The International Rehabilitation Council for Torture Victims (IRCT) is an independent, international health professional organisation, which promotes and supports the rehabilitation of torture victims and works for the prevention of torture worldwide. The vision of the IRCT is a world that values and accepts shared responsibility for the eradication of torture.

The IRCT has consultative status with the United Nations Economic and Social Council, the United Nations Department of Public Information, and the Council of Europe. 

This document has been produced with the financial assistance of the Royal Danish Ministry of Foreign Affairs and the European Union. The views expressed in this report are those of the IRCT and can therefore in no way be taken to reflect the official opinion of the European Commission or the Government of Denmark.
Introduction by the IRCT President

The rhetoric associated with the ‘war against terrorism’ has all too easily become a part of our daily lives, giving rise to the question of whether torture can ever be justified.

Torture, by its very nature, is one of the most inhumane acts an individual can ever inflict on another. The prohibition of torture under international law is absolute. In no circumstances can torture ever be sanctioned. Why, then, does torture continue to be perpetrated in up to 100 countries worldwide?

Rather than address this question, intellectuals and commentators in the West debate whether it is legitimate to use torture in cases of suspected terrorists to extract confessions or information. This question has, however, been addressed throughout the centuries. In his rhetoric, Aristotle stated that confessions extracted using torture should never be accepted. The rhetorician Antifon noted that a tortured person would tell the torturer anything to please them, and to stop the torture.

Our daily hands-on experience with torture victims reveals that torture is mainly used by corrupt governments to terrorise its people and to intimidate opposition. Years of experience have taught us that any statement can be extracted under torture, but the statement is not necessarily true. Victims will say whatever the interrogator wants to hear and will sign any document that will put an end to their pain and suffering.

The IRCT’s commitment is to expose the practice of torture, and to bring pressure to bear on the world’s governments to prevent torture as well as to provide the necessary treatment and care for those whom they fail to protect. The work of the IRCT undertaken during 2002 continued to make a strong impact on securing support for the rehabilitation of torture victims and working towards a world without torture. This was made possible through the extraordinary efforts of our colleagues in rehabilitation centres and programmes worldwide, many of whom are themselves at risk of harassment or worse because of their work with torture victims. Our achievements are also attributed to the efforts of the IRCT General Secretariat in Copenhagen, Denmark, as well as the members of the IRCT Council, who represent the work against torture in 22 countries from every region of the world.

Most importantly, the IRCT pays tribute to torture survivors and their families, recognising the extraordinary strength of human spirit they display in their determination to live in dignity and peace.

Achievements and Challenges

in the Work against Torture

In working towards its vision of a world without torture, the IRCT plays a special role through its focus on the health and human rights aspects of torture.

The IRCT Annual Report 2002 documents the activities carried out by the IRCT to promote and support the rehabilitation of torture victims and to work for the prevention of torture worldwide. A world in which torture continues to be perpetrated in more than 100 countries. The capacity for the IRCT to carry out its work, and to respond to new challenges, is made possible through the dedicated financial support for the IRCT’s core activities by the Royal Danish Ministry of Foreign Affairs and the Oak Foundation.

The work of the IRCT is conducted through three programmes: Centre Support and Development; Documentation and Research; and Advocacy and Information. The Centre Support and Development Programme seeks to achieve improved sustainability and quality in the delivery of rehabilitation for torture victims, and to address unmet needs for rehabilitation. The Documentation and Research Programme aims at increasing, improving, and systematising the theoretical and practical knowledge-base of the IRCT. The Advocacy and Information Programme seeks to apply knowledge on torture-related issues through general and targeted activities and campaigns.

Building knowledge

One of the most difficult, yet important, challenges in the fight against torture is the systematic documentation, monitoring, and reporting of torture. Torture is most often perpetrated behind closed doors, in prisons and detention centres, without regard for the medical and psychological suffering of those who are tortured. Torture victims are often reluctant to report the horror to which they were subjected for fear of recrimination or social stigmatisation.

In 2002, the Dutch Government provided funding for the implementation phase of the Global Torture Victims Information System (GTIS) which will, for the first time, enable the systematic documentation, monitoring, and reporting of torture incidences at the national, regional, and global level. The GTIS is a long-term priority for the IRCT that will make a substantial contribution to exposing the extent of torture, to making governments accountable, to ending impunity, and to providing redress for torture victims.

Understanding the rehabilitation needs of refugees and asylum-seekers is another priority area for the IRCT. In 2002, the IRCT undertook its third
intervention in support of post-conflict measures for those who have suffered extreme trauma and torture. The IRCT and its partner centre in Islamabad, Pakistan, SACH – Struggle for Change, conducted a needs assessment of Afghan refugees in Pakistan to identify the needs for medical and psychosocial support. The needs assessment was made possible through the support of the Government of Norway, the Conrad N. Hilton Foundation, and the Oak Foundation.

