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Jenna plays with her older sister, Rana, on a homemade swing outside her family’s rented apartment in Ramtha. Rana goes to school, but this courtyard is their world for Jenna and her other siblings. More than half of Syrian refugee children in Jordan are not at school. Cover photo courtesy of UNHCR/J. Kohler

Other photo credits
Page 11: Italy / Mediterranean Sea: During one rescue operation, 186 people — from Nigeria, Pakistan, Nepal, Ethiopia, Sudan, Malaysia and Syria — are transferred from the Grecale to the San Giusto. Photo courtesy of UNHCR/A.D’Amato
A MESSAGE FROM THE PRESIDENT AND SECRETARY-GENERAL

While the vision of a world without torture remains clear, 2013 was not a particularly encouraging year for it. One of history’s worst humanitarian crises unfolded in Syria and neighbouring countries, particularly affecting women and children who saw their basic needs ignored by a passive international community; an unexpected brutal crackdown on protesters happened in Turkey and countless citizens were denied basic human rights; the protests continued in Egypt, resulting in yet more casualties; and Australia’s authorities summarily turned away refugees looking to reach the country’s shores in search for safety and a better life. These are just some examples of a year where human rights abuses and torture in particular recurrently made the front-page of newspapers in all regions of the world, and the need for torture rehabilitation grew exponentially, unmatched by the existing resources.

In 2014, as the media turns elsewhere, many will forget the humanitarian crises of 2013. But the refugees, the protesters, and all those who suffered human rights abuses and torture, will remember them forever. If not properly cared for, the scars of torture will last a lifetime and stretch across generations.

That is when the IRCT comes into play. Hundreds of thousands of people will not have a chance of getting their lives back if they are denied access to the services offered by torture rehabilitation centres worldwide – medical attention, psychotherapeutic treatment, psychosocial support, trauma treatment, legal services and redress, social reintegration, and other components of a holistic, victim-centred approach to rehabilitation.

In this haunting context of 2013, the movement for the support of victims of torture made a difference and achieved real, positive change.

Through sub-grants, many IRCT members and partners improved their capacity to combat torture, and were able to expand their abilities to provide rehabilitation across the world. The ultimate result was better provisions for survivors of torture – an ever-important step in ridding the world of torture and restoring dignity to those who have survived torture.

Eleven IRCT centres are now using an early identification tool, developed through the PROTECT project, in their assessments of asylum seekers, helping officials identifying victims of torture as early as possible. The PROTECT Questionnaire is now officially used in Poland by border guards, in Bulgaria by the refugee authority, and in Lithuania. It has also been recommended as an example of good practice by the European Asylum Support Office.

Concerted advocacy efforts at the UN level contributed to the insertion of the issue of reprisals in the work and recommendations of the Universal Periodic Review, the Committee Against Torture and the Subcommittee on Prevention of Torture.

In 2013, centres in Russia, Kenya, the United Kingdom, Nigeria, Mexico, Ireland, Albania, Germany and Kyrgyzstan were supported in interactions with the United Nations and other regional and international mechanisms that deal with anti-torture and human rights work.

A total of 91 organisations participated in the annual 26 June campaign, making it the largest global anti-torture campaign.

The IRCT also organised the Global Conference on the Right to Rehabilitation for Torture Victims, in Beirut, Lebanon. Over one hundred participants and speakers attended the event, many hailing from civil society, governments, academia and the media. From this conference stems a report with an inventory of main experiences, best practices, lessons learned and, most importantly, the priority pathways forward.

2014 will be a year of great activity at the IRCT, as we face the rehabilitation needs worldwide, and at the same time design the actions of the movement for a new strategic period (2015-2020). Our members, which are our strength, will lead the way in this process. Join the IRCT in this mission, both indispensable and humanely invaluable.

Ms Suzanne Jabbour
President

Mr Victor Madrigal-Borloz
Secretary-General
IRCT MEMBERSHIP
144 MEMBERS IN 74 COUNTRIES

Countries with an IRCT presence
WHAT THE IRCT IS

As a network of 144 torture rehabilitation centres across 74 countries, the IRCT is the world’s largest membership-based civil society organisation working in the field of torture rehabilitation and prevention. Its key distinctive feature lies in a holistic health-based approach to torture rehabilitation. In addition, the organisation defines itself as private, non-partisan, and not-for-profit, as well as governed by democratic structures. IRCT’s diverse membership share three common characteristics; each is a legally independent organisation that is rooted in civil society; each provides services to at least 50 torture victims annually; and each is committed to sharing their experiences throughout the IRCT and beyond. IRCT member centres stem from all regions of the world. Given the very nature of the organisation, some of those centres may be newly established, small or fragile from an organisational perspective, while others have long trajectories of public service, appropriate budgets and solid funding structures. Together the movement is strong and effective in fighting torture across the globe. However, the core strength of the movement stems from a triad of values: solidarity, equality and democracy.

Democracy

To ensure democracy - “the most desirable model for the governance of any collective human activity” [Statutes, preamble, para 7] - the IRCT applies the principle of “one member, one vote” to its strategic choices. This means that, no matter if members are large or small, all members have an equal say in the objectives and strategic choices of the organisation. This is important in shaping the mission of the global movement.

Equality

The IRCT was created as an organisation in which each member acknowledges their duty to support the development of capacities to provide rehabilitation services - this is the foundational principle of solidarity. As expressed in IRCT Statutes: “Rehabilitation centres and programmes must contribute to the prevention of torture by fostering, consolidating and applying a collective knowledge gained in the rehabilitation of the victims […]” [From Statutes, Preamble, para. 4]”

Solidarity

The IRCT is based upon the principles of “cultural diversity and mutual respect”, and its regional balance reflects this. The IRCT believes all cultures of the world have a contribution to make in the fight against torture: in effect, scarcity of funds notwithstanding, the IRCT members have a wealth of knowledge or experience to share.

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Since the first experiences of Danish doctors with Chilean victims in 1974, it became clear that torture victims’ needs extended far beyond the medical treatment of physical injuries. Victims also suffered from severe psychological trauma and other challenges derived both from torture and ill-treatment, such as social exclusion, lack of access to justice and difficulties in accessing other relevant services. These challenges needed addressing through multidisciplinary approaches tailored to the individual. This prompted rehabilitation practitioners across the globe to undertake significant research and work on different rehabilitation approaches in order to address individual, family and societal consequences of torture and ill-treatment. As a result, a range of different treatment approaches have been developed and tailored to different socio-economic, cultural, political, religious and other contexts.

Today, rehabilitation centres in the IRCT network commonly offer multi-disciplinary support and counselling, including: medical attention/psychotherapeutic treatment; psychosocial support/trauma treatment; legal services and redress; and social reintegration.

In the case of asylum seekers and refugees, the services also may include assisting in documentation of torture for the asylum decision, language classes and help in finding somewhere to live and work.

Besides holistic, the IRCT underlines that rehabilitation should be:

- Available, appropriate, accessible and provided in a way that guarantees the safety and personal integrity of the victims, their family and their caretakers;
- Provided at the earliest possible point in time after the torture event, without a requirement for the victim to pursue judicial remedies, but solely based on recommendations by a qualified health professional;
- Provided in close consultation with the victim and tailored to meet the specific needs of each individual victim;
- Adequately funded by national governments.

HOLISTIC REHABILITATION
A COMPONENT OF A WORLD WITHOUT TORTURE

Participant at the IRCT-hosted Global Conference on the Right to Rehabilitation for Torture Victims, 27-28 June 2013, in Beirut, Lebanon. The main objective of the conference was twofold: firstly to explore the ways in which rehabilitation is provided to torture victims. Secondly, to consider how states can be encouraged to strengthen their implementation efforts in providing holistic and victim-centred rehabilitation services and adequate funding for rehabilitation services.
Since its inception the IRCT has been striving to deliver holistic rehabilitation to victims of torture and ill-treatment with an approach encompassing coordinated and integrated cross-disciplinary services.

These services extend beyond medical and psychological treatment to include social, vocational, and legal support. Services are delivered to primary and secondary torture victims in accordance with their needs, expectations and aspirations.

The IRCT maintains that a holistic model should:

- Identify all major factors relevant to causation and understanding of illness;
- Predict or explain all illnesses, especially functional illness;
- Acknowledge explicitly perceptions and experiences of the ill person (person-centred);
- Improve organisation and commissioning of healthcare;
- Improve clinical management of individual patients by allowing a better analysis and understanding of the situation as a whole.

When translated into actual health care, the provision of treatment in the form of integrated packages tailored specifically to the combination of factors and needs mentioned above manifest a holistic approach. Since other components complement the model - such as free-will and quality of life - the individual has a say in the contents of the package and on the way he/she will utilise it with the help of the practitioner(s).

Therefore the conditions needed to provide as full rehabilitation as possible to victims of torture and ill-treatment include: medical treatment (if necessary), combined with or followed by, a combination of psychological, social, communal, vocational, or legal services necessary for a maximum possible restoration of the victims to their pre-torture existence.
HOW THE IRCT IS GOVERNED

From the beginning, the democratic structure of the IRCT has always been paramount. The structure, with four distinct tiers, manages to be diverse yet cohesive, appreciating and representing the diversity of the movement.

