Annual Report 2009

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Foreword by the President

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

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

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

The many challenges untold, the doctors, nurses, psychologists, counsellors and many other professionals at our member centres continue to work with devotion and focus...
When I was recently in Delhi, India, I met a twelve-year-old boy – let me call him Amit. Not long before our encounter, Amit had been arrested and tortured for three days. Policemen beat him up, then hung him from the ceiling, head down, and hit the soles of his feet with metal rods – a very common and extremely painful torture method known as “Fa-langa.” He almost died.

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

If the scene seems somehow familiar to you, it’s probably because you’ve seen the Oscar-showered feature film “Slumdog Millionaire”. Well, Amit is the real world’s Jamal ... a confession to boost their crime-solving statistics, or simply to “teach a lesson” to a boy accused of petty crime.

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

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

Common to our member organisations is that they are staffed by dedicated doctors, nurses, lawyers, social workers and others who in many cases work on a voluntary basis and frequently at great personal risk. Together, they represent a vast pool of unique experience and knowledge about how to help torture survivors heal from their mental and physical wounds.

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

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

I’m also delighted to report another key step taken in 2009 that has reinforced our capacity to drive forward the medical and clinical issues that lie at the heart of our work: the establishment of an IRCT Senior Clinical Advisory Group. In addition to health experts at the IRCT Secretariat the group comprises four former IRCT Council members, all prominent clinical experts, who together represent many decades of torture rehabilitation experience. The group will advise our member centres on culturally appropriate treatment approaches as well as on research and the exchange of knowledge; develop outcome measures suitable for different environments; help advance our collaboration with universities and health professionals’ organisations; and participate in scientific conferences on behalf of the IRCT.

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

Of equal importance is our work to raise awareness among the general public about what can be done to eradicate torture and to support survivors. We do so because we believe that ultimately, policy-change must come from the grassroots, be it in democratic states or dictatorships. Each year the United Nations International Day in Support of Victims of Torture on 26 June – which in 2009 marked the 25th anniversary of the UN Convention against Torture – represents a golden moment for the IRCT. The year 2009 was no exception in this respect: IRCT members around the world held parades, demonstrations, public hearings, street performances, film screenings, exhibitions and used many other creative means to convey a resounding, global “NO!” to torture. Moreover, via our scientific journal...
The year 2009 marked the retirement of our founder, Dr Inge Genefke, and her husband, Professor Bent Sørensen, after almost four decades of pioneering the struggle against torture. On behalf of the entire torture rehabilitation movement I wish to express my deep appreciation of the invaluable contribution they have made to this struggle. Please turn to page 22-23 to read more about the never-failing commitment of these two remarkable personalities.

BRITA SYDHOFF, IRCT SECRETARY-GENERAL
A democratic organisation

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

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

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

A year of elections and strategy development

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

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

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

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

Markers may represent more than one member centre.

A more detailed and interactive version of this map can be found on the IRCT website at: http://www.irct.org/about-us/the-irct-members.aspx.
Helping torture survivors overcome their trauma and rebuild their lives requires extensive expertise and skills. In order to serve their clients in the best possible way it is essential for the doctors, psychologists, counsellors, nurses, lawyers, social workers and other professionals at our member centres to have access to the latest knowledge to enable them to constantly develop their skills in their field of expertise.

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

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

Regional overview of interventions in the Global South

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

We also took steps to develop a major project in partnership with four IRCT member organisations in Asia to address the needs and rights of children who have been tortured in places of detention – unfortunately a widespread problem, not only in Asia, but in a host of countries around the world (see also page 30). Last but not least, together with the World Organisation against Torture (OMCT) we supported our member centres in the Philippines – the Balay Rehabilitation Center and the Medical Action Group – to advocate for the criminalisation of torture in the country’s penal code. The IRCT and OMCT sent a joint letter urging the country’s president, Ms Gloria Macapagal Arroyo, to sign the bill into law. President Arroyo’s office responded to our letter and signed the bill, ensuring the law’s inclusion in the national penal code (see box on page 12).

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

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

In the Middle East and North Africa region we concluded a multi-year effort to assist health and legal professionals – including those at our member centre El Nadim in Cairo – to develop their skills at using forensic documentation in cases involving allegations of torture (see also page 28). The effort has
resulted in the creation of a group of professionals whose expertise will benefit the entire region as they can be called upon to train colleagues at IRCT member centres and other professionals around the region, and to perform forensic examinations in specific cases. Indeed, this is already happening. For instance, El Nadim was called upon by one of our Lebanese member centres, Restart, to help train Lebanese doctors and lawyers to document torture cases. Another positive spin-off of our efforts in Egypt is our ongoing collaboration with the Egyptian National Human Rights Council. We are currently assisting the Council to establish a strategic plan and a special unit dedicated to tackle the problem of torture in Egypt.

2009 was also the year when the Bahjat Al-Fuad Rehabilitation Center for Torture Victims (BFRCT) in Iraq became a fully independent, sustainable organisation and managed to obtain funding from the UN and other donors, thus reaching the goal we set out to achieve when we initiated collaboration with Iraqi health professionals to set up the centre back in 2005. Building on the experiences gained from working in a context as challenging as Iraq, we took steps to establish a torture rehabilitation centre in Algiers, Algeria, working closely with the NGO Collectif des Familles de Disparus en Algérie and drawing on the input and expertise of our member centres in the wider region. Sub-Saharan Africa suffers from an extremely high prevalence of torture coupled with a lack of access to basic health services, especially in remote areas, where local NGOs are often the only providers of such services. Many of these organisations work with some of the most vulnerable groups, including widows and children. In working to alleviate this dire situation we continued to focus our efforts on building capacity at grassroots level in the region. Using our well-proven strategy of bringing global knowledge to the local level, we helped twelve local organisations – IRCT members as well as non-members – enhance their skills in the field of various treatment approaches, including psycho-social treatment methods adapted to the difficult circumstances characteristic of the region.

