I∙R∙C∙T | ah-yah-see-tee | noun
International Rehabilitation Council for Torture Victims 1. A health-based human rights organisation that supports the rehabilitation of torture victims and the prevention of torture worldwide. 2. The largest membership-based organisation working in the field of torture rehabilitation. 3. Comprised of more than 140 independent organisations in over 70 countries. See also: access to rehabilitation, access to justice, prevention of torture worldwide.
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The year 2012 was one of transition for the IRCT. We welcomed in a new Council and Executive Committee in November and thanked the outgoing bodies for their hard work over the previous three years. This followed-on from bidding farewell to outgoing Secretary-General Ms Brita Sydhoff and greeting the new Secretary-General in August.

At the end of 2012, our membership stands at 144 rehabilitation centres. These are organisations that share a common mission — to provide for the holistic treatment of torture survivors and their families. Together, the IRCT Secretariat and members all over the world work to ensure appropriate, holistic rehabilitative care, access to justice for victims and to prevent torture from happening in the first place. The power of a global movement can enable access to international human rights mechanisms for our centres; it can provide expertise on forensic medico-legal documentation in torture cases; and it can illuminate and share best practices in the holistic rehabilitation of torture victims — our core purpose as a movement.

The IRCT network continues to be adversely affected by the global financial crisis. Some of our members – centres with great dedication to their work — have faced increasingly dire financial hardship as a result of reduced funding opportunities. These financial challenges have been felt at the Secretariat as well.

One way of mitigating the impact of the crisis has been to seek more long-term funding opportunities — opportunities which have only recently been made available to us through our 2011 designation by the OECD as a development organisation. As a result of this new status, we have been able to secure multi-year funding agreements with three governments — a first for the IRCT. In helping to mitigate the effects of the financial crisis among our members, we have continued our programme of centre grants, which 61 of our members receive, to support the core work of our centres: service delivery of rehabilitation to torture victims.

But 2012 was not only a year of change for the IRCT. Beyond our network, the UN Committee against Torture took the bold step towards clarifying the right to rehabilitation for torture victims. States are responsible for ensuring the provision of redress and rehabilitation for the victims. Torture victims have the right to the selection of such services, whether through civil society or government healthcare systems, but it is the financial obligation of the state to support rehabilitation. The Comment, which benefited from input from the IRCT and its members, validated many of the key aspects of the IRCT mission — that within their right to redress, torture victims have a right to holistic, appropriate rehabilitation services.

Within this new and changed environment, we now move forward with renewed purpose to ensure global access for torture victims to holistic rehabilitation services. While 2012 has been marked by challenges, we also witnessed growth and opportunity — growth of our global movement, developing the capacity of our membership, improving the policy environment for our work and sharing our increasing body of knowledge on this issue.

In the Great Lakes region of Africa, one can see the power of a global movement — through collaboration and partnerships, our centres have referred hundreds of victims of torture to primary healthcare facilities in Burundi, Rwanda and the Kivu provinces of the Democratic Republic of the Congo. Peers from our partner centres support one another through training sessions and workshops, collectively improving their capacity to treat victims in the region.

And each year, the 26 June provides an opportunity to showcase the global movement in action. From disparate local events, the UN International Day in Support of Victims of Torture has grown into a worldwide campaign, lifting the voices of human rights defenders and victims of torture to a global audience.

These are just a few examples of the power of a global movement — a movement that has proved that, amid changing fortunes and conditions, challenges and opportunities in 2012, together we can provide hope to the victims of torture worldwide.
IRCT MEMBERSHIP AT A GLANCE

Countries with an IRCT presence
The IRCT consists of 144 members located in 74 countries. 75 members are located in countries of asylum, and 17 members are located in the least developed countries.

IRCT members per region:
- Europe: 18 members, 9 countries
- Middle East and North Africa: 12 members, 15 countries
- Sub-Saharan Africa: 20 members, 8 countries
- Asia: 18 members, 12 countries
- Latin America: 13 members, 9 countries
- North America: 2 members, 2 countries
- Pacific: 10 members, 10 countries

Most of the IRCT members are located in Europe (50), followed by North America (21), Sub-Saharan Africa (20), Asia (18), Latin America (13), Middle East and North Africa (12) and Pacific (10).
YEAR IN BRIEF
OUR PROGRESS ON REHABILITATION, JUSTICE AND PREVENTION

REHABILITATION

- Provided direct support to rehabilitation centres, contributing to the treatment and support of 33,418 torture victims worldwide. See page 19
- Supported 18 exchanges in which rehabilitation centre staff developed their knowledge and skills in holistic rehabilitation methods, forensic documentation of torture and other key areas. See page 7
- Brought together forensic experts and stakeholders in a pioneering international conference on the use of medico-legal documentation in torture cases. See page 14
- Supported the election of four experts associated with IRCT to the UN Subcommittee on Prevention of Torture. See page 13
- Collaborated in an on-going training project for 17 health professionals in Israel on producing medico-legal reports. See page 17
- Supported rehabilitation centres’ engagement with key UN human rights mechanisms, including the UPR and CAT, to help facilitate strong recommendations for national change. See page 11

JUSTICE

PREVENTION
STRENGTHENING CAPACITY
ENABLING A STRONGER GLOBAL MOVEMENT

Strengthening capacity

“We are a chain. And we are only as strong as our weakest link.” This is according to IRCT Council Member Fidelis Mudimu of Counselling Services Unit in Zimbabwe who was speaking about safety and security strategies for human rights defenders at the IRCT Sub-Saharan Africa Regional Seminar in Cameroon in December 2012. With 144 members in more than 70 countries, there are undoubtedly differences in capacities across the IRCT membership. However, through the global movement, we have the power to bolster each other through knowledge and experience sharing, resulting in the delivery of the highest quality of holistic rehabilitation services to victims of torture.

Cutting across regions: South-South and South-North peer support

The Non-State Actors (NSA) project facilitates peer support both within regions and across the globe. In 2012 this project directly supported the capacity development of more than 300 staff at 11 partner centres in Asia, sub-Saharan Africa, Latin America and the Middle East. Over the course of the year, staff from 12 member centres, in addition to staff from a further three non-members, participated in exchanges where they were able to learn new skills and develop existing ones through interactive participation and training. Exchanges are proven instruments that allow the partners...
We have learned a lot: Using exchanges to develop capacity

Two staff members — Dalal Khawaja, the Head of the Administrative Department, and Eliane Azar, a physiotherapist — from Restart Centre for Rehabilitation of Victims of Violence and Torture in Beirut, Lebanon travelled to bzfö in Berlin, Germany for a week-long exchange programme focused on organisational management and physiotherapy. Over six days, both staff members met with different specialists from bzfö in their respective fields, including fundraising, international project management, online counselling and music therapy.

The results of the exchange were extremely satisfactory, with new techniques planned for Restart Centre and more doors open for future collaboration. They specifically noted the German centre’s use of online therapy, a research department and body awareness therapies as strategies that could be easily adapted for use in Lebanon.

“The exchange programmes between the centres from different countries are very important because they promote multidisciplinary approaches, which are very beneficial for the victims we are treating,” concluded Ms Khawaja in her final report.

to select the best counterpart according to their particular needs. In 2012, the 18 staff exchanges developed skills in areas such as organisational development (including fundraising, administration and financial management), holistic rehabilitation (including medical and psychological treatment techniques and livelihoods and economic activities), forensic documentation of torture, monitoring and evaluation of care, community health and outreach, and care-for-caregivers (including stress management and security strategies for human rights defenders).