A four-tiered governance structure

<table>
<thead>
<tr>
<th>General Assembly</th>
<th>The democratic core of the IRCT is the General Assembly, which comprises a representative for each member across the globe. Through the General Assembly, members elect regional representatives to participate on the Council and provide input to the policies and strategies of the IRCT in order to advance the global mission of the organisation.</th>
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<tbody>
<tr>
<td>Council</td>
<td>On the next level, the Council is the main policy-making body of the IRCT. It consists of 26 members representing the entire membership, and includes three independent experts who provide an external perspective (29 people sit on Council in total). The geographic representation is as follows: Asia: 4 seats; Europe: 7 seats; Latin America: 4 seats; MENA: 3 seats; North America: 2 seats; Pacific: 2 seats; and Sub-Saharan Africa: 4 seats. The Council holds annual meetings in order to discuss and decide policies and key organisational issues, and to monitor the progress of IRCT’s work at the global level and in the regions. It also monitors the implementation of IRCT’s strategy and policies by the Secretariat and the members. Between Council meetings, drafting and decision-making are done in writing and facilitated by the Secretariat.</td>
</tr>
<tr>
<td>Executive Committee</td>
<td>The Executive Committee (ExCom) is a deliberative body made up of eight members: one from each of the regions plus one independent expert, the President and Vice President. The Executive Committee decides the means and measures necessary to adopt and implement the decisions of the Council and its purpose is to ensure the overall direction, supervision and accountability of the IRCT between Council meetings. It is elected by and is accountable to the Council. The Executive Committee appoints the Secretary-General of the IRCT.</td>
</tr>
<tr>
<td>Secretariat</td>
<td>Finally, primarily based in Copenhagen, Denmark, but with offices in Brussels, Belgium, and Geneva, Switzerland, the Secretariat guides, advises and implements the work shaped and determined by the membership of the IRCT, the Council, and the ExCom.</td>
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WHAT THE IRCT DOES

KEY ACHIEVEMENTS IN BRIEF

In 2013, the IRCT supported torture rehabilitation centres in a variety of ways, thanks to a series of targeted projects, programmes, grants and other collective and individual activities.

The IRCT exists to create a world without torture. We do so by ensuring that torture victims are able to access appropriate health-based torture rehabilitation services, ensuring that torture victims are able to have full access to justice and by contributing towards the prevention of torture worldwide. We work towards this mission by facilitating capacity development within the IRCT membership, a more enabling policy environment for our membership and for torture victims, and through the generation and sharing of knowledge within the IRCT membership and with the wider anti-torture movement.

Strengthening capacity, influencing policy and sharing knowledge

As a membership based organisation, one of our main goals is to strengthen the capacity of each of the centres across the globe through peer-to-peer training, supported through the coordination of the Secretariat and our academic partners. In addition, the IRCT uses its position – as the largest membership based anti-torture organisation in the world – to advocate and influence policy at the state and international level. Finally, one of our most significant endeavors has been our strategy through sharing knowledge. The IRCT seeks to become a global hub of knowledge, data, and documentation on the global movement to prevent torture and rehabilitate the victims of torture. To do so we engage in multiple ways with professionals – medical, legal and political – in the field of human rights and torture rehabilitation, the wider public audience and global supports, and key international and national government stakeholders.

In 2013, centres in Russia, Kenya, the UK, Nigeria, Mexico, Ireland, Albania, Germany and Kyrgyzstan were supported in interactions with the UN and other regional and international mechanisms that deal with anti-torture and human rights work.

In 2013, 91 organisations participated in the annual 26 June campaign. The input of the participating organisations was impressive once again. From conferences, dance events and protests, to informative talks on torture, rehabilitation, and the work of particular centres across the globe, the 26 June campaign developed in line with an effective strategy, the result of which was a strong global call against torture.
In June 2013, IRCT hosted the Global Conference on the Right to Rehabilitation for Torture Victims, 27-28 June 2013, in Beirut, Lebanon. Over one hundred participants and speakers attended the event, many hailing from civil society, governments, academia and the media. From this conference came a conference report in the fall of 2013 which detailed the main experiences, best practices, lessons learned and priority pathways forward.

Eleven centres are using this early torture identification tool, developed through the PROTECT project, in their assessments of asylum seekers. In addition, each of these centres has arranged meetings, training sessions and talks involving national government representatives and other stakeholders associated with asylum seekers to Europe. The PROTECT Questionnaire is now officially used in Poland by border guards, Bulgaria by the refugee authority, and in Lithuania. It has also been recommended as an example of good practice by the EASO (European Asylum Support Office) in its online training tool on “interviewing vulnerable asylum seekers.”

Advocacy at the UN contributed to the insertion of the issue of reprisals in the work and recommendations of UPR, CAT and OPCAT-SPT. Multiple members have used IRCT sub-grants to improve security against threats or harassment. Examples include a centre in Nepal that submitted an urgent appeal to the Asian Human Rights Commission, which aided the safety and security of a torture victim who had been threatened (along with his family) by the police. In Kenya, additionally, a centre organised security trainings with likeminded organisations to increase safety in their everyday work.

Through sub-grant programmes, centres improved their capacity to combat torture in their context, and were able to expand their abilities to provide rehabilitation, training, direct support, and more across the world. The ultimate result was not only improved capacity and knowledge, but better provisions for survivors of torture — an ever-important step in ridding the world of torture and restoring dignity to those who have survived torture.
Through 2013, the IRCT has been committed to a range of projects and initiatives aimed at developing the capacity of our members across the globe.

While some of these projects have focused on training and exchanges, some have focused primarily on peer support and knowledge gathering. In any case, the projects from 2013 have had positive effects across the membership.

Developing capacity across the world: the Non-State Actors (NSA) project

Completed in 2013, this three-and-a-half year project developed the capacity of IRCT members to deliver improved holistic torture rehabilitation services through south-south and south-north peer exchanges. The project included a strong component of livelihood development, the social-economic support necessary for holistic rehabilitation, and support to the partners’ advocacy plans, as the project included coordinated advocacy for national governments to ratify and effectively implement UNCAT and OPCAT.

The direct target group of the project included 322 staff working at 11 torture rehabilitation centres, all of which are local non-government organisations (NGOs) and Community Based Organisations (CBOs).

There were 109 professional exchanges over the course of the programme, 53 of these since mid-2012, in which participating staff learned methods to increase their rehabilitation capacity, processes to improve their intake procedures, and best practice and management policies to ensure the centres run as effectively as possible.

Following the exchanges of the target group, the aim was to spread the learning through the IRCT network – approximately 3,480 staff in more than 140 centres.

With the NSA project, the capacity to fight torture and promote justice in a number of contexts was improved due to the extensive exchange programme of the project. As noted in the final evaluation:

“The capacity of the partners to fight torture and alleviate the effects of torture for the survivor and society has been increased. This has been achieved through training and experience as part of the mentioned livelihood development activities and through the Action’s sub-grant activity. But mainly through the Action’s exchange activities.”

It is estimated that over 105,000 victims of torture — including refugees, prisoners, internally displaced persons, orphans and victims of sexual torture — have benefitted from the NSA project.

Providing rehabilitation in the Great Lakes region

With the aim of ensuring that victims of torture and their families living in rural areas of Burundi, the Democratic Republic of the Congo (DRC) and Rwanda were able to access more effective torture rehabilitation services, the IRCT's Great Lakes project supported services including health care, referrals, social counselling and legal assistance to 2,305 primary victims and 10,421 secondary victims of torture since its inception in April 2012.

Members involved in the project reported greater capacity to deal with torture victims, including in circumstances where members reported far greater numbers of clients than before. The project focused on three high-risk target groups: women (including widows from genocide and war and victims of sexual violence), children (including child soldiers) and pre-trial detainees.
PEER support project

The PEER support project, which ended in November 2013, focused on improving organisational capacity in IRCT member centres through 2013. An EU-wide project, supported financially by the EU Pilot Project for Victims of Torture, and implemented with the assistance of partners BZFO (Germany) and ANTARES (Netherlands), saw six members participate to offer training and support on: stress management for teams and individuals; quality management and wellbeing at an organisational level; and case intervision for practitioners. One participating centre in the UK, Freedom From Torture, received a tailor made training of trainers to enable them to spread stress management tools throughout their organisation, a move which has been received positively since.

PROTECT-ABLE project and early identification of rehabilitation needs among asylum seekers

In order to ensure asylum seekers are provided with opportunities to address any previous torture experiences, the IRCT assisted in the development of the PROTECT tool, led by IRCT French member Parcours d’Exil. The PROTECT-ABLE project, which ran from September 2012 and through 2013, focused on disseminating the PROTECT tool to assist those in first contact with an asylum seeker. The aim is to allow social workers, volunteers or immigration officer to screen for psychological vulnerabilities which may develop out of their asylum journey. Asylum seekers considered “at risk” are then directed to a health professional.

Eleven NGOs from nine countries took part in the project, with each NGO arranging meetings, training sessions and talks involving government representatives in order to train them with skills in assessing asylum seekers.

PCATI and fighting torture in Israel

In collaboration with IRCT partner the Public Committee Against Torture in Israel (PCATI), and with funding from the European Union, the IRCT implemented the training programme Pain Exposed: Medical Documentation of Torture as an Anti-Impunity Practice, which attempted to address the lack of sufficiently specialised knowledge and experience in Israel in terms of medical documentation of torture.

The three-year project, which ran through 2013, saw a diverse group of health professionals come together for training in the documentation of torture, and the guidelines under which the state should operate.

In total 17 professionals underwent the training, with at least 10 of these local health practitioners trained in forensic documentation.

Istanbul Protocol training: Promoting standards of torture documentation

The Istanbul Protocol (IP) is the first set of international guidelines for documentation of torture and its consequences, and became an official United Nations document in 1999.

The Protocol gives concrete criteria and instructions for assessing ill-treatment, investigations into torture, and for reporting such findings to relevant judicial and medical bodies.

