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Foreword from the President

Dr Abdel Hamed Afana, President, on behalf of the IRCT Executive Committee

Torture survivors live among us. They may be our colleagues, our neighbours, perhaps even our family members. Wherever they are, the IRCT strives to be there – through an ever-expanding network of rehabilitation centres and programmes offering holistic services that heal bodies, minds and social ties.

This purpose rests at the heart of our work. The year 2008 has been one of tremendous change around the globe, with both negative and positive consequences for the global anti-torture movement.

A harsh financial crisis plunged the world economy into turmoil. For many IRCT member centres, this crisis added strain to an already tenuous resource base. In the worst cases, centres were forced to cut back on services or to cease operation entirely. At the same time, those who were able to sustain themselves faced a growing tendency of support for torture prevention activities to take precedence over rehabilitation of survivors.

Ongoing conflict and authoritarian regimes continued to subject thousands of men, women and children to torture and trauma. These are people from all walks of life: some politically active, others not, some from marginalised minority groups, some who were merely in the wrong place at the wrong time.

Yet despite this, there were signs of promise in the past year. The newly elected U.S. President Barack Obama vowed to close the detention facility at Guantánamo Bay, Cuba and to reverse the illegal policies and practices of the previous administration – under which a yet unknown number of terrorism suspects have been tortured. However, it remains unclear what the new administration will do to address the long-term health and other needs of torture survivors released from Guantánamo and other U.S.-run detention facilities – and whether justice will prevail to hold the perpetrators responsible.

Increasingly, as leadership in several countries has changed hands, policymakers and the public have begun to demand accountability for past crimes, especially abuses perpetrated in the name of fighting terrorism. As documentation of torture mounts worldwide, the cries of how could this happen? and who is really responsible? grow stronger.

Medical professional associations have taken action to ensure that health professionals play an active role in documenting and reporting torture. And several states have adopted measures to pre-empt torture before it occurs; in 2008 alone, eight countries ratified the Optional Protocol to the UN Convention against Torture, which obliges its signatories to create national monitoring mechanisms to combat torture in places of detention.

Among all of these developments, still more torture rehabilitation centres and programmes joined the many already united under the umbrella of the IRCT. By the end of 2008, our membership totalled 141 centres and programmes in 73 countries, reaching more than 100,000 survivors of torture and trauma in a single year.

As we increase our geographic reach, we continue to strengthen our efforts in several areas. Improving treatment capacity is a key priority; through exchange of information, training and research, individual centres are supported to acquire up-to-date knowledge on treatment methodologies. Using thematic working groups comprised of members, we are consolidating knowledge around documentation of torture, outcome assessment of treatment and reaching child survivors of torture – a large but overlooked group.

Last but not least, anchored in the belief that a democratic organisation is the best way to ensure that what we do resonates with the real needs on the ground around the world, we continue to modernise our organisational structure to further empower our member centres to participate in the decision-making processes that shape our policies.

I want to emphasise that this global movement against torture would be nothing without the hard working, enthusiastic and dedicated individuals, centres and organisations that remain undaunted by the task of helping torture survivors to rebuild their lives. I’d also like to warmly thank the governments, foundations, and private and individual donors who so generously support our work. Without their continued assistance, our efforts to prevent torture and assist survivors would not be possible.

“As documentation of torture mounts worldwide, the cries of how could this happen? and who is really responsible? grow stronger.”
Introduction by the Secretary-General

BRITA SYDHOFF, SECRETARY-GENERAL OF THE IRCT

Another key component in our capacity development work is the IRCT Exchange Programme. This highly successful programme gives staff at our member centres the opportunity to participate in internships at other centres or to gain knowledge from a peer supervisor. In 2008 alone, 27 exchanges occurred under this programme, with participants developing their skills and sharing their own knowledge and experiences with colleagues working with the same subject but in different social and cultural settings.

Knowledge is vital, and so is a working environment where essential equipment is at hand. With this in mind we distributed grants to 26 member centres in low-income countries that purchased data tools ranging from power generators to data management systems. Also, we provided financial and technical support to 15 of our members to build websites or to expand their presence on the web.

In collaboration with several member centres we continued our efforts to develop improved treatment methods and help identify reliable methods of outcome assessment. By monitoring the outcomes of rehabilitation using a standardised set of evaluation tools, five member centres who partake in a major EC-funded project are generating knowledge about the effectiveness of different mental health treatment methods in various contexts.

Reaching out to populations that remain underserved remains a key priority for us. In 2008, we welcomed new members in the previously unrepresented countries of Chad, Iraq and Liberia, thus bringing the number of countries with IRCT member centres to 73. In addition, through a combination of investigatory missions and new partnerships, we are working to expand services into new geographic areas, including Algeria, Central Asia, the Great Lakes region and central Africa, Haiti, West Africa and Yemen.

Speaking of underserved populations, we are placing still more emphasis on reaching and supporting children victimised by torture – both because children are particularly vulnerable and because there is little awareness of the cruel fact that every day in several countries across the world, children are subjected to torture. Our goal is to keep this issue high on the political agenda and to increase programmes and services for tortured children. Through a newly formed advisory group of experts drawn from the IRCT network, we continue gathering baseline data and conducting research to better meet the needs of children who have survived or have otherwise been affected by torture.

We continue to raise awareness on the importance of independent forensic evidence in cases involving torture allegations and to disseminate the skills needed to generate such evidence. During the past six years we have trained several thousand health and legal professionals in a range of countries on how to use the Istanbul Protocol – the leading tool for the effective investigation and documentation of torture. And we are in the middle of a major initiative in Turkey that is training more than 5,000 professionals in incorporating the Istanbul Protocol into their work.

Also in the realm of documentation of torture, in collaboration with Physicians for Human Rights USA, several IRCT-associated experts participated in the forensic examinations of ex-detainees from Guantánamo, Abu Ghraib and Bagram Airbase. The examinations were the first of their kind and received worldwide attention, including headlines in CNN International and BBC World. In 2009, we’ll further our work to promote medical documentation of torture thanks to a new EC-funded project covering five countries.

Many of our success stories in the past year are the result of our efforts to collaborate with an array of organisations and institutions in order to mainstream the knowledge of rehabilitation and prevention into their work. Through close ties with the UN and other regional human rights monitoring bodies, as well as medical professional associations, refugee agencies and universities, we work to support underserved populations.

“We continue to raise awareness on the importance of independent forensic evidence in cases involving torture allegations and to disseminate the skills needed to generate such evidence.”

“Reaching out to populations that remain underserved remains a key priority for us.”
Of course, none of our work would be possible without the generous support we receive from our donors, several of whom have been backing us for many years. While their support is invaluable, ensuring that we’re able to continue and develop our work remains a constant challenge. With this in mind, in 2008 we have continued appeals to find new donors and have lobbied OECD governments to increase their contributions to torture rehabilitation in their own countries as well as to multi-lateral funds from the European Commission and the United Nations.

The coming years will no doubt present great challenges for the IRCT and indeed for any charitable organisation. With a worldwide recession underway, the pool of financial support for organisations such as the IRCT will shrink while demand for services will at best remain at the current level. However, there are encouraging signs that the disrespect for fundamental human rights that became the shameful hallmark of the so-called “war on terror” is coming to an end. The change we’re currently seeing bears witness to the fact that speaking out against torture and insisting on survivors’ right to rehabilitation matters. It is therefore with reinforced confidence and energy that we continue our worldwide efforts to support torture survivors and their families in their quest to rebuild their lives.

“There is no doubt that our work with children produces good results. They become voices that speak for peace.”

