

IRCT Annual Report 2009



INTERNATIONAL REHABILITATION COUNCIL FOR TORTURE VICTIMS



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Annual Report 2009

PUBLISHER
IRCT

COPIES
2,000

© 2010 International Rehabilitation Council for Torture Victims (IRCT)
ISBN: 978-87-88882-71-1 (Print version)
ISBN: 978-87-88882-72-8 (Pdf version)
ISBN: 978-87-88882-73-5 (ISSUU version)

ISSN: 1398-2400

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Foreword by the President

DR MOHAMUD SHEIKH NUREIN SAID, PRESIDENT, ON BEHALF OF THE EXECUTIVE COMMITTEE



Torture continues to be a global menace. The IRCT's structure and strategy thus remain focused on the international nature of the fight against torture. As an organisation with a membership of 142 torture rehabilitation centres in 72 countries around the world, we take pride in our unique ability to help torture survivors rebuild their lives and to advocate for the eradication of torture within national and regional contexts spanning the globe.

Indeed, organisations working to effect global change are desperately needed to fight the tide of abuse and injustice governments inflict upon their own citizens as well as those of other nations. As UN Special Rapporteur on Torture Professor Manfred Nowak has recently noted, most State parties to the Convention Against Torture (UNCAT) have failed to fulfil their obligations under the treaty. A great number of countries still lack national laws criminalising torture and have insufficient legal mechanisms for investigating allegations of torture, for prosecuting perpetrators and for providing suitable redress to victims of torture.

In 2009, much of the debate around torture remained focused on the actions of the United States at home and abroad. In signing executive orders within the first two days of his presidency barring the CIA from torturing and announcing the closure of the US detention facility at Guantánamo Bay, President Obama sent a clear and encouraging signal: torture has no place in the world of today. Since then, however, there have been several troubling indications that the US government's actions are failing to match these aspirations. The United States continues to drag its feet in granting freedom and redress to those foreign nationals they have detained and tortured under the guise of enforcing counter-terrorist measures and ensuring national security. Furthermore, reports indicate that the US government is working to develop laws that would enable people to be detained indefinitely, without charge or access to lawyers, and that mistreatment is continuing at other sites such as the Baghram detention centre in Afghanistan.

Torture, however, doesn't just take place at Guantánamo or Baghram; far from it, in fact. Indeed, torture is routine in the majority of the world's countries, including in my own country, Kenya. Here, as elsewhere, those who are most at risk are the poor and marginalised. The story of Laetitia (see page 36) – a young Kenyan woman who was tortured for no other reason than being in the wrong place at the wrong time – is as representative as it is chilling. IRCT member centres are worked beyond their capacities throughout the global network. And the number of reported cases of torture does not seem to be decreasing as we end the first decade of the new millennium.

The fight against torture has been further complicated by the global economic crisis, which continues to severely limit the funding available to our

“Torture, however, doesn't just take place at Guantánamo or Baghram; far from it, in fact. Indeed, torture is routine in the majority of the world's countries, including in my own country, Kenya.”

member centres around the world – funding that is desperately needed to help tortured men, women and children overcome the ordeal they have experienced. Many of our member centres find themselves in dire financial straits, having to cut back on necessary services, leaving clients without any recourse for the pain and suffering they experience every day as the torture they have endured continues to cast its shadow upon their lives.

The many challenges untold, the doctors, nurses, psychologists, counsellors and many other professionals at our member centres continue to work with devotion and focus to provide services for torture survivors and help them to rebuild their lives. Together, in 2009 they reached more than 100,000 survivors of torture and trauma.

I would like to extend my most heartfelt thanks to all of our member centres and everyone active in the global movement against torture. Our successes are completely dependent on the hard work, dedication, and bravery of every organisation, every centre and every person working to help torture survivors re-establish themselves in the world and

bear the trauma of the terrible and largely unimaginable experience of torture.

I also take this opportunity to thank the governments, private funds, organisations and individuals who so generously sponsor our work. In the face of a global menace as horrendous as torture, the dedication and unity of our partners and generosity of our donors offers perpetual hope that a world without torture might finally, with time, come to pass.

DR MOHAMUD SHEIKH NUREIN SAID

Introduction by the Secretary-General

BRITA SYDHOFF, SECRETARY-GENERAL



When I was recently in Delhi, India, I met a twelve-year-old boy – let me call him Amit. Not long before our encounter, Amit had been arrested and tortured for three days. Policemen beat him up, then hung him from the ceiling, head down, and hit the soles of his feet with metal rods – a very common and extremely painful torture method known as “Falanga.” He almost died.

Amit’s offence? He was accused of stealing an iPod headset from the family at whose house his mother worked as a maid.

If the scene seems somehow familiar to you, it’s probably because you’ve seen the Oscar-showered feature film “Slumdog Millionaire”. Well, Amit is the real world’s Jamal Malik without the millions. Like his fellow poor around the world, Amit’s marginal social position makes him the all too likely victims of corrupt policemen out to extract a confession to boost their crime-solving statistics, or simply to “teach a lesson” to a boy accused of petty crime.

Amit’s ordeal points to a chilling fact: that when it

comes to torture, children are not spared. On page 30 you can read more about what we’re doing to help children like Amit rebuild their lives and regain hope for the future.

Moreover, Amit’s story perfectly illustrates one of the main conclusions of UN Special Rapporteur on Torture, Professor Manfred Nowak in a report submitted to the Human Rights Council in December 2009, in which he states that “[most] victims of torture are not political prisoners or suspected of having committed political crimes, but ordinary persons suspected of having committed criminal offences. They usually belong to disadvantaged, discriminated and vulnerable groups, in particular those suffering from poverty.”

Focus on the victims

In a word, then, being poor or otherwise socially marginalised severely increases your risk of being tortured. It follows that a significant percentage of the world’s population is in danger of being exposed to an horrific experience like Amit’s. And indeed, although no precise figures exist, the overall picture emerging from the collective experiences of our member centres around the world is that the world’s torture survivors must be counted in the millions.

Our work is about making sure that men, women and children who have been subjected to torture are able to access rehabilitative care and support, regardless of where and who they are. With five new members joining us in 2009, increasing our membership to 142 torture rehabilitation centres in 72 countries as of 31 December 2009, we’re in a stronger position than ever before to address their needs and rights and to advocate on their behalf.

Common to our member organisations is that they are staffed by dedicated doctors, nurses, lawyers,

social workers and others who in many cases work on a voluntary basis and frequently at great personal risk. Together, they represent a vast pool of unique experience and knowledge about how to help torture survivors heal from their mental and physical wounds.

Our position as the umbrella for torture rehabilitation centres worldwide allows us to disseminate these valuable experiences globally, making sure that they benefit as many and as widely as possible. As a key means to this end we fund and facilitate training seminars and professional exchange programmes that help our members reinforce their capacity to serve their clients in the best way possible. On page 12 you can read much more about our efforts in this area in 2009.

As we continue our efforts to bolster the quality and quantity of torture rehabilitation services globally, an increasingly important issue is how to measure and document the effectiveness of services provided to torture survivors. As part of a two-year pilot project concluded in 2009, IRCT members in five countries analysed patient data to measure the impact of different types of treatment, using standardised evaluation tools in the process. The resulting insights are currently being compiled and will help guide the design of treatment interventions across our global membership.

I’m also delighted to report another key step taken in 2009 that has reinforced our capacity to drive forward the medical and clinical issues that lie at the heart of our work: the establishment of an IRCT Senior Clinical Advisory Group. In addition to health experts at the IRCT Secretariat the group comprises four former IRCT Council members, all prominent clinical experts, who together represent many decades of torture rehabilitation experience. The group will advise our member centres on culturally

appropriate treatment approaches as well as on research and the exchange of knowledge; develop outcome measure methods suitable for different environments; help advance our collaboration with universities and health professionals’ organisations; and participate in scientific conferences on behalf of the IRCT.

Raising awareness

As we support our members to reinforce their capacity, in parallel we push for legal and policy change, raising awareness among policy-makers about the fact that torture continues to be a global problem touching millions of people around the world. Working with governments, regional bodies and international institutions – notably the EU and the UN – we urge decision-makers to take concrete measures to prevent torture and ensure that torture survivors are able to access proper care and support. For example, over the course of the year we lobbied the European Commission and several OECD countries to increase their financial support to torture rehabilitation, thereby helping to ensure funding for torture rehabilitation globally (see also page 20).

Of equal importance is our work to raise awareness among the general public about what can be done to eradicate torture and to support survivors. We do so because we believe that ultimately, policy-change must come from the grassroots, be it in democratic states or dictatorships. Each year the United Nations International Day in Support of Victims of Torture on 26 June – which in 2009 marked the 25th anniversary of the UN Convention against Torture – represents a golden moment for the IRCT. The year 2009 was no exception in this respect: IRCT members around the world held parades, demonstrations, public hearings, street performances, film screenings, exhibitions and used many other creative means to convey a resounding, global “NO!” to torture. Moreover, via our scientific journal

TORTURE and our website, whose audience continued to grow throughout the year, we continuously conveyed perspectives from our member centres and provided comment and analyses of current torture-related issues.

Documenting torture

Impunity remains one of the most serious obstacles to eradicating torture. The logic is as simple as it is eerie: When torturers feel confident that their misdeeds will go unpunished, they continue their crimes unabated.

Making available high-quality forensic evidence produced by independent experts is a key element to counter this phenomenon. This is why we are continuing our work to promote the guidelines of the so-called Manual on the Effective Investigation

of Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment, also known as the Istanbul Protocol. In 2009 we concluded a project, which has built the capacity of some 5000 doctors and lawyers in Turkey to establish and use forensic evidence in legal cases involving torture allegations. In parallel, we embarked on an ambitious project with member centres in four countries. The project aims to apply the Istanbul Protocol to strategically selected cases and create ground-breaking legal precedents that can potentially revolutionise the way torture cases are dealt with in the countries in question and beyond. On page 28 you can read more about our efforts and successes in this highly important area of work.

Looking forward

Another key achievement in 2009 was our newly

elected Council's efforts in collaboration with the IRCT Secretariat to develop a new five-year strategy for the organisation. On a personal note I was overjoyed with the constructive and collaborative spirit that permeated our annual Council meeting, held this year in Nairobi, Kenya, where Council members worked together to define and set priorities for the IRCT for the period 2010-2014. Firmly rooted in our membership, the resulting strategy points the way forward for the work of the IRCT in the coming five years. Moreover, during 2009 we invested comprehensive efforts in reinforcing our governance structure to ensure that we become not only even more efficient and effective, but also increasingly accountable and more democratic as an organisation (see also page 8).

Of course, none of our work would be possible without the individuals, foundations, governments and multilateral institutions that continue to believe in and back our work. I wish to take the opportunity here to express my deep gratitude for their continued, generous support. Although we, as most other organisations like us, have experienced very tangible consequences of the ongoing financial crisis, I am encouraged and touched to see that even in these times of recession, selflessness has by no means gone out of fashion.

As we enter into a new decade, the challenges ahead are many. Sexual, religious and other minorities will continue to be at risk. Dictators will carry on using any means to silence their opponents. Fear of terrorism will continue to be abused politically as a pretext for undermining fundamental freedoms, including the right to freedom from torture. The widespread poverty that lies at the root of so much of the world's torture will not go away today or tomorrow. And the economic downturn will continue to pose a real and serious challenge to the IRCT and

other charitable organisations that rely on donations to continue and develop their work.

Nonetheless, we enter into the new decade with renewed energy and confidence. We do so rooted in the knowledge that all around the world there are people working day in and day out to ensure that Amit and others like him have somewhere to turn; to see that their suffering is recognised and addressed; and ultimately to see that children and adults across the world will some day see a world free from torture.

In the meantime I am glad to report, that thanks to our member centre SOSRAC in Delhi, who located him at the police station after one of their social workers had visited his parents, Amit is now being treated for his mental and physical wounds, just as his mother and father are receiving support. And while the memory of the torture will stay with him for the rest of his life, with the care and recognition he is receiving he stands a chance of overcoming his ordeal and regaining hope for the future.



BRITA SYDHOFF

The year 2009 marked the retirement of our founder, Dr Inge Genefke, and her husband, Professor Bent Sørensen, after almost four decades of pioneering the struggle against torture. On behalf of the entire torture rehabilitation movement I wish to express my deep appreciation of the invaluable contribution they have made to this struggle. Please turn to page 22-23 to read more about the never-failing commitment of these two remarkable personalities.

BRITA SYDHOFF, IRCT SECRETARY-GENERAL

A democratic organisation

IRCT's structure (see diagram on this page) is designed to ensure organisational democracy. All of our member organisations are enabled and encouraged to influence the development of the IRCT's overall policies and priorities. Every three years our members elect our governing board – the Council – which is responsible for formulating and monitoring the implementation of major IRCT policy. The Council elects our eight-member Executive Committee, which guides and monitors the General Secretariat that in turn is responsible for the implementation of policies and priorities. Seats in the Council are allocated according to geographical regions as follows:

- Asia – 4 seats
- Europe – 7 seats
- Middle East and North Africa – 3 seats
- North America – 2 seats
- Latin America – 4 seats
- Pacific – 2 seats
- Sub Saharan Africa – 4 seats

In addition, our Council comprises three independent experts, also elected by the membership, with substantial experience in torture rehabilitation and prevention.

A year of elections and strategy development

2009 was a year of transition for the IRCT. In one key transition, we held elections for a new Council with the vast majority of our members casting their votes for their favourite candidates to represent them at our Council. Moreover, as our five-year strategic plan for the period 2005-2009 was coming to an end, the General-Secretariat initiated a comprehensive consultative process involving our entire membership to engender a new strategic plan for the period 2010-2014. Other key stakeholders including donors, partners, policy-making and

INGO communities were also consulted as part of the process. Findings were presented and discussed in depth at the IRCT 2009 Council meeting and will form the basis of our new five-year strategic plan.

We also took important steps to further organisational development within the overall IRCT structure. This included developing specific Terms of Reference for Council and Executive Committee members, role descriptions for the President and Vice-President; and Terms of Reference for Independent Experts. Continuing to invest in our democratic and accountable structure in this way is set to continue throughout 2010.

