TABLE OF CONTENTS

4  Foreword: A Message from the President and Secretary-General
5  About the IRCT
6  IRCT Membership Map
8  In Brief: Key Events and Achievements
9  Governance And Policy
14  Capacity Building
16  Research Development
23  Advocacy
25  Operations
26  Our Donors
27  Financial Report: Summary of 2014 Results
29  Financial Statements
31  How is the IRCT governed
32  IRCT: The Democratic Structure
34  IRCT: Our Members
37  IRCT Secretariat: Our Staff
The world is facing its biggest refugee crisis since the Second World War, and the need for torture rehabilitation is greater than ever. A large number of asylum seekers and refugees worldwide have been subjected to torture, but torture victims’ right to rehabilitation is far from being a true entitlement. During 2014 and across countries and regions, IRCT member centres continued, under an enormous pressure, to provide rehabilitation services to a growing number of torture victims, as well as being placed as the first line of reaction to the ripple effect of the Syrian war and other armed conflicts. Add to this, many IRCT members were faced with the prospect of losing or having their funding cut. Such funding cuts not only affect the centres, but have a direct impact on the delivery of rehabilitation services that are essential to improving the physical and mental wellbeing of torture victims globally.

The IRCT stayed in close dialogue with our members - in particular those that had been hit the hardest - and fortunately, the movement was able to support and empower many of them through sub-grants. This year, we distributed OAK and La Luz sub-grants to 52 IRCT centres across the world, which will undoubtedly benefit thousands of women, children and men.

Victims’ right to rehabilitation was at the core of our work all throughout 2014 and it continues to be a central part of our strategy for the next five years. In close consultation with our members, partners and the IRCT governance, we developed our Strategic Plan for 2015-2020, which will allow our movement to address global challenges and strengthen our work and impact through a shift in our focus.

The new strategic framework is built on the achievements and experiences of our last strategic period. A key milestone of the 2007-2013 period has undoubtedly been our involvement with the issuance of the Committee against Torture’s General Comment 3, which defines the right to rehabilitation within the frame of international human rights law. As a membership organisation, we also experienced significant growth and expansion, which reiterated the need to refresh the knowledge that our movement has about each of our members. Therefore, our aim for the next five years is to become a leading hub of global knowledge on health-based rehabilitation and to lead global consensus-making processes on the right to rehabilitation’s contents, scope and standards.

We have a new framework, but our aim to provide the global rehabilitation movement with an authoritative, relevant and legitimate voice remains unchanged. In 2014 we did this through training, advocacy and awareness-raising activities. We held trainings that benefitted member staff around the world; we supported members in their interaction with the United Nations and other international and regional bodies; and our international projects continued to empower rehabilitation centres and strengthen their work with victims of torture. Finally, together with 110 rehabilitation centres in over 60 countries, we marked the UN International Day in Support of Victims of Torture on 26 June by taking a stand against impunity. It was a day of optimism for our movement, but also a strong reminder of the continuous need for the provision of rehabilitation services to victims of torture worldwide.

With this in mind, we are confident that 2015 will bring about positive change as we build on our achievements and implement our new framework. Our vision continues to be a world without torture and we hope that together we can come closer to this goal by ensuring torture victims’ right to rehabilitation.
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 its 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.

The 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 are located in 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 effective in fighting torture across the globe as its core strength stems from a triad of values: solidarity, equality and democracy.
IRCT Membership
144 Members in 74 Countries
2014 in Brief: Key Events and Achievements

26 June: Fighting Impunity: 110 centres across the globe participated in the IRCT campaign and helped raise awareness

An astounding 110 organisations worldwide took part in marking the UN’s International Day in Support of Victims of Torture and thousands of people helped share this year’s theme ‘Fighting Impunity’.

Providing psychosocial support in legal proceedings: Launch of report

In 2014, the IRCT cast a light on psychosocial support for victims of torture in legal proceedings by launching its ‘In Pursuit of Justice’ report. The report highlights the particular challenges torture victims face when involved in legal proceedings. It also identifies their most common expectations and needs and gives best practice examples of the specialised support needed to enhance their experience and the success of the judicial process.

Data in the Fight against Impunity (DFI)

This global project with 11 partners from around the world was launched in 2014, with the aim to use clinical data gathered from survivors of torture to support accountability, prevention, and rehabilitation of victims of torture. The DFI database is planned to be installed at member centres in late February 2015 when the collection of data will begin.

New torture rehabilitation services in Libya

In connection with the IRCT’s engagement in supporting the fight against torture in Libya, the IRCT successfully facilitated the establishment and registration of a local NGO, Rehab Center Libya (RCL) and set up a new clinical/medical team that hopes to apply their skills in Libya, once conditions allow them to operate there.

IRCT influences UN Special Rapporteur on Torture report on documentation and rehabilitation of torture victims

Drawing extensively on the IRCT’s input, the Special Rapporteur on Torture in his report concluded that implementation of the Istanbul Protocol is an essential element of effective investigation and can significantly contribute to ensuring rehabilitation for victims of torture. This international acknowledgement of the Istanbul Protocol as the standard for measuring States implementation of the duty to investigate will be an important tool for further national implementation.

New IRCT Strategic plan

At the end of the year, the IRCT launched its Strategic Plan for 2015-2020, which details the progress the movement has made in the last strategic period and outlines new objectives and commitments for the upcoming five-year period.
Governance and Policy

From a governance and policy perspective, 2014 was a year of transition and refocus. In addition to producing important policies and declarations, it marked the end of a five-year period, during which the global torture rehabilitation movement achieved significant successes, but also faced serious challenges. With these achievements and challenges in mind and with an aim to further strengthen the movement, the IRCT developed and finalised its strategic plan for the next five years.

Shaping Policy

Drawing from the collective experience of the IRCT membership, the organisation identified critical areas to be addressed and priorities for change.

At a meeting in Copenhagen, the IRCT Council adopted a policy on the Right to Rehabilitation, which declared, in accordance with CAT General Comment 3 that, “states have an obligation under international human rights and international humanitarian law to ensure that victims of torture and ill-treatment have free and prompt access to rehabilitation services”.