LOREINE DELA CRUZ, BALAY CENTER, THE PHILIPPINES
Rebuilding lives after torture

Every state has ratified at least one international human rights treaty recognising “the right to the enjoyment of the highest attainable standard of physical and mental health.” Freedom from torture and other cruel, inhuman or degrading treatment or punishment is a key aspect of this right, as is the right to prevention and treatment.

Nonetheless, torture – practiced routinely in at least 100 countries – remains a global problem of the modern world. And although torture is often used to silence human rights defenders and outspoken dissidents, the ones who most commonly suffer torture belong to vulnerable populations: refugees and asylum seekers, internally displaced persons, those living in poverty, street children, as well as ethnic and religious minorities – people who are targeted for the mere fact that they are defenceless and marginalised. A woman may be raped simply because rape as a method of torture has become a preferred method of warfare in some areas of the world. An asylum seeker may be tortured in detention by racist police officers. Or a homeless person may be accused of a petty crime and beaten up to force a confession.

The IRCT works to fulfil the needs and rights of torture survivors whoever and wherever they are. Our member centres and programmes – today located in more than 70 countries – provide torture survivors with treatment of physical and mental disorders, but also with psycho-social and legal support. In some cases, especially among those centres who serve a large number of refugees or asylum seekers, vocational training, financial and housing assistance, language classes and other support services are offered to help with integration into the host society.

While torture often has devastating implications for the individual survivor, it also impacts negatively on immediate families as well as communities and society at large. Where possible our member centres therefore employ a holistic service approach which addresses the needs and rights of individual torture survivors as well as their affected family members and communities.

Wherever possible we work in partnership with local and national health service providers to ensure that services are appropriate and sustainable. As part of this effort we train health professionals on e.g. clinical supervision, research methodology, psychotherapeutic techniques for adults and child survivors of torture, and community-based rehabilitation approaches. Moreover, we train health and legal professionals to recognise and document signs of torture (see also p. 22) and to assist those who have been tortured with obtaining reparations.

Last but not least, we pursue academic partnerships to advance research on the rehabilitation of torture survivors and disseminate findings through our existing global infrastructure. For example, the IRCT Secretariat maintains partnerships with the University of Copenhagen, the University of Lund and the London School of Hygiene and Tropical Medicine, while member centres are developing partnerships with academics in regions as diverse as Iraq and South Africa.

As we work on many different levels and through a range of means, we remain committed to continuously developing our ability to serve survivors of torture across the world, supporting them in their quest to rebuild their lives as fully as possible.
In 2008 the IRCT continued to strengthen the capacity of member centres in the areas of treatment, documentation, organisational/financial sustainability and advocacy. Through regional seminars, advanced health professional training, peer exchanges and technology grants, centre staff acquired further knowledge and experience that will aid them in serving torture survivors in their communities.

Developing capacity through regional seminars
Facilitating exchange of experiences on a regional level remains a key priority for the IRCT, especially after an independent evaluation in 2007 confirmed that regional seminars play an important role in reinforcing co-operation among centres. In 2008, the IRCT Secretariat worked in close collaboration with member centres to organise eight regional seminars.

The first of two seminars for centres in Sub-Saharan Africa occurred in Senegal, where participants increased their understanding of and ability to apply the Logical Framework Approach in their respective organisations’ planning, implementation and monitoring of projects. Another seminar held in South Africa centred on best practices in the provision of mental health services, with a focus on child victims, clinical supervision and interview methods of torture survivors.

An Asia-Pacific regional seminar in India concentrated on strategic management and project planning. Other NGOs from the region also participated, enabling attendees to network and learn how other organisations operate. The seminar enhanced participants’ understanding of strategic management processes in the development sector and provided for discussion of possible joint regional priorities. At the same time, it revealed that effective networking is a significant challenge for torture rehabilitation practitioners in the region, many of whom feel outside of the mainstream development and human rights movements. The seminar also helped to initiate a South-East Asia regional strategy process comprising IRCT member centres in Indonesia, Cambodia and the Philippines.

In Latin America, a seminar held in Honduras focused on trans-generational effects of torture and on sexual torture, and included lectures, presentations and workshops. The pertinence of these subjects to the Latin American context and the interactive format of the training led to a high level of involvement by the participants, who also took advantage of the occasion to discuss issues related to the functioning and structure of the network of Latin American torture rehabilitation centres.

The Middle East and North Africa region hosted four seminars. One (in Jordan) was designed to improve the capacity of member centres in the fields of proposal writing, strategic planning and responding to donors’ reporting requirements. At two seminars (in Turkey and Lebanon respectively), health professionals received training in clinical peer and group supervision with the aim of preventing burn-out caused by prolonged work with heavily traumatised patients. A fourth seminar (in Turkey) gathered representatives from centres in Palestine, northern and southern Iraq to discuss best practices regarding outreach to victims in war and post-war scenarios.

Advancing health professional knowledge and research
Several of the regional seminars drew upon knowledge and findings from the project, “Advanced professionalisation through training in key areas of health services for torture victims”. Partially funded by the European Commission, the two-year project (launched in mid 2007) brings together five rehabilitation centres working in different contexts to help...
find the common denominators in torture treatment approaches.

Local and regional training is a critical component of the project. Throughout 2008, health care staff at the five centres in South Africa, Honduras, Mexico, Egypt and Gaza received training in psychotherapy and psychotherapeutically oriented counselling based on their individual centre needs. Additionally, training-of-trainers sessions enable participants to spread their newly acquired knowledge among para-health professionals (community health care workers, medical doctors, psychologists, psychiatrists and others) outside of the centres.

Staff at the project partner centres also are strengthening their capacity through peer supervision – both case supervision and psychological supervision to staff (also known as “care for caregivers”) provided individually and in groups. In 2008, some 750 torture survivors at the five partner centres received supervised treatment. In conjunction with the treatment, patient data are being collected for the purpose of assessing outcomes of treatment. Initial intake information and 3- and 6-month follow-up data are being gathered and 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. Already in 2008, two Latin American centres presented some of their preliminary research data to attendees at the International Society for Health and Human Rights scientific conference in Peru.

Peer exchanges
Collaboration between centres on issues such as treatment and research methods, legal counselling and care for caregivers also took place under the IRCT Exchange Programme, supported in 2008 by the Government of the Netherlands. The Exchange Programme enabled staff at member centres to participate in internships at other centres or to gain knowledge from a peer supervisor. The IRCT Secretariat received and screened a total of 85 applications last year; 15 internships and 11 peer

Feedback and reports from participants indicated high satisfaction with the programme (see next page). Participants appreciated the opportunity to improve their skills, share their experiences and learn about other medical, social, legal and cultural environments. Several participants requested the continuation of the Exchange Programme and the possibility for reverse exchanges. In 2009, the IRCT will publish a selection of articles about exchanges that took place from 2006 to 2008 and an update on the long-term results of earlier exchanges.

Enhancing technological capacity
In addition to knowledge and skills it is essential for torture rehabilitation centres to have the tangible instruments needed to carry out their work. In 2008, the IRCT Secretariat solicited applications for grants aimed at increasing the technological capacity and web presence of member centres in low-income countries. Grants were distributed to 26 member centres for the purchase of computers in order to create patient filing systems; digital cameras for documenting torture; and other essential technical equipment. Additionally, we awarded 15 grants to centres to upgrade or develop new websites – a critical tool to help them raise more funds and promote their work.