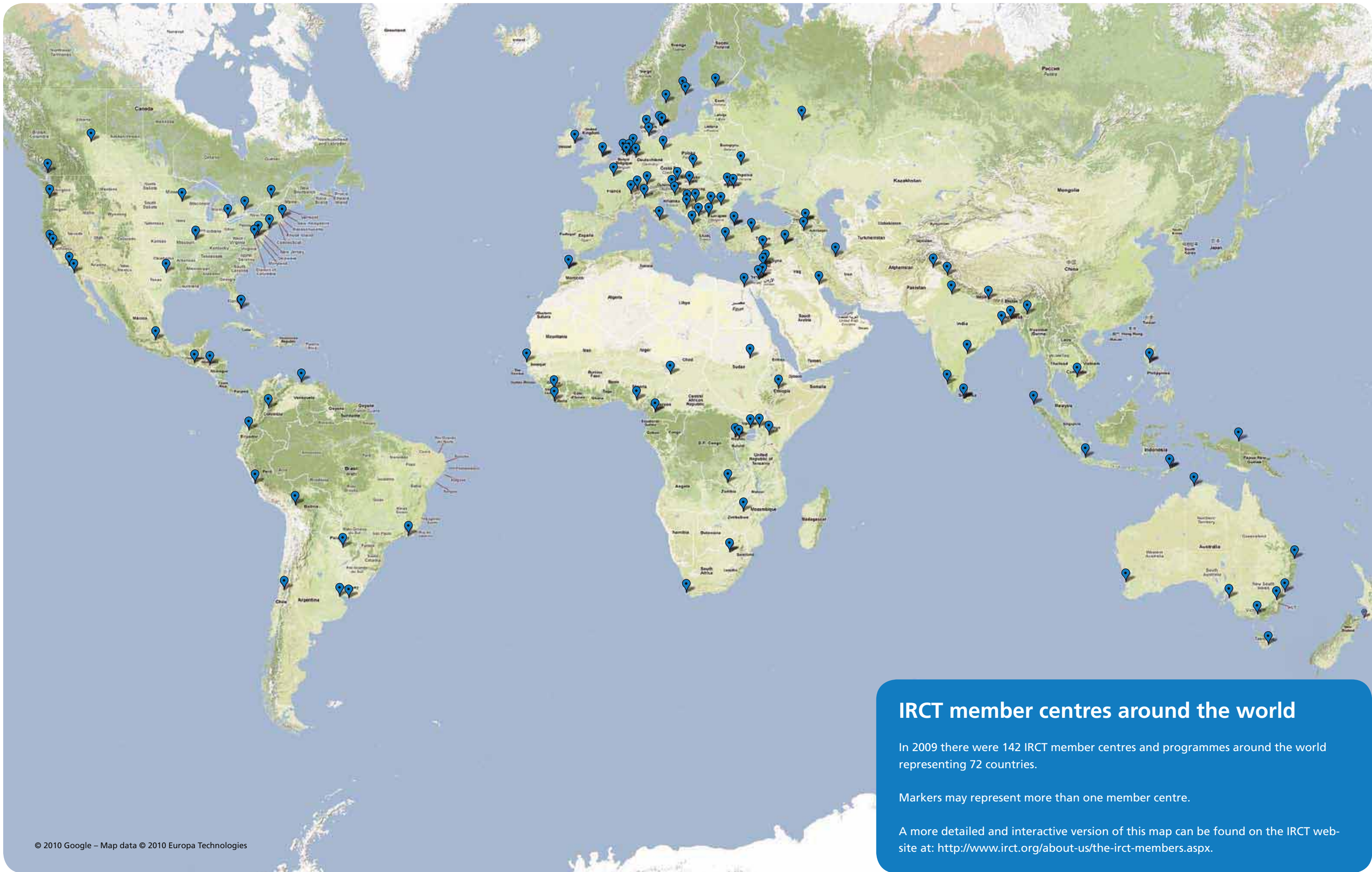


IRCT ORGANISATIONAL STRUCTURE.



NEWLY ELECTED COUNCIL MEMBERS AND COLLEAGUES AT THE ANNUAL IRCT COUNCIL MEETING, NAIROBI, KENYA, NOVEMBER 2009.

Many IRCT members are organised in national and/or regional networks, such as the AMAN Network (Middle East and North Africa); Red de Apoyo (Latin America), the National Consortium of Torture Treatment Programs, NCTTP (USA); the Canadian Network for the Health of Survivors of Torture and Organized Violence; and The Forum of Australian Services for Survivors of Torture and Trauma (FASSTT).



IRCT member centres around the world

In 2009 there were 142 IRCT member centres and programmes around the world representing 72 countries.

Markers may represent more than one member centre.

A more detailed and interactive version of this map can be found on the IRCT website at: <http://www.irct.org/about-us/the-irct-members.aspx>.

© 2010 Google – Map data © 2010 Europa Technologies

Strengthening our members

Helping torture survivors overcome their trauma and rebuild their lives requires extensive expertise and skills. In order to serve their clients in the best possible way it is essential for the doctors, psychologists, counsellors, nurses, lawyers, social workers and other professionals at our member centres to have access to the latest knowledge to enable them to constantly develop their skills in their field of expertise.

At the same time, especially for our member centres in low-income countries and conflict zones, the access to and exchange of knowledge with peers from elsewhere presents a huge challenge. This is why we place great emphasis on facilitating a constant flow of knowledge and good practice within and beyond the IRCT membership. In a nutshell, the aim is to make sure that knowledge gained in one place is disseminated as widely as possible to benefit as many as possible.

To make this happen, we support and facilitate training seminars on specific subjects according to our members' needs and wishes; sponsor peer exchanges and internships in and beyond the IRCT membership; and fundraise for and co-ordinate projects that enable member centres to focus on enhancing their capacity in specific areas of work. All with the aim of helping our members to continuously increase both the quantity and quality of the services they provide to their clients.

Regional overview of interventions in the Global South

Lawlessness, corruption and the abuse of power by government actors have long plagued much of [Asia](#), where our member organisations are continually confronted with cases of torture involving individuals from disadvantaged, discriminated, and vulnerable groups. Our work over the past year was, as always, oriented toward supporting our members in their local struggles to better the lives of torture survivors. For example, we facilitated a seminar in Colombo, Sri Lanka, at which representatives from IRCT member centres throughout Asia learned and exchanged experiences about how to handle the stress associated with working with torture survivors.

We also took steps to develop a major project in partnership with four IRCT member organisations in Asia to address the needs and rights of children who have been tortured in places of detention – unfortunately a widespread problem, not only in Asia, but in a host of countries around the world (see also page 30). Last but not least, together with the World Organisation against Torture (OMCT) we supported our member centres in the Philippines – the Balay Rehabilitation Center and the Medical Action Group – to advocate for the criminalisation of torture in the country's penal code. The IRCT and OMCT sent a joint letter urging the country's president, Ms Gloria Macapagal Arroyo, to sign the

The Act Penalizing the Commission of Acts of Torture and Other Cruel, Inhuman and Degrading Treatment or Punishment, prescribing Penalties Therefore and for Other Purposes is the full title of the bill signed by Filipino President Ms Gloria Macapagal Arroyo in November 2009. In doing so she took a vital step in implementing obligations in the UN Convention against Torture, which the Philippines ratified some 23 years earlier. Prior to the signing, the IRCT and other organisations had written to Ms Arroyo, urging her to sign the bill into law.

“[From across Latin America] 38 torture rehabilitation professionals from thirteen IRCT member centres [...] had the opportunity to further develop their practical skills to address the needs and rights of torture survivors.”

bill into law. President Arroyo's office responded to our letter and signed the bill, ensuring the law's inclusion in the national penal code (see box on page 12).

Many states in [Latin America](#) have overcome harsh dictatorships in recent decades and have enjoyed considerable success in combating torture. However, torture is still a significant problem in several of the region's countries. And large numbers of men and women, who were tortured by former oppressive regimes, are in need of professional rehabilitative care.

Our work in the region in 2009 included organising a comprehensive training seminar in collaboration with our members CCTI (Mexico) and CPTRT (Honduras). Thanks to this, 38 torture rehabilitation professionals from 13 IRCT member centres across the region had the opportunity to further develop their practical skills to address the needs and rights of Latin America's torture survivors, and to draw on each other's knowledge and experience. Also, we facilitated and sponsored professional exchanges with Latin American partner organisations.

Building on our many years of experience in the area of forensic documentation we continued our

work in the region to help doctors and lawyers develop their capacity to clinically document cases of alleged torture and prepare evidence for legal action (see also page 28). A compelling example of the impact such an intervention can have was in evidence when a lawyer in Ecuador, after having completed a five-month training course facilitated by IRCT member centre Fundación PRIVA, formed his own organisation comprising 24 psychologists, physicians and lawyers who are now working to augment the quality of forensic evidence presented in Ecuadorian courts.

Tragically, torture and ill-treatment have been rampant in Honduras since the military coup in June 2009 with IRCT member centre CPTRT reporting horrendous abuses against Honduran citizens. The coup underlined once again the fragility of hard-won victories in the fight against torture and the constant hard work needed to ensure that these victories become sustainable.

In the [Middle East and North Africa](#) region we concluded a multi-year effort to assist health and legal professionals – including those at our member centre El Nadim in Cairo – to develop their skills at using forensic documentation in cases involving allegations of torture (see also page 28). The effort has



AT A WORKSHOP AT THE AUTONOMOUS UNIVERSITY OF GUERRERO IN ACAPULCO, MEXICO, STUDENTS ENGAGE IN A TEAM-BUILDING GAME. THE WORKSHOP IS PART OF A DIPLOMA COURSE ON THE PREVENTION AND DOCUMENTATION OF TORTURE, RUN BY IRCT MEMBER COLECTIVO CONTRA LA TORTURA Y LA IMPUNIDAD IN COLLABORATION WITH THE UNIVERSITY.

resulted in the creation of a group of professionals whose expertise will benefit the entire region as they can be called upon to train colleagues at IRCT member centres and other professionals around the region, and to perform forensic examinations in specific cases. Indeed, this is already happening. For instance, El Nadim was called upon by one of our Lebanese member centres, Restart, to help train Lebanese doctors and lawyers to document torture cases. Another positive spin-off of our efforts in Egypt is our ongoing collaboration with the Egyptian National Human Rights Council. We're currently assisting the Council to establish a strategic plan and a special unit dedicated to tackle the problem of torture in Egypt.

2009 was also the year when the Bahjat Al-Fuad Rehabilitation Center for Torture Victims (BFRCT)

in Iraq became a fully independent, sustainable organisation and managed to obtain funding from the UN and other donors, thus reaching the goal we set out to achieve when we initiated collaboration with Iraqi health professionals to set up the centre back in 2005. Building on the experiences gained from working in a context as challenging as Iraq, we took steps to establish a torture rehabilitation centre in Algiers, Algeria, working closely with the NGO Collectif des Familles de Disparus en Algérie and drawing on the input and expertise of our member centres in the wider region.

Sub Saharan Africa suffers from an extremely high prevalence of torture coupled with a lack of access to basic health services, especially in remote areas, where local NGOs are often the only providers of such services. Many of these organisations work

with some of the most vulnerable groups, including widows and children. In working to alleviate this dire situation we continued to focus our efforts on building capacity at grassroots level in the region. Using our well-proven strategy of bringing global knowledge to the local level, we helped twelve local organisations – IRCT members as well as non-members – enhance their skills in the field of various treatment approaches, including psycho-social treatment methods adapted to the difficult circumstances characteristic of the region.

Drawing on our global network of experts in a variety of fields we facilitated targeted on-site training sessions where our local partners had the opportunity to interact with and learn from other professionals with many years of experience in torture rehabilitation. Moreover, we helped our member organisations develop their organisational capacity, not least with regard to raising funds for their work in order to become self-sufficient in the longer term.

In Zimbabwe – despite a host of challenges posed by the extremely volatile political situation – in collaboration with our member centre, the Counseling Services Unit in Harare, we trained 50 health and legal professionals in forensic documentation of torture cases in accordance with international standards.

Last but not least we organised an ambitious regional training seminar, which was held in South Africa and allowed staff from eighteen IRCT member centres to network and draw on each other's experiences and expertise, thus increasing the flow of valuable knowledge between organisations with common goals but otherwise limited means of interaction. As a result, although the challenges of working with torture rehabilitation in Sub Saharan Africa remain vast, the centres are now in a better position to reach more torture survivors and address their needs.