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

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

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

Advancing health professional knowledge and research

Also in 2009 we successfully concluded a large-scale project that has brought together IRCT member centres located in locations as diverse as Egypt, Gaza, Honduras, Mexico and South Africa. Over the course of two years, the project helped 1370 health and other professionals in the five locations develop their skills and benefit from each other’s knowledge and experiences. A total of 1336 torture survivors (580 women, 529 men and 217 children) received much-needed mental health care under through the project, which also enhanced the capacity of the five centres to generate high-quality medical reports. In conjunction with the treatment, patient data was analysed to measure the effectiveness of interventions used in the five centres – research that will help inform future treatment across the IRCT’s global membership. The results will be published in 2010 in the form of several articles in a special thematic issue of our scientific journal TORTURE, which is disseminated to our entire membership as well as to other organisations and individual health and other professionals worldwide as well as being made available at www.irct.org.

Enabling professional exchange for individual staff at IRCT member centres

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

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

STAFF MEMBER AT CPTRT IN HONDURAS

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

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

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

ASTT, USA ON THE INTERNSHIP OF HERMAN POUGKAM KAMGAING, CRAT, CAMEROON
“My internship was very enriching and eye-opening. I participated in a training programme titled “Care and Self Care – professionals in a social context of impunity, torture and social catastrophes”. It was a valuable exchange in terms of sharing the difficulties of daily work with torture survivors and their families.”

Luciana Soutric, EATIP, Argentina on her internship at CCTI, Mexico

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

CCTI, Mexico on Luciana’s internship

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

Berthold Gersons, Centrum 45, The Netherlands on his stay as peer supervisor at GCRT, Georgia

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

Ludmila Popovici, RCTV Memoria, Moldova on her internship at Zebra Intercultural Centre for Counselling and Psychotherapy, Austria

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

Victor Essah, CAPS, Sierra Leone on his internship at PRAWA, Nigeria

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

Dinayi Kituyi, IMLU, Kenya on her internship at TCSVT, South Africa
Securing funding for rehabilitation

Torture survivors are entitled to receive reparations, including medical and psychological rehabilitation, to help them overcome their ordeal. In theory, international law ensures this right. For example, the UN Convention against Torture states that “Each State Party shall ensure in its legal system that the victim of an act of torture obtains redress and has an enforceable right to fair and adequate compensation, including the means for as full rehabilitation as possible” (Art.14). In plain language this means that it’s the government’s responsibility to make sure that torture survivors within their borders have access to the health and other forms of support they may need to rebuild their lives.

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

In short, the stark reality is that the global pool of funding available for torture rehabilitation meets only a fraction of the real need. This is why the IRCT constantly works to influence governments and multilateral institutions to increase their financial support to torture rehabilitation. In 2009, via a combination of lobbying the European Commission and OECD countries to increase their financial support to torture rehabilitation, we helped ensure the availability of funding for torture rehabilitation globally. In particular, comprehensive engagement with the EC – the world’s largest donor to torture rehabilitation – served to mitigate potentially damaging consequences of a planned phase-out of funding to rehabilitation in the EU. Moreover, we continued to urge selected governments to increase their contributions towards the United Nations Voluntary Fund for Victims of Torture.

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

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

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

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

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

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

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

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

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

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

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

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

Dr Inge Genefke and Professor Bent Sørensen founded the Rehabilitation Centre for Torture Victims (RCT) in 1982, and the IRCT in 1985. She served as the Medical Director for the RCT from 1981 to 1996, and as Medical Director of the IRCT from 1989 to 1996. She was Secretary-General of the IRCT from 1987 to 2000, Honorary Secretary-General of the Organisation from 2000 to 2002, and IRCT Ambassador from 2002 until her retirement at the end of 2009.
Raising awareness about torture prevention and survivors’ rights

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

26 June campaign – Together against Torture

Art competitions. Film screenings. Puppet shows. Solidarity concerts. Petitions to politicians. Public rallies. Signature collections. Candle-lit vigils. TV and radio talk shows. Sporting events...

There’s almost no end to the list of creative and compelling ways in which our member centres mark 26 June – the UN International Day in Support of Victims of Torture. The year 2009, when 26 June coincided with the 25th anniversary of the UN Convention against Torture, was no exception. Advocating for the rights of torture survivors and for an end to torture, more than sixty IRCT member centres took part in the global campaign on this special day dedicated to torture survivors worldwide. While the means they used were diverse, their goal was the same: to call on decision-makers and the public to support survivors and to take urgent and concerted action to put an end to torture. The report “26 June 2009 – Together against Torture” (available at www.irct.org) gives an uplifting overview of the worldwide campaign.

A growing range of campaign tools

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

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

Web presence

Our website has undergone even more improvements! Relaunched in 2009 with an all-new design and improved navigation structure, the site continued to attract a steadily increasing number of visits and to offer a broad range of resources: personal stories of survivors (see also page 36); alerts regarding human rights defenders in immediate danger; profiles of all member centres and a Google map of their locations (see page 10); in-depth political analyses of current torture-related issues; and access to the world’s largest library dedicated specifically to the subject of torture. Moreover, exploiting the opportunities offered by the ever-growing array of social media we expanded our web presence to include Facebook and Twitter as part of our longer-term aim of creating an online community of individual IRCT supporters. In doing so we’re attempting to meet the regular requests we receive from people all over the world asking how they can contribute to our work.

