The International Rehabilitation Council for Torture Victims (IRCT) is an independent, international health-based human rights organisation, which promotes and supports the rehabilitation of torture victims, promotes access to justice and works for the prevention of torture worldwide. The vision of the IRCT is a world without torture.

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Foreword
By Dr Mohamud Sheikh Nurein Said, President, and Ms Brita Sydhoff, Secretary-General

The year 2011 was a momentous one in the struggle against torture. Citizens across the Arab world in particular brought human rights back to the forefront of discourse within their own communities and within the international community.

Now, as the reverberations of that Spring continue to shake the region, there is a legacy of suffering: a legacy of torture victims and their families who are in desperate need of rehabilitation.

The needs are great for the consequences of torture are many. Therefore, rehabilitation must be a coordinated effort that covers both physical and psychological needs as well as necessary legal and social support.

The positive impact of rehabilitation efforts is often far-reaching. It goes beyond the impact on the individual to affect communities and society at large and plays a key role in promoting democracy, peaceful co-existence and respect for human rights. Thus, rehabilitation is essential in nation-building and in post-conflict transformation.

Article 14 of the United Nations Convention against Torture expressly provides that states should make compensation an enforceable right, including the means for as full rehabilitation as possible.

However, most rehabilitation services for torture survivors today are provided by nongovernmental organisations around the world. Many of these — around 150 globally — are members of the IRCT. They treat over a hundred thousand torture survivors per year. While they differ in capacity, focus and size, they commonly offer holistic support to torture survivors, including medical attention, psychotherapeutic treatment, psychosocial support, legal services, social reintegration and economic and vocational support.

In the autumn of 2011, we highlighted this need for rehabilitation to the United Nations General Assembly in New York: it is as much a right in the Arab world as it is elsewhere.

In 2012, the need to prevent torture and deal with its devastating consequences is still great. We’re already working with health professionals in Libya to begin to meet the needs of those who suffered there for so long. And all across the world our member centres continue their work in rehabilitation and the inter-related areas of preventing torture and ensuring redress for the victims through access to justice.

But, as a civil society movement, we can't meet this need alone. We need the continued support, from governments, foundations and individuals, to enable us to provide the services so desperately needed by torture survivors and their families.

We thank you all for your contributions to our movement and count on your solidarity in the future.

Dr Mohamud Sheikh Nurein Said, President
Ms Brita Sydhoff, Secretary-General
The IRCT: a global movement

The IRCT is a health-based umbrella organisation that supports the rehabilitation of torture victims and the prevention of torture worldwide.

Our membership comprises around 150 independent organisations in over 70 countries. Today, we are the largest membership-based civil society organisation to work in the field of torture rehabilitation and prevention, and we continue to grow. In 2011 we welcomed new members from Italy, Kyrgyzstan, Liberia, Namibia, Nepal and the United States of America.

The implementation of our five-year strategic framework (see page 5) in support of delivering our mission gathered pace in 2011. In the following pages you will read about key outputs in capacity development, advocacy at the international, regional and local level and our role as a global hub of expertise in the documentation of torture. You will also read about our expanding work combating the torture of women and girls.

Securing the funding for our global movement is a permanent challenge. Yet in 2011, a key development for us was the acknowledgement of the IRCT’s role in development, as represented by its acceptance in June into the OECD Development Assistance Committee’s (DAC) list of international NGOs eligible for Official Development Assistance. It enables us to pursue core support from development assistance agencies not previously accessible to us. Inclusion on the DAC list will be felt by the IRCT global membership in the coming years, as funding relationships with development agencies contributing to the fight against torture are strengthened, and as the IRCT is able to further demonstrate its vital role in development.

2011 also saw the IRCT honoured by the government of Argentina and the International Academy of Law and Mental Health.

The International Academy of Law and Mental Health (IALMH) awarded the IRCT the Philippe Pinel Prize at its biennial congress held at Humboldt University, Berlin in July. The IRCT was awarded the prize for its “contribution in the protection of human rights and its distinguished record worldwide in the treatment of vulnerable populations”. In a second award, Ms Brita Sydhoff, IRCT Secretary-General, was honoured by the IALMH “in recognition of her outstanding leadership of the IRCT and its achievements in the field of human rights and the protection of victims of torture”.

Later in the year, the IRCT was awarded the prestigious Emilio F. Mignone International Human Rights. The

“This is awarded in recognition of the importance of the IRCT’s work with torture victims and in the prevention and prohibition of torture in the world, as well as the seriousness with which the IRCT performs its work.”

— Héctor Timerman, Argentina’s Minister for Foreign Affairs
prize was awarded by Héctor Timerman, Argentina's Minister for Foreign Affairs, and Isabel Mignone, the daughter of the late Emilio F. Mignone, at a ceremony in Buenos Aires in December.

Established in 2007, the Emilio F. Mignone International Human Rights Prize grants recognition to foreign organisations or individuals fighting impunity against systemic violations of human rights. The prize is regarded as Latin America's premier human rights prize.

Both of these prizes were accepted by the IRCT Secretary-General on behalf of the entire global movement of IRCT member centres, whose dedication to the needs of over 100,000 survivors of the horror of torture annually continues often in the most challenging of circumstances.

26 June – International Day in Support of Victims of Torture

The International Day in Support of Victims of Torture provides us with an annual focal point to honour the victims of torture and to remind the world of the ongoing need to eradicate this practice and care for the survivors. Each year the IRCT coordinates a global campaign involving member centres and other organisations around the world.

The 2011 campaign took the theme “Torture is both a cause and effect of poverty”. According to Professor Manfred Nowak, IRCT Patron and former UN Special Rapporteur on Torture, if you are poor, you are more likely to become a victim of torture. And, if you are a victim of torture, the devastating consequences often lead to an inability to provide for oneself or one's family; and where torture is endemic, this can lead to destitution for whole societies.

For the day's commemorations, a range of campaign tools related to the theme was provided by the IRCT Secretariat, including a campaign kit, visual materials, a collection of sample letters and press releases, factsheets and a short film — the result of an IRCT-organised micro-film competition. In addition, we provided a global reading, read out all over the world on the day.

Participating organisations made use of a range of different means to convey a global message locally and achieved remarkable results. While many chose to organise conferences to amplify usually silent voices, many others chose cultural expressions or political means to reach their goals and spread their messages further. As a truly global campaign, 2011 events reflected the diversity of the movement against torture.

The IRCT has been involved in the 26 June global campaign since shortly after the proclamation of the International Day in Support of Victims of Torture by the UN General Assembly in 1997. Today, the campaign reflects the growing strength of the movement: in 2011, an outstanding total of 73 organisations, of which 62 are members of the IRCT, from 52 countries, took part in the campaign.

IRCT member centres around the world

As of December 2011, there are 144 IRCT member centres and programmes around the world representing 73 countries.

Find out more at www.irct.org
Our mission is to:

- Ensure that torture victims are able to access appropriate health-based torture rehabilitation services
- Ensure that torture victims are able to have full access to justice
- Contribute towards the prevention of torture worldwide.

We work towards our mission by facilitating:

- Capacity development within the IRCT membership
- A more enabling policy environment for our membership and for torture victims
- The generation and sharing of knowledge within the IRCT membership and with the wider anti-torture movement.

Our vision is a world without torture.

