client based on an assessment conducted by the referring and/ or receiving agency. Special
36 consideration must be undertaken for children considering their level of development and needs. The competence of
37 service providers should also be a must in treating the elderly, adolescents, sexually tortured women and sexually
38 tortured men.
39

40 ***Informed consent.*** All assistance to the torture victims should proceed on the basis of his/her full and informed consent.
41 It is incumbent on the service provider to explain relevant actions, policies, and procedures from the initial contact with
42 or admission to the agency until the termination of the assistance, in such a way that the torture victim understands before
43 seeking consent to any action or proposal. If necessary, an interpreter of the same sex should assist the client. For a
44 child, their views and opinions must be heard and taken into account and in consultation with the legal guardian.
45 Information must be given to the child appropriate to his/her maturity and level of understanding. It is recommended that
46 the client indicate his/her consent in writing. The child's parents or legal guardian shall sign documents in behalf of the
47 child after considering the child's opinion on the matter.
48

49 ***Non-discrimination.*** Every individual is entitled to equal protection and rights regardless of age, race, color, creed,
50 spiritual orientation, nationality, disability, property, birth or other status. Therefore, provision of services and in all
51 actions related to torture situation by the agencies/organizations should not be contingent on any of the aforementioned
52 factors.
53

54 ***Participation and self-determination.*** This is in recognition of the rights and needs of the torture victims to make his/her
55 own informed choices and decisions on all matters related to his/her life. Opportunities for clients to express his/her
56 views and participate in the decision- making process should be provided by the service provider. For a meaningful
57 participation, the client must have access to accurate and complete information about matter/situation/issue. A child's
58 level of development and understanding must be considered in areas of participation and decision-making.
59

⁷ Weitekamp, Elmar, and Hans-Jurgen Kerner, eds. 2003. *Restorative Justice: Theoretical Foundations*. Uffculme, Cullompton, Devon, U.K.: Willan Publishing.

1 **Respect for and protection of human rights.** As torture is a human rights violation, all assistance and protection efforts
2 should strive for the restoration of the victim's rights and prevent further violations. The victims themselves should be
3 made aware of their rights and responsibilities and all service providers/ agencies should respect these rights.
4

5 **Restorative Justice** refers to a principle which requires a process of resolving conflicts with the maximum involvement
6 of the victim, the offender and the community. It seeks to obtain reparation for the victim; reconciliation of the offender,
7 the offended and the community; and reassurance to the offender that he/she can be reintegrated into society, with due
8 respect to the willingness and readiness of stakeholders to engage in the process, especially for the victims and their
9 families. It also enhances public safety by activating the offender, the victim and the community in prevention
10 strategies.⁸
11

12 VI. OBJECTIVES

13 **General:**

14 The program aims for the restoration the well-being of stakeholders to the fullest extent possible by providing
15 appropriate treatment and rehabilitation services :

- 16 ■ for victims of torture and other cruel, inhuman and degrading treatment and punishment and their families to
17 restore their physical, psychological, socio-cultural, and spiritual well-being towards the re-integration of their
18 dignity .
- 19 ■ for perpetrators as a way of fulfilling their individual accountability of their wrongdoings and as guarantee of
20 truth telling and non repetition of the crime and to provide reconciliatory processes such as open discussion,
21 consensus between the victim and the person who have committed torture to promote healing, justice and
22 possible forgiveness.
23

24 **Specific:**

25 **A. Program for Victims of Torture and their Families**

- 26 1. To provide medical, psychosocial interventions and legal services to victims and their families.
- 27 2. To provide support services and compensation/ reparation to victims and their families to meet their needs
28 through linkages and referrals with other agencies/organization.
- 29 3. To enhance the capacity of implementers in managing rehabilitation programs for victims and their families
- 30 4. To establish a multi-disciplinary team that will cater/address the need of the tortured victims

31 **B. Program for person/s who have committed torture, and other inhuman and degrading acts**

- 32 1. Educate the perpetrator to take responsibility for their actions to demonstrate accountability.
- 33 2. earn skills for managing, controlling their abusive behaviors and eventually change values and behavior
- 34 3. Provide access to services in integrating with their families and communities.
- 35 4. To enhance the capacity of implementers in managing rehabilitation programs for perpetrators of torture

36 VII. TARGET CLIENTS/ BENEFICIARIES

37 The beneficiaries of this program are the victims of torture and other cruel, inhuman and degrading treatment or
38 punishment based on the assessment and evaluation by concerned agencies and their families, limited to parents, brothers
39 and sisters, spouse and children. Corrective rehabilitation is intended for convicted and alleged perpetrators willing to
40 undergo rehabilitation program.
41