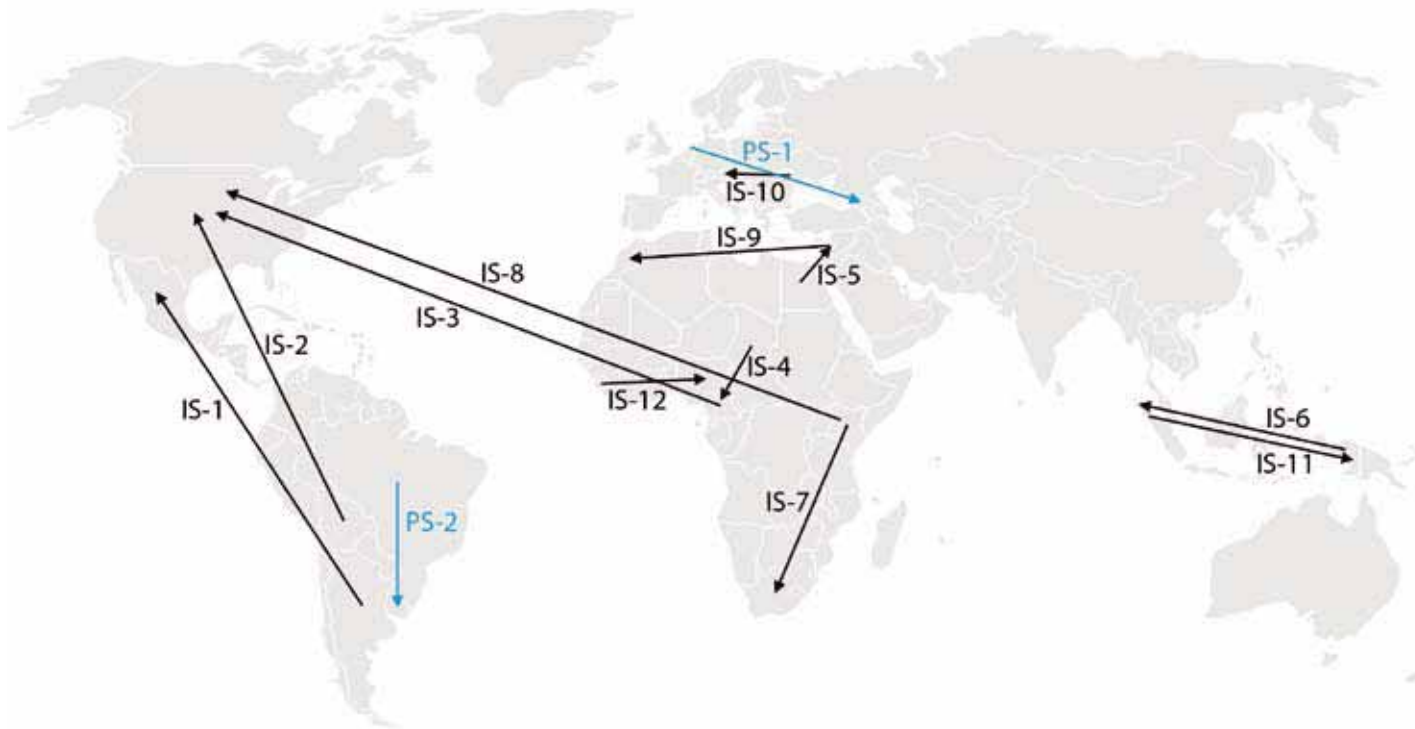
Advancing health professional knowledge and research

Also in 2009 we successfully concluded a large-scale project that has brought together IRCT member centres located in locations as diverse as Egypt, Gaza, Honduras, Mexico and South Africa. Over the course of two years, the project helped 1370 health and other professionals in the five locations develop their skills and benefit from each other's knowledge and experiences. A total of 1336 torture survivors (590 women, 529 men and 217 children) received much-needed mental health care under through the project, which also enhanced the capacity of the five centres to generate high-quality medical reports. In conjunction with the treatment, patient data was analysed to measure the effectiveness of interventions used in the five centres – research that will help inform future treatment across the IRCT's global membership. The results will be published in 2010 in the form of several articles in a special thematic issue of our scientific journal TORTURE, which is disseminated to our entire membership as well as to other organisations and individual health and other professionals worldwide as well as being made available at www.irct.org.

Enabling professional exchange for individual staff at IRCT member centres

Launched in 2006 thanks to funding from the government of The Netherlands, the IRCT staff exchange programme offers individual staff at rehabilitation centres the possibility to develop their skills and knowledge via internships and peer supervision. It continues to be a popular and efficient way for staff at torture rehabilitation centres to become even better at what they do. Currently funded by the Oak Foundation, the programme is a key element in our work to ensure that knowledge and experiences generated in one place flow to and benefit as many as possible. In 2009 we sponsored twelve internships and two peer supervisions (see page 16).

INTERNSHIPS AND PEER SUPERVISIONS IN 2009



INTERNSHIPS (IS)

No.	From	To
IS-1	Argentina, EATIP	Mexico, CCTI
IS-2	Bolivia, ITEI	USA, Survivors International
IS-3	Cameroon, CRAT	USA, ASTT
IS-4	Chad, AJPNV	Cameroon, CRAT
IS-5	Egypt, El Nadim	Lebanon, Restart Centre
IS-6	Indonesia, RATA	Indonesia, ALDP
IS-7	Kenya, IMLU	South Africa, TCSVT
IS-8	Kenya, MATEO	USA, Survivors of Torture, International
IS-9	Lebanon, KRC	Morocco, AMRVT
IS-10	Moldova, RCTV	Austria, ZEBRA
IS-11	Indonesia, ALDP	Indonesia, RATA
IS-12	Sierra Leone, CAPS	Nigeria, PRAWA

PEER SUPERVISIONS (PS)

No.	Peer Supervisor	Host centre
PS-1	Berthold Gersons, Centrum 45, The Netherlands	Georgia, GCRT
PS-2	Cecília Maria Bouças Coimbra, GTNM, Brazil	Uruguay, SERSOC

“The project has positively affected our organisation. It gave us the possibility to provide medical and psychological care to a large group of beneficiaries which, with the existing capacity of the centre, we were not able to cover. Our increased capacity has made us more known and has increased our credibility to the outside world. The project also allowed the health professionals in our centre to strengthen their capacities and knowledge in the field torture treatment and promoted our relations with other human rights organisations through training and psychotherapeutic assistance to their staff. Finally, we managed to prove the changes incurred in our patients by the treatment intervention.”

STAFF MEMBER AT CPTRT IN HONDURAS

EXCHANGE PARTICIPANT TESTIMONIES:

“Thanks to my internship at SOTI I have improved my skills in handling holistic care of torture survivors and refugees, of which there are many in Kenya. Our two organisations are now collaborating with the intention of establishing a joint refugee programme. My internship has also put me on par with like-minded people globally who want to engage in the provision of high quality rehabilitation services to torture survivors and the refugees.”

TAIGA JOB WANYANJA, MATEO, KENYA ON HIS INTERNSHIP AT SURVIVORS, USA

“Herman was an excellent intern and a wonderful contribution to ASTT. We enjoyed a very helpful exchange of ideas about cross cultural issues. It was really useful to hear about his clinic’s approaches to helping refugees re-establish their lives in their country. His inquisitiveness and insight has truly required each staff member to reflect on their work here at ASTT, and on ASTT’s impact within and outside of the U.S. We definitely plan to continue our relationship with CRAT-Cameroon and Herman.”

ASTT, USA ON THE INTERNSHIP OF HERMAN POUOKAM KAMGAING, CRAT, CAMEROON

“My internship was very enriching and eye-opening. I participated in a training programme titled “Care and Self Care – professionals in a social context of impunity, torture and social catastrophes”. It was a valuable exchange in terms of sharing the difficulties of daily work with torture survivors and their families.”

LUCIANA SOUTRIC, EATIP, ARGENTINA ON HER INTERNSHIP AT CCTI, MEXICO

“Relations with Luciana were very positive, both at the personal and institutional level in every moment of exchange. We will continue the relationship between CCTI and EATIP. The exchange facilitated better co-ordination and a better understanding of different contexts of the work related to torture and impunity.”

CCTI, MEXICO ON LUCIANA'S INTERNSHIP

“Being with other clinicians in the field of torture/trauma was professionally uplifting. We discussed therapy models and how to monitor client progress. I have learned how to make supervision go much deeper and focus on both client and counsellor processes. In turn, I taught them how to incorporate elements of care for caregivers into their supervision process. I truly appreciate the IRCT's efforts and support. The staff exchange programme is definitely instrumental for encouragement and support of torture rehabilitation centres and individual staff.”

DINAYH KITUYI, IMLU, KENYA ON HER INTERNSHIP AT TCSVT, SOUTH AFRICA

“The visit was very rewarding for both parties and has facilitated the start of an ongoing relationship between our organisations. The exchange introduced staff at GCRT to Brief-Eclectic Psychotherapy (BEP), a treatment method that has proven effective in treating Post-Traumatic Stress Disorder (PTSD), from which many torture survivors suffer. The advantage of BEP is that it can be practiced by any clinician working in the field of trauma treatment, since it is practical and not difficult to acquire. For the first time, GCRT will have an opportunity to treat clients with an evidence-based protocolised intervention, which will also allow outcome research.”

BERTHOLD GERSONS, CENTRUM 45, THE NETHERLANDS ON HIS STAY AS PEER SUPERVISOR AT GCRT, GEORGIA

“I was very impressed by the good results obtained in cases of deep trauma where patients suffered from insomnia, depression, pain syndrome and other severe consequences of torture. I became aware of the importance of body therapy and why it is so crucial that body therapists and psychotherapists work together.”

LUDMILA POPOVICI, RCTV MEMORIA, MOLDOVA ON HER INTERNSHIP AT ZEBRA INTERCULTURAL CENTRE FOR COUNSELLING AND PSYCHOTHERAPY, AUSTRIA

“Joining PRAWA at prison visits during my internship I learned how they engage the prisoners and the prison authorities – an approach that can be applied by CAPS in our work in prisons. In general, the exchange has given me a lot of knowledge that I will use in the psychological trauma treatment of our clients, and which I will of course share with my colleagues at CAPS.”

VICTOR ESSAH, CAPS, SIERRA LEONE ON HIS INTERNSHIP AT PRAWA, NIGERIA



IN THE REPORT “EXCHANGE PROGRAMME, GLOBAL CAPACITY BUILDING PROGRAMME”, PARTICIPANTS IN THE FIRST IRCT EXCHANGE PROGRAMME (2006-2008) RECOUNT THEIR EXPERIENCES AND EXPLAIN HOW THE PROGRAMME HAS HELPED THEM DEVELOP PROFESSIONALLY AND PERSONALLY. THE REPORT CAN BE DOWNLOADED AT WWW.IRCT.ORG. TO OBTAIN A PRINT COPY OF THE REPORT, PLEASE WRITE TO PUBLICATIONS@IRCT.ORG.

Securing funding for rehabilitation

Torture survivors are entitled to receive reparations, including medical and psychological rehabilitation, to help them overcome their ordeal. In theory, international law ensures this right. For example, the UN Convention against Torture states 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” (Art.14). In plain language this means that it’s the government’s responsibility to make sure that torture survivors within their borders have access to the health and other forms of support they may need to rebuild their lives.

In spite of these commendable principles, which the vast majority of the world’s states have signed up to, the reality on the ground is very different. In many countries, specialised services for torture survivors are provided by organisations outside of the public health care system, often with little or no financial support from the state. This leaves the situation of these organisations – including of course the IRCT’s member centres and programmes – extremely vulnerable. Ultimately, it’s their beneficiaries – the men, women and children who have fallen victim to torture – who pay the price. On top of this comes the ongoing global economic crisis that continues to pose a significant challenge to the financial situation of the IRCT and its member centres.

In short, the stark reality is that the global pool of funding available for torture rehabilitation meets only a fraction of the real need. This is why the IRCT constantly works to influence governments and multilateral institutions to increase their financial support to torture rehabilitation. In 2009, via a combination of lobbying the European Commission and OECD countries to increase their financial support to torture rehabilitation, we helped ensure the availability of funding for torture rehabilitation globally. In particular, comprehensive engagement with the EC – the world’s largest donor to torture reha-

bilitation – served to mitigate potentially damaging consequences of a planned phase-out of funding to rehabilitation in the EU. Moreover, we continued to urge selected governments to increase their contributions towards the United Nations Voluntary Fund for Victims of Torture.

Another key element of our comprehensive approach to improve the financial condition of our members is to help build their fundraising capacity. To this end, as part of our wider capacity-development support (see also page 14) we facilitated fundraising training sessions and provided technical assistance to members in the drafting of project proposals.

In terms of direct fundraising we secured financial support for large-scale projects enabling IRCT member organisations to organise and engage in a range of capacity development efforts. This included securing a multi-year agreement from the European Commission under their Non-State Actors and Local Authorities Budget Line. This was significant because it is the first time that the IRCT secured funding from a more development-oriented budget line. The IRCT will continue seeking funding from development-oriented budget lines in the coming years. We also enjoyed significant increases in support from individuals, both from within Denmark and internationally. And for the first time, the Danish Ministry of Foreign Affairs has invited the IRCT to submit a multi-year funding application for its core funding. This is a significant organisational development for the IRCT, providing us with increased financial stability.

Securing unrestricted income remains a key challenge. Indeed, the degree of restriction against our income has increased significantly over the last year; whilst the situation is not yet critical, it does emphasize the need to investigate all unrestricted funding opportunities in 2010.

The overall funding environment remains extremely challenging however, with the global economic crisis having a significant impact on a number of key IRCT donors – at least four donors were forced to reduce their verbal pledges in 2009.

A life in support of torture survivors



DR INGE GENEFKE FOUNDED THE REHABILITATION CENTRE FOR TORTURE VICTIMS (RCT) IN 1982, AND THE IRCT IN 1985. SHE SERVED AS THE MEDICAL DIRECTOR FOR THE RCT FROM 1981 TO 1996, AND AS MEDICAL DIRECTOR OF THE IRCT FROM 1985 TO 1996. SHE WAS SECRETARY-GENERAL OF THE IRCT FROM 1997 TO 2000, HONORARY SECRETARY-GENERAL OF THE ORGANISATION FROM 2000 TO 2002, AND IRCT AMBASSADOR FROM 2002 UNTIL HER RETIREMENT AT THE END OF 2009.

DR INGE GENEFKE (RIGHT) AND PROFESSOR BENT SØRENSEN

After a quarter century of service with the IRCT, 2009 marks the retirement from the IRCT's ranks of two of the original pioneers in the global rehabilitation movement and in the struggle against torture. Indeed, it is clear that Dr Inge Genefke and Professor Bent Sørensen, who were married in 1991, have also been united through their activism; they have been human rights advocates of the highest order, unifying professional medical expertise with an unmatched fire and commitment to the care for victims of torture. With this all too brief tribute the IRCT celebrates Dr Inge Genefke and Professor Bent Sørensen and thanks them for their significant contribution to the cause of a world free from torture.

Dr Inge Genefke has played every role imaginable as advocate for survivors of torture for more than

thirty years. In 1974 she pioneered medically-orientated research on torture which led not only to a better understanding of the psychological consequences of torture but to new, more effective means of treating and preventing torture. She has given direct treatment to victims. She has worked to protect human rights workers through advocacy to governments and the media. She has trained medical, legal, civil, and governmental workers in scores of countries around the world. She has been a featured participant in countless international conferences on human rights. As a leading expert in the field, Dr Genefke has been a lobbyist, fundraiser, commentator and lecturer. And she has done all of these things on a global scale. In short, Dr Inge Genefke has been whatever she has needed to be in a world where torture was the order of the day in

The challenges that Dr Inge Genefke has faced down can be read about in greater detail in *The Meeting with Evil: Inge Genefke's Fight Against Torture*, a biography by Danish journalist Thomas Larsen and subsequently translated into English.