“Participants appreciated the opportunity to improve their skills, share their experiences and learn about other medical, social, legal and cultural environments.”
VOICES OF EXCHANGE

Participants in the IRCT Exchange Programme have spoken about how their experiences will improve the work at their centres:

“The impact of the training will go beyond the trained team and will have a broader impact on the quality of KRCT services.”
FERIDE RUSHTI, EXECUTIVE DIRECTOR OF THE KOSOVA REHABILITATION CENTER FOR TORSURE VICTIMS (KRCT), WHICH RECEIVED STATISTICAL TRAINING FROM A PEER SUPERVISOR

“This peer supervision was very successful for many reasons. This week has created an opportunity for both centres to increase the level of collaboration in many avenues, locally and internationally. It is an opportunity to develop and enhance the network of TRC and ACCESS centres and open more channels of support financially, academically, and with regard to accreditation.”
HUSAM ABDELKHALIQ, A COUNSELLOR/SUPERVISOR AT THE U.S.-BASED ACCESS – PSYCHOLOGICAL REHABILITATION CENTER FOR VICTIMS OF TORTURE, WHO LED A PEER SUPERVISION WITH THE TREATMENT & REHABILITATION CENTER FOR VICTIMS OF TORTURE (TRC) IN RAMALLAH, PALESTINE

“The IRCT Exchange Programme provides a great deal of advantages to developing countries to develop their human resources.”
SAVINA SIRIK, RESEARCHER AT THE DOCUMENTATION CENTRE OF CAMBODIA, WHO PARTICIPATED IN AN INTERNSHIP AT A U.S. CENTRE TREATING CAMBODIAN REFUGEES

“I will always work for torture survivors and their families.”
SZILVIA STEIBER, CORDELIA FOUNDATION, HUNGARY
Securing funding for rehabilitation

International law enshrines torture survivors’ right to receive reparations, including medical and psychological rehabilitation. Yet in real life, centres and programmes often lack the resources required to meet the need for services. In recognition of this fundamental condition the IRCT advocates vis-à-vis governments and multilateral donors, notably the EU, to secure sufficient and sustainable funding for rehabilitation.

Increasing contributions to the UN Voluntary Fund
In many countries, specialised services for torture survivors are provided by civil society organisations outside of the public health care system, often with little or no financial support from the state. The United Nations Voluntary Fund for Victims of Torture (UNVFVT) remains a key source of income for many centres around the world. However, each year the Fund receives grant requests for more than $100,000, and only a small number of countries contribute significantly to the fund.

Responding to this significant challenge, with support from the Sigrid Rausing Trust we continued in 2008 a letter-writing and lobbying campaign to increase financial contributions from European Union and OECD countries to the UNVFVT. Moreover, we lobbied governments to fund their national rehabilitation centres.

The results speak for themselves. In three years, contributions to the UNVFVT have increased* from USD 10.2 m (2006) to USD 11.9 m (2009, contributions and pledges). Out of 37 donors, 21 have increased their contributions, including four substantially, while eight governments have come on board as new donors.

EU support to services for torture survivors
Through the European Instrument for Democracy and Human Rights (EIDHR) the European Commission (EC) is a key donor to torture rehabilitation services. However, this instrument, aimed at integrating the promotion of democracy and human rights into all EU external policy, cannot address all the rehabilitation needs worldwide.

In some EU countries where the state’s financial support to torture rehabilitation is negligible or non-existent, centres face a particular challenge, as the EC foresees a progressive phase-out of EIDHR funding for EU-based centres after 2010. Thus it is important to identify alternative funding sources to increase the financial sustainability of these centres and hence the rehabilitation services they provide. While other possible sources of funding exist within the EC (such as the European Refugee Fund), these cannot guarantee sustainability. Therefore the IRCT is working hard to encourage EU member states to support rehabilitation services within their own borders. Moreover, we frequently address the European institutions to prevent the planned phase-out from resulting in thousands of torture survivors in Europe losing access to specialised treatment services.

We also have been involved in an EC co-ordinated consultation process on amending the so-called Reception Conditions Directive. This directive obliges EU member states to provide treatment services to tortured asylum seekers. The proposed amendments, if adopted, will ensure better protection of asylum seekers who have been subjected to torture, in particular through an improved identification process.

Strengthening member centres’ fundraising capacity
Another key aspect of our efforts to ensure funding for our work is to help our members to increase their own fundraising capabilities. To this end the special members’ area of www.ict.org contains up-to-date information on calls for project proposals as well as a searchable fundraising database accessible to all members. Moreover, where requested by a member centre we provide technical advice in connection with the drafting of project proposals.

Building skills around fundraising also was a key topic at several regional seminars of our members in 2008 (see also p. 10). Forty representatives of member centres in Europe attended a fundraising and advocacy seminar in Brussels with experts’ presentations and exchange of experiences and best practices. Moreover, a working meeting was organised in Amsterdam attended by representatives of 12 member centres focusing on establishing a sustainable funding strategy based on EU legislation.

In 2008, the IRCT finalised a study on the way rehabilitation centres based in the European Union are financed. Funding Sources Review: Analysis of Funding for Torture Survivors in the European Union draws on data from 30 rehabilitation centres and illustrates the lack of state support in many countries as well as the crucial role of European Commission funding for many centres. The study is a vital tool in our campaign to ensure sustainable funding for rehabilitation services for torture survivors.

“In three years, contributions to the UNVFVT have increased from USD 10.2 m (2006) to USD 11.9 m (2009, contributions and pledges).”
As an essential part of our work we address policymakers, donors and the general public through campaigns and media outreach. Our goal is to enlist support for our work and raise awareness about our mission: to promote and support the rehabilitation of torture survivors and to work for the prevention of torture worldwide.

60th anniversary of the Universal Declaration of Human Rights

The 10th of December 2008 marked the 60th anniversary of the Universal Declaration of Human Rights. In anticipation of the anniversary we facilitated the production of a documentary film by Danish director Jørgen Flindt Pedersen. The film, My Brother’s Keeper, follows the UN Special Rapporteur on Torture on several country visits to explore the prevalence and nature of torture in the world today. Some 50 member centres screened the film at special events on or around 10 December while IRCT Secretary-General Brita Sydhoff joined the film-maker and the Special Rapporteur at a screening in Cape Town.

“Let’s erase torture”

In 2008, more than 50 member centres participated in the annual IRCT-coordinated celebration of 26 June, the UN International Day in Support of Victims of Torture. The IRCT Secretariat produced and distributed an animated television spot in six languages, an interactive web-based game, as well as pencils and erasers all based on the theme “Let’s erase torture”.

Archbishop Emeritus Desmond Tutu co-signed a statement with IRCT President Dr Abdel Hamid Afana that was read out at 26 June events around the world. This “global reading” exhorted listeners to act to eradicate torture and to assist survivors in erasing the scars of torture from their bodies and minds.

Grants for local campaign activities were distributed to 33 member centres in low-income countries. A summary of the activities carried out by organisations commemorating the day is available in the electronic report, 26 June 2008 – Together against Torture on the IRCT website.

Also in connection with 26 June, the IRCT assisted Sony Pictures to arrange a free screening of the documentary Standard Operating Procedure in Brussels. More than 200 persons attended the screening and engaged in a discussion afterwards with director Errol Morris about torture at the Abu Ghraib prison in Iraq.

Media and web outreach

Increasingly, the IRCT is approached by the media to comment on torture in the world today. In 2008, more than 40 media outlets referred to the IRCT when reporting on torture – including prominent outlets such as CNN, Deutsche Welle radio, Le Monde Diplomatique and the British Medical Journal. In addition, we had several articles/letters to the editor published in print and online newspapers.

Visitors to the IRCT website (www.irct.org) nearly doubled from 2007 to 2008, reaching almost 250,000 visits. While recent news attracts many visitors, the website’s interactive features – including the e-cards that “Send a message against torture” – continue to be popular. Supplementing our website, in 2009 we will open a networking portal to create a social space for users to interact, generate content and become individual supporters of the IRCT.