For example, partners in the Philippines at the Medical Action Group visited Centro de Atención Psicosocial (CAPS) in Peru to learn about their holistic approaches to rehabilitation. Staff from Equipo Argentino de Trabajo e Investigación Psicosocial (EATIP) in Argentina visited Treatment and Rehabilitation Center for Victims of Torture (TRC) in the Occupied Palestinian Territories to share experience on rehabilitation and psychosocial work.

Within the same project, the IRCT also coordinated four knowledge-sharing fora with members Colectivo Contra la Tortura y la Impunidad (CCTI-Mexico) in Latin America, Transcultural Psychosocial Organisation (TPO-Cambodia) and SACH Struggle for Change (Pakistan) in Asia, Treatment and Rehabilitation Center for Victims of Torture (TRC-Occupied Palestinian Territories) in the Middle East/North Africa and Trauma Center Cameroon (TCC) in sub-Saharan Africa.

The participants themselves led the meetings to share relevant experiences and tackle context-specific challenges.

Themes ranged from best practices in data collection on torture victims for the purposes of advocacy, to addressing the prevention of torture from a rehabilitation perspective. Among the major themes across the seminars was the development of strategies for the safety for human rights defenders — in particular the staff of IRCT members centres. Documenting cases of torture, bringing such cases to justice systems and rehabilitating victims of torture places direct liability on States for these crimes. Thus, those within our network often face grave risks as a result of their work.

At the Latin America meeting, participants discussed concrete strategies for avoiding risks, such as developing daily communications patterns. In sub-Saharan Africa, where an IRCT Council Member had recently been arrested and detained, the seminar participants gathered ideas and plans within working groups for assessing security risks. A participant in Cameroon later remarked that after these meetings: “You feel stronger.”

Addressing the needs of rehabilitation centre staff

In addition to focusing on the safety of human rights defenders, capacity development programmes in 2012 also provided much-needed assistance in managing the physical, mental and social well-being of centre staff.

While being addressed within all levels of capacity development work within the IRCT, such “care for caregivers” work is the central area of focus for the Peer Support project, an EU-funded initiative focusing on stress management techniques and the organisational development of centres within Europe.

There are many factors that contribute to the particularly stressful work environment within trauma rehabilitation. Addressing the multiple needs of traumatised people, thus putting centre staff at risk for secondary traumatisation, the history of centres working outside of traditional healthcare structures, the growing need for services and the ever-present funding concerns all place great pressure on those who help victims of torture.

“Already the tools and mechanisms that we are acquiring through the project are helping us to become more effective in our work,” wrote Greg Straton, director of Irish centre SPIRASI, in a blog post on the project.
Solidarité d’Action pour la Paix - Grands Lacs (SAP-GL) is based in Bujumbura, the capital of Burundi, but it reaches out to some of the most rural, isolated communities in the country.

The fight against torture in Burundi faces a range of severe challenges, none the least of which is extreme poverty. Burundi has the fourth lowest per capita GDP in the world, and many of the areas in which SAP-GL works have no running water or electricity.

SAP-GL also struggles with its own financial hardship — it lacks a regular internet connection, funding for travel to the remote regions of the country and limited financial resources to support legal assistance to victims. However, much of their critical work results in economic viability for torture survivors as they have been early adopters of innovative therapies involving livelihood activities. Victims of torture and other forms of violence engage in various economic activities, such as cultivating pineapples and trees. This has been particularly effective with established women’s groups, reports SAP-GL director Mathieu Shalif.

“There is a great potential in the fight against and prevention of torture in Burundi, but the lack of financial means is a major limitation,” he says.

Like their neighbours, Democratic Republic of the Congo (DRC) and Rwanda, Burundi shares a similar history of long-term armed conflict, marked by violence and torture.

As Burundi is a largely rural country, SAP-GL ensure access to their services through community-based interventions and building relationships with local communities, administration officials, other organisations and churches. After training a community-based assistant, this local contact initiates social therapy sessions and support groups. More in-depth interventions can require treatment in the central Bujumbura office.

SAP-GL’s clients include many of those traumatised and tortured during the armed conflict which officially ended in 2005 in addition to those coming from more recent and existing conflict in Eastern DRC. Many women and girl victims of sexual violence and torture are seen by SAP-GL.

Yet despite the official end to the armed conflict, torture in Burundi continues with many accusations against the National Intelligence Service, according to a joint alternative report submitted to the UN Committee against Torture. People deprived of liberty — such as through pre-trial detention — are particularly vulnerable and at-risk of torture.

According to Shalif, much of the torture results from simple ignorance of the fundamental principles of human rights on the part of the military and police authorities, who view torture as a simple practice of investigation and law enforcement. SAP-GL has led awareness-raising workshops in different regions of the country, bringing together community groups and churches as well as state officials, including military officers, police and government authorities. This continuing education of perpetrators of torture is necessary in helping to bring an end to torture in Burundi.
Sharing experiences in post-conflict areas

Within Rwanda, Burundi and the war-torn Kivu provinces of Democratic Republic of the Congo (DRC), the IRCT coordinates the development of capacity among local rehabilitation centres through regional peer support and cooperation between civil society and state authorities. This region shares particular needs resulting from its post-conflict status. A great number of torture victims struggle to find help from a deeply affected healthcare infrastructure. The intervention from the IRCT aims to assist more than 10,000 victims of torture and an estimated 400,000 secondary victims in traumatised communities through centres with skills in areas such as social counselling, community outreach, community-based approaches to medical rehabilitation and treatment of women and girl victims of sexual torture.

These activities focus on three core areas of work – rehabilitation services, organisational development (such as human resources and data management) and advocacy and communications. As just one example of the project’s activities, partners have held workshops with communities, addressing both police and state authorities and local elders, on torture, rehabilitation services and other human rights issues, such as impunity, rule of law and sexual violence. This serves to raise awareness within rural areas, both of the obligations of state authorities to investigate and mete out these crimes and of the rehabilitation services that victims can access.

The Clinical Director of the IRCT participated as a trainer in a session in Bukavu, Eastern DRC in January 2012 to develop a common reporting form to thus compile, relay and analyse information from each of the centres. The result is that the partners in the project can better monitor rehabilitation services to their three target groups – women and girl victims of sexual violence and torture, children and detainees.

In another example, ARAMA, a project partner in Rwanda, organised a workshop on torture and rehabilitation, with a particular focus on the women and girls who are victims of sexual violence and torture. The more than 40 participants of the workshop included representatives from the regional government offices on health and social affairs, the police, the army, the judiciary and the regional hospital. Because of the broad spectrum of attendees from across government agencies, this workshop was particularly effective in raising the state authorities’ awareness of gender-based violence, including the torture of women and girls.

This range of activities in the project is in addition to the hundreds of victims referred to local hospitals for medical treatment. Additionally, in 2012 the IRCT conducted on-the-ground research on the referral systems within the region to better understand the gaps and where the project could improve.
In order to ensure torture victims have access to justice and rehabilitation, that perpetrators are brought to justice and that we can work toward a world without torture through clear prevention strategies, the IRCT advocates for a more enabling policy framework for our work and the work of our members.

In 2012, we achieved many major successes, most notably with the UN Committee against Torture and the European Union, in developing improved policy frameworks. In addition, with our liaison offices in both Geneva and Brussels, we were able to provide direct support to our global membership to lobby these international mechanisms for policy recommendations and action within their national contexts.

**Promoting the Right to Rehabilitation**

International law grants torture victims a right to rehabilitation. This is included as a means of redress and reparation guaranteed by Article 14 of the UN Convention against Torture. Yet, the extent of State obligations had yet to be clarified.

In November 2012, the Committee against Torture released General Comment 3 on Article 14, clarifying the scope of the obligations of the State with regard to redress and rehabilitation.