Inge Genefke has been portrayed by Julie Christie in a European Film Academy nominated film directed by Isabel Coixet – *The Secret Life of Words* – also starring Tim Robbins and Sarah Polley.

Dr Genefke has had the opportunity to communicate her vision of a world without torture to influential figures globally including former UN Secretary General Kofi Annan, former US president Bill Clinton, former South African president Nelson Mandela, and software mogul Bill Gates.

the vast majority of the world's countries, for which she has received numerous awards (see box below).

The significance of Professor Bent Sørensen's work lies in the nexus between his vast medical and academic expertise and his unshakeable commitment to the vision of a world without torture. In 1991 Professor Sørensen retired following forty-one years as a medical doctor, twenty-five of which were spent as the Chief of Staff at Copenhagen University's Hvidovre Hospital, in order to become one of the first members of two of the most important bodies in the global anti-torture movement: the United Nations Committee Against Torture (CAT) and the European Council Committee for the Prevention of Torture (CPT). In addition, Professor

Sørensen has been an eminent trainer of medical, legal, and civil professionals within Denmark and in dozens of other countries around the world. Throughout his more than twenty-five year working relationship both with the RCT and the IRCT Professor Sørensen brought unparalleled expertise and commitment to the two organisations.

It is with a great sense of humility that the IRCT seeks to preserve and build upon the legacy of Dr Inge Genefke and Professor Bent Sørensen. They have set an outstanding example of principle and dedication for activists globally. The world, if it is to be free from the horrors of torture, needs commitment like theirs in the years ahead.

Dr Inge Genefke has been nominated repeatedly for the Nobel Peace Prize and has been the recipient of honours too numerous to mention here. A small selection of the awards and distinctions she has received include:

- 1982: Dane of the Year, International Press Centre
- 1989: Right Livelihood Honorary Award – "The Alternative Nobel Prize"
- 1990: Ebbe Munck-Prisen 1990 – Danish Freedom Fighter Award given by her Majesty Queen Margaret II of Denmark
- 1996: Human Rights Award, American Psychiatric Association
- 1999: Reader's Digest European of the Year
- 1999: Tribute to Dr Inge Genefke and IRCT in the House of Representatives, Washington, USA
- 2000: Virtual Mentor Award, American Medical Association, AMA
- 2002: The Oak Foundation establishes the Inge Genefke and Bent Sørensen Anti-Torture Support Foundation
- 2008: The Barfred-Pedersen gift of honour – Most prestigious distinction of the Danish Medical Profession, also awarded to Professor Bent Sørensen in 1988.

Dr Inge Genefke and Professor Bent Sørensen will be continuing their work for torture survivors and against torture through *The Inge Genefke and Bent Sørensen Anti-Torture Support Foundation* (www.atsf.dk). The foundation supports the global struggle against torture through supporting travel for anti-torture activities and giving a biennial award (on every even year) entitled "The Inge Genefke Award" to pioneering anti-torture advocates. Previous recipients of the award include Professor Veli Lök of Turkey in 2004, Ms Monica Fera of Peru/UK in 2006 and Dr Frances Lovemore of Zimbabwe in 2008.

Raising awareness about torture prevention and survivors' rights

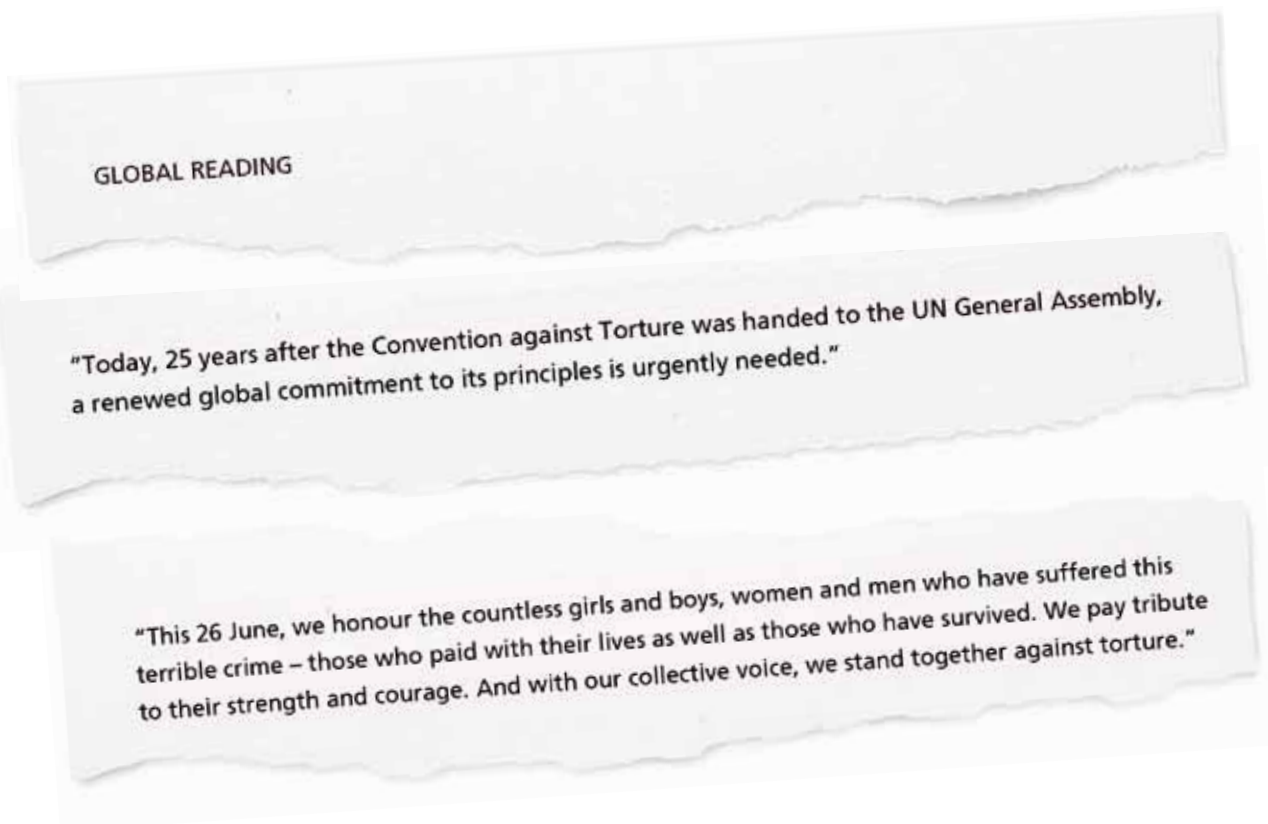
Public and political commitment is key to combating torture and ensuring that survivors receive the support and care they're entitled to. To help entrench such commitment, we need to be vocal. And so we are! With a membership of 142 organisations covering 72 countries, from Albania to Zimbabwe, the IRCT is in a unique position to advocate for the eradication of torture and for the needs and rights of torture survivors worldwide.

26 June campaign – Together against Torture

Art competitions. Film screenings. Puppet shows. Solidarity concerts. Petitions to politicians. Public

rallies. Signature collections. Candle-lit vigils. TV and radio talk shows. Sporting events...

There's almost no end to the list of creative and compelling ways in which our member centres mark 26 June – the UN International Day in Support of Victims of Torture. The year 2009, when 26 June coincided with the 25th anniversary of the UN Convention against Torture, was no exception. Advocating for the rights of torture survivors and for an end to torture, more than sixty IRCT member centres took part in the global campaign on this special day dedicated to torture survivors worldwide. While the



FROM THE IRCT'S 26 JUNE STATEMENT, WHICH SEVERAL IRCT MEMBER ORGANISATIONS READ OUT AS PART OF THEIR CELEBRATION OF THE DAY.



SCREENSHOTS FROM "REBUILDING BROKEN LIVES" BY FIONA COLLINS; "BE PART OF THE SOLUTION" BY BEN ACHTENBERG; AND "MORNING ROUTINE", BY MAREIKE AHNER.

means they used were diverse, their goal was the same: to call on decision-makers and the public to support survivors and to take urgent and concerted action to put an end to torture. The report "26 June 2009 – Together against Torture" (available at www.irct.org) gives an uplifting overview of the worldwide campaign.

A growing range of campaign tools

Among the campaign tools made available to IRCT member centres were three brand-new anti-torture video spots produced and provided to the IRCT for free by Oscar nominee Ben Achtenberg (USA), Mareike Ahner (Germany) and Fiona Collins (UK) respectively.

Via a special 26 June section on www.irct.org member centres also had access to additional video spots; essay and art competition kits; fact sheets in multiple languages; an idea catalogue; downloadable logos for posters, T-shirts etc.; and the Pac Man-style educative game "Let's erase torture" in which the player learns key facts about torture while using an eraser to put torturers behind bars.

Web presence

Our website has undergone even more improvements! Relunched in 2009 with an all-new design

and improved navigation structure, the site continued to attract a steadily increasing number of visits and to offer a broad range of resources: personal stories of survivors (see also page 36); alerts regarding human rights defenders in immediate danger; profiles of all member centres and a Google map of their locations (see page 10); in-depth political analyses of current torture-related issues; and access to the world's largest library dedicated specifically to the subject of torture. Moreover, exploiting the opportunities offered by the ever-growing array of social media we expanded our web presence to include Facebook and Twitter as part of our longer-term aim of creating an online community of individual IRCT supporters. In doing so we're attempting to meet the regular requests we receive from people all over the world asking how they can contribute to our work.

Working with the media

In continuing to engage the media worldwide we collaborated with IRCT member organisations in Kenya, Egypt, Morocco, Russia and Indonesia and a non-member anti-torture organisation in Jordan to organise workshops for journalists engaged in the difficult and often dangerous task of reporting on torture and other human rights violations in the context of anti-terrorism measures. The content

“Iguanas were treated with more humanity than prisoners” Mr Al Haj told the audience at the IRCT conference “Preventing Torture within the Fight against Terrorism – Tools for Journalists”, adding that what kept him sane during his imprisonment was “Knowing that I was not alone, that I was not forgotten and that as a journalist I had a mission.”

MR SAMI AL HAJ, ALSO KNOWN AS PRISONER 345. MISTAKEN FOR A DIFFERENT MAN NAMED SAMI, MR AL HAJ WAS CAPTURED IN 2001 WHILE COVERING THE U.S. INVASION OF AFGHANISTAN FOR AL JAZEERA. HE WAS SENT TO GUANTÁNAMO BAY, WHERE HE WAS HELD FOR ALMOST SEVEN YEARS BEFORE HE WAS RELEASED WITHOUT CHARGES.

and outcomes of these workshops, where dozens of dedicated journalists pondered the role of the media in exposing human rights violations, exchanged experiences, discussed investigative methods, and reviewed measures to enhance their personal security, are documented in our bi-monthly newsletter *Preventing Torture within the Fight against Terrorism* (available at www.irct.org), which also features articles from a wide range of journalists, scholars and NGO workers with in-depth knowledge of this still highly pertinent subject.

Toward the end of the year we organised the international conference “Preventing Torture within the Fight against Terrorism – Tools for Journalists”, which brought together three dozen journalists from sixteen countries. Among the speakers were Ms Tara MacKelvey, who shared her experiences of

researching her book *“Monstering – Inside America’s Policy on Secret Interrogations and Torture in the War on Terror”*. Ms MacKelvey told the audience that the so-called “torture memos” conceived by the Bush administration “led directly to torture”. One of Norway’s most respected investigative journalists, Mr Erling Borgen, gave an eye-opening account of the challenges he experienced researching his documentary film “A little piece of Norway”, which reveals how Norwegian firm Aker Kværner kept the detention facility at Guantánamo running by building the water and power infrastructure at the camp. And the award-winning Egyptian blogger Mr Wael Abbas, famous for using social media to expose torture in Egypt’s prisons, pointed out that “There is always a way to deliver messages under the radar”.



THE NUMBER OF VISITORS TO OUR WEBSITE, WHICH WE RELAUNCHED IN 2009 WITH AN ALL-NEW DESIGN AND IMPROVED NAVIGATION STRUCTURE, INCREASED TO APPROXIMATELY 285,000, UP FROM 248,000 THE PREVIOUS YEAR.



PARTICIPANTS IN A DRAWING CONTEST ORGANISED BY IRCT MEMBER CENTRE VIVE ŽENE, BOSNIA AND HERZEGOVINA, IN CONNECTION WITH 26 JUNE, THE UN INTERNATIONAL DAY IN SUPPORT OF VICTIMS OF TORTURE.

In 2009 the IRCT established a multidisciplinary training department offering a comprehensive range of training programmes to governmental and non-governmental bodies interested in reinforcing and building on their knowledge of torture prevention and rehabilitation. Training is offered with a progressive price structure to accommodate less well-resourced stakeholders. The service is co-ordinated and delivered by the IRCT Secretariat in close collaboration with member centres. Topics on which the IRCT can offer training include, but are not limited to:

- What is torture? Consequences and types of torture
- Types/methods of torture rehabilitation
- Early identification of torture victims
- Fulfilling the mandate to promote and protect human rights with respect to torture
- Forensic documentation of alleged torture cases (see also page 28)

The main target groups are professionals likely to come into contact with torture survivors:

- Legal and medical professionals
- Detention and prison guards
- Immigration officers
- Social workers
- Staff at national Human Rights Councils

For more information, write to Ms Alice Verghese, av@irct.org

Documenting torture, fighting impunity

AFP PHOTO/FABRICE COFFRINI



PROFESSOR MANFRED NOWAK

“Forensic medical science allows torture allegations to be corroborated and is instrumental in countering the emerging loopholes facilitating impunity. The Istanbul Protocol of 1999 set an indispensable standard in this regard.”

MANFRED NOWAK, UN SPECIAL RAPPORTEUR ON TORTURE AND OTHER CRUEL, INHUMAN OR DEGRADING TREATMENT OR PUNISHMENT, IN HIS REPORT TO THE UN HUMAN RIGHTS COUNCIL, FEB. 2010.