Strategic objectives 2011-2015: the IRCT strategy matrix

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<thead>
<tr>
<th>Strengthening capacity</th>
<th>Influencing policy</th>
<th>Sharing knowledge</th>
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<tr>
<td><strong>Rehabilitation</strong></td>
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<tr>
<td>1. IRCT members will have learned from holistic rehabilitation methods in different social, economic, cultural and political settings, and demonstrated the application of these methods to their own context</td>
<td>4. The IRCT will have ensured that more stakeholders respect the rights of torture victims to rehabilitation, whilst ensuring that more providers of specialised treatment services are protected</td>
<td>7. The IRCT will be recognised as a global information hub for members’ knowledge related to the holistic rehabilitation of torture victims</td>
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<tr>
<td><strong>Justice</strong></td>
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<td>2. IRCT members will be able to facilitate better access to justice for torture victims through medico-legal documentation and psychosocial support</td>
<td>5. The IRCT will have encouraged more governments and other stakeholders to introduce effective mechanisms to fight impunity</td>
<td>8. The IRCT will be recognised as a leading source of knowledge on the generation and use of medical documentation in legal proceedings</td>
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<tr>
<td><strong>Prevention</strong></td>
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<td>3. IRCT members will be able to better promote the prevention of torture in collaboration with other human rights advocates</td>
<td>6. The IRCT will have encouraged more stakeholders to make a strong commitment and measures to prevent torture globally</td>
<td>9. The IRCT will be recognised as an international source of data and statistics that supports monitoring the implementation of international torture prevention obligations</td>
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Developing the capacity of our membership

As a global movement of rehabilitation centres, our strength lies in our membership and our collective ability to best serve the needs of survivors of torture worldwide. Among our top priorities has been to ask ourselves: how can we improve our capacity to bring the most appropriate rehabilitation services and methods to torture victims around the world?

Holistic rehabilitation encompasses multiple ways of thinking about healing a torture survivor, including medical and psychological treatment, psychosocial and/or community counselling, collective trauma therapy, legal redress and documentation, financial reparations and livelihood support.

In 2011, the IRCT completed the second year of a three-year project specifically focusing on improving the capacity of our member centres in ten target countries in Latin America, Asia and sub-Saharan Africa. The project is uniquely designed to meet both the needs of the centres involved and also benefit from their respective expertise to create a cooperative experience of sharing knowledge across the regions.

IRCT members all over the world have expertise and accumulated knowledge that can benefit others. For example, EATIP in Argentina has extensive experience in supporting torture victims – medically, psychologically and financially – through justice proceedings. They have done so with several victims who are providing witness testimony in cases from the former dictatorial regime. In Uganda, the African Centre for Treatment and Rehabilitation of Torture Victims has been at the forefront at developing livelihood programmes – training women how to sew or weave, for example – as part of their rehabilitative care for female victims of sexual violence and torture. Other centres are skilled at fundraising and understanding how to apply for grants from the European Union or philanthropic foundations.

The exchange programme coordinated by the Secretariat for capacity development among the members included the visit of a doctor from Sri Lanka to an Indian centre to learn a new psychosocial treatment method. A partner in Cameroon met with other sub-Saharan African centres to discuss fundraising options – to work together rather than in competition. A forensic specialist from Colombia visited a centre in Mexico to share the most up-to-date information on documenting torture in accordance with the Istanbul Protocol.

Rehabilitation: examples of sharing methods across borders

Ten counsellors from Survivors Associated of Sri Lanka attended a one-month residential training course at Christian Counselling Centre (CCC), a non-profit educational institution in India that provides training in psychosocial counselling and psychotherapy. The course included specific training on psychological counselling, focusing on physical and sexual abuse, trauma counselling and information on care for caregivers.

A psychiatrist and psychologist from EATIP - Equipo Argentino de Trabajo e Investigación Psicosocial traveled to bzfo - Berlin Center for the Treatment of Torture Victims in Germany to exchange knowledge of psychotherapeutic rehabilitation methods and group dynamics, transmission of trauma, pain treatment techniques and research.
The exchange programme provides a direct opportunity to develop individuals’ and organisations’ capacities in an intense, practical and effective manner that encourages sharing the knowledge gained with colleagues. Exchanges are proven and versatile instruments that allow the partners to select the best counterpart according to their particular capacity-building needs.

Furthermore, regional and thematic seminars created a platform for knowledge-exchange and capacity development. The regional seminars seek to contribute to the regional networking and knowledge sharing between IRCT centres, thus creating stronger bonds between centres in the region and contributing to south-south capacity development. Member centres Restart of Lebanon, CAPS of Peru, MAG of the Philippines and the Senegalese CAPREC/VIVRE hosted regional seminars in 2011. All regional seminars included a focus on experiences in the documentation of torture and discussion of the Istanbul Protocol and forensic evidence of torture.

All of these activities contribute to our strategic aim that the rehabilitation centres within the IRCT network are better equipped to attend to victims of torture.

Livelihood support within a holistic rehabilitation approach

Livelihood development support is an appropriate response in the menu of rehabilitation responses used by members working with survivors in communities striving to develop or emerging from a post-conflict situation. This approach to rehabilitation has two most basic results: first, it may deliver practical skills or fiscal support that enables a survivor to earn an income to support themselves and their families; second, through engaging with survivors of torture in the context of livelihood development activities, there are important psychosocial benefits that directly relate to their rehabilitation.

Innovative approaches to livelihood support are being undertaken throughout the IRCT membership. For example, Restart of Lebanon has developed a Livelihoods Unit within its rehabilitation team with the aim of improving the socio-economic support provided to torture survivors.

The Center of Psychosocial Attention (CAPS) in Peru developed livelihood activities to benefit victims of torture and political violence who are also small business managers; these are clients of the rehabilitation centre who, for example, own a grocery store or sell cleaning products. The survivors received training in entrepreneurship, which was tailored according to their type of business; they also received support during this process.

As a global membership organisation, capacity development is a key strategy to bring about real change across the worldwide network of rehabilitation centres within our three main focus areas of rehabilitation, access to justice and prevention of torture. In order to achieve these main goals, the IRCT shall continue our work in ensuring that the more than 140 centres learn from each other’s respective expertise so that the victims of torture benefit the most.
Advocating for a world without torture

A key aspect of rehabilitation is the right to access justice systems and seek prosecution of perpetrators and reparations for the crimes. Ending impunity and prosecuting those who torture is not only a key aspect of rehabilitation for the victims but a strategy to prevent torture in the future.

As such, in 2011 the IRCT advocated within national, regional and international bodies to influence policy on the right to rehabilitation, torture survivors in asylum systems, forensic documentation and ensuring that torture is a focus of human rights reviews at the United Nations, among others.

We have also created workshops, seminars and exchanges among our network to develop the capacity of centres themselves within advocacy. For example, in May 2011 representatives from ten centres from Latin America, Asia, sub-Saharan Africa and the Middle East and North Africa met in London for a three-day training workshop on media and advocacy hosted by the IRCT member centre Freedom From Torture (formerly Medical Foundation for the Care of Victims of Torture). Such activities build a foundation for centres to better advocate for legal change within their own national and regional contexts.

At the national level

National level interventions and advocacy activities have been fruitful in influencing policy in the area of medical documentation of torture, in particular at national forensic bodies and national human rights organisations.

With support from the IRCT Secretariat, member centre PRIVA in Ecuador presented a draft law on a national preventative mechanism to the national congress.

As part of IRCT’s engagement to highlight that it’s not just adults, but children who are tortured, we worked together with member centres in the Philippines to introduce a section on torture of children in the country’s Second National Plan of Action for Children 2011-2016, which forms the framework for protecting children from all forms of violence in the Philippines.