Working with the media

In continuing to engage the media worldwide we collaborated with IRCT member organisations in Kenya, Egypt, Morocco, Russia and Indonesia and a non-member anti-torture organisation in Jordan to organise workshops for journalists engaged in the difficult and often dangerous task of reporting on torture and other human rights violations in the context of anti-terrorism measures. The content
and outcomes of these workshops, where dozens of dedicated journalists pondered the role of the media in exposing human rights violations, exchanged experiences, discussed investigative methods, and reviewed measures to enhance their personal security, are documented in our bi-monthly newsletter Preventing Torture within the Fight against Terrorism (available at www.irct.org), which also features articles from a wide range of journalists, scholars and NGO workers with in-depth knowledge of this still highly pertinent subject.

Toward the end of the year we organised the international conference “Preventing Torture within the Fight against Terrorism – Tools for Journalists”, which brought together three dozen journalists from sixteen countries. Among the speakers were Ms Tara MacKelvey, who shared her experiences of researching her book “Monstering – Inside America’s Policy on Secret Interrogations and Torture in the War on Terror”. Ms MacKelvey told the audience that the so-called “torture memos” conceived by the Bush administration “led directly to torture”. One of Norway’s most respected investigative journalists, Mr Erling Borgen, gave an eye-opening account of the challenges he experienced researching his documentary film “A little piece of Norway”, which reveals how Norwegian firm Aker Kværner kept the detention facility at Guantánamo running by building the water and power infrastructure at the camp. And the award-winning Egyptian blogger Mr Wael Abbas, famous for using social media to expose torture in Egypt’s prisons, pointed out that “There is always a way to deliver messages under the radar”.

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

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

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

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

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

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

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

THE NUMBER OF VISITORS TO OUR WEBSITE, WHICH WE RELAUNCHED IN 2009 WITH AN ALL-NEW DESIGN AND IMPROVED NAVIGATION STRUCTURE, INCREASED TO APP. 285,000, UP FROM 248,000 THE PREVIOUS YEAR.
Throughout the past decade the IRCT has played a leading role in raising awareness about and promoting the use of The Manual on the Effective Investigation of Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment – otherwise known as the Istanbul Protocol – which provides internationally recognised standards on how to identify, document and report symptoms of physical and psychological torture. Over the course of several consecutive projects, we’ve trained health and legal professionals in 15 countries in applying the principles and guidelines contained in the Istanbul Protocol.

In 2009 our work in this area remained a key priority. Building on our recently concluded project Prevention through Documentation we initiated a new three-year project – Forensic Evidence in the Fight against Torture – that will set new precedents for the use of forensic medical evidence. The aim, in short, is to apply the Istanbul Protocol to up to twenty strategically selected cases to be tried in national, regional and international courts. As part of this endeavour we are working with member centres in Ecuador, Georgia, Lebanon and the Philippines to produce high-quality forensic evidence related to specific torture cases to be submitted for use in legal proceedings.

In parallel, we’re working to increase awareness among decision makers, judges, prosecutors, lawyers and health professionals about state obligations to prosecute perpetrators and ensure victims’ rights. We are highlighting the importance of sound forensic evidence in this process. In creating a strong foundation for this endeavour we have set up an expert group comprising forensic experts from fifteen countries. The group is tasked with providing advice on selected individual cases and technical issues; participating in targeted missions to examine torture survivors; assisting with bringing cases to court; and with promoting the value and use of medical documentation of torture.

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

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

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

From the Foreword to “Shedding Light on a Dark Practice – Using the Istanbul Protocol to Document Torture.” Published by the IRCT in 2009, this unique book portrays successes and challenges in documenting torture from international experts’ point of view and the experiences of IRCT member centres in ten countries. Available free of charge via www.irct.org.

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

Manfred Nowak, UN Special Rapporteur on Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment, in his report to the UN Human Rights Council, Feb. 2010.

Documenting torture, fighting impunity

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

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

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

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

Even graver consequences

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

The IRCT takes action

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

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

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

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

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

Championing our members

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

Countering doctors’ participation in torture

In 2009 the United Nations Human Rights Council (HRC) addressed the global situation regarding the role health professionals play in the fight against torture. The IRCT supported and welcomed the adoption of the Council’s resolution on the role and responsibility of medical and other health professionals to avoid complicity in torture and other ill-treatment. The resolution urges states to respect the professional and moral independence and medical ethics of health professionals and to ensure that they may fulfil their duty to document, report or denounce acts of torture without fear of retribution. It stresses that all allegations of torture must be examined promptly and impartially by the competent domestic authority and investigated effectively, including the examination of forensic documentation (see also page 28). At the same time it strongly condemns medical and other health personnel’s active or passive participation in torture. The resolution represents a milestone in the global struggle against torture by putting much-needed pressure on states to strengthen the positive role of health professionals in the fight against torture and to ensure that health workers have no hand in inflicting torture. The resolution is also commendable for the protection it affords medical workers who speak up against torture either in their country or elsewhere.

In parallel to the Council’s discussion on the issue we held a well-attended workshop on the value of medical documentation according to the Manual on Effective Investigation and Documentation of Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment – The Istanbul Protocol.