Throughout the past decade the IRCT has played a leading role in raising awareness about and promoting the use of The Manual on the Effective Investigation of Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment – otherwise known as the *Istanbul Protocol* – which provides internationally recognised standards on how to identify, document and report symptoms of physical and psychological torture. Over the course of several consecutive projects, we’ve trained health and legal professionals in 15 countries in applying the principles and guidelines contained in the Istanbul Protocol.

In 2009 our work in this area remained a key priority. Building on our recently concluded project *Prevention through Documentation* we initiated a new three-year project – *Forensic Evidence in the*

Fight against Torture – that will set new precedents for the use of forensic medical evidence. The aim, in short, is to apply the Istanbul Protocol to up to twenty strategically selected cases to be tried in national, regional and international courts. As part of this endeavour we are working with member centres in Ecuador, Georgia, Lebanon and the Philippines to produce high-quality forensic evidence related to specific torture cases to be submitted for use in legal proceedings.

In parallel, we’re working to increase awareness among decision makers, judges, prosecutors, lawyers and health professionals about state obligations to prosecute perpetrators and ensure victims’ rights. We are highlighting the importance of sound forensic evidence in this process. In creating a strong foundation for this endeavour we have

To learn more about the IRCT’s work in the area of prevention of torture through investigation and documentation, go to www.preventingtorture.org

In an article entitled “The Role of Health Professionals in the Fight against Torture” published in a thematic issue of the *Essex Human Rights Review* addressing the question of preventing torture in the 21st century, we outline some of the key lessons we have learned over the past years during our day-to-day work on torture prevention. The article is available on www.irct.org.

set up an expert group comprising forensic experts from fifteen countries. The group is tasked with providing advice on selected individual cases and technical issues; participating in targeted missions to examine torture survivors; assisting with bringing cases to court; and with promoting the value and use of medical documentation of torture.

In support of this work we initiated a comprehensive desk study that analyses how tribunals and courts around the world evaluate forensic medical evidence. By enhancing our knowledge of key obstacles to the full and impartial hearing of evidence in different legal settings, the study will help us

prioritise and target our future work on advocacy and strategic litigation.

Last, but by no means least, in collaboration with the Turkish Medical Association (TMA) and with funding from the European Commission we facilitated the training of some 5000 physicians, judges and prosecutors on how to document torture according to the Istanbul Protocol. In addition to helping Turkey establish much-needed expertise in this important field, the initiative also marked a highly successful process of collaboration between the IRCT, the TMA and the Turkish Ministries of Justice and Health.

FROM WORDS TO ACTION – A CASE IN POINT

“Our role as legal and health professionals is to work to make the authorities respect Human Rights. We now know that there are ways to join forces and work for this.”

LAWYER FROM THE CITY OF AMBATO IN ECUADOR WHO, FOLLOWING FIVE MONTHS OF TRAINING ON HOW TO GATHER AND USE FORENSIC EVIDENCE ACCORDING TO ISTANBUL PROTOCOL, FORMED HIS OWN ORGANISATION TO INCREASE THE QUALITY OF FORENSIC EVIDENCE PRESENTED IN ECUADORIAN COURTS (SEE ALSO PAGE 13).

“THE CHALLENGES ARE GREAT, BUT THE GOAL IS GREATER YET: EACH TIME A PERPETRATOR IS HELD ACCOUNTABLE, EACH TIME A SURVIVOR’S REQUEST FOR REPARATION SUCCEEDS, WE TAKE ANOTHER STEP TOWARD A WORLD WITHOUT TORTURE”.

FROM THE FOREWORD TO “SHEDDING LIGHT ON A DARK PRACTICE – USING THE ISTANBUL PROTOCOL TO DOCUMENT TORTURE”. PUBLISHED BY THE IRCT IN 2009, THIS UNIQUE BOOK PORTRAYS SUCCESSES AND CHALLENGES IN DOCUMENTING TORTURE FROM INTERNATIONAL EXPERTS’ POINT OF VIEW AND THE EXPERIENCE OF IRCT MEMBER CENTRES IN TEN COUNTRIES. AVAILABLE FREE OF CHARGE VIA WWW.IRCT.ORG.



Children – torture’s forgotten victims



CHILDREN PARTICIPATING IN A RALLY AGAINST TORTURE.

Unbelievable as it may sound, children are not spared the horrors of torture. Around the world, each day boys and girls are taken in for petty crimes and forced to confess under torture; sexually tortured by soldiers as a cheap method of warfare; made to watch their parents undergo torture; or beaten by police for loitering. The story of 12-year-old Amit from Delhi, India, about whom IRCT Secretary-General Brita Sydhoff speaks in her introduction to this report, is but one frightening example of this abhorrent phenomenon.

As UN Special Rapporteur on Torture Professor Manfred Nowak has stressed, children in detention – of whom there are currently an estimated one million around the world – remain particularly vulnerable. Held in police stations, prisons, closed children’s homes and other places of detention, they are at the mercy of those who guard them and are exposed to abuse by adult detainees. In addition, many children are tortured outside detention, not least child soldiers, street children, child refugees and victims of trafficking.

According to the UN Convention on the Rights of the Child “State Parties shall take all appropriate measures to promote physical and psychological recovery and social reintegration of a child victim of: any form of neglect, exploitation, or abuse; torture or any other form of cruel, inhuman or degrading treatment or punishment; or armed conflict. Such recovery and reintegration shall take place in an environment which fosters the health, self-respect and dignity of the child.”

“I only wanted to be a child, but they would not let me.”

STATEMENT WRITTEN ON THE TOMB OF A STREET CHILD KILLED BY POLICE IN GUATEMALA

Even graver consequences

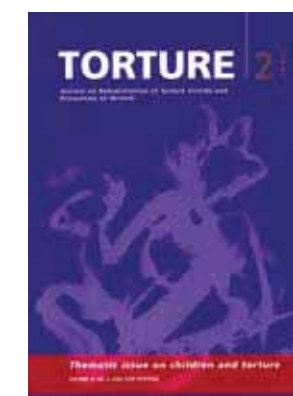
Torture affects anyone gravely. But the suffering of children can be even greater than adults; suffering as torture interrupts a child’s psychological, emotional and social development processes and often causes him or her to lose hope for the future. Studies show that tortured children exhibit high levels of persistent hyper-vigilance, sleep disturbances, learning difficulties, anxiety, depression and symptoms of Post-Traumatic Stress Disorder. Without proper, multidisciplinary rehabilitation they suffer for life and forever lose their ability to function adequately in society. Conversely, such support significantly increases their chances of coping with their trauma and rebuilding their lives.

The IRCT takes action

Over the past three years we have increasingly strengthened our efforts to create awareness about this widespread but oft-overlooked crime and to ensure that child victims of torture have access to comprehensive rehabilitation services that take their special needs into account.

In tune with our fundamental strategy of sharing valuable knowledge with as many relevant actors as possible, in a widely disseminated issue of our scientific journal TORTURE we highlighted what can and must be done to protect children from torture and to support child victims. Prominent experts contributed, including former IRCT Vice-President Dr Jose Quiroga, who pointed out that the majority of cases happen in non-conflict settings, especially affecting street children, children in conflict with the law, and children in detention.

We also conducted a thorough survey of thirty-three IRCT member centres, mapping what they most need in terms of training and equipment in order to strengthen their capacity to provide effective rehabilitation to tortured children. The results from survey provide an invaluable basis for our planned next step, namely a major project developed in close consultation with IRCT members in India, Indonesia, Nepal and Pakistan to advance knowledge and capacity to attend to the needs and rights of tortured children in places of detention in Asia. Subject to funding, this multi-year project, to be implemented by the aforementioned members in close collaboration with the IRCT Secretariat, will be a major step forward in addressing the problem regionally and, in the longer term, globally.



NO. 2, 2009 OF IRCT’S SCIENTIFIC JOURNAL “TORTURE” WAS A SPECIAL ISSUE DEALING WITH CHILDREN. THIS “THEMATIC ISSUE ON CHILDREN AND TORTURE” CAN BE ACCESSED ON THE IRCT WEBSITE AT: WWW.IRCT.ORG/LIBRARY/TORTURE-JOURNAL.ASPX.

Advocating for policy change

2009 marked the 25th anniversary of the *UN Convention Against Torture and Other Cruel, Inhuman, or Degrading Treatment or Punishment* (UNCAT). The treaty lays down an absolute prohibition on torture and obliges every country that ratifies it to criminalise torture in its national legal code; to investigate all allegations of torture; to try all perpetrators of torture; and to provide reparations, including rehabilitation, to the victims. In short, it empowers the global community in the struggle against torture by outlawing torture everywhere, at all times and in every situation. In addition to the UNCAT, several other international instruments and organisations have been created toward this end. During 2009 the IRCT advocated for some of the most important of these instruments in collaboration with several like-minded organisations.

Championing our members

Over 2009 we advanced the key issues of our work in national, regional, and international forums. For example together with our two Filipino members, the Balay Rehabilitation Centre and the Medical Action Group, as well as the World Organization against Torture (OMCT), we successfully advocated for a law criminalising torture in the Philippines. The signing by President Gloria Macapagal Arroyo of a bill into law in November criminalising torture and other forms of ill-treatment was achieved through consistent pressure and advocacy from each organisation (see also page 12). Furthermore, we supported Filipino partners in submitting a so-called shadow report (see box below) to the UN Committee Against Torture's review of the Philippines in 2009.

Shadow reports are reports in which civil society organisations present their views on the conditions and practices regarding torture and on the performance of their government. Such reports are vital to the evaluations of monitoring bodies such as the UN Committee against Torture. They are a crucial check on abusive states and an invaluable source of information for the Committee's reviews and recommendations.

Countering doctors' participation in torture

In 2009 the United Nations Human Rights Council (HRC) addressed the global situation regarding the role health professionals play in the fight against torture. The IRCT supported and welcomed the adoption of the Council's resolution on the role and responsibility of medical and other health professionals to avoid complicity in torture and other ill-treatment. The resolution urges states to respect the professional and moral independence and medical ethics of health professionals and to ensure that they may fulfil their duty to document, report or denounce acts of torture without fear of retribution. It stresses that all allegations of torture must be examined promptly and impartially by the competent domestic authority and investigated effectively, including the examination of forensic documentation (see also page 28). At the same time it strongly condemns medical and other health personnel's active or passive participation in torture.

The resolution represents a milestone in the global struggle against torture by putting much-needed pressure on states to strengthen the positive role of health professionals in the fight against torture and to ensure that health workers have no hand in inflicting torture. The resolution is also commendable for the protection it affords medical workers who speak up against torture either in their country or elsewhere.

In parallel to the Council's discussion on the issue we held a well-attended workshop on the value of medical documentation according to the Manual on Effective Investigation and Documentation of

Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment – *The Istanbul Protocol*.

Advocating for tortured asylum seekers and refugees in Europe

Throughout the year together with allies in the European Parliament and the European Council for Refugees and Exiles (ECRE) we advocated to ensure that the needs and rights of torture survivors be taken into account in the context of the Common European Asylum System (CEAS) and the Union's

efforts to create harmonised standards of international protection. In particular, we voiced the need to ensure that tortured asylum seekers be identified at an early stage in order to ensure that they receive the rehabilitative care and support they need and are entitled to. Moreover, we voiced our strong concern that often, tortured asylum seekers are held in detention, sometimes for prolonged periods of time, as their cases are reviewed – a practice that carries great risk of re-traumatisation for someone who has previously been confined and subjected to



The so-called *Guidelines to EU Policy towards Third Countries on Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment* identify ways and means for the EU to effectively work towards the prevention of torture and ill-treatment within the EU's Common Foreign and Security Policy. Among other things, the Guidelines commit the EU to "provide reparation for the victims of torture and ill-treatment and their dependants, including fair and adequate financial compensation as well as appropriate medical care and social and medical rehabilitation".

KEY IRCT ADVOCACY PARTNERS

- CINAT/Coalition of International NGOs against Torture (Amnesty International; The Association for the Prevention of Torture; International Commission of Jurists; International Federation of Action by Christians for the Abolition of Torture; World Organisation against Torture; Redress Trust)
- European Council on Refugees and Exiles (ECRE)
- International Council of Voluntary Agencies (ICVA)
- International Federation for Human Rights (FIDH)
- International Federation of Health and Human Rights Organisations (IFHHRO)
- Laureates of the Conrad Hilton Humanitarian Prize (awarded to the IRCT in 2003)
- World Medical Association
- World Psychiatric Association
- International Council of Nurses
- World Confederation for Physiotherapy

A growing movement

Formalised membership of the IRCT was introduced in 2003 to give torture rehabilitation centres and programmes around the world the opportunity to join a democratic civil society organisation.

In 2009, the IRCT welcomed five new centres as members. Membership of one centre was terminated in the past year, and unfortunately three centres had to close down.

Over the past six years, our membership has increased steadily:

Year	No. of members
2003	94
2006	130
2009	142

MEMBERS PER REGION

Region	No. of members
Asia	19
Europe	52
Latin America and the Caribbean	13
Middle East and North Africa	12
North America	18
Pacific	9
Sub Saharan Africa	19
Total	142

Which organisations can become members of the IRCT?

The minimum criteria for membership are laid down in the IRCT's Statutes. They include *inter alia* that the applicant must be an independent, non-profit organisation or programme whose main function is to provide health care, legal and social support to primary and secondary victims of torture. Moreover, the centre/programme/organisation must have been operational for at least two years, treat a minimum

of 50 clients a year and agree to adhere to the mandate of the IRCT.

As part of a democratic movement IRCT member centres participate in shaping the IRCT's policies and priorities. Members may suggest candidates and participate in elections for the IRCT Council and Executive Committee, who form the global policy for the organisation.

On the day-to-day level members benefit from access to relevant up-to-date knowledge; participation in scientific/professional conferences, meetings and seminars; and support from the IRCT General Secretariat with regard to fundraising and capacity development. Furthermore, members have access to the IRCT website's Members Area, which contains tools such as notification on calls for proposals by major donors, fundraising guidelines and information on upcoming events relevant to their work, such as scientific seminars and conferences.