At the regional level

One of the main objectives of IRCT’s policy work is to increase awareness of torture-related issues among regional institutions, in particular the need for torture victims to access effective torture rehabilitation services. Activities include encouraging regional and sub-regional bodies to recognise the positions and voices of IRCT member centres, interact with member centres and continue acting in accordance with the principles of protecting and promoting human rights, through coordinated advocacy and campaigning by the IRCT’s member centres and IRCT Secretariat.

At European Union level, one of the main lobbying efforts of our Brussels office was to ensure that IRCT member centres worldwide are able to influence the EU strategies for their countries and that torture rehabilitation and prevention is included as a focus area within these strategies. The Brussels office also supported the global membership by seeking their input to the bilateral talks of the EU with other countries’ human rights. The IRCT also provided input to the review of the EU Guidelines on Torture, both individually and along with other NGOs working against torture.

Specific efforts continue to ensure that EU asylum directives reflect the needs of torture survivors. Comments to the amended recast of these directives were issued and voting advice was sent to Members of the European Parliament both by the Secretariat and by our members.

Following the decision at the sub-Saharan African regional seminar in 2010 to prioritise interaction
with the African Commission on Human and Peoples’ Rights (ACHPR) a team of centre representatives and Secretariat staff successfully raised the issue of torture at the 49th session of the ACHPR and NGO Forum in April 2011. The team included representatives from Prawa of Nigeria, ACTV of Uganda and VIVRE/CAPREC of Senegal as well as IRCT Secretariat staff. The activities included a panel discussion on torture rehabilitation, documentation and prevention, and contributions to a resolution against torture and intervention.

At the international level

Central to a more strategic approach to engaging with UN human rights mechanisms has been the establishment of a permanent IRCT presence in Geneva, enabling the IRCT to strengthen its influence at the UN and liaise with partner organisations. Therefore, in 2011 an IRCT liaison office in Geneva office was formally established. The IRCT supported direct access to and participation of member centres in the UN Human Rights Council’s Universal Periodic Review, the review of the Committee against Torture (CAT) and the missions of the Subcommittee on the Prevention of Torture (SPT) and the human rights mandate holders.

A key component in influencing the UN Human Rights Council’s Universal Periodic Review is direct lobbying with State representatives at the Permanent Missions in Geneva.

The African Centre for Treatment and Rehabilitation of Torture Victims (ACTV) of Uganda had been engaged in a large coalition of domestic NGO’s to influence the upcoming UPR of Uganda in the Human Rights Council in October 2011. ACTV led the drafting of the torture component of a joint NGO report.

In a visit to Geneva, representatives from ACTV and the IRCT met with several state representatives in the hopes that ACTV’s concerns and issues regarding torture would be covered by the upcoming UPR of Uganda. Three of the recommendations submitted by ACTV were taken up in the final recommendations of the UPR. These were: to adopt legislation against torture; to accede to the Optional Protocol to the Convention against Torture; and to take all necessary measures to put an end to such acts, notably by bringing to justice state officials guilty of torture or ill-treatment.

The inclusion of these recommendations in the UPR of Uganda provides an improved platform for ACTV’s advocacy within the country.

Furthermore, the IRCT supported direct participation of member centres in the Committee against Torture’s reviews of Ireland, Germany and Sri Lanka.

The IRCT was not only active in advocating with the UN in Geneva but also succeeded at putting rehabilitation at the top of the agenda of the UN in New York. In October 2011, the IRCT was invited by the Permanent Mission of Denmark to the United Nations to hold a joint side event at the General Assembly’s 3rd Committee session. The panel discussion, which received very positive responses and was webcast worldwide, highlighted the necessity of rehabilitation of torture survivors in the fight against torture. Speakers included the IRCT Secretary-General, a representative from Survivors Speak Out — a torture survivors’ network in the UK — the director of a US-based IRCT member centre and three key UN mandate holders: the Special Rapporteur on Torture; the Chair of the Committee Against Torture; and the Chair of the Subcommittee on Prevention of Torture.

IRCT Secretary-General Brita Sydhoff speaks at UN event on rehabilitation. She is joined by Carsten Staur (left), Permanent Representative of Denmark to the UN, and Raphael Kiama (right) of Survivors Speak OUT Network. Photo: UN Photo - Eskinder Debebe
Documenting torture

Torture often takes place in secrecy, and many torture methods are designed to be as painful as possible without leaving physical marks. A key purpose of documentation is to make it impossible for perpetrators to deny their crimes. Moreover, documentation puts pressure on states to fulfill their obligations under international law to fully, promptly, impartially and thoroughly investigate allegations of torture and provide reparations to victims.

For this reason, the IRCT has for over a decade, through training, advocacy and awareness-raising, worked to promote the value and use of medical documentation of torture according to the international standards contained in the Istanbul Protocol.

2011 was the final full year of the EU-funded project Forensic Evidence in the Fight Against Torture (FEAT). The three-year project built upon a strong body of previous work in the area of forensic documentation that has established the IRCT as a global hub of expertise in this area.

The specific objectives of the project were:

• To increase the availability of high quality forensic documentation concerning allegations of torture;
• To use and facilitate victims’ access to forensic documentation as evidence in legal proceedings;
• To increase awareness of the significance of medical forensic evidence, victims’ rights and state obligations under the UN Convention against Torture to investigate and prosecute perpetrators.

Within the project, IRCT member centres in four countries (Ecuador, Georgia, Lebanon and the Philippines) acted as national focal points to identify torture cases where examination support was needed in order to take cases forward to national or regional courts.

Training was provided to forensic doctors throughout the project. For example, in May 2011 more than 100 forensic doctors in Egypt attended a two-day workshop aimed, not only at providing new knowledge, but also at increasing their awareness on the pivotal role played by forensic professionals in the fight against torture through effective documentation.

Going forwards, the IRCT intends to consolidate its position in this area through the continued stewardship of the International Forensic Experts Group, initiated in 2009 in partnership with the University of Copenhagen.

Support to tortured children

In 2010 a minor in Georgia was arrested after being accused of breaking into a grocery shop. He alleged that at the police station, officers beat him with their fists and rubber clubs and threatened him with guns to extract a confession of a different unrelated crime. The child in question also has a mental disability. Through collaboration with Georgian centre EMPATHY and the IRCT, the child received a physical and psychological examination by national and international forensic experts. The medical forensic documentation incurred as a result was used to fight for appeal. After gathering domestic and international pressure, a presidential pardon was given to the minor, who had faced a 10-year sentence. The forensic evidence provided a solid evidentiary basis for international and domestic actors to intervene in the case and put pressure on the government to act. He is currently receiving rehabilitation and treatment at EMPATHY.
Khaled Said: poster boy for the Egyptian revolution

According to witnesses, Khaled Said was beaten by police officers in Alexandria, Egypt after they dragged him to the street from an internet café. However, the government's forensic authorities claimed he died from swallowing a small bag with marijuana. Public outcry in Egypt ensued, especially after photos of him revealed a beaten face.

Contacted by IRCT partner El Nadeem Centre, members of the International Forensic Expert Group made their expert opinions available; they clearly showed that the work done by local examiners was not at all reliable and that the preparation preceding their findings failed to meet international standards. El Nadeem distributed and published this information online, which contributed to demands for democracy and the ousting of former president Hosni Mubarak in January 2011.