In 2002, the IRCT completed the first phase of the Impact Assessment Study, through a grant from the Oak Foundation. The study was initiated to monitor and evaluate different treatment methods in torture rehabilitation and to contribute to the development of 'best practices' in this field. The knowledge gained from this first phase is a step towards greater cross-cultural understanding of treatment methods and their impact, and is the foundation on which further research in this field will be conducted.

The global needs of torture victims are far from being met. A priority area for the IRCT is to continuously gather information to be able to identify those areas where the needs are greatest and where no treatment or support exists for victims of torture. As an example, the IRCT monitored the human rights situation in Chechnya throughout 2002. The possibilities for establishing a rehabilitation programme in Chechnya was further investigated in October 2002, during the World Chechen Congress in Copenhagen, where contact with potential partners was established.

Throughout 2002, the IRCT’s Documentation Centre, which comprises the world’s largest collection dedicated to the subject of torture and its consequences, continued to serve a wide range of individuals and organisations worldwide throughout the year. The Documentation Centre’s database was made available on the IRCT website (www.irct.org) to enable immediate and free global access for all.

Supporting Centres

The Regional Strengthening Programme Phase 2 (RSP2) was launched in 2002, which aims to support the institutional capacity-building of rehabilitation centres and to improve the quality of rehabilitation for torture victims in five regions: the Middle East and North Africa, Sub Sahara Africa, Asia, Latin America, and Central Eastern Europe and New Independent States. The RSP2 is supported by the European Union (EU), the Governments of Norway and Sweden, and the Conrad N. Hilton Foundation.

Together with the participation of 17 regional experts, working standards in the fields of rehabilitation, organisational development, and documentation were defined and training modules were prepared and adapted for regional-specific needs. In cooperation with host centres in all five regions, five training seminars were held in Morocco, Kenya, Nepal, Colombia, and Hungary, at which consensus for the working standards was reached. A total of 154 representatives from 86 rehabilitation centres from all five regions participated in the seminars. The RSP2 is a major achievement through which our collective knowledge and expertise can be harnessed to implement common working standards in the work against torture.

In East Timor, the IRCT’s project for the psychosocial recovery of East Timorese children and their families entered a new phase. The project in East Timor was developed in recognition of the fact that children exposed to political and ethnic violence can develop a variety of difficulties, including mental health problems. The project, ‘O Regresso à Alegria: Return to Happiness’, was made possible through the support of a Dutch coalition, comprising the War Trauma Foundation, Wild Geese, and the Inter-Church Organisation for Development Cooperation.

With the support of the District Education Office of Covalima, a total of 185 teachers from 48 primary schools were trained to conduct play sessions to help children overcome their traumatic experiences. Activities involved play therapy such as games, storytelling, and drawing. The project extended to one additional district, Bobonaro, and by October 2002, around 6,000 primary school children had benefited from the project.

The IRCT undertook eight review missions of partner rehabilitation centres and programmes in five regions during 2002 to support the capacity, sustainability, and quality of services provided and to identify needs for training and support. The centre reviews were funded through the EU, the Oak Foundation, the European Commission’s Humanitarian Aid Office, and the Royal Danish Embassy in Indonesia. The centre review missions provided a valuable opportunity for the IRCT to provide support and to experience first-hand the challenges, achievements, and experiences of partner centres, many of whom operate in very difficult settings.

The IRCT also continued to support the development of nine regional and sub-regional networks in Asia, the Middle East and North Africa, Central
On behalf of the Coalition of International NGOs against Torture (CINAT), the IRCT led the campaign for the universal ratification of the UN Convention against Torture, which remains the least ratified of the six core international human rights treaties. As of December 2002, the number of States Parties to the Convention stood at 132 of 193 UN Member States. The IRCT gratefully acknowledges the support of the Carter Center, through President Jimmy Carter, for the 2002 campaign.

Throughout the year, the IRCT raised a number of issues related to the work against torture in a range of key international forums including the UN Commission on Human Rights, the EU, the Council of Europe, and the Organisation for Security and Cooperation in Europe.

The IRCT also continued to strengthen its formal and informal partnerships, and participated in a range of international conferences and seminars, with respect to the work against torture. In April 2002, the World Medical Association (WMA) and the IRCT signed a Memorandum of Understanding on collaboration for the implementation of the Istanbul Protocol, as well as the potential role of national Medical Associations in the work against torture. In May 2002, the IRCT presented the Istanbul Protocol Global Implementation Project at the 161st WMA Council Meeting in Divonne-les-Bains, France. The IRCT also presented the project in October 2002 at the WMA General Assembly. The Human Rights Foundation of Turkey and Physicians for Human Rights USA are project partners together with the IRCT and the WMA.

In June 2002, the IRCT participated in a workshop in Geneva, Switzerland, as part of the International Committee of the Red Cross project, ‘The Missing: Action to resolve the problem of people unaccounted for as a result of armed conflict or internal violence and to assist their families’. At the XXVII International Congress on Law and Mental Health, 6

The IRCT hosted the Coordination Meeting of the Regional Strengthening Programme Phase 2 in Denmark in May 2002, bringing together 17 representatives from as many countries, resulting in the identification of working standards in the fields of rehabilitation, documentation, and organisational development.