We gave concerted and strategic input to this process, both through written and oral submissions, and in collaboration with our member centres and other international NGOs working in the field. The IRCT was extremely pleased to see that our input, focusing on a victim-centred approach, early access to rehabilitation and the criteria for holistic rehabilitation, had a significant impact on the final document.

The General Comment clarifies a number of points, but most significantly it makes clear that States have an obligation to support rehabilitation services – whether through government healthcare systems or nongovernmental organisations – and that this obligation remains regardless of available resources. Victim participation in the selection of provider is essential.

Additionally, the General Comment also describes what rehabilitation services should encompass, namely a holistic approach that includes medical, psychological, legal and social interventions. Such services, focusing on the specific needs of the victim, should be appropriate, accessible and available as soon as possible.

The IRCT heralds this advance – a strong and detailed contribution from the Committee – on further clarifying the right to rehabilitation for all victims of torture, and in the future, making this right a reality.

**Influencing anti-torture policies at the UN**

As the absolute prohibition of torture is a cornerstone of international human rights law, the IRCT has a significant focus on influencing the development and implementation of policy at the UN level.

The IRCT has supported many of our members to effectively influence the work of UN human rights mechanisms – especially regarding the state review processes such as the Universal Periodic Review (UPR), the Committee against Torture (CAT) and the Subcommittee on Prevention of Torture (SPT) – by ensuring that members’ priority issues are adequately reflected in the discussion and recommendations made to the State.

Such collaboration has brought significant positive change on the ground – both for spurring national change and for the centres involved. Centres have reported that engagement with UN mechanisms has fostered closer working relationships with governments back home, fostered national debate on torture and the rehabilitative needs of victims and provided necessary and focused recommendations for centres and other NGO partners to advocate with on a national basis.

During the second cycle of the Philippines Universal Periodic Review (UPR), the IRCT collaborated with its members there – Medical Action Group (MAG) and Balay Rehabilitation Centre – to ensure high quality and targeted recommendations, focusing on state obligations to investigate torture and establish a domestic torture rehabilitation programme.

Documentation of torture provided through the IRCT’s most recent forensic evidence project bolstered advocacy efforts, where the IRCT coordinated meetings between
Following a long truth and reconciliation process, the Peruvian state began to offer victims from internal conflict access to health services through a nationwide registry. However, these services are often inaccessible and inappropriate for victims of torture and trauma. They lack a holistic, specialised focus and access to mental health care is almost non-existent. The Centro de Atención Psicosocial (CAPS) services are filling in a gap that the state was supposed to cover.

CAPS provides psychosocial services and counselling to victims of political violence, ranging from those survivors of the internal conflict within Peru from the 1980s to the more recent crimes of torture perpetrated by police. They provide these services free of charge.

Within this context, the United Nations human rights mechanisms in Geneva can seem far removed from the day-to-day struggles facing survivors of torture. Yet, as CAPS discovered last year, the pressure from the UN treaty bodies can be just the key to bringing about positive change at the national level.

CAPS has worked closely with the IRCT on reporting to UN human rights mechanisms including the Committee against Torture’s (CAT) review of Peru. For many years, CAPS has joined other national organisations in reporting to the CAT review; but until this year they had yet to provide their focused perspective on torture victims’ access to specialised rehabilitation services.

After filing the report to CAT, the IRCT was able to support a staff member from CAPS to travel to Geneva and present their work on victims’ rights to holistic, specialised rehabilitation services. This experience also provided the centre a better understanding of how the UN human rights system works, thus helpful for future use and follow-up.

And the results show the effectiveness of this approach. For the first time, the Committee provided an in-depth assessment of a State’s reparations programme and concluded with detailed and focused recommendations on improving the current programme of reparations and rehabilitation.

As a result of the external pressure and recommendations, Clinical Psychologist Carlos Jibaja, director of CAPS, says the authorities in Peru are finally listening. They have since been engaged in an on-going dialogue with government officials on how to improve the situation for victims of torture to access specialised services and what concrete steps needed to be taken.

The difference in counting and relying on the recommendations of the CAT when dialoguing with state authorities on the issue of rehabilitation of victims is that they know we know that what we want to implement as public policy is a State obligation.

The authorities have seen us in Geneva, and they have seen the advocacy activities that we performed during the session of the Committee against Torture. The weight of our actions in advocacy is higher with this support.

Carlos Jibaja, Director of CAPS
representatives from MAG and Balay and representatives from 15 to 20 States. As a result, more than 15 states focused on torture as an element in improving overall human rights in the Philippines, including making recommendations to fully implement the Anti-Torture Act of 2009, fully investigate and prosecute cases of alleged torture (with a focus on issues of command responsibility), access to appropriate medical examination of torture victims and to provide full support and resources to rehabilitation services to victims. These fruitful collaborations and experiences have also resulted in the production of an on-going series of practical advocacy guides for our centres and other civil society partners working on torture. In 2012, the IRCT published two guidebooks – focusing on interaction with the SPT and influencing the UPR process – with information gathered through our collaboration with centres. These guidebooks, translated to French and Spanish, have been distributed globally.

Furthermore, four experts associated with the IRCT, and thus bringing forth intimate knowledge and experience of the needs of torture victims, were elected to the Subcommittee on Prevention of Torture (SPT) in October. The SPT, established by the Optional Protocol to the UNCAT, conducts inspections of places where people are deprived of liberty, such as detention centres and prisons, to ensure humane conditions and prevent torture. The IRCT supported the candidacies of: Suzanne Jabbour, a clinical psychologist and director of Restart Centre in Lebanon and subsequently elected IRCT president in November; June Lopez, founder of Medical Action Group in the Philippines and expert on psychosocial management; Christian Pross, co-founder of the Berlin Center for the Treatment of Torture Victims in Germany, a medical doctor and SPT member since 2011; and Victor Madrigal-Borloz, a legal expert at the Inter-American Commission on Human Rights, who has for the last 10 years supported and chaired IRCT’s international governance meetings.

Advocacy towards the European Union

Brussels liaison work has a number of major functions for the IRCT, impacting well beyond the boundaries of the European Union. These include coordination among our 50 European member centres, assisting in lobbying activities with centres both inside and outside of the EU and addressing the needs of asylum seekers, such as early identification of torture victims.

Through these functions, the IRCT has made great strides in bringing the rehabilitation of torture victims to the forefront of EU human rights policies. The IRCT has long advocated for the revision of the 2008 European Union guidelines on torture. These guidelines provide direction for EU delegations and embassies on how to address reports of torture through diplomatic and political means. The IRCT sought to ensure a greater inclusion of the issues of medico-legal documentation of torture, application of the Istanbul Protocol, training on the early identification of victims and enhancing victims’ access to rehabilitation.

The final version of the revised guidelines, published in March 2012, took on many of these suggestions, highlighting the role of training health professionals in the early identification of torture victims and independent medico-legal reporting and reaffirming the role and value of the United Nations Voluntary Fund for Victims of Torture, via which some 70,000 victims are reached on a yearly basis. The IRCT also advocated for the greater inclusion of torture prevention, fighting against impunity and supporting the rehabilitation of torture victims within the EU’s new work programme for human rights promotion through its foreign policy. Adopted in June 2012, the EU’s Strategic Framework and Action Plan on human rights both take many of these objectives into account. The Action Plan outlines concrete steps to be taken by the EU in the next two years, some of which relate to torture prevention (through promoting the ratification of CAT and OPCAT), fighting impunity and the rehabilitation of victims (through support for the UNVFVT).