Re-banning the practice of “hooding” in the UK

“Hooding”, the practice of fully covering the head of a person, has been internationally recognised as a form of torture by various human rights bodies. The British government forbid its use in 1972 after it was condemned by the European Court of Human Rights. Despite this, a 2003 inquiry into the death of Iraqi detainee, Baha Mousa, who died in custody, revealed that the practice was widespread by British troops in both Iraq and Afghanistan. A post-mortem found that Mousa sustained 93 external injuries and that hooding was a contributing factor in his death.

The International Forensic Experts Group provided an expert statement on the psychological effects of hooding; this expert statement was used in the case of Alaa’ Nassif Jassim al-Bazzouni in the UK High Court, when the court outlawed the practice “forever”.

Public Interest Lawyers, acting for Alaa’ Nassif Jassim al-Bazzouni, an Iraqi national that says he was abused and hooded by British troops in 2006, successfully challenged the guidelines issued by the UK government, which unlawfully authorised the hooding of prisoners. The high court referred to the expert statement in their ruling that hooding was unlawful. The case illustrates how forensic evidence can be an important fundament for legal action at an international level.
Reaching women and girl torture survivors

Women and girls are among the ‘hidden’ victims of torture. While any person may become a victim of torture by being simply at the wrong place at the wrong time, women and girls are often marginalised within societies, thus putting them at greater risk of being tortured. In particular, women and girls may often face sexual violence as torture.

Rape and sexual abuse have been common weapons of war in the hundreds of armed conflicts that occurred in the last two decades. And in the aftermath of armed conflict, women are continually targeted, exploited and abused — from life in refugee camps, the post-war collapse of justice systems or the absence of health-care facilitates to adequately treat the survivors of sexual violence.

In coordination with our five-year strategy, the IRCT wishes to focus on particularly ‘hidden’ victims of torture — in this case, the women and girls who have faced sexual violence and torture.

Medical and psychological treatment

As women and girls are often subjected to sexual violence and torture – in both conflict and peacetime – they require particular medical, psychological and community rehabilitation and treatment.

Women and girls who have been raped will require treatment by a female doctor and testing for sexually transmitted diseases, including HIV/AIDS. Women and girls will sometimes also require surgery to repair fistulas after sexual violence and torture.

Female survivors of torture are also in need of therapy and/or counselling. Victims of sexual trauma often also face severe stigma and shame from the torture, which must be addressed within a tailored psychosocial rehabilitation plan. Others require specific skills training to address economic needs as part of rehabilitation.

Access to justice

Legal assistance is offered to facilitate prosecution. This includes interviewing the victims and medico-legal documentation of torture for the court; counselling on legal rights; gathering information from possible

<table>
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<tr>
<th>Number of women and girls benefiting from IRCT grants in 2011</th>
<th>Physical and psychological rehabilitation &amp; training</th>
<th>Access to justice &amp; training</th>
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<tbody>
<tr>
<td>Africa</td>
<td>1,808</td>
<td>2,926</td>
</tr>
<tr>
<td>Latin America</td>
<td>891</td>
<td>650</td>
</tr>
<tr>
<td>Asia</td>
<td>642</td>
<td>238</td>
</tr>
<tr>
<td>Middle East and North Africa</td>
<td>421</td>
<td>607</td>
</tr>
<tr>
<td>Total</td>
<td>3,762</td>
<td>4,421</td>
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witnesses and case conference with lawyers and families; filing of complaints to the court and working on legal documents; attendance at preliminary hearings, follow-up and monitoring of case status, among others.

Research, prevention and advocacy

Central to our work in this area are efforts to prevent the torture of women and girls from happening in the first place.

Activities to date have included supporting research and prevention of political violence and torture in Zimbabwe. In the last decade, women and girls were among the primary targets of torture and sexual violence for political intimidation. Physical and sexual violence against women has constantly been reported at election times in Zimbabwe; but there has been a systematic failure to record the types and levels of these crimes and consequently to obtain specific data in a way that is timely and suitable for taking legal action against the perpetrators. The IRCT-supported project aims at creating a focal point for reporting and monitoring violence against women at the 2012 elections. The main activities included are the development of an early warning system (using existing and widespread mobile phone technology) for immediate reporting on intimidation against women, and the compilation of this data for future advocacy work at national and regional level. It is the intention to expand these efforts to other countries in the region where elections are unsafe for women, such as the Democratic Republic of the Congo and Kenya.

Sharing of knowledge in this area is also key. In 2011 a regional seminar entitled “Development of a strategy in response to sexual violence and political rape in Southern Africa” was held in Windhoek, Namibia and hosted by IRCT member centre PEACE. The primary aim was to provide a platform upon which organisations working in the area of treatment, advocacy and rehabilitation could exchange knowledge gained in different parts of the sub-continent for better future prevention efforts.

Girls join a peaceful rally in Sierra Leone. Photo: CAPS
Donor acknowledgements

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**€1,000,000+**
- European Commission

**€500,000 - €999,999**
- Ministry of Foreign Affairs of Denmark
- OAK Foundation

**€100,000 - €499,999**
- Ministry of Foreign Affairs of the Netherlands
- Ministry for Foreign Affairs of Finland
- Norwegian Ministry of Foreign Affairs
- Swedish International Development Cooperation Agency

**€10,000 - €99,999**
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- Federal Foreign Office of the Republic of Germany
- Lauritzen Fonden
- Swiss Federal Department of Foreign Affairs

**€1,000 - €9,999**
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- Frantz Hoffmanns Mindeleget
- Frimodt-Heineke Fonden
- Gerda Laustens Fond
- Hermod Lannungs Fond
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Swiss Federal Department of Foreign Affairs
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IRCT governance

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Independent Expert
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Executive Director, ARDCen-TV  
Project Manager, FAVL, Armenia

Boris Drozdek, MD, MA Psychiatrist  
Medical Director, Psychotrauma Centrum Zuid, the Netherlands

Mechthild Wenk-Ansohn, MD  
Physician and Psychotherapist, Supervisor, Head of Outpatient Clinic, bzfo, Germany

Elected by the Latin America and the Caribbean Region

Yadira Narváez, MD  
Director, PRIVA, Ecuador

Simona Ruy-Perez, MA  
(see Executive Committee)

Ronald Amilcar Solis Zea, MA  
Coordinator, ODHAG, Guatemala

Carlos Jibaja Zarate, MA  
Mental Health Director, CAPS, Peru

Elected by the Middle East and North Africa Region

Nagib Nagm El Din Hassan, MD  
Medical Director, ACTRVT, Sudan

Suzanne Jabbour, MA Clinical Psychology  
(see Executive Committee)

Alireza Taheri, Lawyer  
Member of the Board of Directors, ODVV, Iran

Elected by the North America Region

John Docherty, MA  
Coordinator, RIVO, Canada

Karen Hanscom, PhD Psychology  
(see Executive Committee)

Elected by the Pacific Region

Jorge Aroche, BSc. Psych, M. Clin. Psych., MAPS  
(see Executive Committee)

Paris Aristotle, AM  
Director, Foundation House, Australia

Elected by the sub-Saharan Africa Region

Uju Agomoh, BSc., MSc. Clin. Psych., MSc. Soc., MPhil., PhD, LLB  
Executive Director, PRAWA, Nigeria

Didier Kamundu Batundi  
Secretary-General, SOPROP, Democratic Republic of the Congo

Mohamud Sheikh Nurein Said, MD, HSC  
(see Executive Committee)

Ajou Basil Tifu, MA Anthropology  
Executive Director, CRAT, Cameroon

Representatives in their Capacity of Independent Experts

Clarisse Delorme, LLM  
(see Executive Committee)