Advocating for tortured asylum seekers and refugees in Europe

Throughout the year together with allies in the European Parliament and the European Council for Refugees and Exiles (ECRE) we advocated to ensure that the needs and rights of torture survivors be taken into account in the context of the Common European Asylum System (CEAS) and the Union’s efforts to create harmonised standards of international protection. In particular, we voiced the need to ensure that tortured asylum seekers be identified at an early stage in order to ensure that they receive the rehabilitative care and support they need and are entitled to. Moreover, we voiced our strong concern that often, tortured asylum seekers are held in detention, sometimes for prolonged periods of time, as their cases are reviewed – a practice that carries great risk of re-traumatisation for someone who has previously been confined and subjected to

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

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

KEY IRCT ADVOCACY PARTNERS

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

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

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

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

<table>
<thead>
<tr>
<th>Year</th>
<th>No. of members</th>
</tr>
</thead>
<tbody>
<tr>
<td>2003</td>
<td>94</td>
</tr>
<tr>
<td>2006</td>
<td>130</td>
</tr>
<tr>
<td>2009</td>
<td>142</td>
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MEMBERS PER REGION

<table>
<thead>
<tr>
<th>Region</th>
<th>No. of members</th>
</tr>
</thead>
<tbody>
<tr>
<td>Asia</td>
<td>19</td>
</tr>
<tr>
<td>Europe</td>
<td>52</td>
</tr>
<tr>
<td>Latin America and the Caribbean</td>
<td>13</td>
</tr>
<tr>
<td>Middle East and North Africa</td>
<td>12</td>
</tr>
<tr>
<td>North America</td>
<td>18</td>
</tr>
<tr>
<td>Pacific</td>
<td>9</td>
</tr>
<tr>
<td>Sub Saharan Africa</td>
<td>19</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>142</strong></td>
</tr>
</tbody>
</table>

Which organisations can become members of the IRCT?
The minimum criteria for membership are laid down in the IRCT’s Statutes. They include inter alia that the applicant must be an independent, non-profit organisation or programme whose main function is to provide health care, legal and social support to primary and secondary victims of torture. Moreover, the centre/programme/organisation must have been operational for at least two years, treat a minimum of 50 clients a year and agree to adhere to the mandate of the IRCT.

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

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

WELCOME TO FIVE NEW MEMBERS IN 2009

Lebanon
Centre Nassim for the rehabilitation of the victims of torture

The Netherlands
Phoenix, Centre for Psychiatric Treatment of Refugees

South Africa
Southern African Centre for Survivors of Torture

United Kingdom
Medical Foundation for the Care of Victims of Torture

United States
Center for Survivors of Torture and War Trauma

MEMBERS PER REGION

<table>
<thead>
<tr>
<th>Region</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>North America</td>
<td>13%</td>
</tr>
<tr>
<td>Europe</td>
<td>38%</td>
</tr>
<tr>
<td>Asia</td>
<td>13%</td>
</tr>
<tr>
<td>Middle East and North Africa</td>
<td>8%</td>
</tr>
<tr>
<td>North America</td>
<td>13%</td>
</tr>
<tr>
<td>Latin America and the Caribbean</td>
<td>9%</td>
</tr>
<tr>
<td>Pacific</td>
<td>6%</td>
</tr>
<tr>
<td>Sub Saharan Africa</td>
<td>13%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>6%</strong></td>
</tr>
</tbody>
</table>

34 INTERNATIONAL REHABILITATION COUNCIL FOR TORTURE VICTIMS

IRCT ANNUAL REPORT 2009 35
My name is Laetitia Bramstedt; I’m 22 years old. I’m from Kisii South, in Kenya. I would love to be employed, but there are very few job opportunities where I am, and mostly farming. I was actually in high school, and my father used to educate me. But unfortunately he passed away, and I had to stop in my final year in high school.

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

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

10th August 2008 at 5:45. I think when something like that happens to you, you remember the time… On that day there was a scuffle in the marketplace. There are some small shops there. In one of those shops young boys go and play pool. But the place doesn’t have the required license from the county council. Some policemen came and asked for it. A fight between the boys and the police broke out, and the boys overpowered the policemen. Then the policemen called for backup. This time around when they came, there were many of them, they had teargas and they came with a lot of force. So people in the market naturally started running off.

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

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

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

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

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

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

After the assault, when I was in hospital, many people came to see me. Someone told me about a Catholic church that is in contact with IMLU* and advised me to contact them. I went to the magistrate’s chambers, and I recounted what happened. The magistrate told me to fill in a form and pick out the policeman from a line-up. So we filled out the form. And I picked out the policeman who assaulted me.

But in spite of me doing all this, the court dragged their feet. They adjourned again and again because either this or that was missing or… There was always something that made it impossible for the case to be heard. On 6 March 2009, we went back to court and out of nowhere I was just told: “You’ve been forgiven, go away.” And the case ended just like that. In fact, I was told: “Go away. And if you want this to go any further, then go back to the police.”

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

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

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

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

I get energy from knowing that IMLU can help me. Help my case move forward and finally put it
behind me. I was distressed that I didn’t know who I could tell, or who would help me. It is not right for it to end just like that…

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

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

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

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

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

**Name changed.

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

Summary of 2009 results

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

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

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

Income
2009 results show a decrease in reported income by 6% compared with 2008. Under the heading ‘grants from national governments’ we note a decrease in reported income as a result of the planned conclusion of the framework agreement with the Dutch Government in 2008, which had contributed 23% of 2008 income. Support from the Danish Ministry of Foreign Affairs to IRCT activities continued in 2009 with a notable increase in their financial support. The Norwegian Government, Dutch Embassy in Cairo, and Canadian Government all made notable contributions.

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

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

Reserves
It is the policy of the IRCT to maintain sufficient unrestricted reserves in order to mitigate against funding fluctuations. At December 31st 2009, the IRCT’s closing unrestricted reserve balance was EUR 124,917. This represents a decrease of 17% on the balance at the close of 2008. In 2009 expenditure related to organisational development, project portfolio development, fundraising, monitoring and evaluation systems and strategy development contributed to the decrease in reserves carried forward. This expenditure is expected to positively impact the long term strategies of increasing funding and developing programmes. Hence, management has prepared the annual report on a going concern basis.