The IRCT Council also adopted two other policies, which address Torture and forced migration and Torture and detention.

A new strategic plan

A significant milestone of 2014 was the creation of the IRCT’s strategic plan for 2015-2020, which will allow the movement to address global challenges and strengthen its work and impact through a shift in focus.

During the last strategic period, the movement significantly contributed to the most relevant global development in the field of torture rehabilitation: the issuance of CAT General Comment 3, which defines the right to rehabilitation within the frame of international human rights law.
Kenyan torture rehabilitation centre joins IRCT movement

In September 2014, the Centre Against Torture in Eldoret, Kenya, joined the IRCT. Founded in 2001, the centre provides holistic treatment and rehabilitation services to victims of torture including internally displaced persons, refugees, prisoners, detainees, women and children. Since it opened, the centre has treated more than 2,000 torture victims using various treatment methods. It also carries out work on advocacy, awareness raising, documentation, investigations and research.

Marking 40 years of the anti-torture movement with special event

On 8 April 2014, the IRCT held an event to celebrate the 40 years of the anti-torture movement initiated by Danish doctor and human rights defender Inge Genefke. Genefke was part of the first medical group under Amnesty International, assisting victims of torture. Established in 1974, the group sparked the evolution of the anti-torture movement, including the IRCT.

The highlight of the event was the presentation of the Inge Genefke Award, an annual prize given to a prominent human rights defender in celebration of their dedication to preventing torture. The 2014 award recipient was Lilla Hardi from Hungary.

The movement also enabled the provision of services, pursuing justice and creating awareness.

Building on the experiences from this strategic period, the IRCT was able to develop the new plan and share it with the IRCT Council at the end of the year.

After a comprehensive examination of the working theory of the plan, as well as the process proposed by the Secretariat to achieve the issuance of the new plan by end-2014, the Council approved it.

The firm commitment within the new strategic framework is the IRCT’s intention to re-focus on the health-based rehabilitation of torture victims and to further the goal of strengthening victims’ right to rehabilitation. In addition, the plan stresses the importance of knowledge-based capacity building, research development and advocacy to deliver this mission.

Addressing global funding challenges

IRCT member centres that provide holistic health-based rehabilitation services for torture victims have seen an increase in numbers of survivors needing care - some over long periods of time. Despite this need, the funding that rehabilitation centres receive is rapidly decreasing, putting individuals and their families at risk.

In 2014, many IRCT member centres found themselves in financial difficulty due to such funding cuts. Inadequate funding will have a direct impact on the delivery of rehabilitation services that are essential to improving the physical and mental wellbeing of torture victims globally.

In the past year, the IRCT also saw first-hand how serious the funding crisis has become when two member centres were forced to close due to problems with funding, reiterating the urgent need for action to ensure that torture victims across the globe can continue to receive the treatment they need and are entitled to.

In a declaration, the IRCT Council called upon States to comply with their obligation under international law, and to immediately take the necessary steps to ensure the provision of sufficient funding for rehabilitation services for torture victims.
Regional meetings

The annual IRCT regional meetings offer a unique opportunity for members to come together to share and discuss ideas and experiences relevant in their region. Regional meetings also provide a platform for dialogue, consensus-building, and political action.

Asia

The Asia regional meeting in Imphal in the Indian state of Manipur, focused on ‘Rehabilitation as Reparation in the context of Complex Humanitarian Crises’ and was attended by 23 organisations. The meeting provided a forum for torture rehabilitation centres to exchange context-specific information and good practices on rehabilitation interventions undertaken at local level, as well as reviewing the IRCT Strategic Plan and its connection with priorities in Asia.

Europe

Representatives of more than 30 torture rehabilitation centres joined the IRCT regional meeting in Zagreb, Croatia. The event, which was also attended by several high-level Croatian officials, focused on the right to rehabilitation of torture survivors, particularly in the host country.

Latin America

Seventeen IRCT members and other anti-torture organisations in Latin America participated in the IRCT’s Latin American regional meeting, which was held in Paraguay. Issues such as the current human rights situation in the region, the access to justice and rehabilitation and the creation of national laws designed to censor and control the work of human rights organisations were up for discussion.

Middle East and North Africa

Twelve members of the IRCT Middle East and North Africa (MENA) region, and three observers from Libya, Iraq and Sudan met in Jordan for the IRCT Middle Eastern and North African regional meeting, organised in coordination with the King Hussein Foundation. The meeting addressed the paradigm change in response to the many challenges and conflicts the region faces, particularly the ongoing Syrian refugee crisis.

Sub-Saharan Africa

Twenty IRCT members from the Sub-Saharan Africa and four observers from the Great Lakes Project met in the Rwandan capital Kigali for the IRCT African regional meeting. The event provided a forum to discuss the prevention of torture and rehabilitation of torture victims in the region. Topics included migration, sexual violence, detention and current obstacles to torture rehabilitation.
Supporting members through sub-grants

**OAK Foundation: 350,000 Euros for the rehabilitation of torture victims**

In 2014 the IRCT distributed close to €350,000 in Centre Support Grants to 43 centres across the globe that deliver rehabilitation services in their region. The grants, funded by philanthropic group the Oak Foundation, ensure that torture victims have access to professional and effective treatment in a range of centres from low and-middle income countries.

Grants were awarded to more than half the applicants and each individual grant ranges from €5,000 to €15,000.

Fourteen centres in Sub-Saharan Africa received the largest portion of the grants, totalling €117,500 (34% of the overall fund allocated by the Oak Foundation). Ten centres out of 17 applicants in Asia benefited from grants totalling €81,000, eight centres in Latin and Central America shared €72,500, seven centres in Europe split €50,000, and four IRCT members in the Middle East and North Africa shared €27,500.

Of all the recipients, 36 are IRCT members and seven are other organisations working in the torture rehabilitation and human rights fields. Each year the IRCT encourages applications for the funds, giving priority to centres providing effective rehabilitation on a small budget who operate in low to middle-income countries.

The grants are directed to the provision of medical and psychological rehabilitation services, activities to document torture, and internal capacity development to ensure care for caregivers and effective centre management.