We continued to take a proactive approach to involving journalists in our work. For example, in February we hosted the Iraqi Minister for Human Rights for a Q&A session in Copenhagen. In col-
laboration with Physicians for Human Rights, based on the report Broken Laws, Broken Lives (see p. 23) we staged a press event in London for our medical experts to discuss torture at U.S. detention facilities abroad.

In April, under the project “Preventing torture within the fight against terrorism” together with the International Federation for Human Rights (FIDH) we co-hosted a conference in Brussels entitled “Reporting on torture in the context of the war on terrorism”. Held at the European Parliament, the conference brought together journalists as well as MEPs and NGO representatives to discuss the changing nature and perceptions of torture in the context of counter-terrorism measures, and how journalists can draw attention to these. Two events also under this project facilitated similar discussions among local journalists in Colombia and the Philippines.

The IRCT’s Global Group of Communicators
Two years ago, the IRCT launched the Global Group of Communicators, composed of seven persons at member centres for whom communications and advocacy are a primary component of their work. The group works to create visibility and understanding of the rights and needs of torture survivors and the work of rehabilitation centres on a global level.

In November 2008, we hosted the first meeting of the Global Group of Communicators. During the two-day event, participants provided feedback on past campaigns co-ordinated by the IRCT Secretariat and discussed the development of consistent messages to carry forward in communications initiatives appropriate for the entire IRCT membership.

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“Without your help, I could have died in prison… I’m happy to learn that authorities in the DR Congo will collaborate with SAVE Congo to fight against torture and end impunity.”

Raising awareness

Human rights defenders affiliated with the IRCT may face abuse, harassment and threats as they speak out against torture.

In 2008, the IRCT issued six urgent actions to aid colleagues in Kenya, Colombia, Egypt, Mexico, the Central African Republic and the Democratic Republic of the Congo. These urgent actions included quick mobilisation of support and action from our colleagues and partners around the globe as well as direct letters to governments and embassies.

One recipient of such support was Mr Kitwe Muluanda Guy, director of the IRCT member centre SAVE Congo in the Democratic Republic of the Congo. After denouncing torture in a radio broadcast on 26 June, Mr Guy was taken without charges into military custody, tortured and held incommunicado at an unknown location. Urgent action from the IRCT contributed to his release nine days later. Mr Guy noted: “Without your help, I could have died in prison... I’m happy to learn that authorities in the DR Congo will collaborate with SAVE Congo to fight against torture and end impunity.”
Documenting torture, fighting impunity

The Manual on the Effective Investigation and Documentation of Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment – known as the Istanbul Protocol – provides internationally recognised standards on how to identify, document and report symptoms of physical and psychological torture.

Since its inception in 1999, the Protocol’s principles have been endorsed and promoted by the United Nations and other key human rights bodies. The IRCT continues to raise awareness and encourage the use of the Istanbul Protocol as a vital instrument for health and legal professionals to pursue action against alleged torturers, thereby enabling victims to receive reparations. And by helping to put pressure on governments to ensure perpetrators are held accountable for their crimes, the Protocol also contributes to the prevention of future acts of torture.

Increased recognition and use

A survey of a representative group of IRCT member centres showed increasing recognition and use of the Istanbul Protocol. The majority of the surveyed centres have knowledge of the Protocol and many use it in their work to evaluate cases of alleged torture and to train health and legal professionals in using the Istanbul Protocol. Following a series of training seminars, the countries have developed national resource groups and country-specific plans of action.

In addition to organising and implementing training seminars, throughout the year we supervised medical documentation of cases of alleged torture, assisted with the creation of a university diploma course on the subject (in Mexico) and facilitated the development of databases for registration and analysis of client data.

Users of the Istanbul Protocol

There are clear signs that interest in the Istanbul Protocol for medical documentation of alleged torture cases is growing around the world. This interest is reflected by an increasing number of requests for training on the subject. In 2008, we initiated a major training initiative in Turkey in partnership with the Turkish Medical Association and in co-ordination with the Turkish Ministry of Justice and Ministry of Health. This two-year EC-funded initiative will train a total of 5,500 physicians, judges and prosecutors in documenting torture according to the Protocol.

Training in the Protocol also occurs in other fora. For example, at a scientific conference held in Peru and entitled Truth, Justice & Reparation: Rebuilding Health and Dignity after Trauma & Human Rights Violations we led a full-day workshop on the Protocol for a large audience of mental health professionals. And in Uzbekistan we held a training for health professionals and prison staff of the country’s Ministry of Justice in collaboration with the UN Office on Drugs and Crime and IRCT-associated experts from Georgia.

Focus on justice

The Istanbul Protocol is a vital instrument for generating evidence that can bring perpetrators to justice and ensure reparation and redress for survivors and their families. In 2008 we produced an advocacy tool – a documentary film – about an Inter-American Court on Human Rights case that utilised the Protocol to prove that inmates at the Castro Castro Prison in Lima, Peru were subjected to torture by government forces during and after a massacre in 1992. The film features interviews with a lawyer and a doctor who examined the victims, and a psychiatrist who acted as expert witness before the Inter-American Court. All three discuss the instrumental value of the Istanbul Protocol in the case, which led to the recognition as well as measures of reparation to the survivors and their relatives.

In partnership with the Medical Faculty of the University of Copenhagen, we established an international focal point for forensic expertise based on the IRCT’s accumulated experience. Via this focal point, the expertise required to perform forensic examinations of torture survivors will be channelled to health professionals in five target countries. In 2009, reports will be submitted in a minimum of 15 court cases concerning alleged torture at the national, regional and international level and will be supported by advocacy towards judges, prosecutors, lawyers and health professionals. In parallel, we will promote a generic university curriculum on medical documentation of alleged torture cases.

“The there are clear signs that interest in the Istanbul Protocol for medical documentation of alleged torture cases is growing around the world.”
Children – torture’s hidden victims

A widespread but overlooked crime
Torture is a detestable crime under any circumstances. But the need for action is particularly critical when it is committed against children. And the stark reality is that although we do not often hear much about it, each day countless children are targets of torture or affected by the torture of a family member.

The absolute prohibition of torture is specifically mentioned in the UN Convention on the Rights of the Child. But whilst the question of violence against children is increasingly debated and attended to globally, generally there is little focus on and awareness about the specific needs and rights of children with regard to protection from torture and access to rehabilitation and redress. This is especially concerning given that torture tends to have even more severe and long-lasting effects on children than on adults, often leading to the interruption of the process of normal psychological, emotional and social development.

The IRCT takes action
So far, few statistics and little systematic documentation exist on the subject. To address this gap – and ultimately to put a spotlight on the fact that children are tortured and to enhance support to child survivors – in 2008 the IRCT decided to start making children and torture a key thematic focus of its work.

Concretely, this entails a range of initiatives to ensure that our rehabilitation services are reaching more tortured children, to help them regain their right to joy and dignity in life, and to conduct preventative action to protect vulnerable children from torture in the first place. For this purpose, we initiated a baseline study, and an advisory group of experts in our Council and a special network will provide input to the scientific debate by conducting research and establishing best practice examples from our member centres. Moreover, we will enhance our collaboration with child rights organisations and advocate in international, regional and national fora to raise the global awareness of these hidden violations and to promote the rights of children to be free from torture.

The stark reality is that although we do not often hear much about it, each day countless children are targets of torture or affected by the torture of a family member.