42 Crime is non-prescriptive so victims who filed many years after the commission of the crime remains to be equally
43 eligible to avail of rehabilitation.
44

45 VIII. COMPONENTS

46 **A. Organization of a multi-disciplinary rehabilitation team**

47 ⁸ RA 9344

1 The multi-disciplinary rehabilitation team will be organized which shall be composed of medical doctors, social
2 workers, psychologists/ psychiatrists and lawyers who are duly-trained or qualified in handling cases of torture.
3 Based on the assessed needs of the victims, the team may also include (but not limited) the following:
4

- 5 1. Rehabilitation medicine (physical, speech and occupational therapist, physical therapist, physiotherapist,
6 traumatologist as the need arises).
- 7 2. Teacher
- 8 3. Spiritual leaders
- 9 4. Paralegal
- 10 5. Nurses
- 11 6. Other allied health and professional groups

12
13 The Local Social Welfare and Development Officer (LSWDO) shall be the case manager in partnership with other
14 CSOs catering to torture victims if the victim is in the community, however if the victim is in detention, the Inmate
15 Welfare Officer or those with similar function shall be the one responsible.
16

17 **B. Capability Building**

18
19 Continuous conduct of capability building activities for program implementers and stakeholder will be provided by
20 **agencies concerned** to ensure effective implementation of the program.
21

22 **These include** but not **are** limited to the following:
23

- 24 ▪ Training of Social Workers and other team members on how to handle cases of victims of torture and their
25 families and the perpetrators.
- 26 ▪ Training for medical officers and other mental and allied health personnel on torture and its sequelae.
- 27 ▪ Training of more doctors on examination and treatment of torture cases in accordance with Istanbul Protocol.
- 28 ▪ Orientation of the rehabilitation team on the Anti-Torture Law.

29 **C. Advocacy, Information and Education**

30
31 This will involve conduct of advocacy activities **to secure** ~~in-securing~~ support and awareness which involves social
32 mobilization activities ~~in-ensuring support~~ and awareness **campaigns** in the implementation of the Rehabilitation
33 Program among the Local Government Units and non-government organizations.
34

35
36 This will also include **forums** and orientation **programs on** of RA 9745 and development of information, education
37 and communication materials relative to the law as well as other relevant information about torture for dissemination
38 to the public, particularly the LGUs.
39

40 **D. Provision of Services**

41
42 This refers to the provision of the services by the government and other accredited and suitably qualified non-
43 government organizations based on the assessment of the rehabilitation team.
44

45 Services for both the victims of torture and their families and for those who committed torture is a combination of
46 bio-psychosocial interventions to ensure their rehabilitation and reintegration to the community.
47

48 **For Victims of Torture:**

49 **1. Medical**

- 50
51
52
53 ▪ Access to a thorough and **necessary** ~~unrestricted~~ medical examination by a medical ~~or~~ **and** health officer by the
54 victim's choice
- 55 ▪ Access to needed laboratories and other ancillary procedures upon the request of the medical officer
- 56 ▪ Access to **necessary** ~~unrestricted~~ medical and dental services/ care anytime during incarceration
- 57 ▪ Ensure that their health needs are regularly monitored
- 58 ▪ Ensure that their nutritional, sanitation and hygienic needs are addressed in accordance with the UN standard
59 minimum rules on the treatment of prisoners.
- 60 ▪ Limit if not eradicate health hazards inside the jails/prisons.
- 61 ▪ Access to available, safe, alternative, culturally and traditionally accepted treatments and interventions
- 62 ▪ Ensure that the Istanbul Protocol is used as standard for examination and documentation of victims.
63

1 **2. Psychological / Psychiatric Intervention**

2
3 This refers to the psychological interventions for both individual and family and group taking into consideration their
4 cultural and traditional beliefs including but not limited to the following:

- 5
6 a. Counseling services– refers to the provision of individual, group or family counseling services to the victims of
7 torture and their families and perpetrators. The counseling process aims to deepen the counselees’ insight so
8 that they may realize their personal and relational vulnerabilities as well as their own coping strategies and
9 resilient traits to overcome their situation. This involves cognitive, emotional, behavioral and social aspects of
10 their lives.
11
12 b. Psychotherapy services – Psychotherapy is a psychological intervention that aims to promote the well-being of
13 an individual or family. There are various methods of psychotherapy and the service provider should be
14 discerning in choosing the most appropriate model for the clients, depending on their background. Although
15 there is an overlap in the definitions of counseling and psychotherapy, the latter usually involves more severe
16 cases, where the client is symptomatic of developing a mental disorder or has already been diagnosed as such.
17
18 c. Family Support – refers to a series of counseling activities involving members of family with focus on their role
19 adjustments and performance towards coping with social, psychological and interpersonal problems in the
20 family. These include family consultations, family conferencing and therapeutic sessions, as well as individual
21 and group counseling for members of the family.
22
23 d. Psychospiritual Support – Faith is a resilience factor that has been found to be a key component in the healing
24 of victims and their families. Collaborating with prison chaplains or a spiritual leader apt for the faith tradition
25 of a torture victim would be a tremendous benefit for their healing process. These spiritual leaders should also
26 be given a training-orientation regarding the nature and adverse effects of torture.
27

28 **3. Economic Empowerment and Assistance**

29
30 a. **Livelihood Assistance**

31
32 Based on the assessment of entrepreneurial knowledge and skills of the torture victim, he/she can avail of
33 livelihood assistance from the Local Government Unit and other NGOs. Referral to appropriate agency/ies for
34 resource mobilization shall also be applied when necessary.
35

36 b. **Skills Training**

37
38 Skills training needed can be linked with other agencies like TESDA/DOLE for appropriate skills training. The
39 training shall focus on the development of skills that are marketable especially in the victims of torture and their
40 families
41

42 c. **Job Placement**

43
44 To facilitate job placement, the social worker can coordinate with other agencies/companies. A closer linkage
45 with firms and companies should be done for updates of jobs availability now and then. The LGUs shall establish
46 a strong working relationship with commercial/business establishments in partnership with DOLE, TESDA, and
47 TRC. It shall also regularly secure a list of jobs available in the community and advocate for the victims of
48 torture and their families under the program to be given priority in employment.
49

50 d. **Financial/Cash Assistance**

51
52 Clients needing immediate financial support may be provided with cash, cheque or voucher for their basic needs
53 such as return to their home/province for fare, food and other traveling needs depending on the assessment of the
54 social worker of the Local Government Units. Compensation or financial assistance may also be granted by the
55 CHR.
56

57 e. **Educational / Scholarship Assistance**

58
59 Victims of torture who may want to continue schooling can be referred to the Department of Education, CHED,
60 TESDA and other partners for possible scholarship programs or participation to non-formal education.
61

- 1 ▪ Formal vocational and academic courses (two year-course e.g. ICT courses). Specific amount of
- 2 educational assistance shall be based on the financial requirement of the course
- 3
- 4 ▪ Alternative Learning System (ALS) for victims of torture who wish to avail AES shall be linked to the
- 5 Bureau of Alternative Education System of DepEd and other agencies providing such service
- 6

7 **f. Legal Assistance**

- 8
- 9 ▪ Ensure availability of a lawyer
- 10 ▪ Help in gathering legal documents
- 11 ▪ Ensure that victims have access to justice and reparation
- 12

13

14 **For Families of victims:**

15

16 **1. Medical/Physical**

17 Provision of medical services to immediate family members of the torture victims

18

19

20 **2. Psychiatric/Psychological**

21 Provision of psychiatric/ psychological assessment /services/interventions (crisis

22 intervention) to family members. A crucial component of family service is psychosocial

23 education. This involves providing information to the family regarding torture and the

24 possible trauma sustained by the victim; distinguishing between the normal or natural

25 reactions against pathological effects that may need to be immediate referred to a mental

26 health professional.

27

28

29 **3. Socio-Economic and Culture**

- 30
- 31 ▪ Livelihood while the victim is still in detention
- 32 ▪ Educational assistance for the children
- 33 ▪ Provision of skills and knowledge to widen their employment opportunities
- 34

35 **For those who committed torture:**

36

37 Those who committed the offense are also given the opportunity to be rehabilitated and reintegrated. Their rights are

38 also recognized, thus considered in crafting the services applicable to them.