Working Together against Torture

Education and information are essential to the promotion and realisation of human rights, including freedom from torture. A priority for the IRCT is to empower individuals to know their rights and to bring pressure to bear on governments to protect such rights.

In 2002, the IRCT coordinated the fifth consecutive global campaign, ‘Together against Torture’, to commemorate the UN International Day in Support of Victims of Torture – 26 June. The impact of the campaign illustrates the strength of the global anti-torture movement.

The IRCT greatly appreciates the more than 283 organisations that conducted special events on 26 June 2002 as part of the campaign. The IRCT also acknowledges the European Commission, the Organisation for Security and Cooperation – Office for Democracy and Human Rights, the Royal Danish Ministry of Foreign Affairs, the UN High Commissioner for Human Rights, and the Oak Foundation for their support.

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Research in Arusha, Tanzania, in November 2002. It is a priority for the IRC to bring into focus the need for more research into health aspects of torture and related political violence and to strengthen a global research network, including the World Health Organisation.

The IRC participated in the International Criminal Court NGO Working Group in London, UK, in December 2002. The meeting focused on victims’ and witnesses’ issues, to ensure that the Statute of the ICC and the Rules of the Court adequately provide for the respect and protection of victims’ rights, and that the concerns of victims are met through the judicial processes of the ICC. The IRC also met with the Victims and Witnesses Support Unit at the International Criminal Tribunal for Rwanda on possible areas of collaboration.

Securing Funding

Securing funding for both rehabilitation centres and programmes and for the IRC remains one of the highest priorities for the IRC. Throughout 2002, the IRC undertook several initiatives to increase the level of responsibility of governments and key donors to ensure their commitment to the provision of rehabilitation services for victims of torture.

The IRC called on governments to contribute to the UN Voluntary Fund for Victims of Torture (UNVFVT) which continued to face the difficult task of rejecting many requests due to a lack of available funding. The IRC also continued to undertake lobbying and awareness-raising activities within the EU, recognising the crucial role it too plays as a major donor to rehabilitation services for victims of torture.

The IRC Centre Support Grants, administered by the IRC, represent a highly needed contribution to the scarce funding opportunities for the rehabilitation of torture victims. For several years, the grants have prevented a number of rehabilitation centres from being dissolved, mainly through providing bridge funding between major grants, typically from the EU and the UNVFVT. A policy shift in the EU is expected to result in the decrease of funding for the rehabilitation of torture victims while increasing funding for prevention projects. In response, the IRC focused its efforts in the EU on raising awareness of the fact that prevention and rehabilitation are complementary, and that a global approach including prevention, rehabilitation, and reparation is necessary for an effective contribution to the fight against torture. The shift in EU policy made all the more important the need to secure matching funds for centres, such as through the Oak Centre Grants.

Through the support of the Oak Foundation, in 2002 the IRC was able to provide emergency funding grants to more than 30 centres facing financial difficulty.

The Oak Foundation’s grant also provides for building the fundraising and institutional capacity with centres in support of a financially sustainable development. In addition, the grants have facilitated other capacity expansion measurements, typically in countries where the rehabilitation capacity is insufficient to cope with a sudden inflow of, for example, traumatised refugees, as well as efforts for the pursuit of reparation for torture victims.

The Oak Centre Support Grant is the world’s largest private support scheme in support of the torture rehabilitation movement. In 2002, the Oak Foundation also established the Inge Genefke and Bent Sørensen Anti-Torture Support Foundation, to provide another source of funding for those working against torture. Dr Inge Genefke was appointed IRC Ambassador in June 2002.

The IRC’s achievements in 2002 were made possible through the support of the Royal Danish Ministry of Foreign Affairs, the EU, the Oak Foundation, the Governments of Norway and Sweden, and private donations and foundations. Our achievements were realised through the committed IRC staff, the IRC Executive Committee and the IRC Council, together with our indispensable project partners and the network of rehabilitation centres and programmes committed to empowering the lives of those who have suffered.

Meeting New Challenges

As the work of the IRC continues, its core activities of building knowledge, supporting centres, working against torture, and securing funding, face new and difficult challenges in a rapidly changing world. Contemporary discourse is seeking to justify the practice of torture as a legitimate means of combating the threat of world terrorism. Long-standing international alliances are being destabilised and accepted protocols of human rights international law are being challenged. This changing world environment must, inevitably, impact on the activities of the IRC.

While the core activities of the IRC will remain unchanged as we move forward, new strategies and initiatives will need to be developed in response to the changing environment. The vision of the IRC is a world without torture. The IRC will continue to work towards this vision while facing the challenges ahead.
The Istanbul Protocol was submitted to the UN High Commissioner for Human Rights (UNHCHR) on 9 August 1999, and the Istanbul Principles have subsequently received support in resolutions of the UN Human Rights Commission and General Assembly. In international forums and in dialogue with national governments, the IRCT has called for the full and effective implementation of the Protocol and Principles, encouraging Governments to establish effective procedures reflecting the Istanbul Protocol for all Government officials who undertake forensic investigations.