Johan Lansen, MD  
Psychiatrist and Clinical Supervisor  
Consultant, the Netherlands

Issam Younis, MA Theory and Practice of Human Rights  
General Director, Al Mezan Center for Human Rights, Gaza, Palestine
Secretariat staff

Status as of 1 May 2012

Office of the Secretary-General  
Brita Sydhoff  
Secretary-General

Gitte Sørensen  
Executive Assistant (50%)

Advocacy and Legal Team  
Miriam Reventlow  
Head of Advocacy and Legal Team

Rachel Towers  
Intern

Geneva Liaison Office  
Asger Kjærum  
Legal Officer and Geneva Representative

Brussels Liaison Office  
Hélène de Rengervé  
Head of Brussels Liaison Office, Programme Coordinator Europe

Pieter-Jan Hamels  
Intern

Policy and Fundraising Team  
Leanne MacMillan  
Head of Policy and Fundraising 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, Editorial Assistant TORTURE journal
<table>
<thead>
<tr>
<th>Membership Team</th>
<th>(position vacant)</th>
<th>Head of Membership Team</th>
</tr>
</thead>
<tbody>
<tr>
<td>Margaret Hansen</td>
<td>Senior Programme Assistant</td>
<td></td>
</tr>
<tr>
<td>Susanne Kjær</td>
<td>Project Manager</td>
<td></td>
</tr>
<tr>
<td>Soraya Usmani Martinez</td>
<td>Programme Coordinator</td>
<td></td>
</tr>
<tr>
<td>Lars Døssing Rosenmeier</td>
<td>Programme Assistant</td>
<td></td>
</tr>
<tr>
<td>Signe Munck</td>
<td>Student Assistant</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Health Team</th>
<th>Dr Joost den Otter</th>
<th>Clinical Director, Head of Health Team, Editor-in-Chief TORTURE journal</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dr Jonathan Beynon</td>
<td>Consultant</td>
<td></td>
</tr>
<tr>
<td>Dan Biswas</td>
<td>Intern</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Administration and Finance Team</th>
<th>Annette Serup</th>
<th>Head of Administration and Finance Team</th>
</tr>
</thead>
<tbody>
<tr>
<td>Eva Barfod</td>
<td>Chief Accountant</td>
<td></td>
</tr>
<tr>
<td>Inge Frandsen</td>
<td>Administration and Finance Officer</td>
<td></td>
</tr>
<tr>
<td>Gitte Sørensen</td>
<td>Human Resources Officer (50%)</td>
<td></td>
</tr>
</tbody>
</table>
Financial report

Summary of 2011 results

Expenditure

During 2011 the IRCT has had to diminish the staff pool and administrative costs due to declining sources of funding for core costs. Through an extraordinary effort by staff, it has been possible to sustain the level of activities.

The work carried out under the heading “Programme Development and Implementation” covers the strategic goals of the IRCT to: Strengthen Centres to Support Torture Victims; Influence Policy in Support of Torture Victims; and Share Knowledge with the Torture Rehabilitation and Prevention Movement. This core work of the IRCT accounts for 77% of the total 2011 expenditure (the figure in 2010 was 72%). The activities under the strategic area “Influencing policy” in the EC-funded project on forensic documentation of torture have significantly augmented. Sharing knowledge activities, and in this case including communications, on the other hand has decreased, primarily due to the reduction of staff in the Communications Team.

Governance costs have been significantly reduced by 30% and now represent 3% of total expenditure. This is mainly due to a reduction of staff time allocated to governance in 2011, and, to a smaller degree, the voluntary contribution of Council Members to fund the travel costs of the Council meeting.

The fundraising expenses were reduced due to the usual recruitment delays of hiring new staff and resulted in a period of understaffing. Fundraising expenses were slightly reduced to 5.0% of total expenditure as opposed to 5.4% in 2010. In 2011 the IRCT invested significant time in creating the planning framework and foundation to obtain multi-year development funding from various governments. This was a new opportunity that was opened up to the IRCT after obtaining DAC OECD status; this opens up new prospects for the IRCT to engage with governments for development funding and hopefully enter into long-term agreements, which will stabilize income over consecutive years and ensure our work is sustainable.
The decrease of support costs, like administration and finance support, of 18% from 2009 to 2010 has been followed by a further decrease of 13% as compared with the 2010 figure. Even though the organisation will continue to look for opportunities to reduce costs and to improve efficiency, it will become increasingly difficult to further reduce.

**Income**

The total income of 2011 is at the level of 2010 with a slight increase of 1.5%.

Grants from governments were in 2010 approximately 2 million EUR. In 2011 these types of grants amount to a bit less than 1.5 million EUR. The reason for this is that the 24 million DKK three-year agreement with the Danish government was split, with 50% paid out in 2010 and the remaining 50% in 2011 and 2012. An expected increase of 3 million DKK for the two latter years did not materialise.

In 2011 the governments of the Netherlands, Norway and Sweden all contributed by the same or increased amounts (compared to 2010 levels) of both restricted and unrestricted funding. Three new governments came in as donors: Finland, Germany and Switzerland. The funding base of governmental donors has thus broadened in 2011.

Grants from the European Commission have increased by 64% from 2010 to 2011. The activity level of the major three-year projects picked up, as the projects were being fully implemented. Also, two new EC-funded projects started in 2011; one in the Great Lakes area of Africa and the Citizenship project for the EU member states.

A restriction, which the IRCT was not initially aware of, from a new source of EC-funding relating to charges for overhead contributions meant that expected income of 94,000 EUR was not available. This sum had to be carried over to 2012.

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 centre grant scheme. This relationship is now covered by a two-year agreement (2011 and 2012) that has allowed the IRCT to allocate the centre grants in a more conducive way for two consecutive years. A carry-forward of 38,000 EUR will therefore be spent in 2012 together with the 2012 allocation.

Contributions from other foundations have unfortunately decreased by 34% from 2010 to 2011 as it has become increasingly difficult to raise matching funds for projects from Danish trusts and foundations where there is limited opportunity.

Grants from private individuals have increased by more than 300,000 EUR to 427,000 EUR. One donor has been very generous in funding the IRCT’s work as related to women and girls.

**Reserves**

It is the policy of IRCT to maintain sufficient unrestricted reserves in order to mitigate funding fluctuations. At 31 December 2011, the IRCT’s closing unrestricted reserve balance was 75,882 EUR. This represents a decrease of 28% compared to the unrestricted reserves balance at the end of 2010.

Although this is an unfortunate development, the IRCT views that the result for 2011 was satisfactory, given some of the demands of the external funding environment in 2011. Management expects that the organisation’s reserves remain intact in 2012.

**Beyond 2011**

The financial base of IRCT remains fragile with equity amounting to 76,000 EUR, but the many new activities have given the organisation an added value in the form of knowledge, entry into strategic networks and not least access to new donors.

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

Also, the consolidation of a small reserve capital, which will allow IRCT to intervene in conflict and emergency
situations and serve as a buffer for the future capacity development initiatives and activities funded by the EC, will be pursued whenever possible.

Based on the above and the budget for 2012, IRCT’s management has prepared the annual report on a going concern basis.

Long-term funding & strategic development

A notable milestone towards IRCT’s goal of achieving long-term funding and strategic cooperation with main donors was reached with the DAC OECD status of the IRCT in 2011. This enables delivery of the key financial objective of the IRCT to secure a higher degree of multi-year agreements with key governments, international organisations and foundations. Longer term, sustainable income is vital to the IRCT given the nature of the work we do throughout our global movement.