39

- 40 1. Counseling services
- 41 2. Psychotherapy services
- 42 3. **Psychiatry services**
- 43 4. Capability-building
 - 44 ▪ On human rights
 - 45 ▪ On anger and stress management
 - 46 ▪ Spiritual and moral values education
 - 47 ▪ Behavior modification (therapy sessions)
 - 48 ▪ Skills trainings
- 49

50

51 **IX. FUNDING**

52

53 The agencies mandated to provide services for the rehabilitation of the victims/perpetrators of torture shall provide the

54 necessary budget for the implementation of the rehabilitation program. (Section 40, IRR, RA 9745)

55

56

57 **X. NETWORKING AND ALLIANCE BUILDING**

58

59 Each agency concerned must collaborate and cooperate with other government and non-government agencies providing

60 assistance to victims of torture as well as perpetrators. The network of concerned agencies/organizations that are willing

61 and able to share available resources shall be established. This can be done by maintaining an inventory of resources/

62 services of different agencies as well as organization of support groups.

63

64

1 **XI. MANAGEMENT OF TORTURE CASES**

2
3 Recognizing the complex needs of the torture victims in the community and in the detention, the management of their
4 cases shall not be the sole responsibility of one agency. It shall be a collaborative effort among different government and
5 non-government organizations for a more responsive and comprehensive intervention to the needs of the victims.
6

7 In order to ensure a systematic intervention flow, the following procedure shall be observed:

- 8
- 9 ▪ If the torture victim is in the community, he/she may directly report or seek assistance from the Barangay Human
10 Rights Action Center (BHRAC), Local Health Officer or to the Local Social Welfare Officer. However, if he/she is
11 in detention, he/she may report to the custodial authorities on duty
- 12
- 13 ▪ The responsible service provider **will inform or remind the victim of his/her right to choose the medical examiner or**
14 **physician and refer the victim for medical examination and treatment to the public / private hospital only when the**
15 **victim is voluntarily waives the right to choose or is unable to choose because of serious illness or injury.**
- 16
- 17 ▪ After the medical examination and treatment, the victim shall be referred to the Department of Justice (DOJ),
18 Commission on Human Rights (CHR) or Public Attorney’s Office (PAO) for appropriate legal assistance.
- 19
- 20 ▪ For the management of the rehabilitation program, the Local Social Welfare and Development Officer (LSWDO)
21 shall be responsible if the victim is in the community, however if the victim is in detention, the Inmate Welfare
22 Officer or those with similar function shall be the one responsible.
- 23
- 24 ▪ The rehabilitation ~~treatment~~ plan which is based on the assessment of the case manager shall include the services in
25 coordination with other concerned agencies:
 - 26
 - 27 ❖ Medical/Psychological Assistance – Non-Government Organization (NGO), Hospital and other health facilities
 - 28 ❖ Assistance to Individuals In Crisis Situation – City Social Welfare and Development (CSWD), Municipal
29 Social Welfare and Development (MSWD)
 - 30 ❖ Legal Assistance – Department Of Justice (DOJ), Commission on Human Rights (CHR), Public Attorney’s
31 Office (PAO)
 - 32 ❖ Vocational Training – Civil Society Organization (CSO), Technical Education and Skills Development
33 Authority (TESDA),City/Municipal Social Welfare and Development (C/MSWD)
 - 34 ❖ Educational (to include their children) –Department of Education (DepEd), Commission on Higher Education
35 (CHED)
- 36

37 (Refer to Annex 1 for the Flowchart)

38

39

40 **XII. DATA BANKING**

41

42 Each concerned agency must maintain an updated data bank of the following:

- 43
- 44 1. List/directory of services
- 45 2. Profile of clients served by the program
- 46 3. Creation of a documentation unit
- 47

48 The CHR as the head of the Oversight Committee, shall install a national data bank system to serve as repository of all
49 the reports nationwide regarding torture case.

50

51

52 **XIII. MONITORING AND EVALUATION**

53

54 Monitoring and evaluation shall be conducted by _____ to ensure and gauge the effectiveness and responsiveness of
55 the services provided to the beneficiaries

56

57

58 **XIV. INSTITUTIONAL ARRANGEMENT**

59

60 The nature and degree of involvement of agencies depends on the level of intervention needed by the victims of torture
61 and their families and the perpetrators. It is also absolutely necessary that experts on the field of rehabilitation services
62 for torture survivors be consulted from the private sector. Then, institutional arrangement for the implementation of the
63 program should be in place to define roles and responsibilities between and among the agencies as follows:
64