*Amount Granted in Euros — OAK Grants 2014*
La Luz: More than 140,000 Euros to empower and heal women and girls

In 2014, 16 torture rehabilitation centres around the world received grants totalling more than €140,000 to ensure torture victims have access to effective professional treatment.

Funds from La Luz are dedicated to empowering and healing women and girls who have been subjected to torture and sexual violence. It supports work aimed at women and girls who are oppressed or in danger of being victims of human rights abuses because they belong to a vulnerable group, whether it is based on belief, ethnicity, sexual orientation or other minority group status.

All centres awarded already provide important rehabilitation of torture survivors; however, a lack of funding means many are struggling financially. The key priorities for support were the provision and development of medical and psychological rehabilitation services, preventative work including documentation of torture and awareness raising activities, and organisational strengthening to ensure better management, care for caregivers and fundraising ability.

La Luz funds are used for medical and/or psychosocial support as well as vocational training and livelihood support to restore the health, dignity and ability of victims to rebuild their lives and protect their children. Limited support has also been given to activities related to awareness-raising and access to justice.

For many of the victims, the grants have had a profound impact on their lives. At the Trauma Rehabilitation and Training Center in Iraq, one client explained: “When I first came to the centre, I felt that my family and I were drowning at sea. The centre has been like a ship that carried us to the beach where we could restart a new life.

“I was totally demoralised and was overwhelmed by suicidal thoughts. I found my life worthless after facing the stigma of being a rape victim twice, but I thank the HDO team that helped me return to normal life.”

A client at HDO Pakistan recounted her gruelling story as a rape victim, and how the centre had helped her overcome suicidal thoughts.
In 2014, the IRCT was involved in various projects and initiatives, which contributed to developing the capacity of members to ensure they possess the means to provide appropriate services to torture victims. Trainings for health and legal professionals took place and publications providing strategies on staff welfare and the importance of psychosocial support for torture victims involved in legal proceedings were released.

**International Projects**

**Great Lakes**

The project began in 2011 and seeks to develop the capacity of non-state torture rehabilitation and prevention services in Burundi, the Democratic Republic of Congo (DRC) and Rwanda, through regional peer supervision and constructive non-state – state engagement on the subject of torture.

In 2014, the IRCT continued to support six torture rehabilitation centres in the Great Lakes region in providing medical, legal, psychosocial and socio-economic support to victims of torture. Several workshops in the region were organised throughout the year and covered a broad range of topics, such as livelihood development and income generating activities, awareness-raising, community-based social counselling, the Istanbul Protocol, accounting, psychotrauma and organisational development and institutional planning.

In May, a milestone was reached when contracts were signed between project partners ARAMA and REMAK and referral institutions Mamas for Africa and the Panzi Hospital in Bukavu. These agreements enable victims of sexual torture requiring complex surgery to be referred to the hospital.
Libya Project: Developing capacity in an unstable environment

2014 was a challenging but ultimately successful year for the project Support To Torture Victims And Victims Of Enforced Disappearance In Libya.

In October 2014, a newly opened IRCT-supported rehabilitation facility in Tripoli was forced to close due to escalating violence and unrest. As a result, the IRCT and its project partner World Organisation Against Torture (OMCT) switched the focus to capacity building.

Following the closure of the clinic, one consultant with a clinical and public health background continued to be employed until the completion of the project (31 January 2015). The consultant established and registered a local NGO, Rehab Center Libya (RCL) and set up a new clinical team that hopes to apply their skills in Libya, once conditions allow them to operate there.

To continue to build the capacities of those working in the Libyan context, the IRCT had organised a series of trainings to take place in Tunis, Tunisia and Amman, Jordan.

One training in Tunisia was carried out at the end of the year, while another three will be held in the beginning of 2015 and are expected to involve the newly established team from the RCL. The plan is that the RCL team will receive a tailor-made training programme by experts from IRCT members, Institute for Family Health from Amman and the Treatment and Rehabilitation Center for Victims of Torture from Ramallah.

The IRCT expects to support the RCL through the Secretariat and the IRCT membership network in the region.

Peer support: IRCT underlines importance of care for caregivers with new good practices report

The IRCT launched its ‘Peer Support Report’ in November 2014. The report draws on the results of the Peer Support Project, which took place between June 2012 and November 2013 and involved six IRCT member centres based in the EU.

The aim of the EU-funded project was to help torture rehabilitation centres tackle high levels of stress and burnout among their staff and volunteers by raising awareness of the importance of stress and quality management policies and processes.

Six European rehabilitation centres, all members of the IRCT network, took part in the project: ACET (Bulgaria), Freedom from Torture (United Kingdom), HEMAYAT (Austria), MRCT Craiova (Romania), Parcours d’Exil (France), and SPIRASI (Ireland). The Peer Support Project was coordinated by the IRCT with support from the bzfo (Berlin Centre for the Treatment of Torture Victims) and the Antares Foundation.
Developing research and capturing knowledge within the global rehabilitation movement is at the core of the IRCT’s strategy to build a strong and sustainable sector that can ensure the right to rehabilitation for victims of torture worldwide.

During 2014 the IRCT worked to identify knowledge gaps and research directions within the movement by working closely with its members and leading thinkers in the sector. Examples of this work include an IRCT conference on the rehabilitation of torture victims and the launch of a project that focuses on collecting clinical data from rehabilitation centres across the world.

**Washington Conference: New research frontiers on torture rehabilitation**

In October 2014, the IRCT, together with the American University Washington College of Law (AUWCL) hosted an “Expert Consultation on the Rehabilitation of Torture Survivors: The New Frontier” at the AUWCL campus in Washington.

This meeting brought together a number of international experts from within and outside the sector to discuss challenges and opportunities for the global movement in light of General Comment 3 to the UNCAT Article 14.