In 2002, the IRCT invited the World Medical Association (WMA), the Human Rights Foundation of Turkey (HRFT), and Physicians for Human Rights USA (PHR USA) to embark upon an ambitious project for global implementation of the Istanbul Protocol. Through the support of the European Commission, the two-year project for the ‘Implementation of the Istanbul Protocol’ will commence in early 2003.

Leading International Guidelines and Standards

Initiated and co-ordinated by PHR USA and the HRFT, the Istanbul Protocol represents a remarkable achievement resulting from the work of more than 75 experts in law, health, and human rights, representing 40 organisations and institutions from 15 countries, including the IRCT.

The Istanbul Protocol contains international guidelines, or standards, for the investigation and documentation of alleged cases of torture and ill treatment and for reporting findings to relevant authorities. The Protocol also contains Principles on the Effective Documentation of Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment, which provide minimum standards for a State’s compliance to guarantee the effective documentation of torture.

Medical and legal experts directly benefit from the Istanbul Protocol’s detailed procedures, and practical content, for conducting investigations into allegations of torture. In order to facilitate its application in circumstances where time or resources are limited, such as prison visits, the IRCT recently developed a simple torture detection format based on the Istanbul Protocol. Doctors can use this format when visiting places of detention, as can forensic experts, to rapidly identify those cases where torture may have occurred, and where the full investigation procedures described in the Protocol should be implemented. The simple detection format was first developed in Mexico, as part of the Technical Co-operation Programme for the Prevention of Torture between the UN Office of the High Commissioner for Human Rights and the Government of Mexico, of which the IRCT is an expert partner.

Towards Global Implementation

In spite of its international standing among legal, health, and human rights experts, awareness of the Istanbul Protocol is still relatively limited. In many cases, medical and legal university curricula do not provide instruction on the examination of torture victims, the treatment of torture victims, or the consequences of torture. As a result, many health and legal professionals have little or no training in the investigation and documentation of torture, which requires specific technical skills and knowledge on both medical and legal procedures to be conducted effectively.

To address this identified need for training of health and legal professionals, and to equip these groups with the necessary skills and knowledge, the IRCT and partner organisations are committed to promoting the global implementation of the Istanbul Protocol. Local partners in the project will include rehabilitation centres, national medical associations, and legal organisations. Together, we hope to build strong and sustainable partnerships between rehabilitation centres, national medical associations, and universities for mutual benefit in the work against torture.

The project aims to increase awareness, national endorsement, and visible implementation in a minimum of five countries in at least three regions of the world during 2003-04. Training manuals will be developed, based on the Istanbul Protocol, and adapted to the particular administrative and legal circumstances in each of the five project countries.

Training seminars will reach a total of 250 health professionals and 125 lawyers. The project also comprises a train-the-trainers programme to enable participants to transfer their skills to others within the same or similar fields, to secure a broader and sustainable impact of the project. In addition, a range of advocacy and information activities will be conducted in collaboration with local partners, to increase awareness among forensic experts, government officials, politicians, journalists, educators, and the general public.

Towards the end of the project, a set of final recommendations will be presented to relevant national authorities to secure the ongoing implementation of the Istanbul Protocol. In addition, a report on the experiences gained in each country will be produced to assist implementation of the Istanbul Protocol worldwide.

The overall objective of the project is to develop a framework for the universal implementation of the Istanbul Protocol, thereby making an important and sustainable contribution to the prevention of torture and an end to the vicious cycle of impunity.

Increasing the capacity for investigating and documenting torture will lead to a marked increase in the number of torture cases reported. This will in turn enable the provision of authoritative documentation on the prevalence of torture on which national authorities will be increasingly pressured to take action: to acknowledge the problem of torture, to commit towards its prevention, and to punish the perpetrators. This will further enable torture victims to seek justice and to obtain reparation, including the right to rehabilitation.

Centre Support and Development

The IRCT’s Centre Support and Development Programme aims at contributing to the institutional sustainability of rehabilitation centres and programmes and at addressing unmet needs for provision of rehabilitation services to torture victims worldwide.

These goals are primarily realised through development and implementation of global working standards, capacity-building training programmes, technical assistance to centres and networks, focused prevention projects, and emergency intervention projects in post-conflict areas.

In addition to supporting the health professional contribution of rehabilitation centres, the IRCT is giving increasing attention to the role that centres can play as agents of change in relation to the national and regional human rights situation. Consequently, the prevention of torture has featured prominently in Centre Support and Development activities over the past year. In this context, regional network meetings provided important forums for the exchange of experience and the co-ordination of activities.

Quality Development in the Work against Torture

The IRCT is committed to working in partnership with rehabilitation centres and programmes to improve the institutional sustainability and quality delivery of rehabilitation services benefiting the health and well-being of torture victims, and to contribute to the prevention of torture.