A key development in 2011 was the drafting of a results framework that is strongly rooted in the global IRCT strategy. This framework sets out the key directions to address the issue of the need for adequate, appropriate and accessible rehabilitation for torture survivors. It also identifies how to ensure the optimisation of the work, relationships and networks needed to deliver on the promise of rehabilitation.

IRCT has during 2011 begun to broaden the basis for generating funds and engaged with several new potential partners and donors like the World Bank and some international foundations currently not aware of our work. During the latter part of 2012, it will be important for these initial contacts to be pursued.

To strengthen the IRCT as a membership organisation and to enhance the expression of commitment members make, the IRCT Council decided to invite members to provide voluntary financial contributions to the costs of governance by supporting meetings of the policy-making body of the IRCT, the Council. Albeit this is at its outset only expected to cover a smaller part of the expenses, it is a very important expression of commitment, solidarity and membership affiliation.

Project funding

Two of the EC-funded three-year projects that were awarded to IRCT in 2009 will end during 2012. The IRCT will explore opportunities to fund the continuation of the work implemented under these projects during 2012. The three-year project in the Great Lakes region of Africa will continue in 2012 and is expected to pick up speed in implementation. Furthermore, the IRCT was awarded a two-year EC-funded project for establishing rehabilitation services and related activities in Libya, beginning in 2012.

The centre grant scheme to rehabilitation centres financed by the OAK Foundation will continue

Expenditures (2011, Total 4,401,422 EUR)

- Programme Development and Implementation: 77%
- Governance: 3%
- Fundraising: 5%
- Support Costs: 16%
throughout 2012, and IRCT is soliciting more donors to this successful scheme.

**Unrestricted funds**

Based on the Global Strategy Framework, the IRCT expects to be able to sign two new multi-year agreements with governments in 2012. During the second half of 2012, an organisational review of the IRCT by the Danish government is expected to take place, which is anticipated to lead to a positive outcome.

Fundraising efforts with Danish and other Nordic foundations and other organisations will continue unabated.

**Expenditure focus**

The IRCT will continue to look at various ways of saving expenses and incurring expenditures in a prudent and measured manner. Two strategies towards this objective are a review of administrative processes and procedures to ensure better efficiency. The planned placement of some regional programme coordinators in the regions may also be cost-saving, while at the same time allow a closer relationship with the membership and regional funders.

**Planning and controls**

During the second half of 2011, a standard monthly reporting package within the Secretariat was developed. Regular meetings with budget holders have been held to ensure a timely follow-up on activities. This will be further developed during 2012. A project follow-up tool will be developed to ensure easy control of project implementation both from an activity-based and budget-line perspective. While facilitating better project management, this tool is also anticipated to simplify tasks related to the donor reporting.

### OAK centre grants

Sixty-one centres in low- and middle-income countries received grants of between 1,500 EUR and 11,000 EUR as direct budgetary support to 2011 activities in the fields of rehabilitation, prevention, access to justice and organisational development. A similar amount will be disbursed in 2012, as the grants have been awarded for a two-year period subject to satisfactory reporting on utilization in 2011.

While the distribution of centre grants has been a key IRCT activity for many years, thanks to the generosity of the OAK Foundation, this is the first time that a two-year grant has been made available to centres.

Grantees were selected following an open call for proposal that resulted in 85 applications requesting a total of 2.6 million EUR. Grantees included non-member as well as member centres, and the total amount disbursed was 470,000 EUR.

Reports received from grantees show that the grants contributed to the treatment of close to 30,000 torture survivors in the course of the year.
## Income & Expenditure Statement

### Income

<table>
<thead>
<tr>
<th>Grants from National Governments</th>
<th>2011 (EUR)</th>
<th>2010 (EUR)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Denmark</td>
<td>804,761</td>
<td>1,648,004</td>
</tr>
<tr>
<td>The Netherlands</td>
<td>163,785</td>
<td>90,048</td>
</tr>
<tr>
<td>Sweden</td>
<td>221,343</td>
<td>216,010</td>
</tr>
<tr>
<td>Norway</td>
<td>127,260</td>
<td>2,075</td>
</tr>
<tr>
<td>Finland</td>
<td>100,000</td>
<td>-</td>
</tr>
<tr>
<td>Germany</td>
<td>31,892</td>
<td>-</td>
</tr>
<tr>
<td>Switzerland</td>
<td>7,467</td>
<td>-</td>
</tr>
<tr>
<td>Canada</td>
<td>-</td>
<td>54,191</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Grants from Multilateral Institutions</th>
<th>2011 (EUR)</th>
<th>2010 (EUR)</th>
</tr>
</thead>
<tbody>
<tr>
<td>European Commission</td>
<td>1,288,502</td>
<td>786,891</td>
</tr>
<tr>
<td>United Nations</td>
<td>-</td>
<td>56,580</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Grants from Foundations</th>
<th>2011 (EUR)</th>
<th>2010 (EUR)</th>
</tr>
</thead>
<tbody>
<tr>
<td>OAK Foundation</td>
<td>961,771</td>
<td>1,000,000</td>
</tr>
<tr>
<td>Lauritzen fonden</td>
<td>40,251</td>
<td>40,313</td>
</tr>
<tr>
<td>Other Foundations</td>
<td>141,640</td>
<td>216,176</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Grants from Private Individuals</th>
<th>2011 (EUR)</th>
<th>2010 (EUR)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Other Income</td>
<td>426,674</td>
<td>94,334</td>
</tr>
</tbody>
</table>

| Total Income                         | 4,371,241  | 4,307,906  |

### Expenditure

<table>
<thead>
<tr>
<th>Programme Development and Implementation</th>
<th>2011 (EUR)</th>
<th>2010 (EUR)</th>
</tr>
</thead>
<tbody>
<tr>
<td>(3,373,155)</td>
<td>(3,123,927)</td>
<td></td>
</tr>
</tbody>
</table>

| Governance                              | (123,927)  | (176,640)  |
| Fundraising                             | (216,000)  | (233,536)  |

| Support Costs                           |            |            |
| Office Running                          | (466,257)  | (547,247)  |
| Administration Staff                    | (222,083)  | (245,410)  |

| Total Expenditure                       | (4,401,422)| (4,326,760)|

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

<table>
<thead>
<tr>
<th>2011 (EUR)</th>
<th>2010 (EUR)</th>
</tr>
</thead>
<tbody>
<tr>
<td>(30,181)</td>
<td>(18,854)</td>
</tr>
</tbody>
</table>
## Balance Sheet

### Assets

<table>
<thead>
<tr>
<th>Description</th>
<th>2011 (EUR)</th>
<th>2010 (EUR)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Project Receivables</td>
<td>115,435</td>
<td>15,435</td>
</tr>
<tr>
<td>Other Receivables</td>
<td>287,671</td>
<td>108,530</td>
</tr>
<tr>
<td>Receivables</td>
<td>403,106</td>
<td>123,965</td>
</tr>
<tr>
<td>Liquid Assets</td>
<td>923,961</td>
<td>1,187,476</td>
</tr>
<tr>
<td><strong>Total Assets</strong></td>
<td><strong>1,327,067</strong></td>
<td><strong>1,311,441</strong></td>
</tr>
</tbody>
</table>