SEEKING PUBLIC CONTRIBUTIONS TO AID TORTURED CHILDREN
An example of an pioneer’s work during the year
On 6 July 2008, Dr Inge Genefke, founder of and current Ambassador for the IRCT, celebrated her 70th birthday. In lieu of gifts and a reception, Dr Genefke encouraged friends and well-wishers to donate to a fund established specifically to advance the IRCT’s work on children and torture. Following this effort – as well as publicity in 28 Danish newspapers – the IRCT received more than half a million Danish crowns (approx. USD 90,000) to fund this initiative.
Advocating for policy change

Torture has been prohibited in international law for more than half a century and is condemned in several international conventions. The UN Convention against Torture makes it clear that the prohibition is absolute and no exceptions whatsoever – including situations of public emergency and war – may be evoked to legitimise its use. The Convention also obliges states to fully investigate torture allegations and prosecute those responsible. The IRCT persists with urging all states to ratify and fully implement the main international instruments for the prevention of torture – the UN Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment (UNCAT) and its Optional Protocol (OPCAT).

In spite of its absolute prohibition, however, torture and other forms of ill-treatment are widespread in more than one hundred countries and the vast majority of perpetrators go unpunished. Moreover, survivors only rarely receive the rehabilitation and reparations they are entitled to. Influencing national, regional and international policies to enhance torture survivors’ access to treatment and justice therefore remains a crucial component of our work.

Health professionals and torture prevention

Doctors, psychologists and other health professionals play an important role in the prevention of torture. Their national and international professional associations provide effective platforms for denouncing torture and for creating commitment to its eradication. And when forensic experts document individual cases of alleged torture, thereby producing forensic evidence that can be used in a court of law, they contribute crucially to holding perpetrators accountable and to ensuring reparations for survivors (see also p. 22).

Engaging actively in international human rights and other relevant fora we work to draw attention to this highly important issue. The 7th session of UN Human Rights Council (2008) was one such occasion. In collaboration with the Danish Mission to the UN and the Association for the Prevention of Torture we organised a panel of legal and medical experts. The panel, which was chaired by the UN Special Rapporteur on Torture, Professor Manfred Nowak, provided a venue for vivid discussion with government and civil society representatives about how to support and reinforce the role of health professionals in the fight against torture.

We also addressed the World Medical Association (WMA) and the World Psychiatric Association (WPA) at their annual meetings and wrote to the President and members of the American Psychological Association (APA) urging their support for a resolution prohibiting psychologists from participating in interrogations at detention facilities that do not meet international human rights standards. APA psychologists who drafted the resolution confirmed the positive influence of our support on the passing of the resolution, previously rejected by the Association.

Influencing regional and national policies

On the regional level the IRCT promoted policy change at a variety of fora. At the annual OSCE Human Dimension Implementation Meeting in Warsaw, Poland, together with our member centre in the Russian Federation, NNCAT, we addressed OSCE governments with statements that stressed the importance of medico-legal documentation, the use of the Istanbul Protocol and the prevention of torture in the context of fighting terrorism.

In Africa, together with member centres in the region, we shared experiences in torture prevention and rehabilitation during sessions of the African Commission on Human and People’s Rights. Specifically, we addressed the Commission’s Robben Island Guidelines, adopted in 2002, which reiterate states’ obligation to provide medical treatment and reparations to African torture survivors and their families. Our Nigerian member centre PRAWA used the occasion to demonstrate its new and innovative documentation project, which sets up a simple but effective rapid response system based on SMS messages.

At the national level we continue to support our member centres around the world to strengthen their ties with the governmental bodies, national human rights institutions and civil society organisations. For example, joint work with our member in Egypt, El Nadim Centre for the Management and Rehabilitation of Victims of Violence, has led to training of members of the Egyptian National Council for Human Rights and Ombudsman’s Office in documentation of torture, while joint advocacy with our two members in the Philippines has led to the introduction of anti-torture legislation before the country’s Congress.

SOME IRCT ADVOCACY PARTNERS AT THE GLOBAL LEVEL

- CINAT/Coalition of International NGOs against Torture (Amnesty International; The Association for the Prevention of Torture; International Commission of Jurists; 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

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DR STEVEN MILES, WHO HAS SUPPORTED THE IRCT’S INPUT TO
THE WMA, AND BRITA SYDHOFF

---

26 INTERNATIONAL REHABILITATION COUNCIL FOR TORTURE VICTIMS

IRCT ANNUAL REPORT 2008 27
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. Over the past five 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>2004</td>
<td>97</td>
</tr>
<tr>
<td>2005</td>
<td>104</td>
</tr>
<tr>
<td>2006</td>
<td>130</td>
</tr>
<tr>
<td>2007</td>
<td>136</td>
</tr>
<tr>
<td>2008</td>
<td>141</td>
</tr>
</tbody>
</table>

In 2008, the IRCT welcomed eight new centres as members. Three new countries were represented by these additions: Chad, Iraq and Liberia. Three centres resigned their membership in the past year, bringing the total to 141 members across 73 countries.

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 eight new members in 2008

Australia
Victorian Foundation for Survivors of Torture
Melaleuca Refugee Centre, Torture and Trauma Survivors Service of the NT Inc

Chad
Association Jeunesse pour la Paix et la Non-Violence (AJPNV)

Germany
Medizinische Flüchtlingshilfe Bochum (MFH)

Iraq
Bahjat Al Fuad Rehabilitation Centre for Torture Victims (BFRCT)

Liberia
Rescue Alternatives Liberia (RAL)

Netherlands
De Evenaar, Centrum voor Transcurele Psychiatrie Noord-Nederland

Sri Lanka
Survivors Associated

Clients treated by region – Total: 106,328

- Latin America: 5,440 – 5%
- Pacific/Oceania: 14,344 – 13%
- North America: 6,210 – 6%
- Sub-Saharan Africa: 27,218 – 26%
- Asia: 20,297 – 19%
- Europe: 21,890 – 21%
- MENA: 10,929 – 10%

Beneficiaries by category – Total: 106,328

- Primary torture survivors: 32,988 – 31%
- Secondary survivors: 14,741 – 14%
- Other clients: 20,956 – 20%

Category of victims treated by region

- Unspecified*
- Other clients
- Primary survivors

*Includes all categories
"The [IRCT new initiative grant] project reached at least 200 inmates and it is poised to continue. The project has also involved prison officers to understand and enhance their skills/knowledge on the best practices of corrections.”

Extending support to those in need

In many countries – especially where governments are indifferent or even hostile toward human rights defenders – civil society groups take the main responsibility for assisting torture survivors with accessing services and for providing protection to them. These groups are dependent on limited resources and experience pressure to secure sustainable funding in a sometimes chaotic environment.

The centre grant scheme

Thanks to generous funding from the OAK Foundation and the Sigrid Rausing Trust, the IRCT has established a grant scheme that supports centres and programmes in treating torture survivors and extending services to more target groups and areas of high prevalence.

After a rigorous screening process, the IRCT issued 68 contracts in 2008 for centre grants totalling almost half a million Euros. The majority of recipients were IRCT member centres or those non-members well known to the IRCT and in the process of applying for membership. In general, we gave preference to treatment, rather than prevention or advocacy, which are more likely to obtain funding from other sources. Organisations receiving grants reported a total caseload of over 50,000 patients.

The IRCT grant scheme also supported new initiatives from member centres wishing to expand their work into new thematic and/or geographical areas. Five such grants were made for activities that included extending rehabilitation services to Liberian prisoners, developing a crisis intervention programme following the conflict in Georgia, and offering psychological counselling to torture survivors in rural India. In addition, we awarded a pilot project grant to a centre in Liberia to kick-start rehabilitation of torture survivors in an area of high prevalence.