Between 1999-2000, the IRCT’s Regional Strengthening Programme, Phase One (RSP1) provided training and support to existing rehabilitation centres and established 15 new centres and programmes in countries where needs were identified and no such rehabilitation services existed. A thorough evaluation of the RSP1 identified the need for the development of working standards to further strengthen the capacity and sustainability of rehabilitation centres and programmes.

In support of the quality development of rehabilitation centres, the IRCT launched a major two-year programme in 2002, the Regional Strengthening Programme Phase Two (RSP2). The RSP2 focuses on the development and implementation of working standards in the fields of rehabilitation, documentation, and organisational development, supported by advocacy and prevention activities. The RSP2 is supported by the European Union, the Governments of Sweden and Norway, and the Conrad N. Hilton Foundation.

The RSP2 involves the active participation of up to 100 rehabilitation centres from Asia, Latin America, Sub Sahara Africa, the Middle East and North Africa, and Central Eastern Europe and New Independent States. The first RSP2 Coordination Meeting was held in Copenhagen, Denmark, in May 2002 at which 17 regional representatives from partner rehabilitation centres joined together with the IRCT. A key outcome of the meeting was reaching agreement on both the need and draft content for working standards in the fields of rehabilitation, documentation, and organisational development (see Table 1 below). In addition, a conceptual framework, training programme, and resource materials were identified for the five regional training seminars held in the latter part of 2002.

RSP2 Regional Seminars

The working standards were presented at five regional training seminars during 2002 in Kenya, Nepal, Colombia, Hungary, and Morocco. Of the 153 participants from 86 rehabilitation centres, including health professionals and administrative staff, 41 participants attended workshops on rehabilitation, 27 on documentation, and 85 on organisational development. In each region, the IRCT received substantial support from appointed representatives of IRCT-recognised networks of rehabilitation centres, in the organisation, planning, and hosting of the training seminars.

The training seminars promoted the institutional strengthening and capacity-building of rehabilitation centres through the adoption of working standards:

- improve the quality and sustainability of the treatment of torture victims through the development and implementation of quality standards and targeted training
- strengthen the capacity of rehabilitation centres to contribute to guidelines for a unified global documentation and monitoring system
- implement standardised and systematic documentation of services provided
- increase organisational, financial, managerial, and administrative sustainability
- ensure that the existing knowledge on rehabilitation is effectively utilised in the treatment and prevention of torture through increased and targeted information and publications, and through the reinforcement of collaboration at the regional and global level.

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<tr>
<th>Areas for Implementation of Working Standards</th>
<th>Quality Objectives for Working Standards</th>
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<td>Visitation</td>
<td>Rehabilitation: Quality objective is to ensure that rehabilitation of torture victims is knowledge-based to obtain the optimal treatment outcome.</td>
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<tr>
<td>Assessment</td>
<td>Documentation: Quality objective is to systematically and effectively collect, record, store, retrieve, analyse, and distribute information and literature on torture and torture-related issues.</td>
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<td>Rehabilitation</td>
<td>Documentation of violations on individual case, country and regional levels.</td>
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<td>Strategic planning</td>
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Table 1: Working Standards in Rehabilitation, Documentation, and Organisational Development
The implementation of working standards aims to promote quality development of the treatment and documentation of torture, institutional capacity-building and long-term sustainability of rehabilitation centres working against torture. The critical achievement of the first year of the RSP2 was i) gaining consensus among centres for the elaboration and definition of working standards and ii) through the seminars, providing capacity-building training directly to centre representatives in areas of identified training needs.

Regional Networking

There are presently nine regional IRC-recognised networks comprising some 100 rehabilitation centres and programmes. The networks provide an important forum for facilitating and sharing expertise, developments, knowledge, and experiences in the fields of the rehabilitation and prevention of torture. During the year, the IRC participated in seven regional network meetings, many of which were organised in parallel to the RSP2 regional training seminars, and which provided the opportunity to further develop and implement the defined working standards in rehabilitation, documentation, and organisational development.

The Balkan Network for the Prevention of Torture and Rehabilitation of Victims in the 21st Century (BAN), which celebrates its 10th anniversary in 2003, held two meetings in 2002. The IRC participated in the June 2002 Network meeting, where 26 Network representatives met in Belgrade, Serbia. A second BAN Network meeting was held in Thessaloniki, Greece, in November 2002 at which the IRC President, Dr Maria Pinio-Kalli, participated together with 21 Network representatives from the nine member rehabilitation centres. A focus of the meeting included recent developments in Europe regarding the treatment of refugees and asylum seekers.

The New Independent States Network (NISNET) met in St. Petersburg, Russia, in June 2002. Participants included representatives from the six member centres, the IRC, and the Geneva Initiative on Psychiatry. The meeting resulted in the identification of future training seminar themes and fundraising strategies.