In December 2012, representatives for five IRCT member centres from Nigeria, the Philippines, Russia, Uganda and Zimbabwe as well as staff from the IRCT Secretariat participated in the 14th annual EU-NGO forum on human rights in Brussels. The forum, co-organised by the Human Rights and Democracy Network, of which the IRCT is a coordinating member, brought together over 200 representatives of civil society from across the world as well as Brussels-based NGOs and policy-makers, providing for a networking and knowledge-exchange opportunity.

Within the scope of the forum, they also actively participated in sessions focusing on freedom of religion or belief, gender, reprisals against civil society and on interactions with regional mechanisms. IRCT members have been able to deepen their knowledge and understanding of the EU institutional system and how best to target it as well as have been updated on the latest EU policy developments in the area of human rights. They have had the opportunity to make valuable networking connections with both policy-makers and other NGO operatives from the ground, as well as those based in Brussels.

The IRCT guidebooks on interaction with the SPT and influencing the UPR process are available at www.irct.org/library

[Image of guidebooks]
SHARING KNOWLEDGE
SHARING OUR KNOWLEDGE WITH A GLOBAL AUDIENCE

In order to provide the best possible holistic rehabilitation services for torture victims, the collective wealth of knowledge from the IRCT’s 144-member network must be shared not only with health professionals, but policymakers, human rights defenders, legal professionals and other key international stakeholders. Gathering and sharing knowledge, both within the network and from beyond and out to the general public, is a major focal point of our work.

Documenting torture using the Istanbul Protocol

One of the central activities for the IRCT has been the long-term advocacy on the use of the Istanbul Protocol, the common name for the Manual on the Effective Investigation and Documentation of Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment, to produce high-quality medico-legal evidence in cases of torture allegations. Within the context of this continuous work, the FEAT project – short for “Use of Forensic Evidence in the Fight against Torture Project” – concluded in 2012 with a highly successful conference in Washington, D.C.

The conference, in collaboration with hosts American University Washington College of Law, brought together forensic scientists, attorneys, medical rehabilitation and Rehabilitation of victims of torture in Cambodia is an unquestionably challenging task. In a largely rural and impoverished country that just 30 years ago suffered genocide, the many challenges in accessing care are surpassed by the huge need for it.

Transcultural Psychosocial Organization Cambodia (TPO) began as a branch of a Netherlands-based organisation in 1994. Since 2000, it has been an independent NGO, based in Phnom Penh, Cambodia’s capital. Although located in the city, one of its first projects was to address the challenge of access to care in rural areas by establishing a community mental health programme.

“About 90% of Cambodians live in the rural areas, so they have difficulty accessing any health services that are based in urban areas,” says Dr Chhim Sotheara, Executive Director of TPO Cambodia. “So, we set up a programme to reach those people who need it most.”

Since 2007, TPO Cambodia has played a crucial role in the on-going trials of Khmer Rouge leaders for crimes against humanity, genocide and torture committed between 1974 and 1979. During this time an estimated 2 million people died from political executions, torture, forced labour and starvation.

Within this process, they have initiated several projects and activities to prevent re-traumatisation, both of witnesses testifying at the tribunal and the general public, who hear daily updates from the courts. They established a national weekly talk show to address the issues within the tribunal where listeners can call in to discuss their reactions to testimonies. Opening up a national dialogue on trauma allows listeners to understand that the return of feelings of trauma is a very normal reaction to
the tribunals, says Dr Sotheara.

TPO Cambodia’s work also demonstrates innovative ways in which centres treat and provide other forms of support for torture victims through judicial processes. Their approach is both contextually relevant and holistic.

TPO Cambodia provided counselling for the witnesses speaking as “civil parties” within the tribunal. In Case 001 against Kaing Guek Eav (“Duch”), approximately 100 people registered to provide testimony. Working with other NGOs that facilitated the process of testifying, TPO Cambodia provided pre- and post-trial counselling services.

“We prepared them beforehand, so they can be more confident to speak about their story,” says Dr Sotheara. “Our counsellors then sit next to them during their testimony in the court. When they finish, we do debriefing to prevent them being emotionally overwhelmed. Then there is post-trial counselling and follow-up.”

For those who were unable to testify at the tribunal (though 100 people registered only 10 were able to speak at the courts), TPO Cambodia organised a public reading of their testimony. A counsellor at TPO read the testimonies aloud at a Buddhist temple. The witness listened, accompanied by a counsellor and other members of the community. After the reading was complete, a Buddhist monk blessed the witness.

“This is quite an alternative way for people to testify, to acknowledge for those people that they have suffered from trauma and their story is recorded,” Dr Sotheara says. “We found this is extremely helpful, and it also gives us a way to screen for severe mental health problems, so we can offer them support.”
specialists, government officials, students and international officials, including UN Special Rapporteur on Torture Juan Mendez and the chair of the UN Committee against Torture Claudio Grossman. Approximately 120 people from more than 25 countries attended. Bringing these experts together was a critical conclusion for this three-year project to illuminate best practices from the 74 examinations conducted through it. The conference promoted further on-going collaboration and knowledge sharing of forensic techniques for examination and documentation in cases of alleged torture.

The report “Getting the evidence: Countering torture through medico-legal documentation” highlights key cases and strategic litigation, as well as the importance of medico-legal documentation in pursuing justice and fighting impunity, and brings the knowledge shared during this conference to new audiences.

Many of those in attendance at the Washington conference were members of the International Forensic Experts Group (IFEG), which is a group of more than 30 forensic experts who have specific expertise in conducting forensic examinations in cases of alleged torture through the use of the Istanbul Protocol.

Following the successes achieved by the IFEG through the FEAT project, in 2012, the group met to map out a strategic path forward. The IFEG continues to serve as a global focal point for expertise in forensic documentation of torture and stands ready to conduct examinations, issue expert opinions and share experiences.

Although this flagship project ended in 2012, the IRCT reaffirms medico-legal documentation as a focus area of our work. Through the IFEG group and future planned activities, the IRCT will continue to stand as a hub of expertise on medical documentation and promotion of the Istanbul Protocol.

Sharing knowledge among health professionals

As a health-based human rights organisation, the IRCT wants to ensure high quality, appropriate and holistic rehabilitation services for victims of torture. To do so, we need to lift and share knowledge among our membership and within the community of health professionals to illuminate best practices and raise awareness of the particular needs of torture survivors.

The clearest example of this work is through our interdisciplinary peer-reviewed scientific journal TORTURE. Through this forum, the IRCT can disseminate key research conducted within the membership to a global audience of health professionals, researchers, forensic specialists and others.

In 2012, we published two issues of TORTURE journal, including one special supplemental issue focusing on the work of torture documentation from the FEAT project and other lessons and experiences in promoting the use of the Istanbul Protocol. The IRCT has also in the last year worked to build networks with universities across the globe so that both the professors and the students from these universities will be able and willing to learn from IRCT partners, and vice versa.

Identifying survivors among asylum-seekers

To ensure that torture survivors receive adequate rehabilitation services, it is necessary for them to be recognised as such. This can be a challenge considering the extreme vulnerability of torture survivors, the real or perceived risks from coming forth and the shame and stigma that such an experience can incur. For many torture survivors, sharing these experiences can be extremely difficult.

According to the European Union's asylum directives, torture victims are among ‘vulnerable persons’ that require special treatment during asylum proceedings. However, few of those who come into initial contact with asylum seekers — such as social workers, volunteers or asylum officers — have experience in identifying torture victims. In 2012, UNHCR recorded nearly half a million new asylum claims filed in 44 industrialised countries, the majority within Europe. Many of these asylum seekers come from conflict...
Training health professionals in documentation of torture - Israel

Through the initiative of a local partner, the IRCT is providing direct assistance in training on the Istanbul Protocol. A project with Public Committee Against Torture in Israel (PCATI) will, over the course of two years, train 17 participants, both medical and psychological health professionals. Health professionals were targeted for training in documentation after PCATI found that many were complicit in torture and ill-treatment in Israeli prisons.