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

Beyond 2009

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

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

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

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

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

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

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

Grants from national governments: 46%
Grants from foundations: 25%
Grants from multiateral institutions: 24%
Grants from private individuals: 2%
Other income: 3%

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

Strengthening centres to support torture victims: 58%
Influencing policy in support of torture victims: 6%
Sharing knowledge with the torture rehabilitation and prevention movement: 8%
Support costs: 21%
Governance: 3%
Fundraising: 4%
**INCOME AND EXPENDITURE STATEMENT**

**INCOME**

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<tr>
<th>Description</th>
<th>2009 (EUR)</th>
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<td>Canada</td>
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<td>Grants from multilateral institutions</td>
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<td>Sigrid Rausing Trust</td>
<td>6,082</td>
<td>332,459</td>
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<tr>
<td>Other foundations</td>
<td>170,388</td>
<td>7,992</td>
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<tr>
<td>Grants from private individuals</td>
<td>93,456</td>
<td>209,360</td>
</tr>
<tr>
<td>Other income</td>
<td>126,232</td>
<td>136,906</td>
</tr>
<tr>
<td><strong>TOTAL INCOME</strong></td>
<td><strong>4,635,485</strong></td>
<td><strong>4,919,566</strong></td>
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**EXPENDITURE**

<table>
<thead>
<tr>
<th>Description</th>
<th>2009 (EUR)</th>
<th>2008 (EUR)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Programme development and implementation</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Strengthening centres to support torture victims</td>
<td>(2,704,528)</td>
<td>(3,172,866)</td>
</tr>
<tr>
<td>Influencing policy in support of torture victims</td>
<td>(298,289)</td>
<td>(175,273)</td>
</tr>
<tr>
<td>Sharing knowledge with the torture rehabilitation and prevention movement</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Governance</td>
<td>(352,750)</td>
<td>(221,321)</td>
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<tr>
<td>Fundraising</td>
<td>(137,141)</td>
<td>(123,222)</td>
</tr>
<tr>
<td>Support costs</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Office running</td>
<td>(195,283)</td>
<td>(135,996)</td>
</tr>
<tr>
<td>Administration staff</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>TOTAL EXPENDITURE</strong></td>
<td><strong>(4,660,386)</strong></td>
<td><strong>(4,818,989)</strong></td>
</tr>
</tbody>
</table>

**STATEMENT OF FINANCIAL ACTIVITIES**

**STATEMENT OF FINANCIAL POSITION**

**AS OF DECEMBER 2009**

**ASSETS**

<table>
<thead>
<tr>
<th>Description</th>
<th>2009 (EUR)</th>
<th>2008 (EUR)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Project receivables</td>
<td>43,060</td>
<td>3,542</td>
</tr>
<tr>
<td>Summer house (bequest)</td>
<td>0</td>
<td>120,709</td>
</tr>
<tr>
<td>Other receivables</td>
<td>124,725</td>
<td>200,293</td>
</tr>
<tr>
<td>Receivables</td>
<td>167,785</td>
<td>324,544</td>
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<tr>
<td>Liquid assets</td>
<td>1,716,726</td>
<td>1,911,288</td>
</tr>
<tr>
<td><strong>TOTAL ASSETS</strong></td>
<td><strong>1,882,487</strong></td>
<td><strong>2,235,832</strong></td>
</tr>
</tbody>
</table>

**LIABILITIES**

<table>
<thead>
<tr>
<th>Description</th>
<th>2009 (EUR)</th>
<th>2008 (EUR)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Net capital reserve (unrestricted) at 1 January 2009</td>
<td>149,818</td>
<td>49,042</td>
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<tr>
<td>Net contribution/(deficit) for the year</td>
<td>(24,901)</td>
<td>100,577</td>
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<tr>
<td>Net capital reserve at 31 December 2009</td>
<td>124,917</td>
<td>149,619</td>
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<tr>
<td>Prepaid project grants</td>
<td>1,295,969</td>
<td>1,581,452</td>
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<tr>
<td>Payables</td>
<td>461,601</td>
<td>504,761</td>
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<tr>
<td><strong>TOTAL LIABILITIES</strong></td>
<td><strong>1,882,487</strong></td>
<td><strong>2,235,832</strong></td>
</tr>
</tbody>
</table>

**NET CONTRIBUTION/(DEFICIT) FOR THE YEAR**

| | 2009 (EUR) | 2008 (EUR) |
| | (24,901) | 100,577 |
2009 donor acknowledgements

THE IRCT GRATIFULY ACKNOWLEDGES THE SUPPORT OF THE FOLLOWING:

1,000,000+ EUR
Danish Ministry of Foreign Affairs

500,000-999,999 EUR
European Commission
Oak Foundation

100,000-499,999 EUR
Swedish Ministry of Foreign Affairs
United Nations Office of Project Services (UNOPS)

10,000-99,999 EUR
Canadian Department for Foreign Affairs and International Trade
Dutch Ministry of Foreign Affairs
Foreign Commonwealth Office – UK
Victoria Gomez-Trenor Verges
Norwegian Ministry of Foreign Affairs
Other foundations

1,000-9,999 EUR
Andelsfonden
Mads Clausens Fond
Aase og Einar Danielsen's Fond
Freddy Fræk Fond
Flemming Hansens Familiefond
Andreas Harboe's Fond
Harboefonden
Brodenre Hartmanns Fond
Ernst og Vibke Husmans Fond
Knud Haagentaard's Fond
JL-Fondet
Frederik og Emma Kraghs Mindefond
Hermod Lannungs Fond
Dr. Margrethe og Prins Henrik's Fond
Elly Valborg og Niels Mikkelisens Fond
Birgit Petersson
Sigrid Rausing Trust
Rockwool Fondren
Jonathan Todhunter