In September 2002, two regional Network meetings were held, one in Kathmandu, Nepal, and one in Nairobi, Kenya. In Kathmandu, representatives from all seven members of the Asia Network, together with representatives from the IRC, discussed future planning of network activities and collaboration, including the production of a regular electronic newsletter. The IRC also participated in the Eastern Africa and Great Lakes Network (EAGLUN) meeting, at which representatives from the seven members committed to seeking funds to enable more frequent meetings to strengthen their efforts against torture in the region.

A total of 27 representatives of the AMAN Network, from the Middle East and North Africa region, convened in October 2002. The meeting focused on the consolidation and future development of the seven-member network, as well as fundraising potentials for rehabilitation and prevention work in the region. The IRC Ambassador, Dr Inge Genefke, was part of the IRC delegation, which participated in the meeting. The Network in Latin America, Red Latinoamericana (Red Salud-DDHH), met in Bogota, Colombia, in October 2002. More than 30 representatives from the 16 member centres attended, together with representatives of the IRC, including the IRC President, Dr Maria Pinio-Kalli. GAM - Fundación Grupo de Apoyo Mutuo was accepted at the meeting as the 17th member of the Network.

The IRC Secretary-General, Dr Jens Modvig, participated in the Annual Meeting of the National Consortium of Torture Treatment Programmes (NCTTP) which was held in Washington, D.C, USA on 22-25 September 2002, presenting the work of the IRC.

The Central Eastern European Network (CENENET), the South African Torture Coalition (SATC), and the West and Central Africa Network (WACAN) did not hold formal network meetings in 2002.

Centre Support

The IRC undertakes review missions of partner rehabilitation centres and programmes to assess

The RSP2 Seminar held in Budapest, Hungary, focused on working standards in the fields of organisational development and documentation. A total of 29 participants, representing 22 centres in Central Eastern Europe and New Independent States, attended the seminar held in October 2002.

The impact of the training provided in 2002 will be assessed through a base-line questionnaire covering the fields of rehabilitation, documentation, and organisational development. The results of the study, together with the input from regional partners in a second coordination meeting to be held in early 2003, will form the framework for training seminars in 2003 and beyond.
Around 6,000 children have benefited from the IRCT’s psychosocial recovery project for East Timorese children, ‘O Regresso à Alegria: Return to Happiness’, through the support of the European Commission’s Humanitarian Aid Office and the Royal Danish Embassy in Indonesia.

The centre reviews were funded through the European Union, the Oak Foundation, the European Commission’s Humanitarian Aid Office of the fact that children exposed to political and ethnic violence can develop a variety of difficulties, including mental health problems.

Post-Conflict Intervention

From January to May 2002, the IRCT implemented an emergency project to provide emergency assistance to Afghan torture survivors in Pakistan, in close collaboration with the partner rehabilitation centre in Pakistan, SACH – Struggle for Change. The scope of the project included strengthening project management and administrative capacities of SACH in Islamabad and the establishment of an outreach programme in Hari Pur. In February and March 2002, the IRCT conducted two field missions to Pakistan to carry out local training for administrative staff of SACH in Islamabad and Hari Pur, and to assess potential collaboration partners for further extension of the project to Afghanistan.

In East Timor, an IRCT team assessed the impact of its psychosocial recovery project for East Timorese children during a review mission in May 2002. The IRCT project was developed in recognition of the fact that children exposed to political and ethnic violence can develop a variety of difficulties, including mental health problems.

The IRCT’s East Timor project was launched in September 1999 in the Covalima district, one of the areas worst affected by the conflict, through the support of the European Commission’s Humanitarian Aid Office. The first phase comprised an emergency intervention to aid the psychosocial recovery of traumatised East Timorese children and their families. In May 2002, the project entered a new phase targeting children, ‘O Regresso à Alegria: Return to Happiness’, through the support of a Dutch coalition, comprising the War Trauma Foundation, Wild Geese, and the Inter-Church Organisation for Development Cooperation.

The project aimed to improve the knowledge and skills of 12 local staff, 100 teachers, and 50 youth volunteers to identify children affected by trauma, and to establish a basic support system to provide intervention for the psychosocial needs of 4,000 primary school children. With the support of the District Education Office of Covalima, a total of 185 teachers from 48 primary schools were trained to conduct play sessions to help children overcome their traumatic experiences. Activities involved play therapy such as games, storytelling, and drawing.

The project far exceeded expectations and it was extended to one additional district, Bobonaro. Furthermore, the project team managed to double the production and distribution of volunteers’ and children’s kits. By October 2002, around 6,000 primary school children had benefited from the project. The children had become more active and participatory in the classroom, including those who had been identified as suffering from severe trauma. The programme is now included in the official school curriculum in the region of Covalima, ensuring sustainability for as long as there are school children who are traumatised by the violence in 1999.

The IRCT review team found that the specific objectives of the project had been met and had received support from a wide range of groups within the local community. The impact of the project extended beyond the classroom to the familial and social environment, and increased community awareness of the importance of trauma recovery.