“*The American University Washington College of Law actively works for the eradication of torture and rehabilitation of torture survivors through many unique initiatives and programs. As a law school deeply engaged in protecting fundamental human rights and dignity, AUWCL is proud to co-sponsor this initiative with our distinguished partner, the IRCT.*”

*Claudio Grossman, Dean of the American University Washington College of Law*

“*Victims of torture have a right to rehabilitation. The provision of this right is faced with great challenges, not least because people are tortured every day. The rehabilitation movement is seeking to achieve maximum effectiveness and efficiency by analysing its work to determine the future research needs globally. The IRCT welcomes the partnership with AUWCL in this essential activity.*”

*Victor Madrigal-Borloz, IRCT Secretary-General*
Discussions focused on the IRCT’s formulation of a new research strategy that includes research priorities, and how the IRCT Secretariat can best develop partnerships between universities, other research institutions and the IRCT membership.

Expert input on how to further the development of the research strategy and its implementation was later embedded in the IRCT Strategic Plan 2015-2020.

Data in the Fight against Impunity: Capturing information to lead fight against torture

Central to development of the sector’s ability to evidence its work is the collection of appropriate, consistent and comparable clinical information. The Data in the Fight against Impunity (DFI) Project is a system-wide response to creating this ability.

The project was launched in 2014 with the aim to use clinical data gathered from survivors of torture to support accountability, prevention, and rehabilitation of victims of torture and other cruel, inhuman or degrading treatment or punishment.

It is led by the IRCT in cooperation with 11 partner rehabilitation centres, which operate in a broad spectrum of contexts and are located across the globe, in Argentina, Bosnia and Herzegovina, Cameroon, Chad, Kenya, Mexico, Nepal, Occupied Palestinian Territories, Philippines, and Serbia. An IRCT member centre in Croatia is also an associate partner.

Funded by the EU under the European Instrument for Democracy and Human Rights, it will run until April 2017.

As a first step, the IRCT held an inception meeting for its partners to develop the project framework and clinical data capture approach based on a baseline questionnaire. The partners also received training on using clinical data for human rights outputs, communications and advocacy.

The inception meeting was followed by the project’s first workshop, which allowed the partners to choose the most appropriate system option and agree on data elements and reporting; identify themes for research, advocacy and communications outputs and develop criteria and processes for phase two of the project, where 25 new implementing centres will join.

Finally, the specifications for the DFI database were agreed and the programming work began in November. The database is planned to be installed at member centres in late February 2015 when the collection of data will begin.

Knowledge dissemination

Torture Journal

Torture Journal holds the position of the pre-eminent journal publication in its field, with subscribers in 116 countries. Its publication provides a multi-disciplinary forum for the exchange of original research and systematic reviews among professionals concerned with the biomedical, psychological and social interface of torture.

In 2014, two issues were published. The first focused on the testimonies of Rwandan female genocide survivors, and the second highlighted upcoming methods of identification of torture and the long-lasting effects of torture among refugees and asylum seekers.

Raising awareness through online storytelling

In 2014, the IRCT maintained a strong online presence through its website, the World Without Torture blog and various social media channels.

The World Without Torture blog played a key role in raising awareness of the torture rehabilitation sector and the fight against torture. The blog enabled the IRCT to cast a much needed light on some of the most serious human rights crises across the globe and also share with its readers the incredible work of its members. In 2014, the IRCT published more than 80 blogs, reaching an audience of thousands of people from all corners of the globe.
A Year in Campaigning

26 June - Global Campaign on the UN Day in Support of Victims of Torture

To the IRCT, 26 June 2014 was a day of optimism. An astounding 110 organisations worldwide took part in marking the day and thousands of people helped share this year’s theme ‘Fighting Impunity’.

Everyone has a right to justice and rehabilitation and an important step in ending the suffering of torture victims is to ensure that perpetrators are brought to court. In all regions of the world, crimes of torture are committed every day against men, women and children. In most cases, no one is prosecuted and punished for them.

26 June gave organisations the opportunity to cast a much needed light on the many cases of impunity around the world and to spread the message that torture should not be tolerated. In many countries, government and state representatives acknowledged the contribution of anti-torture organisations by meeting
with the local communities to discuss what measures can be taken to protect the survivors and to punish the perpetrators.

Every year, the IRCT supports its members’ local campaigns with a range of materials and brings together all the voices into one strong message. The IRCT also publishes the Global Report, which highlights the diverse activities and stories of those who used the day to call for an end to torture, justice and rehabilitation for the victims.

Human Rights Day: Using social media to cast a light on the need for psychosocial support for victims of torture in legal proceedings

To mark Human Rights Day in 2014, the IRCT used social media to highlight the stories of healthcare providers and victims of torture who contributed to the report ‘In Pursuit of Justice’, which addressed the need for psychosocial support for victims of torture in legal proceedings (read more about the report under Capacity Building).

The IRCT produced a social media tool kit that included key messages, a template press release, illustrations, and sample tweets. The kit was shared with the 37 IRCT members involved in the production of the report, so they could run parallel campaigns locally.
IRCT report highlights the need for psychosocial support for torture victims in legal proceedings

For many victims, seeing the perpetrator brought to justice and receiving compensation for the harm suffered is an essential step in their rehabilitation process. Yet, a trial is often an emotionally painful process during which the torture victim will require constant support from health and legal professionals to prevent re-traumatisation.

By offering victims of torture specialised psychosocial support and access to justice programmes, centres can help them overcome the psychological burden of a trial, and also enhance the therapeutic impact of justice on the individual’s rehabilitation. However, despite the potentially positive impact, the issue currently receives little attention.

In 2014, the IRCT cast a light on psychosocial support for victims of torture in legal proceedings by launching its ‘In Pursuit of Justice’ report.

The report illustrates the key challenges, impact and possible solutions for health and legal professionals to provide torture victims with the psychosocial support needed to ensure their participation in legal proceedings has as positive an effect on their overall recovery process as possible.

The report highlights the role and experience of 37 IRCT member centres who already provide psychosocial support to torture victims involved in legal proceedings.

With the report, the IRCT hopes to contribute to improving the experience of torture victims at court and highlight the critical role that torture victims play in bringing perpetrators to justice and in the overall fight against impunity.
“A supportive network should be organised around victims composed of different professionals, relatives and friends. Only through cooperation between these actors can victims be helped effectively.”