1 **1. Commission on Human Rights (CHR)**

- 2
- 3 a. Oversee the implementation of the rehabilitation program.
- 4
- 5 b. Visit and inspect jails, prisons and detention facilities, rehabilitation and confinement facilities that have custody
- 6 of torture victims or offender;
- 7
- 8 c. Conduct information drive and trainings concerning the Anti-Torture Act of 2009 nationwide;
- 9
- 10 d. Provide legal assistance to victims of torture in jails and initiate the filing cases against violators;
- 11
- 12 e. Monitor and ensure human rights training of officials and key stakeholders in all levels of local government
- 13 units
- 14

15 **2. Department of Justice (DOJ)**

- 16
- 17 a. Conduct regular seminars and trainings to its prosecutors on the proper handling of cases involving victims of
- 18 torture and perpetrators;
- 19
- 20 b. Designate Prosecutor in handling torture cases effectively, speedy and compassionately in administrating of
- 21 justice;
- 22
- 23 c. Creation of a Task Force or a Specific Division at the National Prosecution Service to be devoted to the
- 24 prosecution of torture cases.
- 25

26 **3. Public Attorneys' Office (PAO)**

- 27
- 28 a. Provide legal and medical assistance to victims of torture in jails and initiate the filing cases against violators.
- 29
- 30 b. Assist client in the filing of cases.
- 31
- 32 c. Conducts investigation on torture cases.
- 33

34 **4. Department of Social Welfare and Development (DSWD)**

- 35
- 36 a. Develop and conduct training programs for social workers and other service providers for the effective
- 37 performance of their duties and responsibilities under the Act and these Rules with due consultation from
- 38 trainers who have both theoretical and experiential knowledge on the field.
- 39
- 40 b. Provide technical assistance to LGUs and NGOs in the implementation of the rehabilitation program specifically
- 41 in the provision of psychosocial intervention to the victims of torture and their families and the perpetrators.
- 42
- 43 c. Assist the LGUs in providing gender-responsive case management and other trainings to ensure gender sensitive
- 44 management of cases of victims of torture and perpetrators
- 45
- 46 d. In consultation with concerned agencies, develop, review and enhance the standards for centers and institution
- 47 providing services for victims of torture and their families to ensure efficiency, effectiveness and accountability
- 48 in the delivery of programs and services.
- 49
- 50
- 51
- 52

53 **5. Department of Health**

- 54
- 55 a. Provide technical assistance to LGUs and NGOs in the implementation of the rehabilitation program specifically
- 56 in the provision of medical intervention to the victims of torture and their families and the perpetrators with due
- 57 consultation from trainers who have both theoretical and experiential knowledge on the field .
- 58
- 59 b. ~~Provide funds~~ **Allocate budget** for the **implementation of the various components of the** rehabilitation program.
- 60
- 61 c. Ensure that the DOH retained hospitals shall readily accommodate all referrals for medical treatment.
- 62
- 63 d. Conducts ~~s~~ medical documentation training for City health officers (CHO), municipal health officers (MHO),
- 64 Doctor's to the Barrios (DTTB), Provincial health officers (PHO).

1
2 ~~e. Provides medical services to victims and or their families and those who committed torture.~~
3

- 4 f. Coordinate with psychological clinics and/or professional psychologists with due training in handling torture
5 cases to provide a comprehensive psychological assessment.
6
7 g. Train health officers on documentation and reporting of torture.
8
9 h. Issue a memorandum mandating medical officers on the mandatory reporting of tortured cases.
10

11 **6. Bureau of Corrections**

- 12
13 a. Conducts trainings and seminars on human rights, UN minimum standard minimum treatment of prisoners,
14 restorative justice and the anti-torture act of 2009.
15
16 b. Enhancement of spiritual and moral recovery program.
17
18 c. Establish linkages/MOA to concern agencies in the development and enhancement of institutionalized
19 rehabilitation program.
20
21 d. Continuous trainings for paralegal workers, psychologists, social workers, teachers, spiritual advisers, medical
22 officers and nurses for the effective compliance on the anti-torture act of 2009 and IRR.
23
24 e. Conducts lectures to the inmates to include awareness on human rights.
25
26 f. Encourages inmates to report human rights violations.
27

28 **7. Philippine National Police**

- 29
30 a. Ensure that the education, training and prohibition against torture and other cruel, inhuman and degrading
31 treatment or punishment shall be included in the training of law enforcement personnel, civil or military,
32 medical personnel, public officials and other persons who may be involved in the custody, interrogation or
33 treatment of any individual subjected to any form of arrest, detention or imprisonment.
34
35 b. Establish monitoring system among PNP and other enforcement agencies concerned in updating list of all
36 detention centers and facilities under their respective jurisdictions, available to the public at all times
37
38

