Faculty of Forensic & Legal Medicine

SUMMARY
Quality Standards for healthcare professionals working with victims of torture in detention

This document provides quality standards for the recognition and management, by all healthcare professionals, of the healthcare needs of victims of torture and ill treatment in all places of detention. The full document detailing the quality standards should be read in conjunction with this summary and is available on the FFLM website.

Background

The United Nations have set out general guidance in the Nelson Mandela Rules – *Standard Minimum Rules for the Treatment of Prisoners*[1], and the Committee for the Prevention of Torture sets out general standards (*The CPT standards*) for care of victims of torture in detention[2]. The World Medical Association Tokyo Declaration (last revised 2016) also addresses this issue.[3] This document addresses the specific vulnerabilities of this patient group, providing quality standards to address not only **what** should be done, but **why**, **how,** and **how we can establish that it has been done**. The standards thus provide a link between international guidelines and everyday clinical practice.

These quality standards are guided by the following principles:

- Detention is acknowledged to be harmful to the health[4,5] of victims of torture.
- Healthcare professionals have an obligation to identify and report torture (Nelson Mandela Rules 34[1]).
- Torture victims have a right to rehabilitation- as set out in the UN Committee Against Torture General Comment 3 (paragraphs 11-15)[6] and other documents.[7]
- Rehabilitation cannot be effectively undertaken whilst they are in detention.[8]

These quality standards recognise that healthcare professionals working in places of detention

- will identify victims of torture and despite reporting the fact,
- will continue to have the obligation to meet their healthcare needs insofar as it is possible to do so, until such time as they are released.

This is particularly important in those circumstances when the authorities may delay or find reasons to refuse their release. Healthcare professionals do not have the option of doing nothing in such cases.

Impact of torture

Victims of torture and ill treatment are found in all places of detention. It is likely that over 30% of asylum seekers are victims of torture. Their experience of torture increases their vulnerability in detention, having damaged their ability to trust, and their mental health. There should be a presumption of vulnerability in all victims of torture similar to the inherent vulnerability of all children.

Victims of torture may have unrecognised injuries and mental health concerns. Detention of itself has negative impacts on mental health and may disrupt pre-detention healthcare. Specific experiences in detention can trigger powerful and re-traumatising memories of torture experiences. These effects not only exacerbate pre-existing mental health problems but also revive symptoms due to torture, worsening flashbacks, intrusive recall, nightmares, hypervigilance, irritability, avoidance symptoms and withdrawal.[9]

This may result in aggression, emotional lability, and avoidance of medical care, leading to punishment for rule breaches.[9] Loss of agency and powerlessness are key to the consequent risk of further harm in detention.[10] For some victims of torture and ill treatment a significant consequence is to make it very difficult for them to trust state officials thereafter, even in a different country. It can thus be difficult for healthcare professionals in a new detention setting to develop effective therapeutic relationships with victims of torture, who may specifically avoid going to healthcare as they do not trust anyone in the detention setting to help them.[11]

Clinical obligations

With these considerations in mind, healthcare professionals working in detention have a duty[12] to

- identify, document and report victims of torture and ill treatment, at the earliest opportunity
- identify their health care needs
- facilitate a trusting relationship
- respect their patient's autonomy
- respect the need for informed consent and confidentiality
- determine how best they should be treated
- report if a person is unfit for detention or for the processes required by the detaining authorities
- fulfil their ethical obligations to detained patients, retaining their independence and if there is a conflict, putting the needs of their patient above the requirements of a third party
- clearly identify their role if carrying out assessment for processes required by the detaining authority or other third party

The aim of developing these standards is to achieve the following outcomes:

- Identification, documentation and reporting of victims of torture
- Improved treatment of health conditions for victims of torture and ill treatment in detention
- Reduced frequency of adverse outcomes such as self-harm and suicide attempts
- Improved quality of life for victims of torture and ill treatment in detention
- Healthcare professionals are empowered to maintain their ethical obligations to their patient if in conflict with the requirements of the detention authorities.
- Reduced vicarious traumatisation of healthcare professionals
- Patients are given a positive experience of care

Quality Standards

A template based on that laid out in some quality standards issued by the National Institute of Health and Care Excellence (NICE)[13] has been used for the 12 Quality Standards in this document.

Each standard has five sections:

- Statement – the purpose of the standard is defined
- Rationale – an explanation is given of the standard
- Quality measures – the key elements of the standard
- Quality standards – the ways in which the measures are assessed
- Implications for the four main stakeholders: commissioners, service providers, healthcare professionals and service users

Quality Statements

1. Identification

Detained victims of torture are identified so that torture can be reported and their healthcare needs can be met.

2. Ethical obligations

Healthcare professionals working with detained victims of torture understand their ethical obligations.

3. Consent and confidentiality

The principles of medical information management are maintained by healthcare professionals working with detained victims of torture.

4. Communication

Healthcare professionals ensure accurate communication is facilitated for detained victims of torture in all clinical assessments for those not fluent in the primary language of the area in which they are detained, or with other communication challenges.

5. Mental capacity

Detained victims of torture whose autonomy may be compromised receive appropriate assessment.

6. Access to healthcare

Pending release, detained victims of torture can access appropriate services or treatment equivalent to that available in the community.

7. Vicarious traumatisation

Healthcare professionals working with detained victims of torture receive support to prevent vicarious traumatisation and burnout, and promote self-care.

8. Training

Healthcare professionals who work with detained victims of torture have the required training and competence.

9. Assessment required by detention processes

Victims of torture required to go through specific detention processes receive appropriate assessment of their vulnerability.

10. Children

Healthcare professionals understand their responsibility to safeguard the wellbeing in detention of children and young people who are victims of torture.

11. Mental health

Detained victims of torture receive appropriate assessment so that their mental healthcare needs can be met.

12. Sexual violence

Detained victims of torture who have past experiences of sexual violence receive appropriate assessment so that their healthcare needs can be met.

Conclusion

These quality standards provide a framework for healthcare professionals working in detention. Training, evaluation and accreditation for those working with this vulnerable patient group is called for. We believe that these standards will support the finding that effective healthcare interventions will help to prevent torture.[14] It is our earnest hope that these standards will attract interest and action against a plague of our times.

References

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6. UN
CAT general comment 3

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The right to redress is also explicitly recognised in the Universal Declaration of Human Rights (Article 8), the International Covenant on Civil and Political Rights (Article 2), the Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment (Article 14), the Additional Protocol I to the Geneva Conventions of 1949 (Article 91), the Rome Statute of the International Criminal Court (Article 68)

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