WELCOME TO FIVE NEW MEMBERS IN 2009

Lebanon

Centre Nassim for the rehabilitation of the victims of torture

The Netherlands

Phoenix, Centre for Psychiatric Treatment of Refugees

South Africa

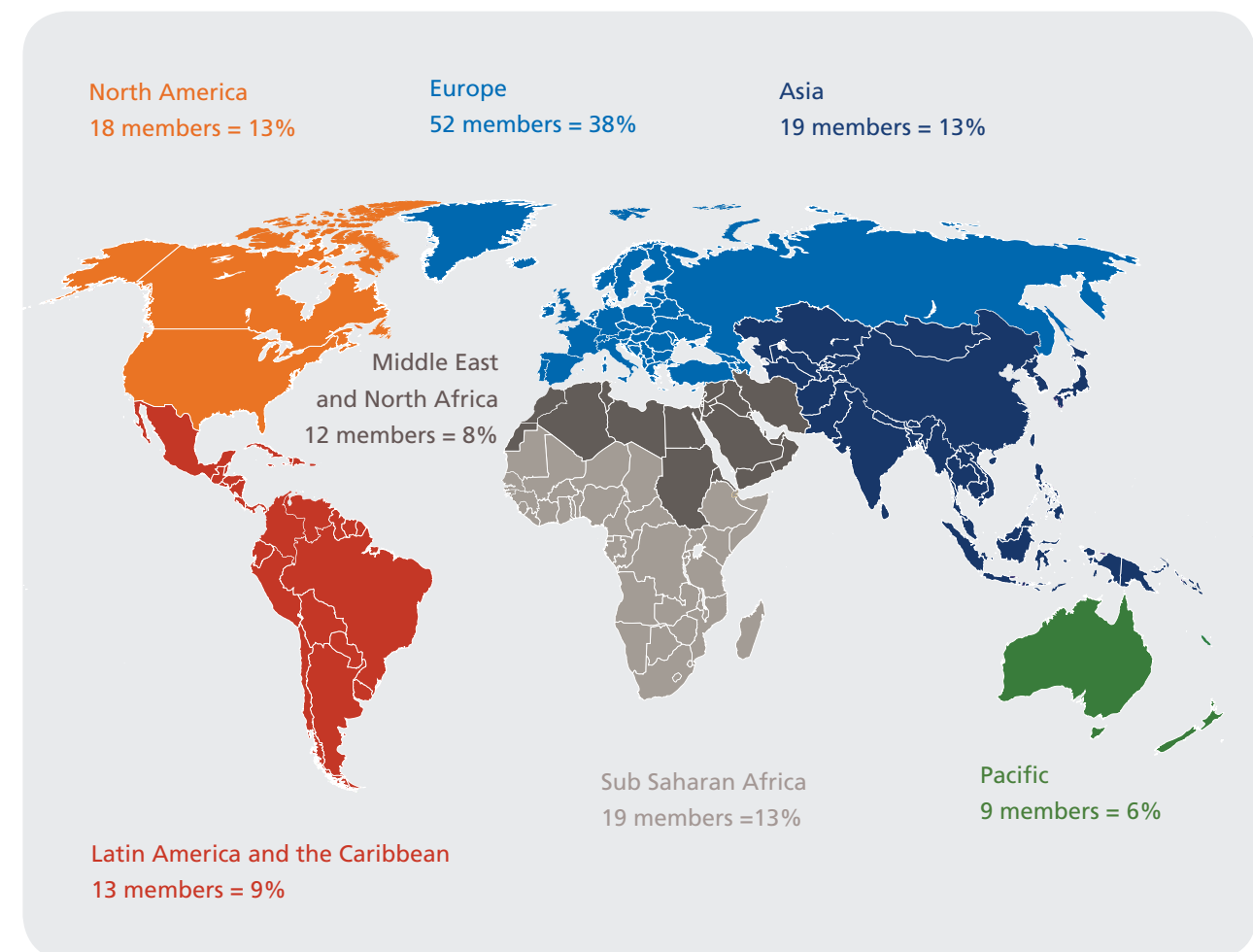
Southern African Centre for Survivors of Torture

United Kingdom

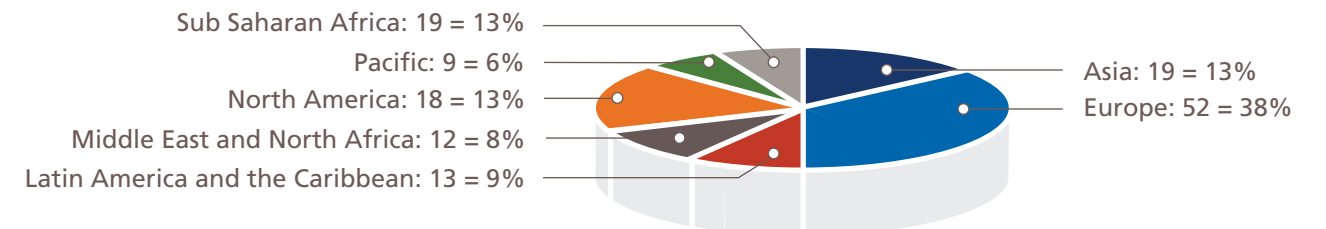
Medical Foundation for the Care of Victims of Torture

United States

Center for Survivors of Torture and War Trauma



MEMBERS PER REGION



"I kept on thinking and dreaming about it"



LAETITIA BRAMSTEDT

My name is Laetitia Bramstedt; I'm 22 years old. I'm from Kisii South, in Kenya. I would love to be employed, but there are very few job opportunities where I am, and mostly farming. I was actually in high school, and my father used to educate me. But unfortunately he passed away, and I had to stop in my final year in high school.

I am the oldest child in my family, so I have to put in a lot of effort to help my siblings who are looking up to me for help. I've got one sister and six brothers, they are between 12 and 18 years.

I have to work very hard. Because of all the responsibility and the stress I can't get a good job, so I do casual labour, like housework. This pays very little money, about 2000 shillings [app. 20 EUR] a month...

10th August 2008 at 5:45. I think when something like that happens to you, you remember the time... On that day there was a scuffle in the marketplace.

There are some small shops there. In one of those shops young boys go and play pool. But the place doesn't have the required license from the county council. Some policemen came and asked for it. A fight between the boys and the police broke out, and the boys overpowered the policemen.

Then the policemen called for backup. This time around when they came, there were many of them, they had teargas and they came with a lot of force. So people in the market naturally started running off.

I was coming from my home, heading to Kisii Town. To get there the bus stops at the market, where I got off. Just close to where the boys were fighting with the police. When the teargas was thrown at them, the only place we could run for cover was the little shops where all the fighting was going on. So we got in, but the policemen followed us inside and said that we were the ones throwing stones and attacking them. They removed us from the build-

ing, put us inside their car and took us to the police station.

When we got to the police station, the policemen told us to sit down, and when we sat, we were ordered to stand up, and when we stood up we were ordered to sit down. Up and down...

The policemen were assaulting people. There were both men and women of different ages, old women, middle-aged men, young boys and young women like me. About ten men, eight women.

A policeman came from behind and assaulted me with his baton. He hit me. And tried to insert the baton in my private parts.

The policemen were in civilian clothes, and they were camouflaging themselves in between people. So we didn't know who was who, we were all mixed. They had their batons placed so they couldn't be seen. The minute they'd hear you try to say something, they would come down on you.

I realised that I was injured, that I was bleeding... This one policeman kept on hitting me on the back with his baton. I repeatedly saw his face. That's how I can identify him.

After the assault, when I was in hospital, many people came to see me. Someone told me about a Catholic church that is in contact with IMLU* and advised me to contact the church. I went and saw a lady there. When I told her what had happened, she was shocked. She wrote down for me what I should write to IMLU and gave me their email address. Then I went to a cyber café in the town, and gave the attendant the note. He sent the email to IMLU, and three days later, William** [an IMLU staff member] came.

He really helped me. I was in a bad state; I had lost a lot of blood and I was constantly dizzy. I could not walk. So he got a taxi and took me to Kisii Hospital. I stayed there for four days. William then instructed to see a doctor and get him to send a medical report to IMLU, which he did.

After explaining the whole story to William, he decided that we had to go back to court. We went to the magistrate's chambers, and I recounted what happened. The magistrate told me to fill in a form and pick out the policeman from a line-up. So we filled out the form. And I picked out the policeman who assaulted me.

But in spite of me doing all this, the court dragged their feet. They adjourned again and again because either this or that was missing or... There was always something that made it impossible for the case to be heard.

On 6 March 2009, we went back to court and out of nowhere I was just told: "You've been forgiven, go away." And the case ended just like that. In fact, I was told: "Go away. And if you want this to go any further, then go back to the police."

I see the policeman now and then, he is still working... When I see the man who did this to me – when we meet and he is comfortably walking the streets, it hurts me...

I was in pain for about three months; I couldn't sleep because I kept on thinking and dreaming about it. Physically I'm fine now. But I am unhappy that my case was never followed through and it didn't end well. It affects me. I want something to be done about it.

I get energy from knowing that IMLU can help me. Help my case move forward and finally put it

behind me. I was distressed that I didn't know who I could tell, or who would help me. It is not right for it to end just like that...

My mother was also very affected – she would constantly think about it. And my brothers and sister would constantly look at me with pitiful eyes – it has really affected them to see me in the state I was in when I was in hospital and... they would just look at me and cry and cry and cry.

What would it take for me to improve my life? I would like to have a steady income. And to be able to live in freedom the way I want, without harassment from policemen and *wacubas* – other people with status in society. Then I would be very happy.

I can see myself getting married, settling down with children, and my children comfortably being in a good school, learning well and living a good life. Not like what I am experiencing now.

And I would study medicine! And I would work very, very hard. Because I have gone through so much. I would love to be a doctor – a paediatrician. I would do it well...

**The Independent Medico-Legal Unit, or IMLU, is a leading Kenyan NGO that provides medical and psychological treatment to torture survivors; supports survivors in seeking reparations; performs medical documentation of torture cases; and advocates for the eradication of torture in Kenya. IMLU has been a member of the IRCT since 2004.*

***Name changed.*

This testimony is an extract from a longer interview conducted in Nairobi in June 2009. It has been edited by the IRCT for clarity of language.



Summary of 2009 results

Expenditure

Total expenditure in 2009 decreased by 3% compared to 2008. This overall decrease is mainly attributable to the phasing of overseas project support to centres.

The majority of expenditure (58%) in 2009 was incurred under the heading 'strengthening centres to support torture victims'. Activities under this heading included: core grants to centres (Oak Foundation), exchange programmes, technical trainings on rehabilitation, treatment and documentation (e.g. The Istanbul Protocol) and organisational development to IRCT member centres worldwide.

In line with strategic objectives, 2009 saw an increase in expenditure under 'influencing policy in support of torture victims' and 'sharing knowledge with the torture and rehabilitation movement'.

Income

2009 results show a decrease in reported income by 6% compared with 2008. Under the heading 'grants from national governments' we note a decrease in reported income as a result of the planned conclusion of the framework agreement with the Dutch Government in 2008, which had contributed 23% of 2008 income. Support from the Danish Ministry of Foreign Affairs to IRCT activities continued in 2009

with a notable increase in their financial support. The Norwegian Government, Dutch Embassy in Cairo, and Canadian Government all made notable contributions.

Significant increases in income from both the European Commission (EC) and United Nations were noted in 2009 compared to 2008.

Foundations and trusts income in 2009 was consistent with 2008 levels. While the partnership with the Sigrud Rausing Trust was completed as planned in early 2009, support from the Oak Foundation increased over and above 2008 levels. This support from the Oak Foundation facilitated the implementation of IRCT's strategy in all areas with centre grants activities benefitting most.

Reserves

It is the policy of the IRCT to maintain sufficient unrestricted reserves in order to mitigate against funding fluctuations. At December 31st 2009, the IRCT's closing unrestricted reserve balance was EUR 124,917. This represents a decrease of 17% on the balance at the close of 2008. In 2009 expenditure related to organisational development, project portfolio development, fundraising, monitoring and evaluation systems and strategy development contributed to the decrease in reserves carried forward. This expenditure is expected to positively impact

the long term strategies of increasing funding and developing programmes. Hence, management has prepared the annual report on a going concern basis.

The management and Executive Committee of the IRCT view the result for 2009 as satisfactory.

Beyond 2009

Long term funding and strategic development

A notable milestone towards IRCT's goal of achieving long term funding was reached when a three year framework agreement with the Danish Ministry of Foreign Affairs to cover the period 2010-2012 was agreed. This funding will facilitate a more stable environment for programme implementation and development and will help ensure greater emphasis on strategic objectives.

It remains a key objective for the IRCT to secure more multi-year agreements with other governments, international organisations and foundations.

Project funding to centres

Two new EC funded three-year projects were awarded to the IRCT in 2009 which will have a notable impact on our capacity to undertake activities at centre level in 2010 and beyond. One project is funded under an EC funding stream previously not accessed by the IRCT.

Unrestricted funds

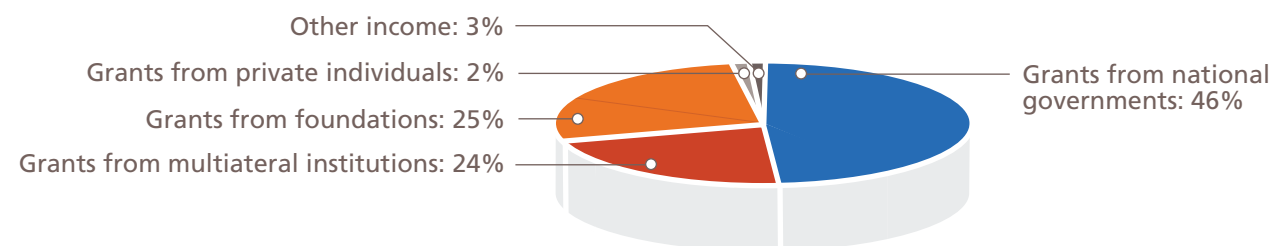
The planned re-engagement of the 4-Leaf Clover Torture Prevention Foundation is expected to result in additional funding opportunities for IRCT programme activities in 2010 and beyond.

Fundraising efforts with Danish and other Nordic foundations and other organisations will continue in 2010 in line with strategic objectives.