It is an important document to understand and, as such, the IRCT offers training to its members and other interested groups through the role of the Istanbul Protocol Coordinator, who was appointed in 2013.

Requests have been submitted for assistance on Istanbul Protocol in areas of case support, training, and other activities by 19 organisations in 2013 including Bahrain Watch, the Swedish Red Cross in Malmo, and other organisations interested in the implementation of the IP including the Inter-American Commission of Human Rights (OAS).
Sub-granting: Supporting global service delivery

In 2013, one of the main ways the IRCT supported centres’ ability to provide rehabilitation services was through sub-grants, awarded to centres across the globe for the purpose of enhancing their rehabilitation resources.

OAK grants

Sub-grants totalling €400,000 were awarded following a global application and evaluation process to 56 centres across MENA, Sub-Saharan Africa, Latin America, Europe and Asia. Through these means, centres improved their abilities to provide rehabilitation services (through training on rehabilitation and direct support to medical services). Under the Oak Grants, centres receive core funding to provide them with the ability to ensure their rehabilitation activities can continue and flourish as necessary.

The grants facilitate a range of activities across the membership. Some examples include:

- The Treatment and Rehabilitation Center for Torture Victims, in Palestine, hosted psychosocial summer camps in three areas of the West Bank for 340 direct and indirect child victims of torture and violence. The three-week long camps addressed the psychological traumas suffered by children through recreational art, play and narrative therapy supplemented by cognitive behavioural and narrative group therapies.
- In Sri Lanka, a member conducted three training programmes that yielded a greatly improved quality of treatment to torture survivors suffering from drug dependency.
- In Cameroon, the grants made possible the introduction, for the first time, of family therapy to assist past and present victims of torture.
- In multiple centres across Latin America, the support enabled centres to increase the number of clients they could treat during the year – ensuring that survivors who would have otherwise not been able to secure sufficient treatment were provided for. One particular example of this is in CINTRAS, Chile, where medical and psychological care and rehabilitation was given to 175 victims of torture. In group psychotherapy, 24 women participated, 10 of those being survivors of torture, and the remaining 14 persons were former political prisoners beneficiaries, mothers or wives of victims who suffered forced disappearance.
- Many European centres flourished through sub-grants, but one example to mention is ARCT in Albania, who became the first organisation in the country to introduce tailor-made documentation of torture in prisons, based on the implementation of the Istanbul Protocol.

Helping victims of sexual violence through La Luz grants

Through La Luz, funds are dedicated to empowering and healing women and girls who have been subjected to torture and sexual violence. The funds – which totalled €143,920 in 2013 – come from a donor prioritising the MENA region primarily. Members were invited to apply for the funds, and a total of 53 centres from across all regions applied in 2013.

Through these funds, 16 centres were able to provide work specifically catering to female victims of torture and sexual violence, and 25 centres in Asia, Europe, Latin America, MENA and Sub-Saharan Africa to treat 3,708 child survivors of torture – owing to IRCT financial support.

With recipients of the grants finalised in late 2013, reporting on the success of these grants will continue in 2014.
Capacity building through regional meetings

Through regional meetings, with active participation from IRCT Regional Coordinators, IRCT priorities have been touched upon, and capacities to tackle torture have been developed across a range of members.

The Regional Meetings give members not only the opportunity to meet one another and exchange experiences, but they also give every centre an opportunity to learn from other staff and to share outcomes of training, exchanges, and programmes implemented across the particular regions.

In Asia, 19 representatives from twelve 12 IRCT members participated in a regional meeting along with additional individual staff members and associates.

The main priority of the regional meeting was to review the current Asian regional strategy with a view to update and develop it; one that can be used in the coming years as the torture context in the region changes. Communication emerged as the main element to address — members agreed on the need to implement structures to promote unity in the region.

In Europe, the main priorities discussed between the centres in the region were the importance of having a regional meeting (members in Europe met only at project related meetings), the necessity of implementing region wide projects, and also the need for follow up projects for further capacity building of the centres.

In Latin America, members have sought to increase their capacity by continually reviewing the global IRCT strategy each year, where they critique and offer better ways to work together.

In MENA, there was no regional meeting during 2013, and consequently there was no chance for a regional strategy to be discussed and debated, planned and implemented. However, given the situation in Syria surrounding refugees — and gleamed from IRCT news stories focusing on this — a shared priority has been developing the capacity of members to deal with the increasing strain on Syria and neighbouring countries due to the refugee crisis.

New treatment centres in Iraq and Libya

The Support to Torture, War Victims, and Enforced Disappearance in post-Gaddafi Libya project aimed at establishing a centre in Libya, which can offer rehabilitation services to torture victims, particularly in a context of torture post-Gaddafi.

The project was approved by the European Commission in February 2012 as a joint venture between the IRCT and the World Organisation Against Torture (OMCT).

After initial assessments through 2012, concentrated work on establishing a centre to provide access to holistic rehabilitation and justice for torture victims in the country was implemented.

Despite continuing problems surrounding violence in the country, a team has been established at the centre. An emphasis throughout the project has been on the capacity building and training of professional staff to ensure the centre can become self sustainable.

In Iraq, the Kirkuk Center for Torture Victims was welcomed to the IRCT network. The centre has an extensive network of rehabilitation branches across the Kurdish region of Iraq and in the Domeez refugee camp – the largest refugee camp for Syrian refugees.

Established in 2005, the centre offers a range of services in the torture rehabilitation field including medical assessments, psychological analysis and reports, therapy and counselling, psychotherapy, and surgical treatment in collaboration with nearby hospitals and medical practices.

The centre treats around 2,000 survivors of torture a year, around half of whom are women and children, and its large team of dedicated staff are well-trained and positioned to offer the best possible rehabilitation services in the region.

The year 2013 saw two major developments in extending the IRCT reach to geographic regions where torture rehabilitation is emerging: in Iraq and Libya.
Assuring justice for torture victims is a key point of the IRCT’s work and an area which encompasses redress, compensation and, among other elements, successful and unhindered prosecution of the perpetrators of torture. Governments across the globe have an obligation to criminalise torture, to investigate all allegations, and to prosecute perpetrators. Yet in many cases, access to justice for torture victims is not assured — in fact, sometimes it is intentionally diverted.

In order for torture victims to have access to an effective remedy and reparations it is imperative that effective national mechanisms and procedures are in place, and this is what the IRCT campaigns for throughout its work and has achieved much success in through 2013.

**Independent Forensic Expert Group (IFEG)**

Drawing on expertise from across the globe, the IRCT, in partnership with Copenhagen University Department of Forensic Medicine, established in 2009 an expert group of independent forensic specialists, known as the IFEG.

The group serves as a reference point, providing technical advice on specific issues as well as participating in missions to examine alleged torture survivors and draw up impartial medico-legal reports (MLRs) — all of which aid not only the fight for justice, but the mission to prevent torture across the globe.

In 2013, the IFEG went through a range of changes and processes to ensure functionality through 2014. Terms of reference were finalised, communication forums were established, and intense trainings on the importance of MLRs — which included peer reviews of previous work — were just some of the stages the IFEG group moved through in 2013.

With the foundations laid, the IFEG will be a powerful tool in the IRCT anti-torture movement through 2014.

**Highlighting the importance medico-legal reporting**

Through training, advocacy, and assistance in judicial proceedings, the IRCT has continued to highlight the importance of medico-legal reports (MLRs) through 2013 to ensure justice is served in cases of torture — both to ensure redress for the victims and to ensure prosecution of the perpetrators.

“For every single right the victim has — from being free from torture in the first place, to the rights after having survived torture, and even for the families of those torture victims who do not survive — documentation and evidence is just a very fundamental prerequisite, and unfortunately one that is not used as frequently or as effectively as it should.”

Juan Mendez, UN Special Rapporteur on Torture
To highlight the importance of MLRs in administering justice, the IRCT appeared at conferences, published important stories where MLRs provided pivotal evidence, and assisted MLR reporting throughout the members and networks where necessary.

In March 2013, IRCT staff attended a conference in Leuven, Belgium, to present IRCT work with MLRs, and to learn about medical documentation of torture. IRCT staff also attended the UNHCR conference entitled Response to Vulnerability in Asylum in Budapest to speak about the importance of MLRs to an audience consisting of representatives from a range of human rights networks and EU policy-making bodies.

Also, in 2013 the IRCT published and disseminated to IRCT member centres, EU institutions and other key stakeholders a report on documentation of torture in asylum proceedings. The comparative overview Recognising Victims of Torture in National Asylum Procedures highlights the key shortfalls in the use of MLRs in asylum procedures, and how better reporting can be ensured in the future.

CASE STUDY: I. vs Sweden

The IRCT has followed cases over the course of 2013 that mark the importance of medico-legal reports (MLRs), not only to review the impact of our work, but to promote the importance of medico-legal reporting among our membership and to external audiences.

One notable case was that of I. vs Sweden — a case in which the applicant argued that his deportation to Russia would put him at risk of torture. A ruling on this case was reached in September 2013, using information from a MLR. The MLR issued by health professionals highlighted the existence of significant physical and psychological injuries, which, in turn, allowed the court to assess the real risk to the applicant. While it was ruled that some inconsistencies existed in the case, the court noted that the responsibility lies with the State to dispel any doubts as to the risk of torture.

This ruling shows broad recognition of the strength of MLRs, particularly in the ruling that it is a state obligation to ensure safety if the applicant is deported to a third country.