Through the project, the participants will produce medico-legal reports, with assistance from the project leaders, and publish a scientific paper in a Hebrew-language academic journal, thus spreading knowledge of forensic documentation of torture to the larger health community within Israel.

zones such as Afghanistan and Syria; many of them are undoubtedly victims of torture.

The IRCT provides expert assistance via the PROTECT-ABLE project that brings together 11 NGOs from 10 countries to ensure national compliance with the asylum directives through training and dissemination of an early screening procedure. This follows a previous project – PROTECT – in which the IRCT assisted in developing this early screening tool, a simple and effective method for identifying torture survivors within the asylum system. Furthermore, the IRCT provided direct training on screening for asylum seekers to 22 participants from the Swedish Migration Board in March 2012. Sweden received nearly 44,000 asylum claims in 2012, the fourth highest of any developed country, according to the UN Refugee Agency. This training included the use of the PROTECT screening tool, understanding common torture methods and their physical and psychological consequences and interactive training in interviewing victims of torture.

26 June – the day against torture

Every year, anti-torture organisations, rehabilitation centres and other supporters around the world come together on 26 June for the UN International Day in Support of Victims of Torture to share their dream of a world without torture. It is an important day to raise the global profile of organisations fighting against torture and bring torture victims and their needs to the forefront of global discussion.

In 2012, the 26 June campaign was bigger than ever before – a 25% increase in the number of participating organisations, with 100 submitting reports of their activities to the IRCT. These activities were promoted via our interactive map listing of events and the results disseminated through our annual 26 June Global Report. Coalesced under the theme “Rehabilitation works and is a torture survivors right!”, the IRCT global network was able to use this day to highlight the effectiveness of rehabilitation services. The stories of torture survivors were shared through our website and social media channels to emphasise the power of rehabilitation and redress.

As a result of the coordinated campaign, dozens of our centres featured in national and local media, ranging from Pakistan to Serbia. Voice of America, a global radio broadcaster, interviewed IRCT's Secretary-General in an extensive piece focusing on 26 June. Additionally, individuals from Portugal to Sweden to South Africa joined through social media by taking photos of themselves with a message of support for the victims of torture. Others posted messages on Facebook and Twitter to show their support, adding to the global voices against torture.

The success of the day contributed to the growth of the IRCT's website and social media tools; hits to our website nearly doubled from 27,000 hits per month in May 2012 to 54,500 by the end of 2012. Our Facebook supporters and Twitter followers have also seen a record jump within the last year (a 72% and 83% increase over the previous year, respectively). The World Without Torture blog averaged 2,000 visits each month within 2012 and has established itself as an important platform for sharing our message and the stories of torture survivors and human rights defenders.

Children participate in the 26 June commemorations in Turkey organised by SOHRAM-CASRA.
IRCT member Consiglio Italiano per i Rifugiati, based in Rome, Italy, committed itself to supporting torture victims nearly 20 years ago. Its VI.TO (Victims of Torture) abbreviation is now a known reference in the torture rehabilitation field in Italy.

Their “world” is the reality of refugees and asylum seekers in Italy. In 2012, the centre offered long-term, holistic rehabilitation treatment to more than 200 asylum seekers and refugees who were tortured in their home countries. In addition, another nearly 4,000 individuals benefited from the centre’s seminars, trainings and public events.

However, their mission is made more difficult by a deficient system for the reception of asylum seekers. The number of asylum applications in Italy surpassed 16,000 in 2012 alone. Among these, there are an estimated 5,000 torture victims, yet there is no system in place to screen and identify them as such. Only a small minority were received by SPRAR, the Protection System for Refugees and Asylum Seekers, which offers around 700 places for vulnerable persons, a broad category that, besides torture victims, includes unaccompanied minors, disabled persons, the elderly, pregnant women, single parents with minor children, and others. Left untreated, these people face destitute conditions and are at high risk of re-traumatisation.

The year 2012 also saw the closure, due to financial difficulties, of a medical and psychological service exclusively dedicated to the treatment of torture survivors within the S. Giovanni Hospital in Rome. CIR/VI.TO, the original promoters of the idea, have encountered a lack of the political will necessary to reopen the service. In its absence, they have taken on offering such much needed services on a partially voluntary basis, hosting doctors and psychologists in their Rome headquarters, alongside the legal and social services for victims of torture.

CIR/Vi.TO is currently involved in training and dissemination activities in Italy within the framework of the PROTECT-ABLE project.
SUB-GRANTING
SECURING SERVICE DELIVERY TO VICTIMS OF TORTURE

As a core function of our work, the IRCT supports improved access to appropriate holistic rehabilitation services for victims of torture. As such, within the context of a global struggle for funding to provide these core services, the IRCT administers sub-grants to rehabilitation centres primarily to support primarily service delivery of rehabilitation, but also organisational development and torture prevention activities.

Centre grants

Thanks to the generosity of the OAK Foundation, grants to 66 centres in low and middle-income countries contributed to the rehabilitation of 33,418 victims of torture, including 13,356 women and 5,822 children in 2012. Some examples include:

- Association Jeunesse pour la Paix et la Non Violence (AJPNV) in Chad, which treated 121 more clients in 2012 than the previous year. In a randomised survey, they found that 89% of their clients reported improved services and 75% experienced an improved psychological condition. They were also able to purchase new health equipment, such as blood pressure metres.

- Society for Social Research, Art and Culture (SOSRAC) in India, which provided several activities to develop the economic viability of their clients, including English classes (for 68 people), computer classes (for 6 people), tailoring classes (for 20 people) and tuition classes (for 34 people). As a result, 71 people were able to find appropriate work.

- Bahjat Al Fuad Rehabilitation Centre for Torture Victims (BFRCT) in Iraq, which admitted 110 victims in 2012 and found that social re-integration activities, a form of group therapy, resulted in psychosocial improvement of beneficiaries.

- Golos Svobody in Kyrgyzstan, which developed a pilot project for rehabilitation and reintegration of discharged detainees. They also created a mobile group of health professionals to more quickly respond to rehabilitation requests and provide services across the vast country.

- Centro de Salud Mental y Derechos Humanos (CINTRAS) in Chile, which ensured treatment for patients, who previously belonged to a special program funded by the Office of Presidential Grant. Thirty-nine people benefited from counselling services, and 183 patients received comprehensive clinical treatment.

In 2012, the OAK centre grants totalled 530,000 EUR.

La Luz Foundation

“Where women are respected, the Gods dwell; Where there is no respect for women, there is only shame and sorrow.”

The IRCT, as a global movement, has long worked to support women and girl victims of torture and to confront the horrors of sexual torture. Such gender-based targeting, sadly all too common in times of civil unrest, has a devastating impact on the victims and, by extension, on children in the women’s care.

Two years ago, thanks to a generous anonymous donor from Spain, La Luz Foundation was created – in part due to the donor’s deep respect for IRCT founder Dr Inge Genefke and her husband Professor Bent Sørensen. La Luz has enabled the IRCT to strengthen the support available to women and girl victims of sexual torture.