Urgent Actions

The IRCT undertakes urgent actions when partner centre staff are at risk of harassment, detention, or torture because of their work against torture. Throughout 2002, the IRCT was called upon to urgently intervene in seven countries in support of courageous health professionals and human rights defenders under direct threat.

The urgent actions conducted in 2002 involved mobilising the global network of centres and other partner organisations, the media, governments and international forums such as the European Union and the United Nations. The World Medical Association, with whom the IRCT has a partnership agreement, also provided support to health professionals at risk.

In May 2002, the RCT intervened at the request of the Independent Medico Legal Unit (IMLU) in Kenya. Two doctors had received threats, including de-registration, for a post-mortem report in which they concluded that the victim had been subjected to torture. The National Director of Medical Services in Kenya ruled that no doctor working in the national civil service or university would be permitted to undertake post-mortems at the request of IMLU. The IRCT found the government’s interference with the professional independence of doctors, and the threat to the administration of justice in suspected torture cases, unacceptable.
Throughout 2002, staff of ACAT-México suffered harassment and intimidation. In July 2002, the IRCT responded to a series of threats directed at a lawyer at ACAT-México, by appealing to Mexican authorities to conduct a thorough and immediate investigation into the case. The lawyer subsequently left the country.

The IRCT intervened following the refusal of authorities to permit the Medical Director of the Amal Center for Treatment and Rehabilitation of Victims of Torture in Sudan, Dr Nagib Nagmeldin, to travel to a meeting of the AMAN Network, held in Egypt in July 2002. The IRCT again intervened in October 2002, following the arrest of a staff member at the Center and the confiscation of his passport. The IRCT condemned such government interference and harassment of human rights defenders.

In August 2002, the IRCT appealed to the authorities in Ecuador to conduct an immediate investigation following a raid of the Amani Trust’s offices without a warrant. No government authority has the right to breach investigation following a raid on the premises authorities in Ecuador to conduct an immediate investigation. The IRCT responded to a further request in December 2002, following an incident in which Colombian security forces entered the premises of the Centre for Psychosocial Attention for children and young victims of the conflict (Terres des Hommes-Italia) without a warrant.

The deteriorating human rights situation in Zimbabwe required constant monitoring and frequent intervention by the IRCT. In August 2002, the IRCT condemned the arrest of Dr Frances Lovemore, Medical Director of the Amani Trust in Harare, Zimbabwe, who was arrested in connection with a raid of the Amani Trust’s offices and charged with an offence under the Access to Information Act. Dr Lovemore was subsequently released and all charges were dropped. In November 2002, the Amani Trust was accused in the state media of threatening peace and security and was forced to suspend all operations. The IRCT mobilised international support to ensure the protection of the staff and clients of the Amani Trust.

In response to a request from Corporacion AVRE in September 2002, the IRCT called upon the Colombian authorities to take action in response to a series of written threats to the Inter-congregational Commission for Justice and Peace from the United Self-Defence Forces of Colombia. The IRCT responded to a further request in December 2002, following an incident in which Colombian security forces entered the premises of the Centre for Psychosocial Attention for children and young victims of the conflict (Terres des Hommes-Italia) without a warrant.

For many years, staff of the Human Rights Foundation of Turkey (HRFT) have been subjected to harassment, detention, raiding, and torture. Throughout 2002, the IRCT responded to the ongoing harassment and threats made against health professionals in Turkey.

The IRCT Ambassador, Dr Inge Genefke, joined international delegations to attend the trials against doctors in Turkey in March, April, October, November, and December, 2002. Dr Genefke was joined by a number of others including: Enrique Accorsi, President of the World Medical Association; Dr Anders Milton, Secretary-General of the Swedish Medical Association; Torben Lund, former Danish Minister for Health and Social Democratic member of the European Parliament; Dr Marianne Kastrup, the World Psychiatric Association; and Dr Astrid Soechting from Amnesty International’s Medical Group, Denmark. One case was dismissed, and two cases were assigned for further hearings in 2003.

The IRCT met with the HRFT to strengthen and promote collaboration and support for the ongoing trials against HRFT staff in conjunction with the Symposium on the Right to Asylum and Refugees in Europe and Turkey, held in Ankara, Turkey, on 31 January-2 February 2002. Dr Inge Genefke made a presentation on ‘Turkish Obligations regarding Refugees relating to the UN Convention against Torture’.

Recognising the potential threats that IRCT staff are also faced with when travelling to high-risk countries, in December 2002, staff from the IRCT participated in a training course for NGO personnel on risk-management and security guidelines, planning, and preparation. The course was organised by the Humanitarian Contact Group under the Royal Danish Ministry of Foreign Affairs. The experience gained will benefit both the IRCT and partner centres operating in high-risk settings.

Preventing torture

The work against torture demands a multi-dimensional approach, in which the rehabilitation of torture victims must be complemented by the prevention of torture. In fact, the expertise and knowledge of health professionals treating torture victims comprises the most authoritative and credible documentation upon which prevention initiatives may be founded.