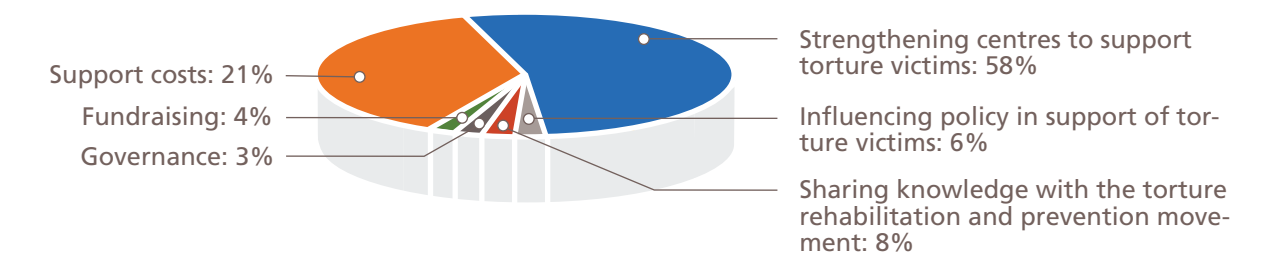
Programme planning

Enhancing programme design and planning will be a priority for 2010. It is expected that the focus on programme planning will mitigate the risk of funding fluctuations caused by delays in programme implementation. This is especially relevant in the overseas context, where political and contextual constraints often hamper timely programme implementation.

SOURCES OF INCOME 2009 (TOTAL EUR 4,635,485)



SECTORIAL ANALYSIS 2009 (TOTAL EUR 4,660,386)



STATEMENT OF FINANCIAL ACTIVITIES

INCOME AND EXPENDITURE STATEMENT

INCOME	2009 (EUR)	2008 (EUR)
Grants from national governments		
Denmark	1,748,561	1,474,893
The Netherlands	53,010	1,129,919
Sweden	190,032	188,548
Norway	51,888	0
United Kingdom	16,264	18,314
Canada	63,644	1,682
Grants from multilateral institutions		
European Commission	999,710	561,613
United Nations	116,489	19,601
Grants from foundations		
Oak Foundation	999,729	838,278
Sigrid Rausing Trust	6,082	332,459
Other foundations	170,388	7,992
Grants from private individuals		
Other income	93,456	209,360
Other income	126,232	136,906
TOTAL INCOME	4,635,485	4,919,566
EXPENDITURE		
Programme development and implementation		
Strengthening centres to support torture victims	(2,704,528)	(3,172,866)
Influencing policy in support of torture victims	(298,289)	(175,273)
Sharing knowledge with the torture rehabilitation and prevention movement	(352,750)	(221,321)
Governance		
Governance	(137,141)	(123,222)
Fundraising		
Fundraising	(195,283)	(135,996)
Support costs		
Office running	(644,552)	(711,629)
Administration staff	(327,843)	(278,682)
TOTAL EXPENDITURE	(4,660,386)	(4,818,989)
NET CONTRIBUTION/(DEFICIT) FOR THE YEAR	(24,901)	100,577

STATEMENT OF FINANCIAL POSITION

AS OF DECEMBER 2009

Financial report

ASSETS	2009 (EUR)	2008 (EUR)
Project receivables	43,060	3,542
Summer house (bequest)	0	120,709
Other receivables	124,725	200,293
Receivables	167,785	324,544
Liquid assets	1,714,702	1,911,288
TOTAL ASSETS	1,882,487	2,235,832
LIABILITIES		
Net capital reserve (unrestricted) at 1 January 2009	149,818	49,042
Net contribution/(deficit) for the year	(24,901)	100,577
Net capital reserve at 31 December 2009	124,917	149,619
Prepaid project grants	1,295,969	1,581,452
Payables	461,601	504,761
Payables	1,757,570	2,086,213
TOTAL LIABILITIES	1,882,487	2,235,832

2009 donor acknowledgements

THE IRCT GRATEFULLY ACKNOWLEDGES THE SUPPORT OF THE FOLLOWING:

1,000,000+ EUR

Danish Ministry of Foreign Affairs



500,000-999,999 EUR

European Commission



Oak Foundation



100,000-499,999 EUR

Swedish Ministry of Foreign Affairs



United Nations Office of Project Services (UNOPS)

10,000-99,999 EUR

Canadian Department for Foreign Affairs and International Trade



Foreign Affairs and International Trade Canada

Affaires étrangères et Commerce international Canada

Dutch Ministry of Foreign Affairs



Foreign Commonwealth Office – UK



Victoria Gomez-Trenor Verges



Norwegian Ministry of Foreign Affairs

Other foundations

1,000-9,999 EUR

Andelsfonden

Mads Clausens Fond

Aase og Ejnar Danielsens Fond

Freddy Fræk Fonden

Flemming Hansens Familiefond

Andreas Harboe's Fond

Harboefonden

Brødrene Hartmanns Fond

Ernst og Vibeke Husmans Fond

Knud Højgaards Fond

JL-Fondet

Frederik og Emma Kraghs Mindefond

Hermod Lannungs Fond

Dr. Margrethe og Prins Henriks Fond

Elly Valborg og Niels Mikkelsens Fond

Birgit Petersson

Sigrud Rausing Trust

Rockwool Fonden

Jonathan Todhunter

<1,000 EUR

Ruth and Martin Ammentorp

Erik Ammentorp

Judith Ammentorp

Merete Ammentorp

Michael Ammentorp

Troels Vincent Ammentorp

Amnesty International

Else Marie Bartels

Brita Bastogi

William and Marianne Bentzen

Rolf Bonde Bondeson

Gudrun Boysen and Troels Kardel

Dina Brunckhorst

Anders Buhelt

Inge and Christen Carlé

Maria Carrera

Anita Christensen

Malachy Coleman

(cont. on page 46)



“Why have I supported the IRCT throughout many years and why would I like others to do the same? Because torture is one of the most humiliating and suppressive power mechanisms in a society. The IRCT has successfully spread the message in such a way that no society today can justify ignorance as regards the damages that torture causes for the individual as well as for society as a whole.”

DR BIRGIT PETERSSON, PSYCHIATRIST, MD, LECTURER AT THE COPENHAGEN UNIVERSITY



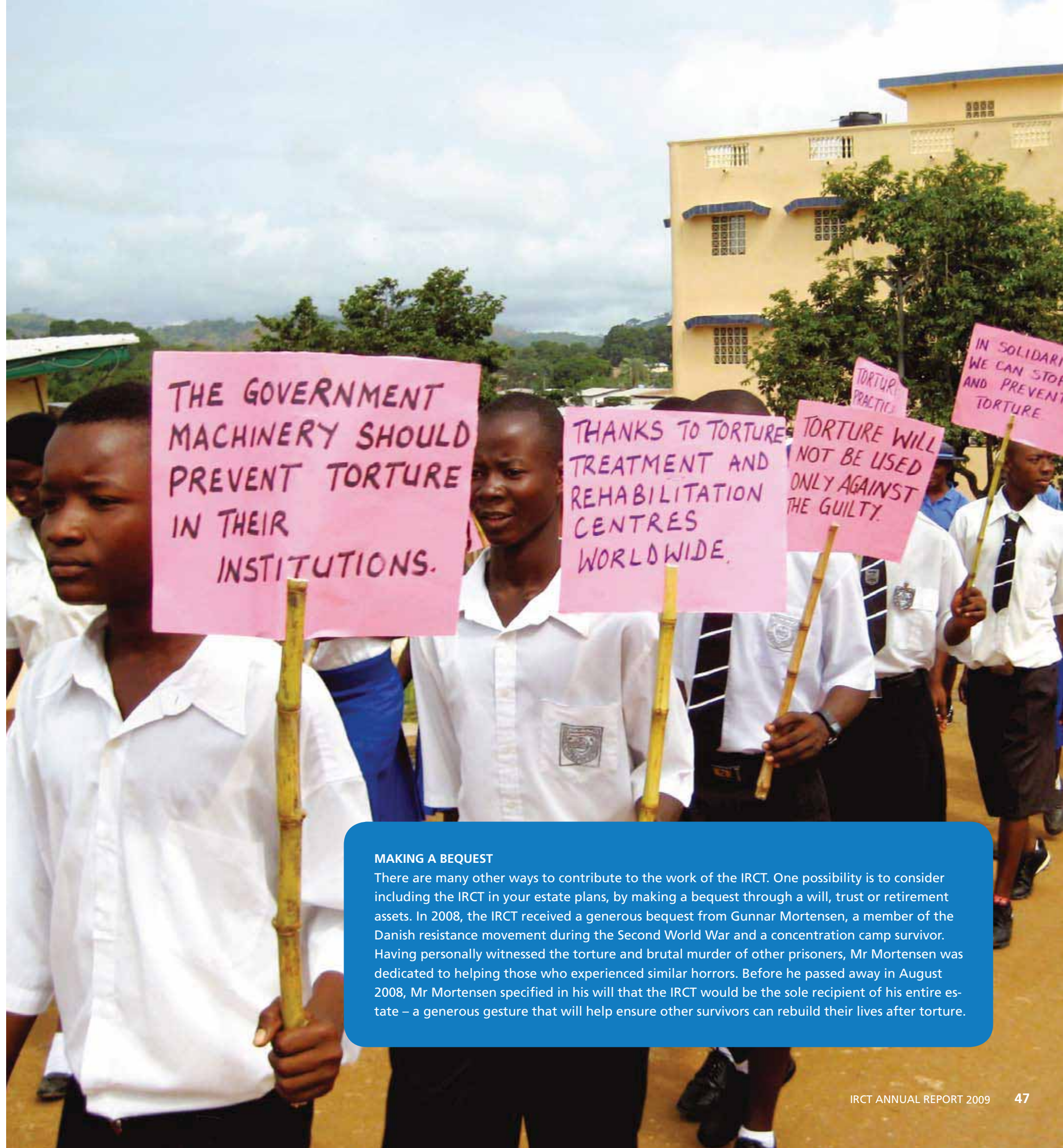
“The IRCT is an anchor institution of the global anti-torture movement. It has made a huge contribution to the development of a worldwide network of treatment centres. It has built the organisational capacity of nascent treatment centres without which no rehabilitation services would be possible. Its voice is from the front line and is widely respected by policy makers. Its expertise and contribution are invaluable.”

ADRIAN ARENA, DIRECTOR, INTERNATIONAL HUMAN RIGHTS PROGRAMME, OAK FOUNDATION

THE IRCT GRATEFULLY ACKNOWLEDGES THE SUPPORT OF THE FOLLOWING:

(cont. from page 46)

Alice Cotton	Miguel and Ana María Lee Urzua
Christina Dackås	Lise Loft
Vagn and Ruth Dahl	R. Donald Madore
Carsten Dahl and Bodil Kamp	Ib and Benthe Marott
Inge and Thomas Dahlgaard	Jørgen and Hanne Marott
Lis and Jan Danielsen	Karen and Torben Marott
Bente Danneskiold-Samsøe	Thora Mikkelsen
C. Peter Dreyer	Inger (Lund) Molich
Søren and Birgit Dyssegaard	Martin Mostrøm
Bror Ekberg	Ole Nedergaard
Truls and Tine Enghoff	Jørn Nerup
Foreningen af Gestapofanger	John M. Nicholson
Poul-Henning Friberg	Henning Nielsen
Ole Genefke	Gunhild Nielsen
Josef Guldager	Lise Nørgaard
Jette and Jørgen Gundtorp	Knud Overø
Sten Sture Hansen	Edith L. Pedersen
Christian Harlang	Kerstin Rackwitz
Annette Hart-Hansen	Anne Lise Ranum and Jørgen Jacobsen
Birthe Hasselbalch	Raoul Wallenberg Institute Sweden
Torben Hede	Ole Vedel Rasmussen
Bodil Heino	Rehabilitation and Research Centre for
Birgit Heise	Torture Victims (RCT)
Hans Hertel	Birte Reifling
Dorte Hessellund	Morten Riise-Knudsen
Matthijs Holter	Luis Angel Romera Vázquez
Hans Petter Hougen	Sonia Sehra
Sten Houmøller-Jørgensen	Jens Peter Steensen
Nancy M. Huntingford	Finn Steffens
Bent Haakonsen	Luis Suarez Samaniego
Håndværkerforeningen	Elsebeth Søndergaard
Carlos Izquierdo	Karen Thorning Sørensen
Torben Jacobsen	Christa Tønning
Lone Jakobsen	Hilkka Vanhapelto
James Jaranson	Vennekredsen Neuengammen
jcb et al.	Hanne Willert
Archana Guha Jensen	Birgitte Zeeman
Kirsten Jørsum	
Eeva Kalaja Petersen	
Peter Kemp	
Otto Krog	
Sidse Berrit Kvorning	
Lisbet and Flemming La Cour	



MAKING A BEQUEST

There are many other ways to contribute to the work of the IRCT. One possibility is to consider including the IRCT in your estate plans, by making a bequest through a will, trust or retirement assets. In 2008, the IRCT received a generous bequest from Gunnar Mortensen, a member of the Danish resistance movement during the Second World War and a concentration camp survivor. Having personally witnessed the torture and brutal murder of other prisoners, Mr Mortensen was dedicated to helping those who experienced similar horrors. Before he passed away in August 2008, Mr Mortensen specified in his will that the IRCT would be the sole recipient of his entire estate – a generous gesture that will help ensure other survivors can rebuild their lives after torture.