In December 2012, the same benefactor agreed with the IRCT to continue the collaboration through La Luz, sustaining this crucial work to rehabilitate women and girl victims. La Luz Foundation welcomes contributions from any individual or organisation that would like to support the initiative, and thus help transform the lives of women and girls who suffer most.
Inter-ethnic conflict, ongoing civil wars and an endless stream of displaced people from neighboring countries. This is the context in which Victimes de Violences Réhabilitées, Centre Africain pour la Prévention et la Résolution des Conflits (VIVRE CAPREC) was founded in 1999.

The organisation has since treated an average of 200 victims of torture, rape and other forms of sexual violence and other human rights violations each year. However, as a result of financial constraints, they have recently had to limit this to just 100 critical cases, 40 of whom are victims of sexual torture.

“The ultimate goal of sexual violence is to cause distress and deep humiliation, especially in our African culture dominated by Muslim standards, where it is repugnant to practice sexuality outside of a well-defined relationship,” explains Dieynaba Ndoye Dieng, coordinator at CAPREC. “These abuses range from repetitive and systematic rape, touching, objects in the genitals, to knife wounds to the thighs or breasts.”

As a result of its geographical location, Senegal receives many asylum seekers from neighbouring countries recently mired in armed conflict, such as Sierra Leone and Liberia. Armed militias conquer small regions or villages, and sexual violence is considered a form of bravery and ‘war bounty’, says Ms Ndoye.

And sexual violence does not only cause physical injuries, but severe psychological and social scars that demand a holistic approach to rehabilitation. CAPREC offers medical treatment and testing for pregnancy, HIV and other sexually transmitted diseases. On the psychological level, they provide counseling and support for post-traumatic stress and depression, which may continue through judicial processes.

Just this last year, with assistance from a La Luz grant, CAPREC was able to offer legal assistance to three girls who were victims of sexual abuse, one of which resulted in a guilty verdict and a five-year-sentence for the perpetrator.

“The lesson learned is that the perpetrators of sexual violence can be severely punished by our laws,” says Ms Ndoye.

A particular challenge when rehabilitating victims of sexual torture is the deep sense of shame and stigma. Social therapy and building networks of survivors has been especially successful in re-integrating women and girls into communities, and providing them with the training and skills to be economically viable. Entrepreneurship programmes, such as women’s groups making clothing, small-scale production of soap or starting restaurants, has been successful in assisting women to overcome the social stigma and isolation that can result from sexual torture.

With such great need for the rehabilitation services, CAPREC continues to update and bring new innovative treatments to their clients. These new methods include closer monitoring and evaluation of therapy sessions; introducing muscle relaxation sessions; establishing social groups with clients from similar ethnic, national and social backgrounds to support solidarity and economic entrepreneurship; and including children, many of whom may be secondary victims of torture, to games and activities at the centre.
THE DEMOCRATIC STRUCTURE OF THE IRCT
WELCOMING OUR NEW GOVERNANCE BODIES

The governing bodies of the IRCT are in fact the members themselves. The IRCT is run by a democratically elected, representational body of the members. The leaders of our organisation are the leaders from torture rehabilitation centres all over the world, the experts in the field and on the ground and those who understand the needs of both rehabilitation centres and victims of torture most keenly.

Every three years, members of the IRCT (the General Assembly) elect regional representation to the Council. There are 29 representatives from the members of the IRCT and three independent experts. These 32 Council Members in turn then elect the Executive Committee — one member of the ExCom per region and one independent expert.

Executive Committee:
Ms Suzanne Jabbour
MA Clinical Psychology; IRCT President; Director, Restart Centre, Lebanon; Elected Council Member representing the MENA region

Ms Karen Hanscom
PhD Psychology; IRCT Vice-President; Executive Director, ASTT, United States; Elected Council Member representing the North America region

Ms Simona Ruy-Perez
MA; Executive Director, CINTRAS, Chile; Elected Council Member representing the Latin America and the Caribbean Region

Mr Boris Drozdek
MD, MA Psychiatrist; Medical Director, Psychotrauma Centrum Zuid Nederland, the Netherlands; Elected Council Member representing the European Region

Mr Pradeep Agrawal
MD Consultant, Psychiatrist; President and Director, SOSRAC, India; Elected Council Member representing the Asia Region

Ms Uju Agomoh
BSc Psychology, M.Sc. Clinical Psychology, M.Sc. Sociology, M.Phil. Criminology, PhD Criminology and Prison Studies, LLB Laws, BL; Executive Director, PRAWA, Nigeria; Elected Council Member representing the Sub-Saharan Africa region

Ms Bernadette McGrath
BA Social Work; Director, STTARS, Australia; Elected Council Member representing the Pacific Region

Independent Expert:
Ms Clarisse Delorme
LLM; Advocacy Advisor – Geneva Area, World Medical Association, Switzerland

The following Council Members were elected in 2012 for the period from 2012-2015.

Council:
Elected by the Asia Region:
Ms Edeliza Hernandez
RN; Executive Director, Medical Action Group, Philippines

Mr Kamrul Khan
Physician; Executive Director, CRTS, Bangladesh

Ms Shanti Arulampalam
Social Worker; Executive Director, Survivors Associated, Sri Lanka

Mr Pradeep Agrawal
(See Executive Committee)
Elected by the Europe Region:
Ms Aida Alayarian
MD, MSc, PhD; Clinical Director/Chief Executive, Refugee Therapy Centre, United Kingdom
Ms Sebnem Korur Fincanci
MD; President, HRFT Turkey, Turkey
Ms Ludmila Popovici
MD, Psychologist; Executive Director, RCTV Memoria, Moldova
Mr Boris Drozdek
(See Executive Committee)
Ms Mechthild Wenk-Ansohn
MD; Physician and Psychotherapist, Supervisor, Head of Outpatient Clinic, bzfo, Germany
Ms Karin Verland
MD; Director General, DIGNITY - Danish Institute Against Torture, Denmark
Mr Pierre Duterte
MD; General Director, Parcours d’Exil, France

Elected by the Latin America and the Caribbean Region
Ms Yadira Narváez
MD; Director, PRIVA, Ecuador
Ms Eliomara Lavaire
MD; Health Integral Coordination Area, CPTRT, Honduras

Elected by the Middle East and North Africa Region
Ms Suzanne Jabbour
(See Executive Committee)
Mr Mohamad Safa
Secretary-General, Khiam Centre, Lebanon
Mr Siavash Rahpeik Havakhor
Lawyer; Director, ODVV, Iran

Elected by the North America Region
Ms Karen Hanscom
(See Executive Committee)
Ms Karin Linschoten
Psychotherapist, MA, Senior Psychotherapist, ECSTT, Canada

Elected by the Pacific Region
Jeff Thomas
BSc (Behavioural Science); General Manager, Refugee Trauma Recovery, New Zealand
Bernadette McGrath
(See Executive Committee)

Elected by the Sub Saharan Africa Region
Ms Uju Agomoh
(See Executive Committee)
Mr Fidelis Mudimu
Psychologist, Psychiatric Nurse; National Programmes Director, Counselling Services Unit, Zimbabwe
Kitwe Mulunda Guy
Mental Health Professional; Executive Director, Save Congo, DR Congo
Mr Samuel Nsubuga
Economist; Chief Executive Officer, ACTV, Uganda

Representatives in their Capacity of Independent Experts
Ms Clarisse Delorme
(see Executive Committee)
Lutz Oette
Dr (law); Counsel, Redress, United Kingdom
Michael Brune
MD; Independent Consultant, Germany

Council meeting in Budapest, Hungary in November 2012
SECRETARIAT
OUR STAFF

IRCT Secretariat as of 1.5.2013

Office of the Secretary-General
Joost Martens
Secretary-General

Gitte Sørensen
Executive Assistant (50%)