Needs assessment missions and targeted training

The centre grants scheme was not the only way in which the IRCT attempted to reach survivors in geographical areas where torture is widespread. During 2008, we conducted a number of targeted missions to assess the feasibility of establishing new partnerships in such areas and, where possible, to carry out targeted training for those who might provide services. These missions took place across a wide spectrum of countries/areas, including Haiti; the Papua province of Indonesia; Kazakhstan and Kyrgyzstan; Yemen; and throughout Africa: the Great Lakes region, Chad, the Central African Republic, Liberia and Sierra Leone.

As part of the missions, the IRCT teams also met with representatives from UN agencies, EC delegations as well as other human rights and/or health NGOs to enhance contact and collaboration between these groups and the treatment centres.

As a result of the needs assessments missions, many centres received grants and the IRCT acquired two new members, one in Chad and one in Liberia. Additional organisations are in the process of becoming members or will be invited at a later stage when they comply with all the membership criteria (see p. 28).
Financial developments

It remains a key objective for the IRCT to secure multi-year agreements with an increasing number of governments, international organisations and foundations. This is to secure the long-term economic sustainability of the organisation, including by diversifying sources of funding to ensure matching funding for partially EU-financed projects.

This has not been fully achieved due to the global financial crisis, which has had a negative effect on IRCT funding opportunities. The IRCT will therefore significantly increase its efforts to secure direct project funding and non-earmarked funds. This is especially important given that a significant four-year grant from the government of the Netherlands ended as planned in 2008.

The IRCT is a project organisation that implements projects in close co-operation with strategic partners and member centres. These projects are primarily funded by direct project grants and partly by non-earmarked funds to ensure the IRCT's continued ability to conduct its core work and attract additional funding. Project work results in natural periodic financial fluctuations according to the extent and timing of projects. In the IRCT context this is more apparent as many member centres work in volatile environments, which can lead to delays of and/or changes in the timing and scope of projects.

Therefore, the establishment of a capital reserve to offset these fluctuations is a necessity. In 2008, the IRCT managed to accumulate a reserve of just under 150,000 EUR.

Looking ahead

In the past year, the IRCT has obtained additional project funding from the EU and other donors. In 2009 a new prevention project begins and additional rehabilitation projects are expected, including a project focusing on child victims of torture.

The IRCT’s economic foundation has been stabilised, but remains vulnerable. In 2009 substantial efforts will be made to strengthen the IRCT’s ability to obtain financing from the budget lines in the humanitarian as well as the development assistance fields. In 2009 the IRCT has achieved a significant partial substitute for direct support from the Dutch government, since the Danish Ministry of Foreign Affairs and the private OAK Foundation have increased their non-earmarked contributions significantly for 2009. In this regard the Danish Ministry of Foreign Affairs in April 2009 increased their core support to IRCT for 2009 by 3 million DKK to a total of 12 million DKK.

Also, the IRCT will continue to pursue the objective of building a reserve capital. This reserve will serve as a buffer for future capacity building initiatives and as a partial matching funding of three ongoing EU-funded projects in 2009.

Sources of income 2008 (EUR)

- Government of Denmark: 29.98%
- Government of the Netherlands: 22.97%
- OAK Foundation: 17.04%
- Sigrid Rausing Trust: 6.76%
- Government of Sweden: 3.83%
- Other income: 7.20%
- European Commission: 11.42%
- UNOPS – Iraq activities: 0.40%
- Government of Canada: 0.03%
- Government of UK: 0.37%

Supported activities 2008 (EUR)

- International coordination: 2%
- Financial grants to centres: 12%
- Core structure: 38%
- Brussels Liaison office: 2%
- Capacity development: 46%
### STATEMENT OF FINANCIAL POSITION

AS OF 31 DECEMBER 2008 – ALL DATA AT EXCHANGE RATE DKK 1 = EUR 0.1341

<table>
<thead>
<tr>
<th></th>
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<tbody>
<tr>
<td>Institutional receivables</td>
<td>3,542</td>
<td>157,376</td>
<td>435,649</td>
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<td>Other receivables</td>
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<td>147,360</td>
<td>150,435</td>
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<td>Total receivables</td>
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<td>304,736</td>
<td>586,084</td>
<td>109,498</td>
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<td>Liquid assets</td>
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<td>1,201,725</td>
<td>935,129</td>
<td>590,759</td>
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<tr>
<td>Total assets</td>
<td>2,115,123</td>
<td>1,506,461</td>
<td>1,521,213</td>
<td>700,257</td>
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</tbody>
</table>

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<tr>
<td>Net capital reserve as of 1 Jan</td>
<td>49,042</td>
<td>(20,289)</td>
<td>(46,943)</td>
<td>(137,099)</td>
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<td>Net contribution for the year</td>
<td>100,577</td>
<td>69,542</td>
<td>26,654</td>
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<td>Net capital reserve as of 31 Dec</td>
<td>149,619</td>
<td>49,253</td>
<td>(20,289)</td>
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<td>Prepaid project grants</td>
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<td>1,045,562</td>
<td>941,031</td>
<td>332,343</td>
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<td>Payables</td>
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<td>411,646</td>
<td>600,471</td>
<td>414,857</td>
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<td>Total other payables</td>
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<td>1,457,208</td>
<td>1,541,502</td>
<td>747,200</td>
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<tr>
<td>Total liabilities</td>
<td>2,235,832</td>
<td>1,506,461</td>
<td>1,521,213</td>
<td>700,257</td>
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</tbody>
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### STATEMENT OF ACTIVITIES

FOR YEAR ENDING 31 DECEMBER 2008 – ALL DATA AT EXCHANGE RATE DKK 1 = EUR 0.1341

<table>
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<tr>
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<tr>
<td>Contributions from:</td>
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<tr>
<td>Governments etc.:</td>
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<tr>
<td>Denmark</td>
<td>1,474,893</td>
<td>1,309,554</td>
<td>1,686,526</td>
<td>1,579,064</td>
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<td>The Netherlands</td>
<td>1,129,919</td>
<td>998,945</td>
<td>1,002,592</td>
<td>810,461</td>
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<td>Sweden</td>
<td>188,548</td>
<td>211,959</td>
<td>220,587</td>
<td>174,942</td>
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<td>Norway</td>
<td></td>
<td>30,780</td>
<td>0</td>
<td>48,974</td>
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<tr>
<td>United Kingdom</td>
<td>18,314</td>
<td>45,259</td>
<td>0</td>
<td>90,360</td>
</tr>
<tr>
<td>Canada</td>
<td>1,682</td>
<td>9,682</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Iceland</td>
<td>0</td>
<td>34,583</td>
<td>0</td>
<td>0</td>
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<tr>
<td>Spain</td>
<td>0</td>
<td>8,035</td>
<td>0</td>
<td>0</td>
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<td>European Commission</td>
<td>561,613</td>
<td>202,155</td>
<td>177,933</td>
<td>(89,924)</td>
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<td>UNOPS – Iraq activities</td>
<td>19,601</td>
<td>375,377</td>
<td>252,516</td>
<td>0</td>
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<tr>
<td>Sigrid Rausing Trust</td>
<td>332,459</td>
<td>287,824</td>
<td>548,117</td>
<td>273,819</td>
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<tr>
<td>OAK Foundation</td>
<td>838,278</td>
<td>665,667</td>
<td>718,531</td>
<td>551,185</td>
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<tr>
<td>Other income</td>
<td>354,258</td>
<td>34,583</td>
<td>0</td>
<td>0</td>
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<tr>
<td>Total income</td>
<td>4,919,565</td>
<td>4,417,422</td>
<td>4,754,391</td>
<td>3,438,881</td>
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</tr>
</thead>
<tbody>
<tr>
<td>Expenditures incurred for:</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>General Secretariat: basic advocacy, advisory support to centres and joint expenses</td>
<td>(1,829,750)</td>
<td>(1,597,791)</td>
<td>(1,686,250)</td>
<td>(1,585,122)</td>
</tr>
<tr>
<td>Brussels Liaison Office</td>
<td>(116,650)</td>
<td>(133,359)</td>
<td>(139,442)</td>
<td>(147,222)</td>
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<tr>
<td>Specific external capacity building directed towards centres</td>
<td>(2,178,840)</td>
<td>(2,109,903)</td>
<td>(1,725,277)</td>
<td>(1,295,989)</td>
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<tr>
<td>Financial grants to centres</td>
<td>(590,588)</td>
<td>(381,321)</td>
<td>(336,486)</td>
<td>(150,323)</td>
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<tr>
<td>International coordination of centre tasks</td>
<td>(103,161)</td>
<td>(125,506)</td>
<td>(164,112)</td>
<td>(170,069)</td>
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<tr>
<td>Symposium, Berlin</td>
<td>0</td>
<td>0</td>
<td>(676,170)</td>
<td>0</td>
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<td>Total expenditures</td>
<td>(4,818,989)</td>
<td>(4,347,880)</td>
<td>(4,727,737)</td>
<td>(3,348,725)</td>
</tr>
<tr>
<td>Net contribution for the year</td>
<td>100,576</td>
<td>69,542</td>
<td>26,654</td>
<td>90,156</td>
</tr>
</tbody>
</table>
2008 donor acknowledgements