CASE STUDY: RJ vs France

Another case in 2013, where the European Court of Human Rights expressed that the MLR is “a particularly important piece of dossier”, which led to their ruling that it can be strongly presumed the applicant “was subjected to treatment contrary to Article 3 in his country of origin” — a ruling made, in part, due to the strength of MLR.

Holding states to account

The IRCT, in collaboration with specific members, actively sought to hold states accountable to their anti-torture obligations, and how increased funding should be directed to torture rehabilitation. Activities included:

- Lobbying/advocating to ensure that torture and ill-treatment was adequately addressed in the Universal Periodic Review (UPR) of Russia, Nigeria and Mexico; these countries have showed some commitment to uphold their obligations;
- Promoting torture rehabilitation and documentation action on UK, Kenya and Kyrgyzstan in the Committee Against Torture;
- Supporting our member in Albania to lobby/influence the review in the UN Human Rights Committee;
- Supporting a member from the UK to intervene in the Committee on the Elimination of Discrimination against Women (CEDAW) review of the Democratic Republic of the Congo (DRC) based on evidence documented on asylum seekers.

Also, 12 IRCT members visited Brussels in 2013 where they met with policy makers to discuss advocacy of anti-torture policies and training in torture rehabilitation procedures.
During 2013 the IRCT continued the fight against torture by advocating torture rehabilitation across the globe, and by sharing knowledge on local, national, regional and international levels to assure torture is prevented.

Ensuring adherence to General Comment 3 of the Committee Against Torture

During 2013, the IRCT followed up on the adoption of the UN Committee Against Torture’s General Comment 3 of the Convention Against Torture (produced in November 2012) by seeking to establish international political support for the implementation of the right to rehabilitation as a prerequisite for taking the issue to the national level.

As such, the IRCT led efforts to support a resolution in the UN Human Rights Council on the right to rehabilitation. One of such efforts included an expert seminar with the aim of enhancing the understanding of the right to rehabilitation among key Geneva diplomats, which resulted in the UN resolution, which took inspiration from General Comment 3, being passed by consensus in March 2013.

Subsequently, the IRCT has been using the resolution as the basis for pushing for country specific recommendations on implementation of the right to rehabilitation in the Human Rights Council’s Universal Periodic Review (UPR). During 2013, recommendations to this effect were made to Nigeria and Mexico.

Advocating changes in the way we assess asylum seekers

In order to ensure asylum seekers are provided with opportunities to address any previous torture experiences, the IRCT assisted in the development of the PROTECT tool, led by IRCT French member Parcours d’Exil.

Over 2013 efforts were made to disseminate the tool and some extremely positive results from this were recorded. For example, in Sweden, the Swedish Red Cross organised various trainings with border control, lawyers, and those working with migrants. Subsequently, the Migration Board (Migrationsverket) stated they may implement the PROTECT questionnaire across all reception units through 2014.

In terms of influencing policy, the PROTECT-ABLE project has seen some incredible results on a EU level. Following the participation of the IRCT in the meeting of the European Asylum Support Office (EASO) in June – where the project was presented – additional meetings were held with the permanent representatives of Sweden, Lithuania and Hungary. A further positive development is the agreement of EU Reception Directive head Sylvie Guillaume who pledged to support IRCT PROTECT-ABLE final conference in the European Parliament in March 2014.

Interaction at EU/UN level

Throughout 2013, IRCT member centres used regional and international instruments and mechanisms to further the prevention of torture. Several centres in the MENA region interacted with their local EU delegations, building essential links. One particular example is AMRVT, Morocco, who presented a success story to the EU delegation focusing on the arrest of a police officer/perpetrator after eight years of judicial procedures.

In Eastern Europe, EU delegations only exists in a few countries in the Balkans, South Caucasus, Ukraine and Russia. In all the mentioned regions IRCT centres established contact with the local EU delegations and a number of them also have projects financed and supported by them. In South Caucasus, IRCT member Empathy from Georgia received a grant from the local EU delegation for a project in partnership with IRCT member centres in Albania, Armenia, Montenegro, Turkey, Moldova, Serbia and Russia.

In Asia, and on recommendation from the IRCT, Dr. Roy President of IRCT member CORE-H2H, India, was invited to the 15th EU-NGO Forum on Human Rights, Brussels, on 4-5 December 2013. The EU-NGO Forum on Human Rights is an annual conference that provides a venue for direct interaction and in-depth discussion between representatives of global civil society and the EU institutions, EU Member States and international organisations on various topics related to the promotion and protection of human rights. This year’s 15th edition overarching theme was “Accountability” articulated into two distinct, yet interrelated, thematic threads: “The Fight against Impunity” and “Accountability of Economic, Social and Cultural Rights”.

In Latin America, four centres in the countries of Guatemala, Ecuador, Peru and Argentina were in contact with their EU delegation.
The General Comment 3 of the Committee Against Torture was adopted on 16 November 2012 regarding the implementation of article 14 of the UN Convention against Torture (UNCAT).

Article 14 of the UNCAT outlines that States Parties should provide a victim of torture with an effective remedy, and that there is a right to rehabilitation and compensation.

The importance of General Comment 3 cannot be understated, particularly as it allows all partners of the UNCAT to better understand the rights of victims and, in theory, provides the ability to correctly adhere to the UNCAT. The General Comment allowed states to see, in black and white, what victims need to move on from experiences of torture, and how rehabilitation provided by the state should seek to redress any and every victim so they have much greater chances of restoring their dignity.

Extracts of the General Comment, pertaining to rehabilitation, are outlined below:

11. “The Committee affirms that the provision of means for as full rehabilitation as possible for anyone who has suffered harm as a result of a violation of the Convention should be holistic and include medical and psychological care as well as legal and social services. Rehabilitation, for the purposes of this general comment, refers to the restoration of function or the acquisition of new skills required by the changed circumstances of a victim in the aftermath of torture or ill-treatment. It seeks to enable the maximum possible self-sufficiency and function for the individual concerned, and may involve adjustments to the person’s physical and social environment. Rehabilitation for victims should aim to restore, as far as possible, their independence, physical, mental, social and vocational ability; and full inclusion and participation in society.”

12. “The Committee emphasises that the obligation of States parties to provide the means for “as full rehabilitation as possible” refers to the need to restore and repair the harm suffered by the victim whose life situation, including dignity, health and self-sufficiency may never be fully recovered as a result of the pervasive effect of torture. The obligation does not refer to the available resources of States parties and may not be postponed.”

13. “In order to fulfil its obligations to provide a victim of torture or ill-treatment with the means for as full rehabilitation as possible, each State party should adopt a long-term and integrated approach and ensure that specialised services for the victim of torture or ill-treatment are available, appropriate and promptly accessible. These should include: a procedure for the assessment and evaluation of an individual’s therapeutic and other needs, based on, among others, the Manual on the Effective Investigation and Documentation of Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment (The Istanbul Protocol); and may include a wide range of inter-disciplinary measures, such as medical, physical and psychological rehabilitative services; re-integrative and social services; community and family-oriented assistance and services; vocational training, education etc.

A holistic approach to rehabilitation which also takes into consideration the strength and resilience of the victim is of utmost importance. Furthermore, victims may be at risk of re-traumatisation and have a valid fear of acts which remind them of the torture or ill-treatment they endured. Consequently, a high priority should be placed on the need to create a context of confidence and trust in which assistance can be provided. Confidential services should be provided as required.”

14. “The Convention’s requirement to provide these forms of rehabilitative services does not extinguish the need to provide medical and psychosocial services for victims in the direct aftermath of torture, nor does such initial care represent the fulfilment of the obligation to provide means for as full a rehabilitation as possible.”

15. “States parties shall ensure that effective rehabilitation services and programmes are established in the State, taking into account victims culture, personality, history and background and are accessible to all victims without discrimination and regardless of the victim’s identity or status within a marginalized or vulnerable group. ... States parties’ legislation should establish concrete mechanisms and programmes for providing rehabilitation to victims of torture or ill-treatment.

Torture victims should be provided access to rehabilitation programmes as soon as possible following an assessment by qualified independent medical professionals. Access to rehabilitation programmes should not depend on the victim pursuing judicial remedies. The obligation in article 14 to provide for the means for as full rehabilitation as possible can be fulfilled through the direct provision of rehabilitative services by the State, or through the funding of private medical, legal and other facilities, including those administered by NGOs in which case the State shall ensure that no reprisals or intimidation are directed to them.

The victim participation in the selection of the service provider is essential. Services should be available in relevant languages. States parties are encouraged to establish systems for assessing the effective implementation of rehabilitation programs and services, including by using appropriate indicators and benchmarks.”
**Affecting UN policy**

The Geneva office of the IRCT has been in continual contact with the UN on promoting international policies in relation to access to rehabilitation and torture documentation. Activities included influencing the text of the annual Human Rights Council (HRC) resolution which, in 2013, had a specific focus on the rehabilitation of torture victims. For this, the IRCT co-hosted a seminar for Geneva-based diplomats on basic concepts relating to torture and legal principles. The result of this was a resolution providing global support for the full rehabilitation of torture victims. Also, elements advised by the IRCT were also included in the annual UN General Assembly resolution on torture.

**Universal Periodic Reviews (UPRs) of Mexico, Nigeria and Russia**

The IRCT, in collaboration with specific members, actively sought to hold states accountable to their anti-torture obligations, and how increased funding should be directed to torture rehabilitation through 2013. A wide variety of national authorities were approached, particularly in relation to preventing torture in themes of IRCT work including the Right to Rehabilitation and Migration.