### Liabilities

<table>
<thead>
<tr>
<th>Description</th>
<th>2011 (EUR)</th>
<th>2010 (EUR)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Net Capital Reserve (unrestricted) at 1 January</td>
<td>106,063</td>
<td>124,917</td>
</tr>
<tr>
<td>Net Contribution/(Deficit) for the Year</td>
<td>(30,181)</td>
<td>(18,854)</td>
</tr>
<tr>
<td><strong>Net Capital Reserve at 31 December</strong></td>
<td><strong>75,882</strong></td>
<td><strong>106,063</strong></td>
</tr>
<tr>
<td>Prepaid Project Grants</td>
<td>986,948</td>
<td>822,522</td>
</tr>
<tr>
<td>Payables</td>
<td>264,237</td>
<td>382,856</td>
</tr>
<tr>
<td><strong>Payables</strong></td>
<td><strong>1,251,185</strong></td>
<td><strong>1,205,378</strong></td>
</tr>
<tr>
<td><strong>Total Liabilities</strong></td>
<td><strong>1,327,067</strong></td>
<td><strong>1,311,441</strong></td>
</tr>
</tbody>
</table>
# Members list

As of 31 December 2011

<table>
<thead>
<tr>
<th>Country</th>
<th>Organization</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Albania</strong></td>
<td>Albanian Rehabilitation Centre for Trauma and Torture Victims (ARCT)</td>
</tr>
<tr>
<td><strong>Argentina</strong></td>
<td>EATIP - Equipo Argentino de Trabajo e Investigación Psicosocial</td>
</tr>
<tr>
<td><strong>Armenia</strong></td>
<td>Foundation against Violation of Law (FAVL)</td>
</tr>
<tr>
<td><strong>Australia</strong></td>
<td>Association for Services to Torture and Trauma Survivors (ASeTTS)</td>
</tr>
<tr>
<td></td>
<td>Companion House Assisting Survivors of Torture and Trauma</td>
</tr>
<tr>
<td></td>
<td>The Victorian Foundation for Survivors of Torture Inc. - Foundation House</td>
</tr>
<tr>
<td></td>
<td>Melaleuca Refugee Centre, Torture and Trauma Survivor Service NT</td>
</tr>
<tr>
<td></td>
<td>Phoenix Centre - Support Service for Survivors of Torture and Trauma</td>
</tr>
<tr>
<td></td>
<td>Queensland Program of Assistance to Survivors of Torture and Trauma (QPASSTI)</td>
</tr>
<tr>
<td></td>
<td>Service for the Treatment and Rehabilitation of Torture and Trauma Survivors (STARTTS)</td>
</tr>
<tr>
<td></td>
<td>Survivors of Torture and Trauma Assistance and Rehabilitation Service Inc. (SSTARS)</td>
</tr>
<tr>
<td><strong>Austria</strong></td>
<td>HEMAYAT - Organisation for Support of Survivors of Torture and War</td>
</tr>
<tr>
<td></td>
<td>Omega Health Centre - Society for Victims of Organised Violence and Human Rights Violations</td>
</tr>
<tr>
<td></td>
<td>ZEBRA - Intercultural Centre for Counselling and Psychotherapy</td>
</tr>
<tr>
<td><strong>Bangladesh</strong></td>
<td>Centre for Rehabilitation of Torture Survivors (CRTS)</td>
</tr>
<tr>
<td><strong>Bolivia</strong></td>
<td>Instituto de Terapia e Investigación sobre las Secuelas de Tortura y la Violencia Estatal (ITEI)</td>
</tr>
<tr>
<td><strong>Bosnia and Herzegovina</strong></td>
<td>Association for Rehabilitation of Torture Victims - Center for Torture Victims (CTV - Sarajevo)</td>
</tr>
<tr>
<td></td>
<td>Vive Žene Center for Therapy and Rehabilitation</td>
</tr>
<tr>
<td><strong>Brazil</strong></td>
<td>Grupo Tortura Nunca Mais - Rio de Janeiro (GTNM/RI)</td>
</tr>
<tr>
<td><strong>Bulgaria</strong></td>
<td>Assistance Centre for Torture Survivors (ACET)</td>
</tr>
<tr>
<td><strong>Burundi</strong></td>
<td>Solidarité d’Action pour la Paix/Grand Lacs (SAP/GL-B)</td>
</tr>
<tr>
<td><strong>Cambodia</strong></td>
<td>Transcultural Psychosocial Organization Cambodia (TPO-Cambodia)</td>
</tr>
<tr>
<td><strong>Cameroon</strong></td>
<td>Trauma Centre Cameroon (TCC)</td>
</tr>
<tr>
<td><strong>Canada</strong></td>
<td>Canadian Centre for Victims of Torture (CCVT)</td>
</tr>
<tr>
<td></td>
<td>Program for Survivors of Torture and Trauma at the Edmonton Mennonite Centre for Newcomers (EMCN)</td>
</tr>
<tr>
<td></td>
<td>Vancouver Association for Survivors of Torture (VAST)</td>
</tr>
<tr>
<td></td>
<td>RIVO - Réseau d’intervention auprès des personnes ayant subi la violence organisée</td>
</tr>
<tr>
<td><strong>Chad</strong></td>
<td>Association Jeunesse pour la Paix et la Non Violence/Centre de</td>
</tr>
<tr>
<td><strong>Chile</strong></td>
<td>CINTRAS - Centro de Salud Mental y Derechos Humanos</td>
</tr>
<tr>
<td><strong>Colombia</strong></td>
<td>Corporación AVRE - Acompañamiento Psicosocial y Atención en Salud Mental a Víctimas de Violencia Política</td>
</tr>
<tr>
<td></td>
<td>Centro de Atención Psicosocial (CAPS-CO)</td>
</tr>
<tr>
<td><strong>Congo, Democratic Republic of the</strong></td>
<td>Save Congo</td>
</tr>
<tr>
<td></td>
<td>CPMRVT/SOPROP - Centre Psycho Médical pour la Réhabilitation des Víctimes de la Torture</td>
</tr>
<tr>
<td></td>
<td>OASIS Centre for Treatment and Rehabilitation of Víctimas of Torture and Trauma</td>
</tr>
<tr>
<td></td>
<td>CMM-CD - Centre Mater Misericordiae</td>
</tr>
<tr>
<td><strong>Croatia</strong></td>
<td>Rehabilitation Centre for Stress and Trauma (IRCT-Zagreb)</td>
</tr>
<tr>
<td><strong>Denmark</strong></td>
<td>OASIS - Treatment and Counselling for Refugees</td>
</tr>
<tr>
<td></td>
<td>RCT - Rehabilitation and Research Centre for Torture Victims</td>
</tr>
<tr>
<td></td>
<td>Rehabilitation Centre for Torture Victims - Jutland (RCT-Jutland)</td>
</tr>
<tr>
<td><strong>Ecuador</strong></td>
<td>PRIVA - Fundación para la Rehabilitación Integral de Víctimas de Violencia</td>
</tr>
<tr>
<td><strong>Egypt</strong></td>
<td>El Nadeem Center for Psychological Management and Rehabilitation of Víctimas de Violencia</td>
</tr>
</tbody>
</table>
Ethiopia
Rehabilitation Centre for Victims of Torture in Ethiopia (RCVTE)

Finland
Centre for Torture Survivors in Finland at Helsinki Deaconess Institute

France
Parcours d’Exil - Accompagnement Thérapeutique des Victimes de Torture

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

Germany
Exilio Hilfe für Migranten, Flüchtlinge und Folterüberlebende e.V.
bzfo - Berlin Center for the Treatment of Torture Victims
Medical Care Service for Refugees Bochum (MFH-Bochum)