RCTV Memoria, Moldova

“The rehabilitation centre is my church now. I come, I meet people. They offer me medical assistance and the chance to share my story. I am blessed to have them. But we don’t have anything from the state.”

Fear of re-traumatisation and a lack of trust in the judicial system dissuades the pursuit of justice: The story of Dom from Albania

“They provide me with great legal support and, in the beginning, they helped me with my physical recovery, psychological attention, and in many ways with emotional support,” he remarks. “This strength has not desisted my search for justice.”

14 Years - The slow pace of justice and fear of reprisals almost deters victim’s fight against impunity: The story of José from Venezuela
Marking 20 years: 
The long-lasting 
effects of the Rwandan Genocide

In 2014, the IRCT shared a number of victim stories from Rwanda, marking 20 years since the Rwandan Genocide.

In 100 days, over 800,000 people were killed for being part of a different ethnic community. On numbers and timescale alone, the 1994 Rwandan Genocide remains the largest of modern times. Twenty years later, the effects are still being felt across the country.

Among those who suffered the most are the women who were victims of sexual violence. To highlight the voices of those women as they overcame the effects of rape through rehabilitation, the IRCT shared 10 stories from female survivors of the genocide. These stories were published throughout the 100-day period of the 1994 Rwandan Genocide (7 April - 15 July) to show the progress of female victims of sexual violence, many of whom have reinvented their lives through sociotherapy.

“At the beginning of the genocide we were all at home. We saw houses being burned on the other side of our neighbourhood. Suddenly I saw many aggressive men coming towards our home. They had machetes and sticks. I then heard my mother telling us, “Run away because they are coming to kill us.” We fled separately, each searching for a place to hide. I decided to hide in the forest, expecting nobody to find me there. I spent three days alone in the forest. Then the Interahamwe found me and raped me.”

“Speaking is a process of healing. When you meet other people and talk with them, like we did in the sociotherapy group, you learn from each other and advise each other on how to deal with problems. This advice helps you gain strength. In addition, when people listen to you, you do not feel lonely anymore.”
Throughout 2014 the IRCT continued its work to advocate torture victims’ right to rehabilitation and access to justice. The aim is to work with and through member centres at the national level and engage with UN human rights bodies and regional mechanisms to make the entitlement to rehabilitation a reality for all torture victims. As a specific focus of its work, the IRCT drives forward standard setting and country specific action with regard to the right to rehabilitation, documentation and investigation of torture and ill-treatment.

Global Action

Working with the UN

In its work at the UN, the IRCT successfully inserted the right to rehabilitation and effective medical documentation of torture in accordance with the Istanbul Protocol into various standard setting and State review processes.

The IRCT made significant contributions to the annual reports of the Special Rapporteur on torture (focusing on implementation of the Istanbul Protocol) and Special Rapporteur on the promotion of truth, justice, reparation and guarantees of non-recurrence (right to rehabilitation in transitional justice processes). Notably, the Special Rapporteur on Torture publicly endorsed key IRCT positions on States’ obligations to document and investigate torture and ill-treatment.

The IRCT also took part in events to promote due investigation and documentation of torture, including events adjacent to the United Nations General Assembly in New York, together with the UN OHCHR, and during the Congress of the World Psychiatric Association.

To insert the right to rehabilitation into State discussions, the IRCT engaged with the Convention against Torture Initiative led by Denmark and four other states to promote global ratification and implementation of the Convention against Torture over a 10-

Groundbreaking recommendations

In a central part of its recommendations, the Committee against Torture urged Venezuela to establish a rehabilitation programme for torture victims as part of the public health system. The Committee also called on Venezuela to implement documentation training of health professionals in accordance with the Istanbul Protocol, to fully implement the Istanbul Protocol in investigations and to collect statistical data on investigation, prosecutions and redress awards as part of implementing a new anti-torture law.

The recommendations followed strong engagement by IRCT member Red de Apoyo, which promoted the need to recognise the positive developments that have taken place in the country while firmly addressing the many remaining shortcomings. As a rehabilitation service provider, Red de Apoyo focused on promoting enhanced state action in making rehabilitation available to victims and improving its flawed system of investigation.
year period. Among the key outputs of this engagement was the development of an indicator for measuring implementation of the right to rehabilitation based on information available to CAT and a global assessment based on that indicator.

The IRCT supported members in Sierra Leone, Venezuela, Ecuador, United States of America and Australia in influencing the Committee against Torture (CAT) and Subcommittee on Prevention of Torture (SPT) State review processes of their respective countries. The IRCT also supported members in Albania, Turkey, and Kenya in promoting the right to rehabilitation in the Universal Periodic Review of the UN Human Rights Council. These activities involved the development of members’ capacity to do advocacy, analysis of their national context and implementation of the right to rehabilitation and the promotion of strong and relevant recommendations to their respective governments.

Finally, the IRCT was a central actor in influencing the UN treaty body strengthening process to ensure that the outcome creates tangible improvements for the victims and organisations that rely on these mechanisms for promoting domestic change. Together with various other NGOs, the IRCT successfully lobbied for a treaty body strengthening resolution, which includes significant advances in accessibility for national actors.

In follow up, the IRCT produced a technical paper proposing concrete amendments to CAT working methods to enhance the accessibility of the Committee’s work for local stakeholders. Discussions on amendment of working methods will continue in 2015 and 2016.

Expert opinion on virginity testing

The Independent Forensic Expert Group (IFEG) is an international reference group of experts in the documentation of torture according to the Istanbul Protocol and consists of more than 30 of the most qualified experts worldwide. The group provides technical advice, participates in missions to examine alleged torture victims and draws up impartial medico-legal reports (MLRs) to strengthen the evidentiary basis in court cases relating to torture. As the Secretariat of the IFEG, the IRCT coordinates the group.

In 2014, the IFEG continued to play an important role in the advocacy activities of the IRCT. Responding to the potentially traumatising practice in many countries of forcibly conducting virginity testing upon women, the IFEG issued an important expert statement on the practice. The expert statement finds that forcibly conducting virginity testing upon women is a clear human rights violation that is likely to leave the victim with significant physical and psychological scars, and constitutes ill-treatment and, in many instances, torture.