39 **8. Department of Education (DepEd) and Commission on Higher Education (CHED)**

- 40
41 a. Ensure the integration of human rights education courses in all primary, secondary and tertiary level academic
42 institutions nationwide particularly the Anti-torture and other related laws.
43
44 b. Provide education/scholarship assistance to children of victims
45
46 c. Provides counseling to children of victims in coordination with the P/C/MSWDOs and other public and private
47 organizations with expertise on handling torture cases.
48

49 **9. Department of the Interior Local and Government (DILG)**

- 50
51 a. Advocate and disseminate Anti-Torture related national policies to the Local Government Units (LGUs); as well
52 as guidelines that may be promulgated by other government agencies pertaining to the handling of victims of
53 torture;
54
55 b. Assist the DSWD in organizing and facilitating capability building activities for LGUs in the handling and
56 treatment of torture victims, whenever necessary;
57
58 c. Specific on Children, reiterate to LGUs the need to upgrade/sustain the functionality of their Local Councils for
59 the Protection of Children (LCPC) to work for the prevention of torture and protection of it's children victims;
60
61 d. Coordinate with LGUs, through the Leagues, in implementing policies and programs for Anti-torture Act and
62 other related laws;
63

- 1 e. Encourage LGUs to include and maintain anti-torture initiatives in their comprehensive development plans.
2

3 **10. Department of National Defense (DND)**
4

- 5 a. Shall have the same responsibility with respect to all basic and career courses of the AFP in all career courses
6 of the Philippine Military Academy (PMA)
7
8 b. Issue circulars on the teaching of rights, with emphasis on crimes in consultation with the CHR;
9
10 c. Conduct special trainings to its personnel in the management of Anti-torture victims and offenders;
11
12 d. Establish a system of monitoring and evaluating the efficiency and effectiveness of AFP in the country in
13 observing Anti-torture law.
14

15 **11. Civil Society Organizations (CSOs)**
16

- 17 a. Participate in program and policy development and implementation of Anti-torture Act of 2009:
18
19 b. Advocacy and awareness campaigns on condemning rights violations;
20
21 c. Develop and facilitate program and direct participatory service for the development of torture victims including
22 their perpetrators;
23
24 d. Strengthen coalition in monitoring and evaluating implementation of the rehabilitation program for the victims.
25
26 e. Participate in the training on comprehensive rehabilitation program as partners in the implementation of the
27 programs.
28