Advocacy and Legal Team
Miriam Reventlow
– on maternity leave from May 2013
Head of Advocacy and Legal Team

Rachel Towers
Legal Officer

Sweta Bonnet
Intern

Geneva Representation:
Asger Kjærum
Legal Officer and Geneva Representative

Brussels Liaison Office:
Elena Zacharenko
Advocacy Officer

Marnix de Witte
Intern

Donor Relations Team
Hélène de Rengervé
Head of Donor Relations Team

Janice Granados
Senior Fundraising Officer

Daniel Lewis
Programme Development Officer

Communications Team
Scott McAusland
Head of Communications Team

Tessa Moll
Communications Officer

Fábio Pereira
Communications Officer

Membership Team
Leanne MacMillan
Head of Membership Team

Francis Boogere
Regional Coordinator for Africa

Marion Staunton
Regional Coordinator for Asia

Margaret Hansen
Senior Programme Assistant

Lars Dissing Rosenmeier
Programme Assistant

Michelle Frederiksen
Assistant to Head of Membership Team

Wissame Fahloufi
Rehabilitation Project Manager Libya

Pieter-Jan Hamels
Project Coordinator

Line Baage-Rasmussen
Project Coordinator

Jamal Hammoud
Project Coordinator

Exequiel Taylor
Student Assistant

Health Team
Dr Joost den Otter
Clinical Director

Administration and Finance Team
Annette Serup
Head of Finance and Administration Team

Eva Barfd
Chief Accountant

Inge Frandsen
Administrative Support Officer

Gitte Sørensen
Human Resources Officer (50%)

Morten Arendrup
Human Resources Consultant
OUR DONORS
THANK YOU FOR YOUR SUPPORT

The IRCT gratefully acknowledges the support of the following:

€1,000,000+
European Commission
OAK Foundation

€500,000 - €999,999
Ministry of Foreign Affairs of Denmark
Swedish International Development Cooperation Agency

€100,000 - €499,999
Norwegian Ministry of Foreign Affairs

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

€1,000 - €9,999
Fonden af 17-12-1981
Familien Hede Nielsens Fond
Frantz Hoffmanns Mindelegat
Knud Højgaards Fond
Hermod Lannungs Fond
Husmans Fond
Mads Clausens Fond
FINANCIAL REPORT
SUMMARY OF 2012 RESULTS

Expenditure
Programme development and implementation accounted for 77% of total IRCT expenditure in 2012, matching the performance of 2011. Governance costs represented 3% of the total expenditure, remaining at the same level as the average of the prior three years. Donor Relations costs increased slightly to 5.3% of total expenditure as opposed to 5% in 2011. However, the investments made in 2011 in creating a planning framework and laying the foundations to obtain development funding from various governments helped the IRCT succeed in entering into multi-year agreements with both the Swedish and Norwegian governments in 2012. The support costs of running the offices in Copenhagen, Brussels and Geneva were, in 2012, reduced to 14% of the total expenditure, down from 16% in 2011. The IRCT will continue to look for opportunities to reduce costs and improve efficiency.

Income
The total income of the IRCT increased by 4% compared to 2011. This increase was obtained in part due to the establishment of multi-year core grants with the Swedish and Norwegian governments. These agreements represent a very positive contribution to the sustainability of the IRCT, which we will work to further improve in the coming years. Further to this, late in 2012, the Finnish government approved a 150,000 EUR grant for unrestricted purposes, which the IRCT has chosen to designate for activities in
2013. The restricted funding from the Dutch and Swiss governments continued in line with the implementation of the project activities supported. Grants from the European Commission remained at the same high level in 2012 as in 2011. This allowed the IRCT not only to continue delivering its projects but also to start two new ones – a two-year project in Libya and a one-and-a-half-year peer support project in Europe. Furthermore, following a successful concept note submitted to the EC in 2012, the IRCT was invited to submit a full project application during 2013 focusing on data collection. The OAK Foundation has generously continued to support the IRCT at the same level as before, with a core grant and a contribution to a sub-granting scheme. This relationship has been covered by a two-year agreement through 2011 and 2012, which has allowed the IRCT to allocate the sub-grants to centres in a more conducive way for two consecutive years.

In order to further sustain and diversify the donor base of the IRCT, efforts will be made in order to develop additional multi-year agreements and to target private international foundations.

Contributions from other foundations have unfortunately continued to decrease in 2012. This is due to limited opportunities to raise match-funds for projects from Danish trusts and foundations. Grants from private individuals are still positively influenced by one very generous donor who supports IRCT’s work with women and girls in particular.

Looking ahead

The new multi-year funding agreements established with the Norwegian and Swedish governments are two important milestones in securing the future of the IRCT. Further to these agreements, early in 2013 the IRCT renewed its three-year agreement with the Danish government – totalling more than 3.5 million EUR. In order to further sustain and diversify the donor base of the IRCT, efforts will be made in order to develop additional multi-year agreements and to target private international foundations. The possibility to establish compulsory membership fees within the IRCT as a first step towards the independent funding of the governance costs was once again discussed by the IRCT Council in November 2012. A more formal and detailed proposal shall be developed in 2013. Due to the natural periodic financial fluctuations of projects and the volatile environment in which many of the IRCT projects take place, it is IRCT’s policy to maintain sufficient unrestricted reserves. Although remaining at a low level, the reserves have shown positive signs of recuperation in 2012. Further efforts will be done in the coming years to build a reserve capital. In order to continue to reduce expenses, a review of administrative processes and procedures to ensure better efficiency started in 2012 and will continue in 2013.
## Income & Expenditure Statement

### Income

<table>
<thead>
<tr>
<th>Grants from National Governments</th>
<th>2012 (EUR)</th>
<th>2011 (EUR)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Denmark</td>
<td>807,090</td>
<td>804,761</td>
</tr>
<tr>
<td>The Netherlands</td>
<td>90,366</td>
<td>163,785</td>
</tr>
<tr>
<td>Sweden</td>
<td>725,812</td>
<td>221,343</td>
</tr>
<tr>
<td>Norway</td>
<td>205,983</td>
<td>127,260</td>
</tr>
<tr>
<td>Finland</td>
<td>-</td>
<td>100,000</td>
</tr>
<tr>
<td>Germany</td>
<td>-</td>
<td>31,892</td>
</tr>
<tr>
<td>Switzerland</td>
<td>14,274</td>
<td>7,467</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Grants from Multilateral Institutions</th>
<th>2012 (EUR)</th>
<th>2011 (EUR)</th>
</tr>
</thead>
<tbody>
<tr>
<td>European Commission</td>
<td>1,330,496</td>
<td>1,288,502</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Grants from Foundations</th>
<th>2012 (EUR)</th>
<th>2011 (EUR)</th>
</tr>
</thead>
<tbody>
<tr>
<td>OAK Foundation</td>
<td>1,031,298</td>
<td>961,771</td>
</tr>
<tr>
<td>Other Foundations</td>
<td>98,083</td>
<td>181,891</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Grants from Private Individuals</th>
<th>2012 (EUR)</th>
<th>2011 (EUR)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Other Income</td>
<td>48,694</td>
<td>55,895</td>
</tr>
</tbody>
</table>

| Total Income                   | 4,533,223  | 4,371,241  |

### Expenditure

<table>
<thead>
<tr>
<th>Programme Development and Implementation</th>
<th>2012 (EUR)</th>
<th>2011 (EUR)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Governance</td>
<td>(149,170)</td>
<td>(123,927)</td>
</tr>
<tr>
<td>Donor Relations</td>
<td>(236,998)</td>
<td>(216,000)</td>
</tr>
</tbody>
</table>

| Total Expenditure                         | (4,457,907)| (4,401,421)|

| Net Contribution/(Deficit) for the Year   | 75,316     | (30,181)   |
## Balance Sheet