Regional Action

Protecting asylum seekers and victims of torture

Through its membership of networks and cooperation with other organisations the IRCT applied pressure to EU stakeholders on several issues in 2014. The IRCT called on all EU stakeholders to make sure that all asylum and migration policies take into consideration the specific needs of victims of torture; and that a victim-centered approach is adopted in all aspects of the adoption of the Common European Asylum System.

This call was part of the IRCT’s contribution to a public consultation launched by the Directorate-General for Home Affairs and Justice on the Post-Stockholm Agenda, which will shape the European Union’s Home Affairs policies (including asylum and migration) for the next five years.

In March, the IRCT played a role in the development of a resolution passed by the European Parliament by a huge majority on the eradication of torture in the world. The resolution, which calls for stronger action on behalf of the EU external policy bodies to fight against torture wherever and whenever it occurs, was drawn up in consultation with the IRCT and other NGOs in the sector.

Influencing regional standards and jurisprudence

A key component of the IRCT’s advocacy strategy is to ensure that regional and national standards and jurisprudence is in line with the global standards elaborated in CAT General Comment No. 3. Thus, 2014 was a year of preparation of action towards the Organization of American States (OAS) and the African Commission on Human and Peoples’ Rights (ACHPR). To this effect, the IRCT engaged with the membership and key stakeholders, most notably the Pan-African Reparations Initiative (PARI), to ensure that the IRCT’s knowledge and expertise in this area is a central part of the discussion. Concrete action towards OAS and ACHPR is expected to take place from 2015 and onwards.

National support

Supporting members on the domestic front

In Kenya, the IRCT intervened with member centre IMLU, in support of national implementation of CAT recommendations made in 2013. As part of the interventions, the IRCT brought the non-implementation of CAT recommendations to international attention in connection with the Human Rights
Looking back in order to look forward at UNCAT anniversary event in Brussels

In December, the international community in Brussels celebrated the 30th anniversary of the adoption of the Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment (UNCAT) by the United Nations General Assembly. The IRCT together with the EC and the European External Action service (EEAS), and in collaboration with civil society organisations marked the anniversary with an event featuring round table discussions followed by a debate with the audience. IRCT Council member Felicitas Treue was on the panel together with other prominent stakeholders including Denmark’s Permanent Representative to the UN in Geneva, Carsten Staur and Executive Secretary of the European Committee for the Prevention of Torture (CPT), Mr Jeroen Schokkenbroek.

Council’s Universal Periodic Review (UPR) process. Most of IMLU’s recommendations were accepted by the Kenyan Government in the UPR and the law has significantly improved language on rehabilitation of torture victims and medical documentation of torture.

In October 2014, the IRCT also led a roundtable with IMLU and its network of medical, mental health, legal, and civil society professionals. This roundtable assessed the current state of Istanbul Protocol implementation in Kenya and led to the formulation of action plans on how best to strengthen its investigations and documentations of torture and its national advocacy to further Istanbul Protocol implementation along the lines of the CAT recommendations.

In Nigeria, the IRCT supported member centre PRAWA, with engaging in a dialogue with key national security sector agencies to introduce and enhance human rights training for the security sector. The preliminary outcome was a commitment from the national police service to review its training curriculum with the view to having more adequate representation of human rights issues in collaboration with PRAWA and other key national stakeholders.

As part of its advocacy, the IRCT undertook strategic interventions, including the submission of experts’ opinions in legal proceedings at national and international levels, such as to the Supreme Court of Mexico, as well as the Inter-American Commission on Human Rights.

Furthermore, the IRCT worked with its member centres and their partners across the world to develop and undertake strategic plans of action to implement the Istanbul Protocol in national contexts.

Istanbul Protocol Plan of Action

Drawing upon more than a decade of Istanbul Protocol implementation experience, the IRCT, along with Physicians for Human Rights, the Human Rights Foundation of Turkey, and REDRESS, continued to develop a global plan of action as a roadmap for promoting and monitoring national implementation of the investigation and documentation standards in the Istanbul Protocol.

In October, the United Nations Special Rapporteur on Torture specifically acknowledged the importance of and support for the Istanbul Protocol Plan of Action initiative as, “an important initiative to seek formal State recognition of the Istanbul Protocol so that administrative, legislative, judicial and independent human rights authorities adopt and apply the Protocol.”

Through the Istanbul Protocol Plan of Action, the IRCT and its partners hope to achieve a comprehensive strategy for how to ensure that, at the national level, all alleged torture victims have access to an effective investigation and documentation of the alleged offences.

Operations

In the beginning of 2014, the IRCT Secretariat relocated its offices to a new address in Copenhagen, Denmark.
Our Donors

Thank you for your support

The IRCT gratefully acknowledges the support of the following:

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

€10,000 - €99,999
Federal Foreign Office of Germany
Aase og Ejnar Danielsens Fond
Lauritzen Fonden
IG/BS Anti Torture Fun

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

€1,000 - €9,999
Onkel Williams Fond
Hartmanns Fond

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

Programme development and implementation accounted for 75% of the total 2014 expenditure (compared to 73% in 2013). 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 projects funded by the European Commission (EC), but also through the sub-grant scheme funded by OAK and core activities funded by other donors. Influencing policy activities, namely on forensic documentation of torture continued in 2014 via an EC-funded project and as an integrated part of the IRCT’s core activities. Sharing knowledge activities, including communications, have remained at a level comparable with 2013.

Governance costs represented 4% of total expenditure (2% in 2013). The increase can be explained by the hosting of two Council meetings in 2014 in comparison to none in 2013.

Expenses with donor relations decreased significantly by 43% compared to 2013, representing 3% of total expenditure as opposed to 5% in 2013.

The support costs of running the offices in Copenhagen, Brussels and Geneva decreased in 2014 to 18% of the total expenditure (20% in 2013). One main reason for the decrease was due to moving to new premises, saving about 37% on the rental costs. General overhead costs are decreasing and the IRCT will continue to look for opportunities to reduce costs and improve efficiency.