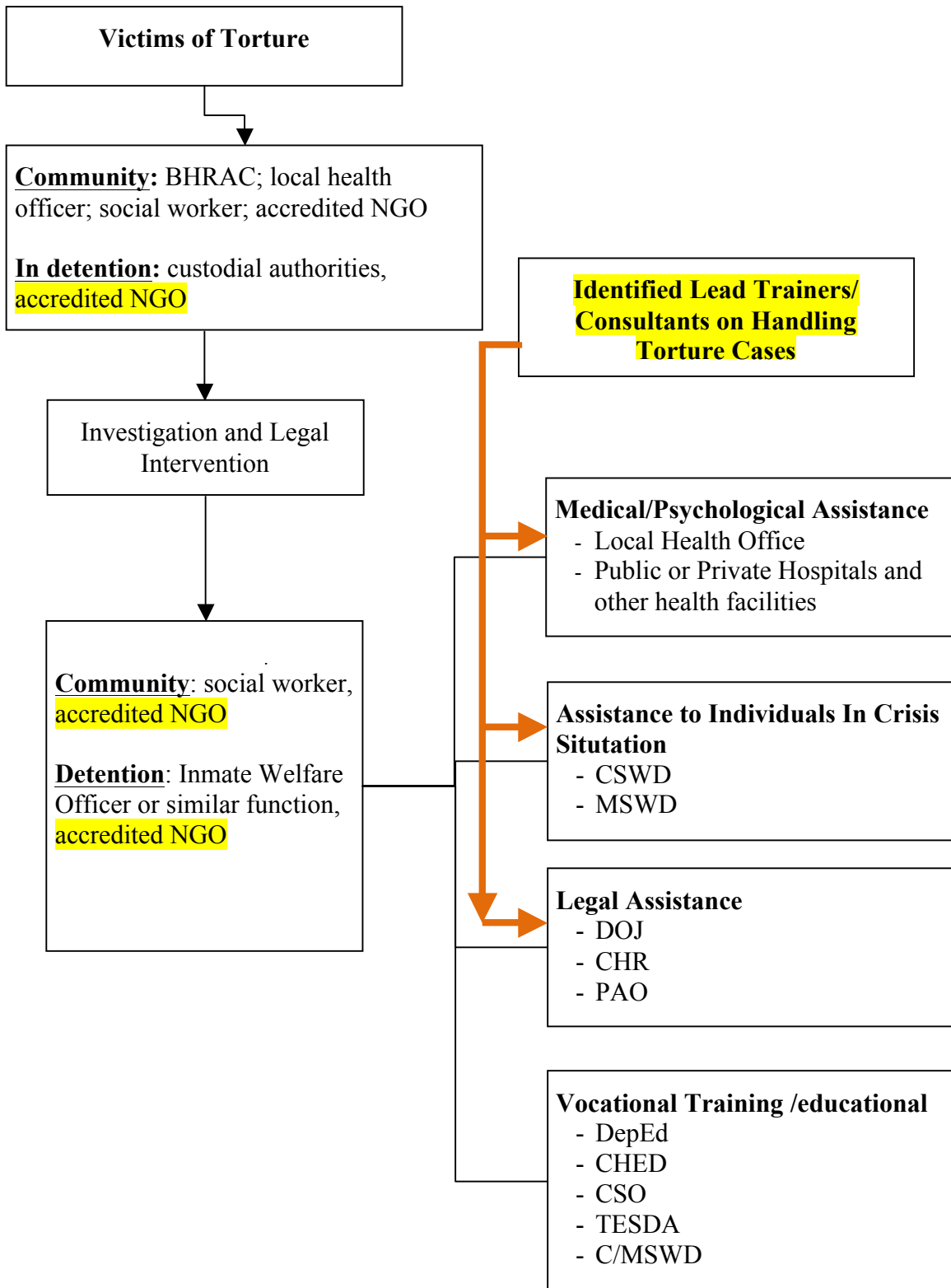
29 **12. Bureau of Jail Management and Penology (BJMP)**
30

- 31 a. Safekeeping and to participate in the development of the victims of torture and perpetrators as mandated by the
32 law
33
34 b. Equip BJMP personnel of the needed skills in proper handling of case involving victims of torture and
35 perpetrators
36
37 c. Conduct continuing information drive on the Anti-Torture Act and related laws in all BJMP manned jails.
38
39 d. Encourage torture victims and perpetrators in the therapeutic Community Modality Programs (TCMP)
40
41 e. Infuse in all basic and career courses at the Jail National Training Institute (JNTI) advocacy on Human Rights
42 with emphasis on the Anti- Torture Act.
43
44
45
46
47
48

1
2
3
4

ANNEX 1

Management of Torture Cases



5
6
7

1
2
3 **ANNEX 2**
4

5 **Declaration of Basic Principles of Justice for Victims of Crime and Abuse of Power Adopted by General Assembly**
6 **resolution 40/34 of 29 November 1985**
7

8 **A. Victims of Crime**
9

- 10 1. "Victims" means persons who, individually or collectively, have suffered harm, including physical or mental injury,
11 emotional suffering, economic loss or substantial impairment of their fundamental rights, through acts or omissions
12 that are in violation of criminal laws operative within Member States, including those laws proscribing criminal
13 abuse of power.
14
- 15 2. A person may be considered a victim, under this Declaration, regardless of whether the perpetrator is identified,
16 apprehended, prosecuted or convicted and regardless of the familial relationship between the perpetrator and the
17 victim. The term "victim" also includes, where appropriate, the immediate family or dependants of the direct victim
18 and persons who have suffered harm in intervening to assist victims in distress or to prevent victimization.
19
- 20 3. The provisions contained herein shall be applicable to all, without distinction of any kind, such as race, color, sex,
21 age, language, religion, nationality, political or other opinion, cultural beliefs or practices, property, birth or family
22 status, ethnic or social origin, and disability.
23