Advocacy efforts were deployed to ensure that torture and ill-treatment was adequately addressed in the Universal Periodic Review (UPR) of Russia, Nigeria and Mexico – a unique process which involves a periodic review of the human rights records of all 193 UN Member States. Through advocacy, the issue of torture was particularly highlighted in the countries under review. Notable results included recommendations to Mexico and Nigeria regarding the use of the Istanbul Protocol.

Overall, the UPRs show commitment – at least in principle – to increased attention in upholding anti-torture obligations.

**Prevention guides and publications**

In 2013, the IRCT added three more guides to a collection of publications aimed at increasing member centres’ understanding and ability to actively engage with international mechanisms such as the Universal Periodic Review, the UN Committee Against Torture, the UN Subcommittee on Prevention of Torture and the European Union. The available guides are:

- A Practical Guide to the UPR: How NGOs can influence the Universal Periodic Review process
- Working with the UN Subcommittee on Prevention of Torture: A practical guide for NGOs engaging with the process of SPT country visits
- Engaging with UN Human Rights Mechanisms: An Introduction
- Engaging with State reviews in the UN Committee Against Torture: A practical guide
- Engaging with European Union foreign policy on the ground: An IRCT guide

In order to aid the membership capacity in preventing torture, the guides were disseminated among members and uploaded it into the IRCT website.

**Advancing the sector through knowledge**

The vast pool of knowledge within the IRCT global network is one of our key strengths. Harnessing and sharing that knowledge with key stakeholders is a continued aim of the IRCT. From academic researchers to the victims of torture, the IRCT promotes their knowledge and experience for the benefit of the movement as a whole. Whether through scientific conferences and publications, victims’ testimonies, global campaigns or digital media, in 2013 the IRCT pushed further the agenda of the fight against torture. Through a range of innovative communication tactics and channels targeted at varied audiences – both within and outside the membership – we ensured all relevant anti-torture voices were heard across the globe.

**Sharing experiences of torture and rehabilitation**

A new communications strategy developed in 2013 highlighted the importance of placing the voices of torture survivors and their families at the front. Often, survivors’ testimonies embody everything the IRCT is about – helping torture survivors move from a past of trauma to a full productive life – often in one short, moving account.

Some of the testimonies collected and shared in 2013 included the story of Veli Sacilik whose harrowing story of a prison siege in Turkey is still very much in the European spotlight today. After losing an arm in the siege and subsequent torture, Veli and his fellow inmates have gone on to campaign to the European Court of Human Rights (ECHR) for compensation and justice in their disturbing, shocking case. Sadly, now over a decade later, the case for compensation and justice is still being deliberated, but Veli’s continual campaigning is not only yielding results but is demonstrating the violence that exists in the Turkish prison network.

Another story came from Carmen Kcomt, a former judge in Peru who was met with violent harassment and intimidation when trying to expose the paternity of a young girl revealed to be the secret daughter of the future president of Peru. Carmen boldly applied the law and listened to her legal training at all times, despite sustained intimidation and...
torture both physically and mentally from a variety of sources. It is a story of exposing the truth, escaping fear and rebuilding a life in a new country.

These stories and others reached a vast global audience through links with prestigious media outlets. One notable example of coverage was Al Jazeera English who noticed two stories – the first from Damchoe, a Tibetan nun who was tortured by the Chinese authorities for her beliefs; and anonymous teenage soldier AK who was captured and tortured for weeks by opposition forces in the Armenia-Azerbaijan war.

Efforts like these were only made possible by the active participation of the IRCT members over the year, who contributed with many stories and testimonies.

The IRCT saw great success across all web presence in 2013, engaging more with our supporters and reaching out to new communities. New tactics were employed and many successes achieved.

The IRCT website has been visited more than 500,000 times over 2013, making it a central resource for all those wanting to learn about torture and the torture rehabilitation movement. The IRCT blog (World Without Torture) has been visited more than 25,000 times. In general, IRCT’s social media presence (through World Without Torture) has seen impressive popularity, boasting nearly 16,000 followers on Facebook and more than 2,000 followers on Twitter.

Advancing the sector through scientific research

Originally launched in 1991, Torture Journal remains a unique multidisciplinary forum for the exchange of original research and systematic reviews among professionals concerned with the biomedical, psychological and social interface of torture.

Over 2013, two issues were published and distributed free of charge to thousands of readers across the globe, either directly or through specialised search engines such as PubMed (United States National Library of Medicine) and EBSCO.

With topics ranging from long-term trajectories of PTSD or resilience in former East German political prisoners to the institutional barriers to justice for victims of torture in Egypt, the journal connected practitioners and human rights defenders with specialised researchers. A thematic issue published in 2013 focused on the use of music in detention. “Despite the tendency to focus on music’s benign and positive role, we are confronted today with clear disclosures of its role in torture and human rights violations.” This is according Anna Papaeti and M. J. Grant, guest editors from the University of Goettingen, in Germany.

Global Conference on the Right to Rehabilitation

With the aims of exploring ways in which rehabilitation is provided to torture victims and considering how states can be encouraged to strengthen their implementation efforts in ensuring the provision of holistic and victim-centred rehabilitation services, in June 2013, the IRCT hosted the Global Conference on the Right to Rehabilitation for Torture Victims, in Beirut, Lebanon.

Over one hundred participants and speakers attended the event, many hailing from civil society, governments, academia and the media. From this conference came a conference report in the fall of 2013 which detailed the main experiences, best practices, lessons learned and priority pathways forward.

In terms of international government representatives and organisations attending the conference, representatives from various governments, the World Health Organisation (WHO) and the Office of the High Commissioner for Human Rights (OHCHR) were present at the conference. The broad range of attendees – from inside and outside the IRCT network – allowed for wide influence within their relevant authorities and areas of specialism.

The Conference laid the ground for the development of an IRCT policy position on the right to rehabilitation, ultimately setting the frame for the finalisation of the IRCT strategy to promote implementation of the right on the ground.

“The conference provided us with the tools, arguments, and rationale that we can use in our own countries to promote rehabilitation of torture survivors.”

Karen Hanscom, ASTT, USA
26 JUNE
DAY AGAINST TORTURE

The IRCT campaign on the UN International Day in Support of Victims of Torture, on 26 June, continues to be the largest global anti-torture campaign.

In 2013, a total of 91 organisations participated in the annual campaign by hosting a range of events including conferences, dance events and protests, informative talks on torture, rehabilitation, and the work of particular centres across the globe.

The IRCT brought together these local voices into a global campaign. Through the 26 June Global Report, the IRCT highlighted context-specific advocacy, and collated all voices to one call to end torture, provide justice for the victims and rehabilitate victims of torture.

Overall, the wide media exposure of the campaign means that the importance of torture rehabilitation has been highlighted and the pathways which need to be established to justice showcased.
On the commemoration of 26 June, CINTRAS organised a March to demand an end of torture and for the right to rehabilitation. Several thousand people participated.

In Morocco, former disappeared described their experiences and thanked AM-RVT for their support and treatment. The evening ended with a tea party.

With activities such as zumba, drumming, hip-hop, interactive circus performances, henna tattoo and face painting, everyone joined in the family atmosphere to mark the journey undertaken by STTARS clients.

ACTV, in a coalition of other anti-torture organisations, created a widespread media campaign in the five most common languages in Uganda. They held a press conference with UNHCR, with approximately 50 journalists.
OUR DONORS
THANK YOU FOR YOUR SUPPORT

The IRCT gratefully acknowledges the support of the following:

€1,000,000+
Ministry of Foreign Affairs of Denmark

€500,000 - €999,999
Swedish International Development Cooperation Agency
European Commission
OAK Foundation

€100,000 - €499,999
Norwegian Ministry of Foreign Affairs
Ministry for Foreign Affairs of Finland
Victoria Gómez-Trenor Vergés

€10,000 - €99,999
Ministry of Foreign Affairs of the Netherlands
Swiss Federal Department of Foreign Affairs
Aase og Ejnar Danielsens Fond
Lauritzen Fond

€1,000 - €9,999
Gerda Lausten Fond
Mads Clausens Fond
Fonden af 17-12-1981
Hermod Lannungs Fond
Brødrene Hartmanns Fond
Knud Høijaards Fond
FINANCIAL REPORT
SUMMARY OF 2013 RESULTS

Expenditure
Program development and implementation accounted for 73% of the total 2013 expenditure (compared to 77% in 2012). This covers the strategic goals of the IRCT, namely, to strengthen centres to support torture victims, to influence policy in support of torture victims and to share knowledge with the torture rehabilitation and prevention movement. The activities aimed at strengthening centres to support torture victims were to a large extent carried out via the EC-funded projects, but also through the subgrant scheme funded by OAK and core activities funded by other donors. Influencing policy activities, namely on forensic documentation of torture continued in 2013 via an EC-funded project and as an integrated part of IRCT’s core activities. Sharing knowledge activities, including communications, have remained at a level comparable with 2012. Governance costs represented 2% of total expenditure (3% in 2012) with a slight decrease in absolute costs as compared to 2012, remaining at the same level as the average of the prior three years. Expenses with donor relations slightly decreased to 4.7% of total expenditure as opposed to 5.3% in 2012. The Donor relations team (DRT) remained stable through 2013. The DRT was successful in developing an application for a three-year global project towards the European Commission, to start in 2014. The IRCT kept working with the same external consultant since 2012 to support strategic decision-making. As a positive outcome of the investments made since 2011,
the IRTC succeeded in entering a new multi-year agreement with the Finnish government in 2013. Finally, as requested by the Danish Government, the IRTC underwent a thorough review during fall of 2013 that resulted in a recommendation, by the review team, to continue funding of the IRTC, pending approval of the Ministry of Foreign Affairs of Denmark. The support costs of running the offices in Copenhagen, Brussels and Geneva increased in 2013 to 20% of the total expenditure (14% in 2012). As five regional coordinators were hired throughout 2013 to be based in the regions, this increase happened mainly due to increase in staff costs. The general overhead cost is decreasing and the IRTC will continue to look for opportunities to reduce costs and improve efficiency.