Income

Overall, the total income for 2014 decreased by 4%, which is mostly due to government funds and funds from foundations having decreased by 9% and 51%, respectively, while donations from private individuals increased by 113% compared to 2013.

Grants from the EC remain at a high level with an increase of 2% compared to 2013. A new EC-funded three-year project, DFI (Global Holistic Approach to the fight against Impunity for Torture) was launched in April 2014.

Ongoing dialogue with a number of European governments and other donors is taking place, in order to ensure they can be a part of the Framework Agreement Portfolio.

1. A three-year agreement 2015-2017 has been signed with Norway.
3. A one-year agreement is under negotiation with the OAK Foundation.
4. The three-year agreement with the Danish and Finnish governments will lapse in 2015, therefore in 2016 new agreements 2016-2018 will be sought. In this process a “light review” will be conducted by the Danish Ministry, scheduled for the spring of 2015.

Beyond 2014

In the new IRCT Strategic Plan for 2015-2020 there is a specific focus on multi-year unrestricted funding agreements with new governments, as a very important way to secure the basis for the future. The governments in question are European countries, with whom we have previously received considerable grants. The general strategic idea is to decrease the dependency on income from EC funded projects, where several different parameters (i.e. volatile environment, political instability) can jeopardise planned and budgeted operations. The main financial objective for future years will continue to be entering into long-term donor agreements with governmental agencies, multinational organisations and private national and international foundations.
Long-term funding and strategic development

In order to further sustain and diversify the donor base of the IRCT, efforts will be made in 2015 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 IRCT income stream; and finally the streamlining of fundraising activities throughout the organisation in order to increase the IRCT’s ability to engage in a greater amount of fundraising initiatives.

A donor conference with the participation of key donors was held in May 2014. Following up on this, a second donor conference was held in February 2015. The purpose of these meetings will be to create synergies, sharing knowledge, and align the reporting as much as possible.

Project funding

The three-year project in the Great Lakes region of Eastern Africa continued in 2014, and it was decided to apply for a no cost extension in September 2014. This was approved by the EC. Due to significant underspending compared to the budget, an additional no cost extension was requested for 2015.

Also for the Libya project, a no-cost extension until January 2015 was approved. Given the unstable political environment, and the risk to staff being worse than ever, it remains a significant challenge to operate on the ground, and proceed with the planned operations.

The Peer support project in Europe was carried out in accordance with the plans and was completed with the reporting to the EC in June 2014. The start of the new DFI (Global Holistic Approach to the Fight Against Impunity for Torture) project awarded by the EC for a three-year period was initiated by April 2014, and an inception meeting with the participation of the partners in Copenhagen in June 2014. The sub-grant scheme to rehabilitation centres financed by the OAK Foundation was renewed for a year, with a 12.5% decrease in 2014, and a new application will be submitted in spring of 2015.

Expenditure focus

It will be a very important focus area to look at various ways of reducing expenses and incurring expenditure in a prudent and measured manner. A significant reduction in the cost of premises for 37%, has contributed to keeping the overall expenditure level close to that of 2013.

Other areas of the IRCT’s expenditure will undergo analysis during 2015 in order to reduce cost with maximum impact, while not affecting the operations.

Planning and controls

To avoid a deficit, the following measures should apply to work adequately:

- Working only with balanced budgets in relation to income vs. expenditure, and positive liquidity.
- Monthly follow-up on the approved budget for the year.
- Information on a monthly basis to relevant stakeholders (i.e. management) of the status.
- Information on a quarterly basis to ExCom, as a point on the Agenda, and the corporation partners.

If for any reason a negative balance of the budget as for income vs. expenditure, as well as liquidity is anticipated, the reasons will be analysed and communicated to management, in order for them to take appropriate action.

The newly finalised infrastructure of updated systems and procedures for the financial management system (aligned to the Strategic Plan just published) is well equipped to handle the challenges ahead. A Draft Financial Management Policy is also a part of an important tool to monitor the financial status of the IRCT going forward. With these measures in place, the IRCT considers that the shortcomings in 2014 will be addressed.

Budgeting

As the continued operations of the IRCT are dependent on positive liquidity, the ExCom has approved a budget for 2015, including income and expenditure on a balanced level, showing a surplus. The budget also shows that the liquidity remains positive during 2015. As the budget operates based on a fragile liquidity, it is material that the budget is adhered to. Naturally, uncertainties are related to the budget especially related to hedging of sufficient contributions from donors as well as reduction of expenditures.

The IRCT is focused on monitoring liquidity on a current basis, and addresses any change that might affect the streams of income or expenditure.

Risk management

Going forward, the IRCT will adopt risk management in all areas of its work. The risk registry part of this will have a specific emphasis on the income side where different categories for budgeting will be used.
## Income and Expenditure Statement

<table>
<thead>
<tr>
<th></th>
<th>2014 Euro</th>
<th>2013 Euro</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Income</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Grants from National Governments</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Denmark</td>
<td>1,205,532</td>
<td>1,214,489</td>
</tr>
<tr>
<td>The Netherlands</td>
<td>-</td>
<td>35,575</td>
</tr>
<tr>
<td>Sweden</td>
<td>649,860</td>
<td>689,382</td>
</tr>
<tr>
<td>Norway</td>
<td>182,164</td>
<td>186,548</td>
</tr>
<tr>
<td>Finland</td>
<td>250,000</td>
<td>400,000</td>
</tr>
<tr>
<td>Switzerland</td>
<td>-</td>
<td>17,029</td>
</tr>
<tr>
<td>Germany</td>
<td>20,135</td>
<td>-</td>
</tr>
<tr>
<td><strong>Grants from Multilateral Institutions</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>European Commission</td>
<td>950,611</td>
<td>928,807</td>
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<tr>
<td><strong>Grants from Foundations</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>OAK Foundation</td>
<td>555,105</td>
<td>645,268</td>
</tr>
<tr>
<td>Other foundations</td>
<td>55,636</td>
<td>114,001</td>
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<tr>
<td><strong>Grants from Private Individuals</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>288,572</td>
<td>135,228</td>
</tr>
<tr>
<td><strong>Other Income</strong></td>
<td>114,405</td>
<td>102,759</td>
</tr>
<tr>
<td><strong>Total Income</strong></td>
<td>4,272,020</td>
<td>4,469,086</td>
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</table>
### Expenditure