Members of the IRCT

AS OF 31 DECEMBER 2009

Albania

- Albanian Rehabilitation Centre for Trauma and Torture Victims (ARCT), Tirana

Argentina

- Equipo Argentino de Trabajo e Investigación Psicosocial (EATIP), Buenos Aires

Armenia

- Foundation against Violation of Law (FAVL/- ARD-Cen-TV), Yerevan

Australia

- Association for Services to Torture and Trauma Survivors (ASeTTS), Perth, Western Australia
- Companion House Assisting Survivors of Torture and Trauma, O'Connor, Australian Capital Territory
- Melaleuca Refugee Centre, Torture and Trauma Survivors Service of the NT Inc., Millner, Northern Territory
- Phoenix Centre – Support Service for Survivors of Torture and Trauma, Hobart, Tasmania
- Queensland Program of Assistance to Survivors of Torture and Trauma (QPASTT), Fairfield, Queensland
- Service for the Treatment and Rehabilitation of Torture and Trauma Survivors (STARTTS), Fairfield, New South Wales
- Survivors of Torture and Trauma Assistance and Rehabilitation Service Inc. (STTARS), Bowden, South Australia
- Victorian Foundation for Survivors of Torture (VFST), Brunswick, Victoria

Austria

- HEMAYAT – Verein zur Betreuung von Folter- und Kriegsüberlebenden, Vienna
- Interkulturelles Beratungs- und Therapiezentrum (ZEBRA), Graz
- Verein für Opfer von Gewalt und Menschenrechtsverletzungen – OMEGA Gesundheitsstelle, Graz

Bangladesh

- Centre for Rehabilitation of Torture Survivors (CRTS), Dhaka

Bolivia

- Instituto de Terapia e Investigación sobre las secuelas de la tortura y la violencia estatal (ITEI), La Paz

Bosnia and Herzegovina

- Udruženje za Rahabilitaciju Žrtava Torture – Centar za Žrtve Torture (CTV), Sarajevo
- Vive Žene, Centar za terapiju i rehabilitaciju (CTR), Tuzla

Brazil

- Grupo Tortura Nunca Mais/Rio de Janeiro (GTNM/-RJ), Rio de Janeiro

Bulgaria

- Assistance Centre for Torture Survivors (ACET), Sofia

Cambodia

- Transcultural Psychosocial Organization Cambodia (TPO Cambodia), Phnom Penh

Cameroon

- Center for Rehabilitation and Abolition of Torture (CRAT), Yaounde
- Trauma Centre Cameroon (TCC), Yaounde

Canada

- Canadian Centre for Victims of Torture (CCVT), Toronto, Ontario
- Program for Survivors of Torture and Trauma at the Edmonton Mennonite Centre for Newcomers (ECSTT), Edmonton, Alberta
- Réseau d'intervention auprès des personnes ayant subi la violence organisée (RIVO), Montreal, Quebec
- Vancouver Association for Survivors of Torture (VAST), Vancouver, British Columbia

Chad

- Association Jeunesse pour la Paix et la Non-Violence (AJPNV), N'Djamena

Chile

- Centro de Salud Mental y Derechos Humanos (CINTRAS), Santiago

Colombia

- Corporación AVRE – Apoyo a Víctimas de violencia sociopolítica pro Recuperación Emocional (AVRE), Bogotá

Congo, Democratic Republic of the

- Centre Psycho Médical pour la Réhabilitation des Victimes de la Torture – SOPROP (CPMRVT), Ville de Goma

- OASIS Centre for Treatment and Rehabilitation of Victims of Torture and Trauma (OASIS DRC), Bukavu
- SAVE Congo, Lubumbashi

Croatia

- International Rehabilitation Centre for Torture Victims – Zagreb (IRCT Zagreb), Zagreb

Denmark

- OASIS – Behandling og Rådgivning for Flygtninge, Copenhagen
- Rehabiliterings- og Forskningscentret for Torturofre (RCT), Copenhagen
- Rehabiliteringscenter for Torturofre – Jylland (RCT-Jylland), Haderslev

East Timor

- The International Catholic Migration Commission Timor Leste (ICMC), Dili
- Tulun Rai Timor (Timor Aid), Dili

Ecuador

- Fundación para la Rehabilitación Integral de Víctimas Violencia (PRIVA), Quito

Egypt

- El Nadim Center for Psychological Management and Rehabilitation of Victims of Violence, Cairo

Ethiopia

- Rehabilitation Center for Victims of Torture in Ethiopia (RCVTE), Addis Ababa

Finland

- Kidutettujen kuntoutuskeskus (CTS), Helsinki

France

- Parcours d'Exil, Paris

Georgia

- EMPATHY, Psycho-Rehabilitation Centre for Victims of Torture, Violence and Pronounced Stress Impact (RCT/Georgia – EMPATHY), Tbilisi
- Georgian Center for Psychosocial and Medical Rehabilitation of Torture Victims (GCRT), Tbilisi

Germany

- Behandlungszentrum für Folteropfer Berlin (bzfo), Berlin
- Exilio Hilfe für Flüchtlinge und Folterüberlebende e.V., Lindau
- Medizinische Flüchtlingshilfe Bochum (MFH), Bochum

- REFUGIO Zentrum für Behandlung, Beratung und Psychotherapie von Folter-, Flucht- und Gewaltopfern in Schleswig-Holstein e.V., Kiel

Guatemala

- Oficina de Derechos Humanos del Arzobispado de Guatemala (ODHAG), Guatemala

Honduras

- Centro de Prevención, Tratamiento y Rehabilitación de las Víctimas de la Tortura y sus Familiares (CPTRT), Tegucigalpa

Hungary

- Cordelia Foundation for the Rehabilitation of Torture Victims, Budapest

India

- Centre for Care of Torture Victims (CCTV), Kolkata
- Centre for Organisation, Research and Education – Community Programme for Young Survivors of Torture (CORE), Manipur
- Shubhodaya Center for Rehabilitation of Victims of Torture and Violence – SOSRAC (Society for Social Research, Art and Culture) (SCRVTV), New Delhi
- Tibetan Torture Survivors Program (TTSP), Dharamsala
- Torture Prevention Center India Trust (Top Center India Trust), Cochin
- Vasavya Mahila Mandali (VRCT), Vijayawada

Indonesia

- Aksi Rehabilitasi Korban Tindak Kekerasan di Aceh (RATA), Banda Aceh
- Aliansi Demokrasi untuk Papua (ALDP), Jayapura
- International Catholic Migration Commission (ICMC), Jakarta Selatan

Iran, Islamic Republic of

- Organization for Defending Victims of Violence (ODVV), Teheran

Iraq

- Bahjat Al-Fuad Rehabilitation of Medical & Psychological Centre for Torture Victims (BFRCT), Basra

Ireland

- SPIRASI Centre for the Care of Survivors of Torture (CCST), Dublin

Italy

- NAGA-HAR Centro Richiedenti Asilo, Rifugiati, Vittime della Tortura, Milano
- VI.TO – Hospitality and Care for Victims of Torture, Consiglio Italiano per i Rifugiati (CIR), Rome

Kenya

- Independent Medico-Legal Unit (IMLU), Nairobi
- Mwatikho Torture Survivors Organization (MATESO), Bungoma

Kosovo

- Qendra Kosovare për Rehabilitimin e të Mbijetuarëve të Torturës (KRCT), Prishtina

Lebanon

- Centre Nassim for the Rehabilitation of the Victims of Torture, Beirut
- Kham Rehabilitation Center of the Victims of Torture (KRC), Beirut
- Restart Centre for Rehabilitation of Victims of Violence and Torture – Lebanon, Tripoli

Liberia

- Rescue Alternative Liberia (RAL), Monrovia

Mexico

- Colectivo Contra la Tortura y la Impunidad A.C. (CCTI), México City

Moldova, Republic of

- Medical Rehabilitation Center for Torture Victims “Memoria” (RCTV – “Memoria”), Chisinau

Morocco

- Association Medicale de Rehabilitation des Victimes de la Torture (AMRVT), Casablanca
- Centre d’Accueil et D’Orientation des Victimes de la Torture (CAOVT), Casablanca

Nepal

- Yatana Pidit Sarokar Kendra (CVICT), Kathmandu

Netherlands

- Centrum ‘45, Oegstgeest
- Phoenix, centrum voor klinische psychiatrische zorg voor asielzoekers en vluchtelingen, Renkum
- Psychotrauma Centrum Zuid Nederland, GB Vught
- De Evenaar, Centrum voor Transculturele Psychiatrie Noord-Nederland, Beilen

New Zealand

- Wellington Refugees as Survivors Trust (Wellington RAS Centre), Wellington

Nigeria

- Prisoners Rehabilitation And Welfare Action (PRAWA), Enugu

Pakistan

- SACH – Struggle for Change, Islamabad

Palestinian Territory (Occupied)

- Gaza Community Mental Health Programme (GCMHP), Gaza City
- Jesoor – Transcultural Right to Health, Gaza City
- Treatment and Rehabilitation Center for Victims of Torture (TRC), Ramallah

Paraguay

- ATYHA Centro de Alternativas en Salud Mental

Peru

- Centro de Atención Psicosocial (CAPS) (CNDDHH/CAPS), Lima

Philippines

- Balay Rehabilitation Center, Inc., Quezon City
- Medical Action Group (MAG), Quezon City

Poland

- Ambulatorium dla Osób Prześladowanych ze Względów Politycznych Zakład Patologii Społecznej Katedra Psychiatrii Uniwersytet Jagielloński Collegium Medicum (CVPP), Kraków

Romania

- Centrul Medical de Reabilitare a Victimelor Torturii – Craiova (MRCT Craiova), Craiova
- Centrul Medical de Reabilitare a Victimelor Torturii – Iasi (MRCT Iasi), Iasi
- Fundatia ICAR – Centrul Medical de Reabilitare a Victimelor Torturii (MRCTV Bucharest), Bucharest

Russian Federation

- Interregional Non-governmental Organization “Committee Against Torture” (INGO CAT), Nizhny Novgorod

Rwanda

- Forum des Activistes Contre la Torture (FACT), Kigali

Senegal

- Victimes de Violences Réhabilitées, le Centre de Soins du CAPREC (VIVRE/CAPREC), Thies

Serbia

- IAN Centar za rehabilitaciju žrtava torture (IAN CRTV), Belgrade

Sierra Leone

- Community Association for Psychosocial Services (CAPS), Koidu Town, Kono

South Africa

- Centre for the Study of Violence and Reconcilia-

tion (CSVR) / Trauma and Transition Programme (TTP), Johannesburg

- Southern African Centre for Survivors of Torture (SACST), Johannesburg
- The Trauma Centre for Survivors of Violence and Torture (TCSVT), Cape Town

Sri Lanka

- Family Rehabilitation Centre (FRC), Colombo
- Survivors Associated, Dehiwela

Sudan

- Amel Center for Treatment and Rehabilitation of Victims of Torture (ACTRVT), Khartoum

Sweden

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- Zentrum für Migration und Gesundheit SRK/Ambulatorium für Folter- und Kriegsoffer (SRC), Wabern

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- Center for Survivors of Torture and War Trauma (CSTWT), St. Louis, Missouri
- Center for Victims of Torture, The (CVT), Minneapolis, Minnesota
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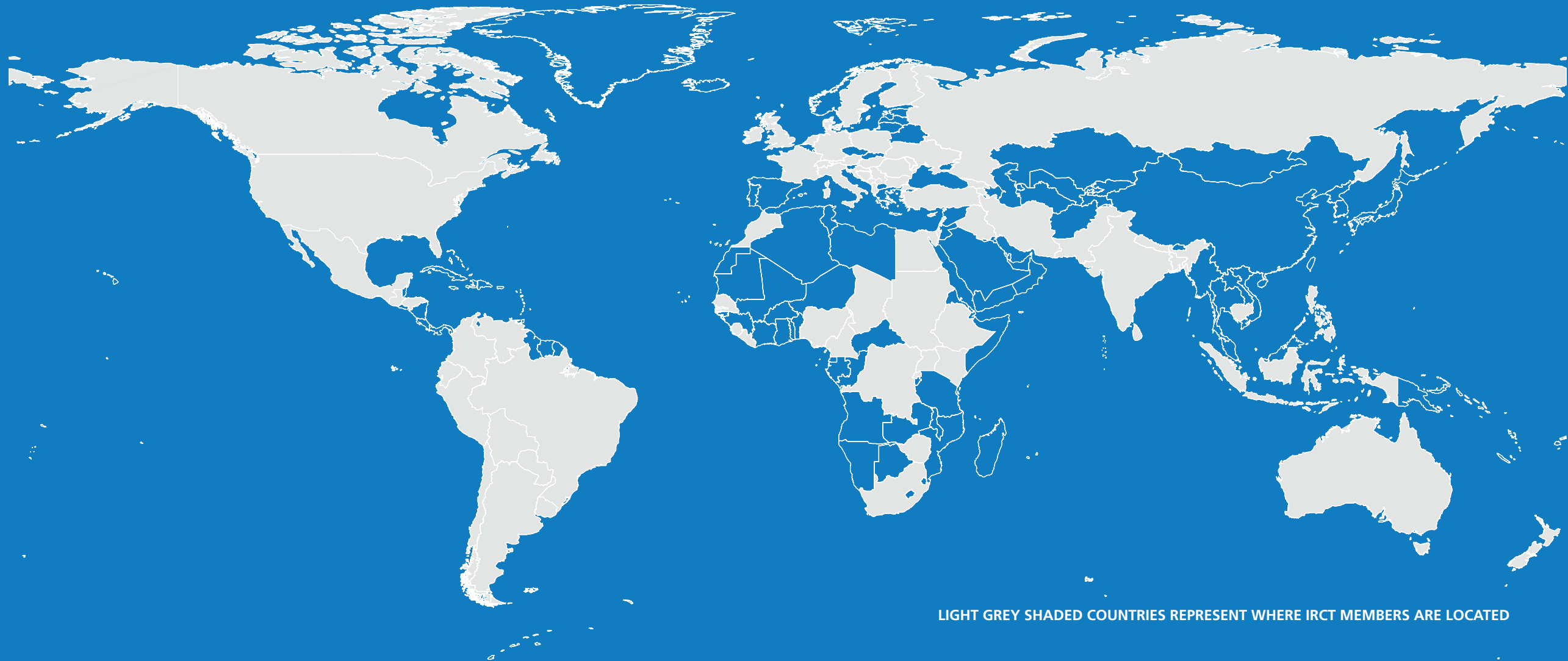
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ISBN: 978-87-88882-71-1 (PRINT VERSION)

ISBN: 978-87-88882-72-8 (PDF VERSION)

ISBN: 978-87-88882-73-5 (ISSUU VERSION)

"I express my great gratitude for [the IRCT's] vital work, and for their commitment to ridding the world of an odious practice that should have no place in a humane, peaceful 21st century."

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