Income
The total income of 2013 was slightly lower than in 2012 with a decrease of 4%.

This very small reduction can be considered as a relatively positive development in consideration of the donor fatigue faced by the IRTC and of the structural instability that covered most of 2013. The IRTC managed to limit the decrease in funds granted by OAK while comforting the Danish government in the legitimacy of the support they are giving to the IRTC.

Governments’ funds have increased by 16% from 41% in 2012 to 57% in 2013 thanks to the new core support of Finland (including the transfer of funds awarded late in 2012) and to the renewal of the Danish Grant for a 3-year agreement at its original level.

Grants from the European Commission remained at a high level in 2013, however, suffered a consequent decrease from 29% to 21% of the overall income. In fact, with the end of the FEAT project in 2012, only two major projects were under implementation, with one (NSA-LA on peer exchange) to finish by the end of June 2013. The Great Lakes project in Eastern Africa moved through its second year to the third, while an extension of the Libya project was granted to allow compensating the implementation delays linked to the country’s political instability. The 1.5-year Peer Support project which started in mid-2012 also reached its end in November 2013.

The OAK Foundation has continued to support the IRTC at a lower level than previously due to donor fatigue. The reduction mainly concerned the core grant (50%) while the contribution to a sub-granting scheme was decreased of only 20%.

Contributions from other foundations slightly increased in 2013, due to the renewed efforts to raising match-funds for projects from Danish trusts and foundations.

Grants from private individuals still benefit from one donor being very generous in funding the IRTC’s work especially with women and girls.

Reserves
It is the policy of IRTC to maintain sufficient unrestricted reserves in order to mitigate funding fluctuations. The reserves remained at a very low level, however it was possible to consolidate these again in 2013, demonstrating that the IRTC is very conscientious about reserves and makes all possible efforts to rebuild them adequately, despite the limited opportunities to do so.

Beyond 2013
The new multi-year unrestricted funding agreements with new governments are very important steps in securing the basis for the future. Further to these, early in 2013 the IRTC renewed its 3-year agreement with the Danish government — totalling 27 million DKK for the period 2013-2015. The financial base of the IRTC remains fragile with equity amounting to €234,000.

The main financial objective for the future years will continue to be entering into long-term donor agreements with governmental agencies, multinational organisations and private national and international foundations.

Based on the above and the budget for 2014, the IRTC’s management has prepared the annual report on a going concern basis.

Long Term Funding and Strategic Development
In order to further sustain and diversify the donor base of the IRTC, efforts will be made in 2014 in three main directions: the development of multiannual framework agreements with new governments; the targeting of private international foundations to increase the outreach to this rather undeveloped source within the IRTC income stream; and finally the streamlining of the fundraising activities throughout the organisation in order to increase IRTC’s ability to engage into a greater amount of fundraising initiatives.

In order to keep a stronger focus on its key competence, i.e. a health-based approach to the rehabilitation of torture survivors, and in line with donor recommendations, the IRTC has started, during the fall of 2013, to revise its strategy to focus more efficiently on key elements needed for the growth of the movement. This revised framework will be fully in place by May 2014, allowing an easier monitoring and evaluation of the IRTC’s actions and therefore allowing a greater and more detailed analysis of the results obtained.

As the annual Council meeting planned for November 2013 had to be postponed until March 2014, no further progress was made in relation to membership fees but a proposal will be presented to Council members to further reflect on the possibility to establish compulsory membership fees within the IRTC as a first step forward towards the independent funding of IRTC governance costs.

To further create synergies and avoid duplication of reporting tasks, the IRTC will organise, in May 2014, a Donor Cooperation meeting in Copenhagen to which the governmental core donors as well as the OAK Foundation and the European Commission will be invited.

Project Funding
The global Peer Exchange project, funded by the EC, which was extended six months into 2013 to secure knowledge-sharing from the project and the implementation of peer
exchanges, ended up successfully in June 2013. The three-year project in the Great Lakes region of Eastern Africa carried on apace in 2013 and is planned to end by November 2014. In relation to the Libya project, a full time project manager was recruited to be based in Libya. The project is being implemented according to plans but still has to face many hurdles due to the instable political situation in Libya and in the administration in general. The Peer support project in Europe has been carried out according to the plans and ended in November 2013. The start of the new DFI (Data collection for the Fight against Impunity) project awarded by the EC for a three-year period was postponed to start by April 2014 to allow proper implementation and the recruitment of a project manager prior to the beginning of the project. With the end of the project implementation in Egypt, both the restricted funding from The Netherlands and Switzerland ended in 2013.

The sub-grant scheme to rehabilitation centres financed by the OAK Foundation was renewed for a year, with a 20% decrease in 2013, and a new application will be submitted during the spring of 2014.

Unrestricted Funds
Based on the Strategy Framework, the IRCT was able to sign a new multi-year agreement with the Finnish government in 2013. The review of the IRCT by the Danish government finally took place in the second half of 2013 and ended with a few recommendations, including the one supporting further funding for the IRCT. Therefore, the 2014 and 2015 funding disbursement will be discussed early in April 2014 by the External Grant Committee of the Danish government. Fundraising efforts with Danish and other international foundations will continue unabated.

Expenditure Focus
The IRCT will continue to look at various ways of reducing expenses and incurring expenditure in a prudent and measured manner. With this perspective in sight, the IRCT moved to new premises in December 2013, securing a reduction of 30% in costs with rent with effect from 2014. The decision taken during 2012 to place all regional programme coordinators in the regions was implemented, creating new staff costs but reducing the cost of being in contact with the centres. As an extensive mapping is planned to take place over 2014 and 2015, this will allow a cost-efficient implementation of such an important exercise. It will also allow a closer relationship with regional funders and with decentralised global funders, in line with the streamlining of the fundraising activities throughout the IRCT Secretariat staff.
## Income & Expenditure Statement

### Income

<table>
<thead>
<tr>
<th>Grants from National Governments</th>
<th>2013 (EUR)</th>
<th>2012 (EUR)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Denmark</td>
<td>1,214,489</td>
<td>807,090</td>
</tr>
<tr>
<td>The Netherlands</td>
<td>35,575</td>
<td>90,366</td>
</tr>
<tr>
<td>Sweden</td>
<td>689,382</td>
<td>725,812</td>
</tr>
<tr>
<td>Norway</td>
<td>186,548</td>
<td>205,983</td>
</tr>
<tr>
<td>Finland</td>
<td>400,000</td>
<td>-</td>
</tr>
<tr>
<td>Switzerland</td>
<td>17,029</td>
<td>14,274</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Grants from Multilateral Institutions</th>
<th>2013 (EUR)</th>
<th>2012 (EUR)</th>
</tr>
</thead>
<tbody>
<tr>
<td>European Commission</td>
<td>928,807</td>
<td>1,330,496</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Grants from Foundations</th>
<th>2013 (EUR)</th>
<th>2012 (EUR)</th>
</tr>
</thead>
<tbody>
<tr>
<td>OAK Foundation</td>
<td>645,268</td>
<td>1,031,298</td>
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<tr>
<td>Other Foundations</td>
<td>114,001</td>
<td>98,083</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Grants from Private Individuals</th>
<th>2013 (EUR)</th>
<th>2012 (EUR)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Other Income</td>
<td>102,759</td>
<td>48,694</td>
</tr>
</tbody>
</table>

| Total Income                   | 4,469,086 | 4,533,223 |

### Expenditure

<table>
<thead>
<tr>
<th>Programme Development and Implementation</th>
<th>2013 (EUR)</th>
<th>2012 (EUR)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Governance</td>
<td>(90,825)</td>
<td>(149,170)</td>
</tr>
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<td>Donor Relations</td>
<td>(208,135)</td>
<td>(236,998)</td>
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</table>

<table>
<thead>
<tr>
<th>Support Costs</th>
<th>2013 (EUR)</th>
<th>2012 (EUR)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Office Running</td>
<td>(631,639)</td>
<td>(409,329)</td>
</tr>
<tr>
<td>Administration Staff</td>
<td>(249,394)</td>
<td>(238,611)</td>
</tr>
</tbody>
</table>

| Total Expenditure                       | (4,386,772) | (4,457,907) |

### Net Contribution/(Deficit) for the Year

<table>
<thead>
<tr>
<th>2013 (EUR)</th>
<th>2012 (EUR)</th>
</tr>
</thead>
<tbody>
<tr>
<td>82,314</td>
<td>75,316</td>
</tr>
</tbody>
</table>
## Balance Sheet

### Assets

<table>
<thead>
<tr>
<th></th>
<th>2013 (EUR)</th>
<th>2012 (EUR)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Project Receivables</td>
<td>40,662</td>
<td>298,631</td>
</tr>
<tr>
<td>Other Receivables</td>
<td>412,134</td>
<td>266,883</td>
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<tr>
<td><strong>Receivables</strong></td>
<td><strong>452,796</strong></td>
<td><strong>565,514</strong></td>
</tr>
<tr>
<td>Liquid Assets</td>
<td>1,956,744</td>
<td>1,789,461</td>
</tr>
<tr>
<td><strong>Total Assets</strong></td>
<td><strong>2,409,540</strong></td>
<td><strong>2,354,975</strong></td>
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</tbody>
</table>