<table>
<thead>
<tr>
<th>Category</th>
<th>2014 Euro</th>
<th>2013 Euro</th>
</tr>
</thead>
<tbody>
<tr>
<td>Programme Development and Implementation</td>
<td>(3,370,047)</td>
<td>(3,206,779)</td>
</tr>
<tr>
<td>Governance</td>
<td>(185,435)</td>
<td>(90,825)</td>
</tr>
<tr>
<td>Donor Relations</td>
<td>(119,096)</td>
<td>(208,135)</td>
</tr>
<tr>
<td>Support Costs</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Office running</td>
<td>(492,670)</td>
<td>(631,640)</td>
</tr>
<tr>
<td>Administration staff</td>
<td>(326,867)</td>
<td>(249,393)</td>
</tr>
<tr>
<td><strong>Total Expenditure</strong></td>
<td>(4,494,115)</td>
<td>(4,386,772)</td>
</tr>
<tr>
<td><strong>Net Contribution/(Deficit) for the Year</strong></td>
<td>(222,095)</td>
<td>82,314</td>
</tr>
</tbody>
</table>

### Balance Sheet

<table>
<thead>
<tr>
<th>Category</th>
<th>2014 Euro</th>
<th>2013 Euro</th>
</tr>
</thead>
<tbody>
<tr>
<td>Assets</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Project receivables</td>
<td>32,135</td>
<td>40,662</td>
</tr>
<tr>
<td>Other receivables</td>
<td>529,000</td>
<td>412,134</td>
</tr>
<tr>
<td>Receivables</td>
<td>561,135</td>
<td>452,796</td>
</tr>
<tr>
<td>Liquid assets</td>
<td>703,393</td>
<td>1,956,744</td>
</tr>
<tr>
<td>Liabilities</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Net capital reserve (unrestricted) at 1 January</td>
<td>233,512</td>
<td>151,198</td>
</tr>
<tr>
<td>Net Contribution/(Deficit) for the year</td>
<td>(222,095)</td>
<td>82,314</td>
</tr>
<tr>
<td><strong>Net capital reserve at 31 December</strong></td>
<td>11,417</td>
<td>233,512</td>
</tr>
<tr>
<td>Prepaid project grants</td>
<td>931,133</td>
<td>1,705,595</td>
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<tr>
<td>Payables</td>
<td>321,978</td>
<td>470,433</td>
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<tr>
<td><strong>Payables</strong></td>
<td>1,253,111</td>
<td>2,176,028</td>
</tr>
<tr>
<td><strong>Total Liabilities</strong></td>
<td>1,264,528</td>
<td>2,409,540</td>
</tr>
</tbody>
</table>
How the IRCT is governed

The democratic structure of the IRCT is and 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

**GENERAL ASSEMBLY**: The democratic base 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 into the policies and strategies of the IRCT in order to advance the global mission of the organisation. The General Assembly meets every three years.

In 2014, the IRCT started planning the next General Assembly, which will take place in Mexico in March 2016. The next General Assembly will also comprise an international symposium that will mobilise knowledge and provide a platform to discuss the latest developments and current challenges in the delivery of health-based rehabilitation to torture victims.

**COUNCIL**: The Council is the main policy-making body of the IRCT. It comprises 26 members representing the entire membership, and includes three independent experts who provide an external perspective (29 people sit on Council in total). The Council holds annual meetings in order to discuss and decide policies and key organisational issues, and to monitor the progress of the IRCT’s work at the global level and in the regions.

Two Council meetings took place in 2014, both of which were held in Copenhagen. One of the key topics that was up for discussion was the IRCT’s 2015-20 Strategic Plan.

**EXECUTIVE COMMITTEE**: The Executive Committee (ExCom) is a deliberative body made up of eight members: one from each of the regions plus one independent expert, including the President and Vice President. The ExCom 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 ExCom appoints the Secretary-General of the IRCT.

Four ExCom meetings took place in 2014. At the meetings the committee made a number of decisions related to fundraising, membership and budgeting, and also discussed the IRCT’s Strategic Plan 2015-2020.

**SECRETARIAT**: Finally, primarily based in Copenhagen, Denmark, but with an office in Brussels, Belgium, the Secretariat is well placed to guide, advise and implement the work shaped and determined by the membership of the IRCT, the Council, and the ExCom.
The Democratic Structure

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 Yadira Narváez
MD; Director, PRIVA, Ecuador; Elected Council Member representing the Latin American Region

Mr Boris Drozdek
PhD 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, 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 Drozdak  
(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

Ms Mariana Lagos  
MD Psychiatrist; Member of Clinical Team and Project Coordinator, EATIP, Argentina

Ms Felicitas Treue  
Psychologist and psychotherapist, Co-founder of Colectivo Contra la Tortura y la Impunidad (CCTI), Mexico

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
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
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 (2)
Save Congo
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
<table>
<thead>
<tr>
<th>Country</th>
<th>Organization</th>
</tr>
</thead>
<tbody>
<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 – Accompaniment Thérapeutique des Victimes de Torture</td>
</tr>
</tbody>
</table>
| 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 – O cina 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 (5)        | 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  
|                  | VRTC - 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 (2)         | BFRCT - Bahjat Al-Fuad Rehabilitation of Medical & Psychological Centre for Torture Victims  
|                  | Jiyan Foundation for Human Rights (formerly Kirkuk Center for Rehabilitation of Torture Victims) |
| Ireland (1)      | SPIRASI - The Centre for the Care of Survivors of Torture |
| Italy (3)        | VI.TO/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 (3)        | CAT Kenya - Centre Against Torture  
|                  | 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)       | CTT - 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 Transculturale 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 |
Palestinian Territory, 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 Rehabilitées, 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)
CSVIR - 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)
ACTRVT - 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 Universitaire de Genève
Turkey (7)
SOHRAM-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
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
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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.

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.

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