Guatemala
ODHAG – Oficina de Derechos Humanos del Arzobispado de Guatemala

Honduras
CPRT - Prevention, Treatment and Rehabilitation Center for Survivors of Torture and Relatives

Hungary
Cordelia Foundation for the Rehabilitation of Torture Victims

India
H2H – Human to Humane Transcultural Centre for Torture Victims at Centre for Organisation Research & Education (CORE)
Tibetan Torture Survivors Program (TTSP)
CCTV - Centre for Care of Torture Victims
Shubhodaya Center for Rehabilitation of Victims of Torture

Indonesia
ALDP - Alliance of Democracy for Papua
RATA - Rehabilitation Action for Torture Victims in Aceh

Iran, Islamic Republic of
Organization for Defending Victims of Violence (ODVV)

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

Ireland
SPIRASI The Centre for the Care of Survivors of Torture

Italy
VI.TO Hospitality and Care for Victims of Torture at CIR - Italian Council for Refugees
NAGA-HAR Centre for Asylum Seekers, Refugees, Torture Victims
Doctors Against Torture Humanitarian Organization

Kenya
Independent Medico-Legal Unit (IMLU)
MATESO - Mwatikho Torture Survivors Organization

Liberia
Rescue Alternatives Liberia (RAL)
Liberia Association of Psychosocial Services (LAPS)

Mexico
Colectivo Contra la Tortura y la Impunidad (CCTI)

Moldova
Memoria Rehabilitation Center for Torture Victims (RCTV Memoria)

Morocco
AMRVT - Association Medicale de Rehabilitation des Victimes de la Torture
CAOV - Centre d’Accueil et D’Orientation des Victimes de la Torture

Namibia
PEACE - People’s Education Assistance and Counselling for Empowerment

Nepal
Centre for Victims of Torture (CVICT)
Transcultural Psychosocial Organization (TPO-Nepal)

Netherlands
Phoenix, Centre for Clinical Psychiatric Care for Asylum Seekers and Refugees
Centrum ‘45
De Evenaar, Centrum voor Transculturele Psychiatrie Noord Nederland
Psychotrauma Centrum Zuid Nederland

New Zealand
Wellington Refugees as Survivors Trust (WNRAS)
Refugees As Survivors New Zealand (RASNZ)

Nigeria
PRAWA - Prisoners Rehabilitation And Welfare Action

Pakistan
SACH - Struggle for Change
<table>
<thead>
<tr>
<th>Country</th>
<th>Organization</th>
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<tbody>
<tr>
<td>Palestinian Territory, Occupied</td>
<td>Gaza Community Mental Health Programme (GCMHP)</td>
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<tr>
<td></td>
<td>Jesoor - Transcultural Right to Health</td>
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<tr>
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<td>TRC - Treatment and Rehabilitation Center for Victims of Torture</td>
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<tr>
<td>Paraguay</td>
<td>Salud Mental y Derechos Humanos (ATYHA)</td>
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<tr>
<td>Perú</td>
<td>CAPS - Centro de Atención Psicosocial</td>
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<td>Philippines</td>
<td>Medical Action Group (MAG)</td>
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<td>Balay Rehabilitation Center, Inc.</td>
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<td>Poland</td>
<td>The Centre for Victims of Political Persecution (CVPP)</td>
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<td>Romania</td>
<td>ICAR Foundation - Craiova</td>
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<td>ICAR Foundation - Bucharest</td>
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<td>Russian Federation</td>
<td>Interregional Non-governmental Organization Committee Against Torture (CAT)</td>
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<td>Rwanda</td>
<td>Uyisenga N’Manzi (UNM)</td>
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<td>Senegal</td>
<td>VIVRE/CAPREC - Victimes de Violences Rehabilitées, le Centre de Soins du CAPREC</td>
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<td>Serbia</td>
<td>International Aid Network - Center for Rehabilitation of Torture Victims (IAN-CRTV)</td>
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<td>Sierra Leone</td>
<td>Community Association for Psychosocial Services (CAPS)</td>
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<td>South Africa</td>
<td>Trauma and Transition Programme (TTP) at the Centre for the Study of Violence and Reconciliation (CSVR)</td>
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<td>The Trauma Centre for Survivors of Violence and Torture</td>
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<td>Sri Lanka</td>
<td>Family Rehabilitation Centre Sri Lanka</td>
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<td>Survivors Associated (SA)</td>
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<td>Sudan</td>
<td>Amel Center for Treatment and Rehabilitation of Victims of Torture (ACTRVT)</td>
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<td>Sweden</td>
<td>Swedish Red Cross Treatment Centre for Victims of War and Torture, Skövde</td>
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<td>Swedish Red Cross Centre for Victims of War and Torture, Uppsala</td>
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<td>Red Cross Center for Tortured Refugees, Stockholm</td>
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<td>Switzerland</td>
<td>SRC Centre for Migration and Health/Clinic for Victims of Torture and War</td>
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<td>Consultation pour Victimes de Torture et de Guerre at the Hôpitaux Universitaire de Genève</td>
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<td>Turkey</td>
<td>SOHRAM-CASRA Centre of Social Action, Rehabilitation and Readjustment</td>
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<td>Human Rights Foundation of Turkey - Adana Treatment and Rehabilitation Center</td>
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<td>Foundation for Society and Legal Studies</td>
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<td>Ukraine</td>
<td>IRC International Medical Rehabilitation Center for the Victims of Wars and Totalitarian Regimes</td>
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<td>United Kingdom</td>
<td>Refugee Therapy Centre</td>
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<td>Freedom from Torture/Medical Foundation for the Care of Victims of Torture</td>
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<td>United States</td>
<td>Survivors of Torture &amp; Severe Trauma (PSTT) at Multicultural Human Services of the Northern Virginia Family Services (NVFS)</td>
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<td>ACCESS - Psychosocial Rehabilitation Center for Victims of Torture</td>
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<td>Advocates for Survivors of Torture and Trauma (ASTT)</td>
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<td>Center for Survivors of Torture, Dallas</td>
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<td>The Center for Victims of Torture, Florida Center for Survivors of Torture of Gulf Coast Jewish Family &amp; Community Services</td>
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<td>International Survivors Center at the International Institute of New England, Boston</td>
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<td>Survivors of Torture, International Torture Treatment Center of Oregon Health &amp; Science University</td>
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<td>Program for Torture Victims, Los Angeles (PTV-LA)</td>
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<td>Marjorie Kovler Center of Heartland Alliance</td>
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<td>Venezuela</td>
<td>Red de Apoyo por la Justicia y la Paz</td>
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<td>Zimbabwe</td>
<td>Counselling Services Unit (CSU)</td>
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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. Donations can be made in the following currencies: Danish Kroner (DKK), Euros (EUR) and U.S. Dollars (USD).

**By credit card**

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

**By cheque**

Cheques made payable to the International Rehabilitation Council for Torture Victims (IRCT) should be sent to:

International Rehabilitation Council for Torture Victims
Borgergade 13
P.O. Box 9049
1022 Copenhagen K
Denmark

**By bank transfer**

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

**Danish Kroner (DKK) account**

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**Euros (EUR) account**

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

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The International Rehabilitation Council for Torture Victims (IRCT) is an independent, international health-based human rights organisation, which promotes and supports the rehabilitation of torture victims, promotes access to justice and works for the prevention of torture worldwide. The vision of the IRCT is a world without torture.