<1,000 EUR
Ruth and Martin Ammentorp
Erik Ammentorp
Judith Ammentorp
Merete Ammentorp
Michael Ammentorp
Troels Vincent Ammentorp
Amnesty International
Else Marie Bartels
Brita Bastogi
William and Marianne Bentzen
Rolf Bondo Bondeoson
Gudrun Böyen and Troels Kardel
Dina Brunckhorst
Anders Buhlet
Inge and Christen Carlé
Maria Carrera
Anita Christensen
Malachy Coleman
(cont. on page 46)
THE IRCT GRATEFULLY ACKNOWLEDGES THE SUPPORT OF THE FOLLOWING:

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

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

AS OF 31 DECEMBER 2009

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

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

Armenia
• Foundation against Violation of Law (FAVLI- ARD-Cen-TV), Yerevan

Australia
• Association for Services to Torture and Trauma Survivors (ASETTS), Perth, Western Australia
• Companion House Assisting Survivors of Torture and Trauma, O’Connor, Australian Capital Territory
• Melaleuca Refugee Centre, Torture and Trauma Survivors Service of the NT Inc., Millner, Northern Territory
• Phoenix Centre – Support Service for Survivors of Torture and Trauma, Hobart, Tasmania
• Queensland Program of Assistance to Survivors of Torture and Trauma (QPASTT), Fairfield, Queensland
• Service for the Treatment and Rehabilitation of Torture and Trauma Survivors (STARTTS), Fairfield, New South Wales

Austria
• HEMAVAT – Verein zur Betreuung von Folter- und Kriegsüberlebenden, Vienna
• interkulturelles Beratungs- und Therapiezentrum (ZEBRA), Graz
• Verein für Opfer von Gewalt und Menschenrechtsverletzungen – OMEGA Gesundheitstelle, Graz

Bangladesh
• Centre for Rehabilitation of Torture Survivors (CRTS), Dhaka

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

Bosnia and Herzegovina
• Udruženje za Rahabilitaciju žrtava torturje – Centar za žrtev torturje (CVT), Sarajevo
• Vive Žene, Centar za terapiju i rehabilitaciju (CTR), Tuzla

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

Bulgaria
• Assistance Centre for Torture Survivors (ACET), Sofia

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

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

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

Chad
• Association Jeunesse pour la Paix et la Non-Violence (AJPNV), N’Djamena

Chile
• Centro de Salud Mental y Derechos Humanos (CIMTRAS), Santiago

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

Congo, Democratic Republic of the
• Centre Psycho Médical pour la Réhabilitation des Victimes de la Torture – SOPROP (CPMRVT), Ville de Goma

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

Denmark
• OASIS – Behandling og Rådgivning for Flygtninge, Copenhagen
• Rehabiliterings- og Forskningscentret for Torture (RCT), Copenhagen

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

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

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

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

Finland
• Kidutettujen kuntoutuskeskus (KCF), Helsinki

France
• Parcours d’Exil, Paris

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

Germany
• Behandlungszentrum für Folteropfer Berlin (bzfo), Berlin
• Exilhilfe für Flüchtlinge und Folterüberlebende e.V., Lindau
• Medizinische Flüchtlingshilfe Bochum (MFH), Bochum

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

Honduras
• Centro de Prevención, Tratamiento y Rehabilitación de las Víctimas de la Tortura y sus Familiares (CPTTR), Tegucigalpa

Hungary
• Cordelia Foundation for the Rehabilitation of Torture Victims, Budapest

India
• Centre for Care of Torture Victims (CCTV), Kolkata
• Centre for Organisation, Research and Education – Community Programme for Young Survivors of Torture (CORE), Manipur
• Shubhodaya Center for Rehabilitation of Victims of Torture and Violence – SOSRIAC (Society for Social Research, Art and Culture) (SCRVT), New Delhi
• Tibetan Torture Survivors Program (TTSP), Dharmsala
• Torture Prevention Center India Trust (Top Center India Trust), Cochín
• Vasayya Mahila Mandali (VRCT), Vijayawada

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

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

Iraq
• Bahajt Al-Fa’ud Rehabilitation of Medical & Psychological Centre for Torture Victims (BFRC), Basra