The IRCT gratefully acknowledges the support of the following:

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

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

100,000-499,999 EUR
Gunnar Mortensen bequest
Sigrid Rausing Trust
Swedish Ministry of Foreign Affairs

10,000-99,999 EUR
Foreign Commonwealth Office – UK
Norwegian Ministry of Foreign Affairs (NORAD)
Tips and Lotto
United Nations Office on Drugs and Crime (UNODC)
United Nations Office of Project Services (UNOPS)
Victoria Gomez-Trenor Verges

MAKING A BEQUEST
There are many ways to make a contribution to the work of the IRCT. One possibility is to consider including the IRCT in your estate plans, by making a bequest using a will, trust or retirement assets.

Last year, 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 brutal murder of other prisoners, Mr. Mortensen was dedicated to helping those who experienced similar horrors. When he passed away in August 2008, Mr. Mortensen’s will specified the IRCT as the sole recipient of his entire estate – a generous gesture that will help to ensure that other survivors can rebuild their lives after torture.
The IRCT gratefully acknowledges the support of the following:

1,000-9,999 EUR
- Canadian Embassy, Cairo
- Knud Overø
- Birgit Petersson
- Jens Stenz
- +Three (3) other individual donors

<1,000 EUR
- Henrik Andreasen
- William Bentzen
- Martin Christian Bojesen
- Cordon Bleu du Saint Esprit
- Lis and Jan Danielsen
- Dansk Blindesamsfunds Kvinder
- Dansk Sygeplejeråd
- Danske Fysioterapeuter
- Europas Kvinders Pris
- Gestapo-fangerne fra besættelsen
- Janice Granados
- Håndværkerforeningen i Kbh.
- Birgit Heise
- Human Rights March
- Rehabilitation and Research Centre for Torture Victims (RCT)
- Geoffrey Segal
- Jytte Segal
- Elsebeth Søndergaard
- Vennekredsens rekreations- & hjælpekasse
- Tehneyat Waseem
- +130 other individual donors

“The opportunity to share experiences and learn from others is fundamental in our area of work.”
Marcelo Flores Torrico, ITEI, Bolivia
Members of the IRCT
AS OF 31 DECEMBER 2008

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 (FAVL/ ARDCen-TV), Yerevan

Australia
- Association for Services to Torture and Trauma Survivors (ASTEITS), 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
- Survivors of Torture and Trauma Assistance and Rehabilitation Service Inc. (STTARS), Bowden, South Australia
- Victorian Foundation for Survivors of Torture (VFST), Parkville, Victoria

Austria
- HEMAYAT – Verein zur Betreuung von Folter- und Kriegsüblerbenden, Vienna
- Interculturelles Beratungs- und Therapiezenterm (ZEBA), Graz
- Verein für Opfer von Gewalt und Menschenrechtsverletzungen – ÖMEGA Gesundheitsstelle, Graz

Bangladesh
- Bangladesh Rehabilitation Centre for Trauma Victims (BRC), Dhaka
- Centre for Rehabilitation of Torture Survivors (CRTS), Dhaka

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

Bosnia and Herzegovina
- Udrženje za Rehabilitaciju Ztava Torture – Centar za Zdrće Torture (CCTV), 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 (CRA), Yaounde
- Trauma Centre Cameroon (TCC), Yaounde

Canada
- Canadian Centre for Victims of Torture (CCVT), Toronto, Ontario
- ECSTT Program for Survivors of Torture and Trauma at the Edmonton Menno Hope Centre for Newcomers, Edmonton, Alberta
- Réseau d’intervention auprès des personnes ayant subi la violence organisée (RIVO), Montreal, Quebec
- 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 (CINTRAS), Santiago

Colombia
- Corporación AVRE – Apoyo a Víctimas de violencia sociopolítica y violencia estatal (ITIE), Bogotá

Congo, Democratic Republic of the
- Centre Psycho Médical pour la Réhabilitation des Victimes de la Torture – SROP (CPM/RVT), Ville de Goma
- Love in Action – OASIS (LIAC/OASIS), Commune Ibanda, South Kivu
- SAVE Congo DR, Hwéa Bora, Lubumbashi

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

Denmark
- OASIS – Behandling og Rådgivning for Flüchtlinge und Flüchtlinge, Copenhagen
- Rehabileiters- og Forskningscentret for Torturofre (RCT), Copenhagen
- Rehabiliteringscenter for Torturofre – Jylland (RCT-Jylland), Haderslev

East Timor
- International Catholic Migration Commission (ICMC), Dili
- Tulun Rai Timor, Dili

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

Egypt
- El Nadim Centre for Psychological Management and Rehabilitation of Victims of Violence, Cairo

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

Finland
- Kidutettujen kuntoutuskkeskus (CTSF), 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 – Überlebene für Folteropfer (bfz), Berlin
- Exilio Hilfe für Flüchtlinge und Folterüberlebende e.V., Lindau
- Medizinische Flüchtlingshilfe Bochum (MFH), Bochum
- REFUGIO Zentrum für Behandlung, Beratung und Psychotherapie von Folter-, Flucht- und Ge-waltopfern in Schleswig-Holstein e.V., Kiel

Greece
- Medical Rehabilitation Centre for Torture Victims (MRCT), Athens

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 (CPTRT), 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 – SOSRAC (Society for Social Research, Art and Culture) (SCRTV), New Delhi
- Tibetan Torture Survivors Program (TTSP), Dharmsala
• Torture Prevention Center India Trust (TOP Center)
  • India Trust), Cochín
  • Vasavaya Mahila Mandal (VRCT), Vijayawada

Indonesia
• Aksi Rehabilitasi Korban Tindak Kekerasan di Aceh (RATA), 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
• Bahaj Al Faud Rehabilitation Centre for Torture Victims (BFRCR)

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

Italy
• NAGA-HAR Centro Richiedenti Asilo, Rifugiati, Vittime della Tortura, Milano
  • VI-TÒ – Hospitality and Care for Victims of Torture, Consiglio Italiano per i Rifugiati (CIR), Rome

Kenya
• Independent Medico Legal Unit (IMLU), Nairobi
  • Mwatikho Torture Survivors Organization (CCTI), México City
  • Independent Medico Legal Unit (IMLU), Nairobi

Kosovo
• Memoria” (RCTV – “Memoria”), Chisinau

Kosovo
• Centre Against Torture and Impunity (AMRVT), Casablanca

Kosovo
• Association Medicale de Rehabilitation des Victimes de la Torture (AMRVT), Casablanca