### Assets

<table>
<thead>
<tr>
<th></th>
<th>2012 (EUR)</th>
<th>2011 (EUR)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Project Receivables</td>
<td>298,631</td>
<td>115,435</td>
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<tr>
<td>Other Receivables</td>
<td>266,883</td>
<td>306,973</td>
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<tr>
<td>Receivables</td>
<td>565,514</td>
<td>423,408</td>
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<tr>
<td>Liquid Assets</td>
<td>1,789,461</td>
<td>923,961</td>
</tr>
<tr>
<td><strong>Total Assets</strong></td>
<td>2,354,975</td>
<td>1,346,369</td>
</tr>
</tbody>
</table>

### Liabilities

<table>
<thead>
<tr>
<th></th>
<th>2012 (EUR)</th>
<th>2011 (EUR)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Net Capital Reserve (unrestricted) at 1 January</td>
<td>75,882</td>
<td>106,063</td>
</tr>
<tr>
<td>Net Contribution/(Deficit) for the year</td>
<td>75,316</td>
<td>(30,181)</td>
</tr>
<tr>
<td><strong>Net Capital Reserve at 31 December</strong></td>
<td>151,198</td>
<td>75,882</td>
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<tr>
<td>Prepaid Project Grants</td>
<td>1,821,665</td>
<td>986,948</td>
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<tr>
<td>Payables</td>
<td>382,112</td>
<td>283,539</td>
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<tr>
<td><strong>Payables</strong></td>
<td>2,203,777</td>
<td>1,270,487</td>
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<tr>
<td><strong>Total Liabilities</strong></td>
<td>2,354,975</td>
<td>1,346,369</td>
</tr>
</tbody>
</table>
IRCT
OUR MEMBERS

144 MEMBERS IN 74 COUNTRIES AS OF JUNE 2013

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)
ASESTTS - 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
QPASTT - 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)
AJPNV - 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
Ethiopia (1)
RCVTE - Rehabilitation Centre for Victims of Torture in Ethiopia
Finland (1)
CTSF - Centre for Torture Survivors in Finland at Helsinki Deaconess Institute
France (1)
Parcours d’Exil – Accompaniment Thérapeutique des Victimes de Torture
Georgia (2)
EMPATHY, Psycho-Rehabilitation Centre for Victims of Torture, Violence and Pronounced Stress Impact
GCRT - Georgian Center for Psychosocial and Medical Rehabilitation of Torture Victims
Germany (3)
Exilio Hilfe für Migranten, Flüchtlinge und Folterüberlebende e.V.
bzfo - Berlin Center for the Treatment of Torture Victims
MFH - Medical Care Service for Refugees Bochum
Guatemala (1)
ODHAG – Oficina de Derechos Humanos del Arzobispado de Guatemala
Honduras (1)
CPTRT - Prevention, Treatment and Rehabilitation Center for Survivors of Torture and Relatives
Hungary (1)
Cordelia Foundation for the Rehabilitation of Torture Victims
India (6)
CORE - Centre for Organisation Research & Education - Human to Humane Transcultural Centre for Trauma & Torture (H2H)
TTSP - Tibetan Torture Survivors Program
CCTV - Centre for Care of Torture Victims
SOSRAC - Shubhodaya Center for Rehabilitation of Victims of Torture and Violence - Society for Social Research, Art and Culture
TOP India Trust - Torture Prevention Center India Trust
VRCT - Vasavaya Rehabilitation Centre for Torture Victims
Indonesia (2)
ALDP - Alliance of Democracy for Papua
RATA - Rehabilitation Action for Torture Victims in Aceh
Iran, Islamic Republic of (1)
ODVV - Organization for Defending Victims of Violence
Iraq (1)
BFRCT - Bahjat Al-Fuad Rehabilitation of Medical & Psychological Centre for Torture Victims
Ireland (1)
SPIRASI - The Centre for the Care of Survivors of Torture
Italy (3)
VITO/CIR - Hospitality and Care for Victims of Torture, Italian Council for Refugees
NAGA-HAR - Centre for Asylum Seekers, Refugees, Torture Victims
Doctors Against Torture Humanitarian Organization
Jordan (1)
IFH/NHF - Institute for Family Health/Noor Al Hussein Foundation
Kenya (2)
IMLU - Independent Medico-Legal Unit
MATESO - Mwatikho Torture Survivors Organization
Kosovo (1)
KRCT - Kosova Rehabilitation Centre for Torture Victims
Kyrgyzstan (1)
GOLOS SVOBODY Public Foundation
Lebanon (3)
KRC - Khiam Rehabilitation Center for Victims of Torture
CLDH - Centre Nassim at the Lebanese Center for Human Rights
Restart Center for Rehabilitation of Victims of Violence and Torture
Liberia (2)
RAL - Rescue Alternatives Liberia
LAPS - Liberia Association of Psychosocial services
Mexico (1)
CCTI – Colectivo Contra la Tortura y la Impunidad
Moldova (1)
RCTV Memoria - Medical Rehabilitation Center for Torture Victims
Morocco (1)
AMRVT – Association Medicale de Rehabilitation des Victimes de la Torture
Namibia (1)
PEACE - People’s Education Assistance and Counselling for Empowerment
Nepal (2)
CVICT - Centre for Victims of Torture
TPO Nepal - Transcultural Psychosocial Organization
Netherlands (4)
Phoenix - Centre for Clinical Psychiatric Care for Asylum Seekers and Refugees
Centrum ’45
De Evenaar - Centrum voor Transculturele Psychiatrie Noord Nederland
RvA NL - Psychotrauma Centrum Zuid Nederland
New Zealand (2)
Refugee Trauma Recovery
RASNZ - Refugees As Survivors New Zealand
Nigeria (1)
PRAWA - Prisoners Rehabilitation And Welfare Action

Pakistan (1)
SACH - Struggle for Change

Palestine, Occupied (3)
GCMHP - Gaza Community Mental Health Programme
Jesoor - Transcultural Right to Health
TRC - Treatment and Rehabilitation Center for Victims of Torture

Paraguay (1)
ATYHA - Salud Mental y Derechos Humanos

Peru (1)
CAPS - Centro de Atención Psicosocial

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 Rehaubilitées, 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)
CSVFR - 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

Sudan (1)
ACTRV - Amel Center for Treatment and Rehabilitation of Victims of Torture

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)
SOHARM-CASRA - Centre of Social Action, Rehabilitation and Readjustment
TIHV/HRFT Adana - Human Rights Foundation of Turkey - Adana Treatment and Rehabilitation Center
TIHV/HRFT Ankara - Human Rights Foundation of Turkey - Ankara Treatment and Rehabilitation Center
TIHV/HRFT Diyarbakir - Human Rights Foundation of Turkey - Diyarbakir Treatment and Rehabilitation Center
TIHV/HRFT Istanbul - Human Rights Foundation of Turkey - Istanbul Treatment and Rehabilitation Center
TIHV/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

Ukraine (1)
IRC International Medical Rehabilitation Center for the Victims of Wars and Totalitarian Regimes

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

United States (16)
PSST/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


For detailed information about the IRCT members please visit www.irct.org

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

Zimbabwe (1)
CSU - Counselling Services Unit
How to support the IRCT

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

By cheque
Cheques made payable to the International Rehabilitation Council for Torture Victims (IRCT) should be sent to:
International Rehabilitation Council for Torture Victims
Borgergade 13
P.O. Box 9049
1022 Copenhagen K
Denmark

By credit card
Please visit 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.

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