Ireland
• SPIRAS Centre for the Care of Survivors of Torture (CCST), Dublin

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<table>
<thead>
<tr>
<th>Country</th>
<th>Organization</th>
</tr>
</thead>
<tbody>
<tr>
<td>Italy</td>
<td>NAGA-HAR Centro Richiedenti Asilo, Rifugiati, Vittime della Tortura, Milano</td>
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<tr>
<td></td>
<td>VI.TO - Hospitality and Care for Victims of Torture, Consiglio Italiano per i</td>
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<td></td>
<td>Rifugiati (CIR), Rome</td>
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<tr>
<td>Kenya</td>
<td>Independent Medico-Legal Unit (IMLU), Nairobi</td>
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<tr>
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<td>Mwatikho Torture Survivors Organization (MATESO), Bungoma</td>
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<tr>
<td>Kosovo</td>
<td>Qendra Kosovare për Rehabilitimin e tê Mbijetuar-avë të Torturës (KRCT), Prishtina</td>
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<tr>
<td>Libya</td>
<td>Medical Foundation for the Care of Victims of Torture, London</td>
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<tr>
<td></td>
<td>SACH – Struggle for Change, Islambad</td>
</tr>
<tr>
<td></td>
<td>Palestinian Territory (Occupied)</td>
</tr>
<tr>
<td></td>
<td>Gaza Community Mental Health Programme (GCMHP), Gaza City</td>
</tr>
<tr>
<td></td>
<td>Jesoor – Transcultural Right to Health, Gaza City</td>
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<tr>
<td>Lebanon</td>
<td>Least for the Rehabilitation of the Victims of Torture, Beirut</td>
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<td>Khiam Rehabilitation Center of the Victims of Torture (KRC), Beirut</td>
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<td>Restar Centre for Rehabilitation of Victims of Violence and Torture – Lebanon, Tripoli</td>
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<td>Liberia</td>
<td>Rescue Alternative Liberia (RAL), Monrovia</td>
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<td>Mexico</td>
<td>Colectivo Contra la Tortura y la Impunidad A.C. (CCTI), Mexico City</td>
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<tr>
<td>Moldova</td>
<td>Medical Rehabilitation Center for Torture Victims (“Memoria” (“RCTV” – “Memoria”), Chisinau</td>
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<tr>
<td>Morocco</td>
<td>Association Medicaire de Rehabilitation des Victimes de la Torture (AMRVT), Casablanca</td>
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<td></td>
<td>Centre d’Accueil et D’Orientation des Victimes de la Torture (CAOVT), Casablanca</td>
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<tr>
<td>Nepal</td>
<td>Yatana Pidit Sarokar Kendra (CVICT), Kathmandu</td>
</tr>
<tr>
<td>Netherlands</td>
<td>Centrum ‘45, Oegstgeest</td>
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<td></td>
<td>Phoenix, centrum voor klinische psychiatrische zorg voor asielzoekers en vluchtelingen, Renkum</td>
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<td></td>
<td>Psychotrauma Centrum Zuid Nederland, GB Vught</td>
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<td>De Evenaar, Centrum voor Transculturele Psychiatrie Noord-Nederland, Beilen</td>
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<td>Wellington Refugees as Survivors Trust (Wellington RAS Centre), Wellington</td>
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<tr>
<td>Nigeria</td>
<td>Prisoners Rehabilitation And Welfare Action (PRAWA), Enugu</td>
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<tr>
<td>Pakistan</td>
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<td>Jesoor – Transcultural Right to Health, Gaza City</td>
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<td></td>
<td>Treatment and Rehabilitation Center for Victims of Torture (TRC), Ramallah</td>
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<tr>
<td>Paraguay</td>
<td>ATYHA Centro de Alternativas en Salud Mental</td>
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<tr>
<td>Peru</td>
<td>Centro de Atención Psicosocial (CAPS) (CNDHDF/CAPS), Lima</td>
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<tr>
<td>Philippines</td>
<td>Balay Rehabilitation Center, Inc., Quezon City</td>
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<td>Medical Action Group (MAG), Quezon City</td>
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<td>Poland</td>
<td>Ambulatorium dla Osób Prześladowanych ze Względów Politycznych Zakład Patologii Spleczonej Katedra Psychiatrii Nizhni Novgorod</td>
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<tr>
<td>Romania</td>
<td>Centrum Medical de Reabilitare a Victimelor Torturii – Craiova (MRCT Craiova), Craiova</td>
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<td>Centrum Medical de Reabilitare a Victimelor Torturii – Iasi (MRCT Iasi), Iasi</td>
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<td>Fundația ICAR – Centrul Medical de Reabilitare a Victimelor Torturii (MRCT Bucharest), Bucharest</td>
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<td>Russian Federation</td>
<td>Interregional Non-governmental Organization “Committee Against Torture” (INGO CAT), Nizhni Novgorod</td>
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<td>AMRVT, Casablanca</td>
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<td>Rwanda</td>
<td>Forum des Activistes Contre la Torture (FACT), Kigali</td>
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<tr>
<td>Senegal</td>
<td>Victimes de Violences Rehabilitationes, le Centre de Soins du CAPREC (VIVRE/CAPREC), Thies</td>
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<tr>
<td>Serbia</td>
<td>JAN Centar za rehabilitaciju žrtava tortura (JAN CRTV), Belgrade</td>
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<tr>
<td>Sierra Leone</td>
<td>Community Association for Psychosocial Services (CAPS), Koidu Town, Kono</td>
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<tr>
<td>South Africa</td>
<td>Centre for the Study of Violence and Reconciliation (CSVPR) / Trauma and Transition Programme (TTP), Johannesburg</td>
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<tr>
<td></td>
<td>Southern African Centre for Survivors of Torture (SACST), Johannesburg</td>
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<td>The Trauma Centre for Survivors of Violence and Torture (TCSVT), Cape Town</td>
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<td>Sri Lanka</td>
<td>Family Rehabilitation Centre (FRC), Colombo</td>
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<td>Survivors Associated, Dehivela</td>
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<td>Sudan</td>
<td>Amel Center for Treatment and Rehabilitation of Victims of Torture (ACTRTV), Khartoum</td>
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<td>Sweden</td>
<td>Röda Korsets Center for torrereda flyktingar (Red Cross Stockholm), Stockholm</td>
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<td>Svenska Röda Korsets Behandlingscenter for krigskadade och torterade, Malmö (Red Cross Malmö), Malmö</td>
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<td>Svenska Röda Korsets behandlingscenter for krigskadade och torterade, Skövde (Red Cross Skövde), Skövde</td>
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<td>Switzerland</td>
<td>Conciliation pour Victimes de Torture et de Guerre, Geneva</td>
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<td>Zentrum für Migration und Gesundheit SRK/Amibulatorium für Folter- und Kriegsopfer (SRC), Wabern</td>
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<tr>
<td>Turkey</td>
<td>Sosyal Hizmetler Rehabilitasyon ve Adaptasyon Teşkilati (SOHRAM-CASRA), Diyarbakır</td>
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<td></td>
<td>Toplum ve Hukuk Arastirmaları Vakfi (TOHAV), İstanbul</td>
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<td>Türkiye İnsan Hakları Vakfı – Adana (TİHV/HRTF), Adana</td>
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<td>Türkiye İnsan Hakları Vakfı – İzmir (TİHV/HRTF), İzmir</td>
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<tr>
<td>Uganda</td>
<td>African Centre for Treatment and Rehabilitation of Torture Victims (ACTV), Kampala</td>
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<tr>
<td>Ukraine</td>
<td>International Medical Rehabilitation Center for</td>
</tr>
<tr>
<td></td>
<td>the Victims of Wars and Totalitarian Regimes (MRC), Kiev</td>
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<tr>
<td>United Kingdom</td>
<td>Medical Foundation for the Care of Victims of Torture, London</td>
</tr>
<tr>
<td></td>
<td>Refugee Therapy Centre (RTC), London</td>
</tr>
<tr>
<td>United States of America</td>
<td>ACCESS – Psychosocial Rehabilitation Center for Victims of Torture (APRCVT), Dearborn, Michigan</td>
</tr>
<tr>
<td></td>
<td>Advocates for Survivors of Torture and Trauma (ASTT), Baltimore, Maryland</td>
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<tr>
<td></td>
<td>Bellevue/NYU Program for Survivors of Torture, The, New York, New York</td>
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<tr>
<td></td>
<td>Center for Survivors of Torture, Dallas (CST), Dallas, Texas</td>
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<tr>
<td></td>
<td>Center for Survivors of Torture and War Trauma (CSTWT), St.Louis, Missouri</td>
</tr>
<tr>
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<td>Center for Victims of Torture, The (CVT), Minneapolis, Minnesota</td>
</tr>
<tr>
<td></td>
<td>Florida Center for Survivors of Torture – A Program of Gulf Coast Jewish Family Services, Inc. (FCJF), Clearwater, Florida</td>
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<td>International Survivors Center at the International Institute of Boston (ISc), Boston, Massachusetts</td>
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<td>Program for Survivors of Torture and Severe Trauma at the Center for Multicultural Human Services, The (PSST/TMHS), Falls Church, Virginia</td>
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<td>Program for Torture Victims of Los Angeles (PTV), Los Angeles, California</td>
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<td>Survivors International (SI), San Francisco, California</td>
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<td>Survivors of Torture, International (SURIVORS), San Diego, California</td>
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<td>Torture Treatment Center of Oregon (TTCO), Portland, Oregon</td>
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<td>Uruguay</td>
<td>SERSOC Servicio de Rehabilitación Social, Montevideo</td>
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<td>Venezuela</td>
<td>Red de Apoyo por la Justicia y la Paz, Caracas</td>
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<td>Zimbabwe</td>
<td>Counselling Services Unit (CSU), Harare</td>
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</table>
IRCT Governance