### Liabilities

<table>
<thead>
<tr>
<th></th>
<th>2013 (EUR)</th>
<th>2012 (EUR)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Net Capital Reserve (unrestricted) at 1 January</td>
<td>151,198</td>
<td>75,882</td>
</tr>
<tr>
<td>Net Contribution/(Deficit) for the year</td>
<td>82,314</td>
<td>75,316</td>
</tr>
<tr>
<td><strong>Net Capital Reserve at 31 December</strong></td>
<td><strong>233,512</strong></td>
<td><strong>151,198</strong></td>
</tr>
<tr>
<td>Prepaid Project Grants</td>
<td>1,705,595</td>
<td>1,821,665</td>
</tr>
<tr>
<td>Payables</td>
<td>470,433</td>
<td>382,112</td>
</tr>
<tr>
<td><strong>Payables</strong></td>
<td><strong>2,176,028</strong></td>
<td><strong>2,203,777</strong></td>
</tr>
<tr>
<td><strong>Total Liabilities</strong></td>
<td><strong>2,409,540</strong></td>
<td><strong>2,354,975</strong></td>
</tr>
</tbody>
</table>
EXECUTIVE COMMITTEE:

Ms Suzanne Jabbour
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MD; Director, PRIVA, Ecuador; Elected Council Member representing the Latin American Region

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PhD Psychiatrist; Medical Director, Psychotrauma Centrum Zuid Nederland, the Netherlands; Elected Council Member representing the European Region

Mr Pradeep Agrawal
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LLM; Advocacy Advisor, World Medical Association, Switzerland


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(see Executive Committee)

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(see Executive Committee)

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(see Executive Committee)

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(See Executive Committee)

Elected by the Sub Saharan Africa Region
Ms Uju Agomoh
(See Executive Committee)

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Mental Health Professional; Executive Director, Save Congo, DR Congo

Mr Samuel Nsubuga
Economist; Chief Executive Officer, ACTV, Uganda

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Ms Clarisise Delorme
(see Executive Committee)

Lutz Oette
Dr (law); Counsel, Redress, United Kingdom

Michael Brune
MD; Independent Consultant, Germany
IRCT
OUR MEMBERS

144 MEMBERS IN 74 COUNTRIES

Albania (1)
ARCT - Albanian Rehabilitation Centre for Trauma and Torture Victims

Argentina (1)
EATIP – Equipo Argentino de Trabajo e Investigación Psicosocial

Armenia (1)
FAVL - Foundation against Violation of Law

Australia (8)
ASeTTS - Association for Services to Torture and Trauma Survivors
Companion House Assisting Survivors of Torture and Trauma
VFST - The Victorian Foundation for Survivors of Torture Inc. - Foundation House
Melaleuca Refugee Centre, Torture and Trauma Survivor Service NT
Phoenix Centre - Support Service for Survivors of Torture and Trauma
QFSTT - Queensland Program of Assistance to Survivors of Torture and Trauma
STARTTS - Service for the Treatment and Rehabilitation of Torture and Trauma Survivors
STTARS - Survivors of Torture and Trauma Assistance and Rehabilitation Service Inc.

Austria (3)
HEMAYAT - Organisation for Support of Survivors of Torture and War
OMEGA Health Centre - Society for Victims of Organised Violence and Human Rights Violations
ZEBRA - Intercultural Centre for Counselling and Psychotherapy

Bangladesh (1)
CRTS - Centre for Rehabilitation of Torture Survivors

Bolivia (1)
ITEI – Instituto de Terapia e Investigación sobre las Secuelas de Tortura y la Violencia Estatal

Bosnia and Herzegovina (2)
CTV Sarajevo - Association for Rehabilitation of Torture Victims - Centre for Torture Victims, Sarajevo
Vive Žene Centre for Therapy and Rehabilitation

Brazil (1)
GTNM/RJ – Grupo Tortura Nunca Mais – Rio de Janeiro

Bulgaria (1)
ACET - Assistance Centre for Torture Survivors

Burundi (1)
SAP/GL - Solidarité d’Action pour la Paix/Grand Lacs

Cambodia (1)
TPO Cambodia - Transcultural Psychosocial Organization

Cameroon (1)
TCC - Trauma Centre Cameroon

Canada (4)
CCVT - Canadian Centre for Victims of Torture
ECSTT - Program for Survivors of Torture and Trauma at the Edmonton Mennonite Centre for Newcomers
VAST - Vancouver Association for Survivors of Torture
RIVO – Réseau d’intervention auprès des personnes ayant subi la violence organisée

Chad (1)
AIPNV - Association Jeunesse pour la paix et la Non Violence/ Centre de Rehabilitation des Victimes de la Torture

Chile (1)
CINTRAS – Centro de Salud Mental y Derechos Humanos

Colombia (2)
Corporación AVRE – Acompañamiento Psicosocial y Atención en Salud Mental a Víctimas de Violencia Política
CAPS – Centro de Atención Psicosocial

Congo, The Democratic Republic of (3)
Save Congo
SOPROP - Centre Psycho Médical pour la Réhabilitation des Victimes de la Torture
CMM - Centre Mater Misericordiae

Croatia (1)
RCT Zagreb - Rehabilitation Centre for Stress and Trauma

Denmark (3)
OASIS - Treatment and Counselling for Refugees
DIGNITY - The Danish Institute Against Torture
RCT-Jylland - Rehabilitation Centre for Torture Victims - Jutland

Ecuador (1)
PRIVA – Fundación para la Rehabilitación Integral de Víctimas de Violencia

Egypt (1)
El Nadeem Center for Psychological Management and Rehabilitation of Victims of Violence
<table>
<thead>
<tr>
<th>Country</th>
<th>Organization</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ethiopia (1)</td>
<td>RCVTE - Rehabilitation Centre for Victims of Torture in Ethiopia</td>
</tr>
<tr>
<td>Finland (1)</td>
<td>CTSF - Centre for Torture Survivors in Finland at Helsinki Deaconess Institute</td>
</tr>
<tr>
<td>France (1)</td>
<td>Parcours d’Exil – Accompagnement Thérapeutique des Victimes de Torture</td>
</tr>
<tr>
<td>Georgia (2)</td>
<td>EMPATHY, Psycho-Rehabilitation Centre for Victims of Torture, Violence and Pronounced Stress Impact</td>
</tr>
<tr>
<td>Georgia (2)</td>
<td>GCRT - Georgian Center for Psychosocial and Medical Rehabilitation of Torture Victims</td>
</tr>
<tr>
<td>Germany (3)</td>
<td>Exilho Hilfe für Migranten, Flüchtlinge und Folterüberlebende e.V.</td>
</tr>
<tr>
<td>Germany (3)</td>
<td>bzfo - Berlin Center for the Treatment of Torture Victims</td>
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<tr>
<td>Germany (3)</td>
<td>MFH - Medical Care Service for Refugees Bochum</td>
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<tr>
<td>Guatemala (1)</td>
<td>ODHAG – Oficina de Derechos Humanos del Arzobispado de Guatemala</td>
</tr>
<tr>
<td>Honduras (1)</td>
<td>CPTRT - Prevention, Treatment and Rehabilitation Center for Survivors of Torture and Relatives</td>
</tr>
<tr>
<td>Hungary (1)</td>
<td>Cordelia Foundation for the Rehabilitation of Torture Victims</td>
</tr>
<tr>
<td>India (5)</td>
<td>CORE - Centre for Organisation Research &amp; Education - Human to Humane Transcultural Centre for Trauma &amp; Torture (H2H)</td>
</tr>
<tr>
<td>India (5)</td>
<td>TTSP - Tibetan Torture Survivors Program</td>
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<tr>
<td>Indonesia (2)</td>
<td>ALDP - Alliance of Democracy for Papua</td>
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<tr>
<td>Indonesia (2)</td>
<td>RATA - Rehabilitation Action for Torture Victims in Aceh</td>
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<tr>
<td>Iran, Islamic Republic of (1)</td>
<td>ODVV - Organization for Defending Victims of Violence</td>
</tr>
<tr>
<td>Iraq (2)</td>
<td>BFRCT - Bahjat Al-Fuad Rehabilitation of Medical &amp; Psychological Centre for Torture Victims</td>
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<tr>
<td>Iraq (2)</td>
<td>Jiyian Foundation for Human Rights (formerly Kirkuk Center for Rehabilitation of Torture Victims)</td>
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<tr>
<td>Ireland (1)</td>
<td>SPIRASI - The Centre for the Care of Survivors of Torture</td>
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<tr>
<td>Italy (3)</td>
<td>VI.TO/CIR - Hospitality and Care for Victims of Torture, Italian Council for Refugees</td>
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<tr>
<td>Italy (3)</td>
<td>NAGA-HAR - Centre for Asylum Seekers, Refugees, Torture Victims</td>
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<tr>
<td>Italy (3)</td>
<td>Doctors Against Torture Humanitarian Organization</td>
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<tr>
<td>Jordan (1)</td>
<td>IFH/NHF - Institute for Family Health/ Noor Al Hussein Foundation</td>
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<tr>
<td>Kenya (2)</td>
<td>IMLU - Independent Medico-Legal Unit</td>
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<tr>
<td>Kenya (2)</td>
<td>MATESO - Mwatikho Torture Survivors Organization</td>
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<tr>
<td>Kosovo (1)</td>
<td>KRCT - Kosovo Rehabilitation Centre for Torture Victims</td>
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<tr>
<td>Kyrgyzstan (1)</td>
<td>GOLOS SVOBODY Public Foundation</td>
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<tr>
<td>Lebanon (3)</td>
<td>KRC - Khiam Rehabilitation Center for Victims of Torture</td>
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<tr>
<td>Lebanon (3)</td>
<td>CLDH - Centre Nassim at the Lebanese Center for Human Rights</td>
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<tr>
<td>Lebanon (3)</td>
<td>Restart Center for Rehabilitation of Victims of Violence and Torture</td>
</tr>
<tr>
<td>Liberia (2)</td>
<td>RAL - Rescue Alternatives Liberia</td>
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<tr>
<td>Liberia (2)</td>
<td>LAPS - Liberia Association of Psychosocial services</td>
</tr>
<tr>
<td>Mexico (1)</td>
<td>CECT - Colectivo Contra la Tortura y la Impunidad</td>
</tr>
<tr>
<td>Moldova (1)</td>
<td>RCVT Memoria - Medical Rehabilitation Center for Torture Victims</td>
</tr>
<tr>
<td>Morocco (1)</td>
<td>AMRVT – Association Medica de Rehabilitation des Victimes de la Torture</td>
</tr>
<tr>
<td>Namibia (1)</td>
<td>PEACE - People’s Education Assistance and Counselling for Empowerment</td>
</tr>
<tr>
<td>Nepal (2)</td>
<td>CVICT - Centre for Victims of Torture</td>
</tr>
<tr>
<td>Netherlands (4)</td>
<td>TPO Nepal - Transcultural Psychosocial Organization</td>
</tr>
<tr>
<td>Netherlands (4)</td>
<td>De Evenaar - Centrum voor Transculturele Psychiatrie Noord Nederland</td>
</tr>
<tr>
<td>New Zealand (2)</td>
<td>RvA NL - Psychotrauma Centrum Zuid Nederland</td>
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<tr>
<td>New Zealand (2)</td>
<td>Refugee Trauma Recovery</td>
</tr>
<tr>
<td>Nigeria (1)</td>
<td>PRAWA - Prisoners Rehabilitation And Welfare Action</td>
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<tr>
<td>Pakistan (1)</td>
<td>SACH - Struggle for Change</td>
</tr>
<tr>
<td>Palestinian Territory, Occupied (3)</td>
<td>GCMHP - Gaza Community Mental Health Programme</td>
</tr>
<tr>
<td>Palestinian Territory, Occupied (3)</td>
<td>Jesoor - Transcultural Right to Health</td>
</tr>
<tr>
<td>Palestinian Territory, Occupied (3)</td>
<td>TRC - Treatment and Rehabilitation Center for Victims of Torture</td>
</tr>
<tr>
<td>Paraguay (1)</td>
<td>ATYHA - Salud Mental y Derechos Humanos</td>
</tr>
<tr>
<td>Peru (1)</td>
<td>CAPS - Centro de Atención Psicosocial</td>
</tr>
</tbody>
</table>
Philippines (2)
MAG - Medical Action Group
Balay Rehabilitation Center, Inc.