24 ***Access to justice and fair treatment***
25

- 26 4. Victims should be treated with compassion and respect for their dignity. They are entitled to access to the
27 mechanisms of justice and to prompt redress, as provided for by national legislation, for the harm that they have
28 suffered.
29
- 30 5. Judicial and administrative mechanisms should be established and strengthened where necessary to enable victims to
31 obtain redress through formal or informal procedures that are expeditious, fair, inexpensive and accessible. Victims
32 should be informed of their rights in seeking redress through such mechanisms.
33
- 34 6. The responsiveness of judicial and administrative processes to the needs of victims should be facilitated by:
35
- 36 a. Informing victims of their role and the scope, timing and progress of the proceedings and of the disposition of
37 their cases, especially where serious crimes are involved and where they have requested such information;
 - 38 b. Allowing the views and concerns of victims to be presented and considered at appropriate stages of the
39 proceedings where their personal interests are affected, without prejudice to the accused and consistent with the
40 relevant national criminal justice system;
 - 41 c. Providing proper assistance to victims throughout the legal process;
 - 42
 - 43 d. Taking measures to minimize inconvenience to victims, protect their privacy, when necessary, and ensure their
44 safety, as well as that of their families and witnesses on their behalf, from intimidation and retaliation;
 - 45
 - 46 e. Avoiding unnecessary delay in the disposition of cases and the execution of orders or decrees granting awards to
47 victims.
48
- 49 7. Informal mechanisms for the resolution of disputes, including mediation, arbitration and customary justice or
50 indigenous practices, should be utilized where appropriate to facilitate conciliation and redress for victims.
51
52
53

54 ***Restitution***
55

- 56 8. Offenders or third parties responsible for their behaviour should, where appropriate, make fair restitution to victims,
57 their families or dependants. Such restitution should include the return of property or payment for the harm or loss
58 suffered, reimbursement of expenses incurred as a result of the victimization, the provision of services and the
59 restoration of rights.
60
- 61 9. Governments should review their practices, regulations and laws to consider restitution as an available sentencing
62 option in criminal cases, in addition to other criminal sanctions.
63

- 1 10. In cases of substantial harm to the environment, restitution, if ordered, should include, as far as possible, restoration
2 of the environment, reconstruction of the infrastructure, replacement of community facilities and reimbursement of
3 the expenses of relocation, whenever such harm results in the dislocation of a community.
4
5 11. Where public officials or other agents acting in an official or quasi-official capacity have violated national criminal
6 laws, the victims should receive restitution from the State whose officials or agents were responsible for the harm
7 inflicted. In cases where the Government under whose authority the victimizing act or omission occurred is no
8 longer in existence, the State or Government successor in title should provide restitution to the victims.
9

10 ***Compensation***

- 11
12 12. When compensation is not fully available from the offender or other sources, States should endeavour to provide
13 financial compensation to:
14
15 a. Victims who have sustained significant bodily injury or impairment of physical or mental health as a result of
16 serious crimes;
17
18 b. The family, in particular dependants of persons who have died or become physically or mentally incapacitated
19 as a result of such victimization.
20
21 13. The establishment, strengthening and expansion of national funds for compensation to victims should be encouraged.
22 Where appropriate, other funds may also be established for this purpose, including in those cases where the State of
23 which the victim is a national is not in a position to compensate the victim for the harm.
24

25 ***Assistance***

- 26
27 14. Victims should receive the necessary material, medical, psychological and social assistance through governmental,
28 voluntary, community-based and indigenous means.
29
30 15. Victims should be informed of the availability of health and social services and other relevant assistance and be
31 readily afforded access to them.
32 16. Police, justice, health, social service and other personnel concerned should receive training to sensitize them to the
33 needs of victims, and guidelines to ensure proper and prompt aid.
34
35 17. In providing services and assistance to victims, attention should be given to those who have special needs because of
36 the nature of the harm inflicted or because of factors such as those mentioned in paragraph 3 above.
37

38 **B. Victims of abuse of power**

- 39
40 18. "Victims" means persons who, individually or collectively, have suffered harm, including physical or mental injury,
41 emotional suffering, economic loss or substantial impairment of their fundamental rights, through acts or omissions
42 that do not yet constitute violations of national criminal laws but of internationally recognized norms relating to
43 human rights.
44
45 19. States should consider incorporating into the national law norms proscribing abuses of power and providing
46 remedies to victims of such abuses. In particular, such remedies should include restitution and/or compensation, and
47 necessary material, medical, psychological and social assistance and support.
48
49 20. States should consider negotiating multilateral international treaties relating to victims, as defined in paragraph 18.
50
51 21. States should periodically review existing legislation and practices to ensure their responsiveness to changing
52 circumstances, should enact and enforce, if necessary, legislation proscribing acts that constitute serious abuses of
53 political or economic power, as well as promoting policies and mechanisms for the prevention of such acts, and
54 should develop and make readily available appropriate rights and remedies for victims of such acts
55
56
57