Kosovo
• Centre against Torture and Impunity (AMRVT), Casablanca

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

Liberia
• Rescue Alternatives Liberia (RAL)

Libya
• Centre for the Care of Survivors of Torture (CCST), Benghazi

Moldova, Republic of
• Medical Rehabilitation Center for Torture Victims “Memoria” (RCTV – “Memoria”), Chisinau

Morocco
• Association Medicale de Rehabilitation des Victimes de la Torture (AMRVT), Casablanca
  • Centre d’Accueil et D’Orientation des Victimes de la Torture (CAOV), Casablanca

Nepal
• Yatana Pidit Sarokar Kendra (CVict), Kathmandu

Netherlands
• Centrum 45, Oegstgeest
  • Psychotrauma Centrum Zuid Nederland, Vught
  • De Evenaar, Centrum voor Transculturele Psychiatrie Noord-Nederland, Beilen

New Zealand
• Wellington Refugees as Survivors Trust (Wellington RAS Centre), Wellington

Nigeria
• Prisoners Rehabilitation And Welfare Action (PRAWA), Lagos

Pakistan
• SACH – Struggle for Change, Islamabad

Palestinian Territory (Occupied)
• Gaza Community Mental Health Programme (GCMHP), Gaza City
  • Jesor – Transcultural Right to Health, Gaza City
  • Treatment and Rehabilitation Centre for Victims of Torture (TRC), Ramallah

Paraguay
• Centro de Alternativas en Salud Mental (ATYHA), Asunción

Peru
• Centro de Atención Psicosocial (CAPS) (CNDDHH/CAPS), Lima

Philippines
• Balay Rehabilitation Center, Inc., Quezon City
  • Medical Action Group (MAG), Quezon City

Poland
• Ambulatorium dla Osób Przesiałowanych ze Względów Politycznych Zakład Patologii Społecznej Katedra Psychiatrii Uniwersytetu Jagiellońskiego Collegium Medicum (CVPP), Kraków

Romania
• Centrul Medical de Reabilitare a Victimelor Torturii – Craiova (MRCT Craiova), Craiova
  • Centrul Medical de Reabilitare a Victimelor Torturii – Iasi (MRCT Iasi), Iasi
  • Fundatia ICAR – Centrul Medical de Reabilitare a Victimelor Torturii, Bucharest

Russian Federation
• Interregional Non-governmental Organization “Committee Against Torture” (INGO CAT)

Rwanda
• Forum des Activistes Contre la Torture (FACT), Kigali

Senegal
• Victimes de Violences Rehabilitées, le Centre de Soins du CAPREC (VIVRE/CAPREC), Thies

Serbia
• IAN Centar za rehabilitaciju žrtava tortura (IAN CRTV), Belgrade

Sierra Leone
• Community League Association for Psychosocial Services (CALS), Koido Town, Kono

South Africa
• Centre for the Study of Violence and Reconciliation (CSVR) / Trauma and Transition Programme (TTP), Johannesberg
  • Trauma Centre for Survivors of Violence and Torture (TCSVT), The, Cape Town

Sri Lanka
• Family Rehabilitation Centre (FRC), Colombo
  • Survivors Associated

Sudan
• Anel Center for Treatment and Rehabilitation of Victims of Torture (ACTVT), Khartoum

Sweden
• Röda Korsets Center för torterade flyktingar, Stockholm
  • Svenska Röda Korsets behandlingscenter för krigsdekadade och torterade – Skövde (RKC Skövde), Skövde
  • Svenska Röda Korsets Behandlingscenter för krigsdekadade och torterade, Malmö
  • Svenska Röda Korsets Behandlingscenter för krigsdekadade och torterade, Uppsala

Switzerland
• Consultation pour Victimes de Torture et de Guerre, Geneva
  • Zentrum für Migration und Gesundheit SRK/Am-bulatorium für Folter- und Kriegsopfer, Wabern

Turkey
• Soygal Hizmetler Rehabilitasyon ve Adaptasyon Merkezi (SOHGRAM-CSA), Diyarbakir
  • Toplum ve Hukuk Arastirmaları Vakfı (TOHAV), Istanbul
  • Türkiye İnsan Hakları Vakfı – Adana (TİHV/HRFT), Adana
  • Türkiye İnsan Hakları Vakfı – Ankara (TİHV/HRFT), Ankara
  • Türkiye İnsan Hakları Vakfı – Diyarbakır (TİHV/HRFT), Diyarbakır
  • Türkiye İnsan Hakları Vakfı – İstanbul (TİHV/HRFT), İstanbul
  • Türkiye İnsan Hakları Vakfı – İzmir (TİHV/HRFT), İzmir

Uganda
• African Centre for Treatment and Rehabilitation of Torture Victims (ACTV), Kampala

Ukraine
• International Medical Rehabilitation Center for the Victims of Wars and Totalitarian Regimes (MRC), Kiev

United Kingdom
• Refuge Therapy Centre (RTC), London

United States of America
• ACCESS – Psychosocial Rehabilitation Center for Victims of Torture (APRCVT), Dearborn, Michigan
  • Advocates for Survivors of Torture and Trauma (ASTT), Baltimore, Maryland
  • Beliveau/NYU Program for Survivors of Torture, The, New York, New York
  • Center for Survivors of Torture, Dallas (CST), Dallas, Texas
  • Center for Survivors of Torture, San Jose (CST), San Jose, California
  • Center for Victims of Torture, The (CVT), Minneapolis, Minnesota
  • Florida Center for Survivors of Torture – A Program of Gulf Coast Jewish Family Services, Inc. (FCST), Clearwater, Florida
  • International Survivors Center at the International Institute of Boston (ISSC), Boston, Massachusetts
  • Liberty Center for Survivors of Torture, Philadelphia, Pennsylvania
  • Program for Survivors of Torture and Severe Trauma at the Center for Multicultural Health Services, The (PSTT/CMH), Falls Church, Virginia
  • Program for Torture Victims of Los Angeles (PTV), Los Angeles, California
  • Rocky Mountain Survivors Center (RMSC), Denver, Colorado
  • Survivors International (SI), San Francisco, California
  • Survivors of Torture, International (SURVIVORS), San Diego, California
  • Torture Treatment Center of Oregon (TTCO), Portland, Oregon

Uruguay
• Servicio de Rehabilitación Social (SERSOC), Montevideo

Venezuela
• Red de Apoyo por la Justicia y la Paz, Caracas

Zimbabwe
• Counselling Services Unit (CSU), Mashonaland Programme, Harare
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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 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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1090 COPENHAGEN K
DENMARK
SWIFT CODE: DABADKKK

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Account No.: 4310-821152
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By cheque
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BORGERGADE 13
F.O. BOX 9049
1022 COPENHAGEN K
DENMARK

“Through its support for victims and its global campaigning for the universal ratification and implementation of the UN Convention Against Torture and its Optional Protocol, the IRCT reminds us of our shared responsibility for ending torture throughout the world.”

MARY ROBINSON, FORMER UN HIGH COMMISSIONER FOR HUMAN RIGHTS
"Those of us who have experienced torture and who know its horror from the inside out will always be grateful to IRCT for its groundbreaking work. In the dark world of torture, IRCT has been a constant ray of hope."

SISTER DIANNA ORTIZ, AUTHOR AND FOUNDER OF TORTURE ABOLITION AND SURVIVORS SUPPORT COALITION

"Your organisation is actually compassion implemented.”

HIS HOLINESS THE DALAI LAMA

"The IRCT shows to all of us that something can be done for those who have suffered so terribly.”

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