Poland (1)
CVPP - The Centre for Victims of Political Persecution

Romania (2)
MRCT Craiova - ICAR Foundation, Medical Rehabilitation Center for Torture Victims
MRCTV Bucharest - ICAR Foundation, Medical Rehabilitation Center for Torture Victims Bucharest

Russian Federation (1)
INGO CAT - Interregional Non-governmental Organization Committee Against Torture

Rwanda (1)
UYISENGA N’MANZI

Senegal (1)
VIVRE/CAPREC - Victimes de Violences Réhabilitées, le Centre de Soins du CAPREC

Serbia (1)
IAN CRTV - International Aid Network Center for Rehabilitation of Torture Victims

Sierra Leone (1)
CAPS - Community Association for Psychosocial Services

South Africa (2)
CSVR - Centre for the Study of Violence and Reconciliation/Trauma and Transition Programme
TCSVT - The Trauma Centre for Survivors of Violence and Torture

Sri Lanka (2)
FRC - Family Rehabilitation Centre
SA - Survivors Associated (Guarantee) Ltd

Sweden (4)
Red Cross Skövde - Swedish Red Cross Centre for Victims of Torture
Red Cross Uppsala - Swedish Red Cross Centre for Victims of Torture
Red Cross Malmö - Swedish Red Cross Centre for Victims of Torture and War
Red Cross Stockholm - The Swedish Red Cross Centre for Tortured Refugees

Switzerland (2)
SRC - Centre for Migration and Health/ Clinic for Victims of Torture and War
Consultation pour Victimes de Torture et de Guerre at the Hôpitaux Universitaires de Genève

Turkey (7)
SOHRAM-CASRA - Centre of Social Action, Rehabilitation and Readjustment
THV/HRFT Adana - Human Rights Foundation of Turkey - Adana Treatment and Rehabilitation Center
THV/HRFT Ankara - Human Rights Foundation of Turkey - Ankara Treatment and Rehabilitation Center
THV/HRFT Diyarbakir - Human Rights Foundation of Turkey - Diyarbakir Treatment and Rehabilitation Center
THV/HRFT Istanbul - Human Rights Foundation of Turkey - Istanbul Treatment and Rehabilitation Center
THV/HRFT Izmir - Human Rights Foundation of Turkey - Izmir Treatment and Rehabilitation Center
TOHAV - Foundation for Social and Legal Studies

Uganda (1)
ACTV - African Centre for Treatment and Rehabilitation of Torture Victims

United Kingdom (2)
RTC - Refugee Therapy Centre
Freedom from Torture

United States (16)
PSTT/CMHS - Program for Survivors of Torture and Severe Trauma at the Center for Multicultural Human Services (a program of NVFS)
APRCVT - ACCESS - Psychosocial Rehabilitation Center for Victims of Torture
ASTT - Advocates for Survivors of Torture and Trauma
CST - Center for Survivors of Torture, Dallas
CVT - Center for Victims of Torture
FCST - Florida Center for Survivors of Torture - A Program of Gulf Coast Jewish Family Services, Inc.
International Survivors Center at the International Institute of Boston
Survivors of Torture, International
TTCO - Torture Treatment Center of Oregon
PTV - Program for Torture Victims of Los Angeles
Centre for Survivors of Torture and War Trauma
Survivors International
Bellevue - NYU Program for Survivors of Torture
CST - Center for Survivors of Torture, San Jose
Heartland Alliance - Marjorie Kovler Center
Community Legal Services and Counseling Center

Venezuela (1)
Red de Apoyo por la Justicia y la Paz

Zimbabwe (1)
CSU - Counselling Services Unit

For detailed information about the IRCT members please visit www.irct.org
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Joost Martens (until Jul 2013)
Secretary-General
Victor Madrigal-Borloz (from Oct 2013)
Secretary-General
Gitte Sørensen
Executive Assistant and Human Resources Officer

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Head of Legal and Advocacy Team
Hanne Pilegaard (from May 2013)
— maternity replacement for Miriam Reventlow
Head of Legal and Advocacy Team
Rachel Towers
Legal Officer
James Lin (from Sep 2013)
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Head of IRCT Geneva Office

Brussels Liaison Office:
Elena Zacharenko
Advocacy Officer

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Hélène de Rengervé
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Daniel Lewis
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Fábio Pereira
Acting Head of Communications Team
Tessa Moll
Communications Officer
Ashley Scrace (from Aug 2013)
Communications Officer
Lorena Torres (from Jul 2013)
Student Assistant

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Regional Coordinator for Europe
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Regional Coordinator for Latin America
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Lars Dassing Rosenmeier (until Sep 2013)
Programme Assistant
Michelle Frederiksen (from Apr 2013)
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Wissame Fahlaoui (until Jul 2013)
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Project Coordinator
Line Baage-Rasmussen (until Sep 2013)
Project Coordinator
Exequiel Martinez Taylor (from Feb 2013)
Student Assistant

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Clinical Director
Dr Ernest Dennerville (from Jun 2013)
Health Programme Officer

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Head of Finance and Administration Team
Eva Barford
Chief Accountant
Inge Frandsen
Finance and Administration Officer
Morten Arendrup (until Jul 2013)
Human Resources Consultant
Peter Klein
Controller
We need your support to fight torture and to help torture survivors rebuild their lives. By donating even a small sum, you can assist us to put an end to torture and to ensure that torture survivors and their families receive much-needed treatment and other services. Donations can be made in the following currencies: Danish Kroner (DKK), Euros (EUR) and U.S. Dollars (USD).

**By credit card**

Please visit [www.irct.org](http://www.irct.org) to make a donation using a credit card. All transactions are guaranteed safe and secure using the latest encryption to protect your personal information.

**By cheque**

Cheques made payable to the International Rehabilitation Council for Torture Victims (IRCT) should be sent to:
International Rehabilitation Council for Torture Victims
Copenhagen Europe Center
Vesterbrogade 149, building 4, 3rd floor
1620 Copenhagen V
Denmark

**By bank transfer**

Danske Bank
Holmens Kanal Branch
Holmens Kanal 2
1090 Copenhagen K
Denmark
SWIFT code: DABADKKK

**Danish Kroner (DKK) account**

Registration No. 4183
Account No. 4310-821152
IBAN DK90 3000 4310 8211 52

**Euros (EUR) account**

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

**U.S. Dollars (USD) account**

Registration No. 4183
Account No. 4310-005029
IBAN DK18 3000 4310 0050 29
The International Rehabilitation Council for Torture Victims (IRCT) is an independent, international health-based human rights organisation, which promotes and supports the rehabilitation of torture victims, promotes access to justice and works for the prevention of torture worldwide. The vision of the IRCT is a world without torture.

For more information please visit www.irct.org