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Mr Mohamud Sheikh Nurein Said, MD, HSC
IRCT President
Board Member, Independent Medico-Legal Unit (IMLU), Kenya
Elected Council Member representing the Sub-Saharan Africa Region

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IRCT Vice-President
Executive Director, Service for the Treatment and Rehabilitation of Torture and Trauma Survivors (STARTTS), Australia
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Co-ordinator, Human Rights Office of the Archbishop of Guatemala (ODHAG), Guatemala
Elected Council Member representing the Latin America and the Caribbean Region

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Balay Rehabilitation Centre, The Philippines
Elected Council Member representing the Asia Region

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Executive Director, Advocates for Survivors of Torture and Trauma (AST), United States
Elected Council Member representing the North America Region

Ms Lilla Hardi, MD
Medical Director, Cordelia Foundation for the Rehabilitation of Victims of Torture, Hungary
Elected Council Member representing the Europe Region

Ms Suzanne Jabbour, MA Clinical Psychology
Director, Restart centre, Lebanon
Elected Council Member representing the Middle East and North Africa Region

Ms Clarisse Delorme, LLM
Advocacy Advisor – Geneva Area, World Medical Association
Elected to Council as an Independent Expert (nominated by the World Medical Association)

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(see Executive Committee)

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Timor Aid, East Timor
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(see Executive Committee)

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Executive Director, Prisoners Rehabilitation And Welfare Action (PRAWA), Nigeria

Ms Miriam Fredericks
Head of Service Delivery, The Trauma Centre for Survivors of Violence and Torture (TCSV), South Africa

Mr Mohamud Sheikh Nurein Said, MD, HSC
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Executive Director, Center for Rehabilitation and Abolition of Torture (CRAT), Cameroon

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(see Executive Committee)

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Consultant, the Netherlands

Mr Issam Younis, MA Theory and Practice of Human Rights
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Programme Co-ordinator, Sub Saharan Africa
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Programme Assistant

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Nga Tang, BA
Office Management and Executive Support

KITCHEN ASSISTANT
Dya Hauch

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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).

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HOLMENS KANAL 2
1920 COPENHAGEN K
DENMARK
SWIFT CODE: DABADKKK

DANISH KRONER (DKK) ACCOUNT:
Registration No.: 3001
Account No.: 4310-821152
IBAN: DK90 3000 4310 8211 52

EUROS (EUR) ACCOUNT:
Registration No.: 3001
Account No.: 3001-957171
IBAN: DK69 3000 3001 9571 71

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INTERNATIONAL REHABILITATION COUNCIL FOR TORTURE VICTIMS
BORGERSGADE 13
P.O. BOX 8949
1022 COPENHAGEN K
DENMARK
“I express my great gratitude for [the IRCT’s] vital work, and for their commitment to ridding the world of an odious practice that should have no place in a humane, peaceful 21st century.”
KOFI A. ANNAN, FORMER SECRETARY-GENERAL OF THE UNITED NATIONS

“A unique strength of the IRCT is its approach to the work against torture: focusing on the medical aspects of torture, thereby focusing on the individual recovery of those subjected to this act of inhumanity.”
DR REINER BRETTENTHALER, PRESIDENT, STANDING COMMITTEE OF EUROPEAN DOCTORS