**Ukraine**

Preventing Torture in Ukraine: Implementing National and International Standards in Treatment of Persons Deprived of Their Liberty is a two-year project implemented by the IRCT. Through the project, which was launched in April 2001, a comprehensive torture prevention programme was developed to reduce the prevalence of torture in the law enforcement sector in Ukraine. This is achieved through targeting and training law enforcement personnel in the prevention of torture as well as NGOs in documenting, reporting, and monitoring torture incidence.

This innovative project brings together representatives from the Ombudsman’s Office of Ukraine, law enforcement personnel, human rights NGOs, and the IRCT partner centre in Kiev, the International Medical Rehabilitation Centre for Victims of Wars and Totalitarian Regimes. Project partners also include the Danish Centre for Human Rights, the Ukrainian Ministry of Interior, the International Renaissance Foundation, the Royal Danish Ministry of Foreign Affairs, and the Ukrainian-American Human Rights Bureau. The project is supported by the Royal Danish Ministry of Foreign Affairs, the Organisation for Security and Co-operation in Europe – Office for Democratic Institutions and Human Rights, and the International Renaissance Foundation.
In March 2002, the IRCT hosted a mid-term evaluation workshop in Copenhagen, Denmark, which resulted in agreement on the structure and content for a training manual for Ukrainian law enforcement personnel and human rights NGOs. This elaborate training manual will assist NGOs in holding the authorities accountable by undertaking human rights monitoring, while assisting law enforcement personnel in understanding the necessary methods and approaches for complying with international legal obligations for the prevention of torture.

Two pilot training workshops were held in Ukraine in December 2002 to evaluate and improve both the training materials and training programme developed under the project. The first workshop, held between 9-11 December 2002, targeted law enforcement personnel, and participants included 28 students from the Masters Programme of the National Academy of Internal Affairs of Ukraine, 20 health professionals and human rights monitors from 10 Ukrainian human rights organisations. Both workshops were evaluated by the participants, and on a scale of 1-5 (5 representing the highest level) the participant satisfaction with the workshops and the manual was 4.5 on average. The pilot training workshops enabled a thorough assessment and review of the training materials, and assisted in the identification of local institutions and experts. Adjustments to the training manual were made on the basis of participant feedback from the two pilot training workshops, in preparation for two train-the-trainers workshops to be held in early 2003 for both law enforcement personnel and human rights monitors. The training manual will be distributed as widely as possible through Ukraine to extend the impact of this project on the prevention of torture.

Mexico

In 2002, the IRCT was re-appointed as an expert partner for phase two of the Technical Co-operation Programme for the Prevention of Torture between the Mexican Government and the United Nations Office of the High Commissioner for Human Rights. The IRCT was appointed as an expert partner in 2000-01 for phase one of the programme to develop a standard procedure for the investigation and examination of torture allegations in Mexico, and to provide training to health professionals in the examination of alleged torture victims according to the standard procedure. Following the completion of the first phase, the Attorney General’s Office of Mexico, in collaboration with Physicians for Human Rights USA, developed a medical and a psychiatric/psychological format for the documentation of torture, based on the Istanbul Protocol. The IRCT provided comments on the formats and on the framework of their application.

Phase two of the programme will be conducted over a three-year period and is scheduled to commence in early 2003. The four programme components that will run in parallel include combating torture, strengthening the National Human Rights Commission, addressing indigenous people’s issues, and developing a national human rights and action plan.

To complement the developments resulting from the Technical Co-operation Programme, the IRCT participated in a range of forums in Mexico during 2002. In April 2002, the IRCT participated as an observer at an international seminar held by the National Mexican Human Rights Commission, which focused on the torture situation in Mexico. Participants included national and international NGOs, other members of civil society, and independent institutions. In October 2002, the IRCT participated in a training seminar for doctors from the General Prosecutor’s Office. The seminar was organised by Physicians for Human Rights USA and the General Prosecutor’s Office and dealt with the medical documentation of torture.

In November 2002, the IRCT signed a Memorandum of Understanding on institutional collaboration with the Human Rights Commission in Mexico City (Comisión de Derechos Humanos del Distrito Federal). Throughout 2002, the IRCT continued to work in close partnership with civil society in Mexico and conducted urgent appeals to demand the protection of human rights defenders at risk of harassment for their anti-torture work.

Brazil

In response to an approach by the Danish Embassy in Brasilia regarding the interest of the Brazilian Human Rights Secretariat, under the Ministry of Justice, to enter into a technical co-operation programme on the prevention of torture, the IRCT Secretary-General, Dr Jens Modvig, visited Brazil. The first step towards a technical cooperation programme in Brazil was the signing of a Memorandum of Understanding in May 2002 by the Brazilian Human Rights Secretary, Professor Paulo Sergio Pinheiro, and Dr Jens Modvig.

Due to the change of Administration in Brazil, the project has not yet been initiated. It is anticipated, however, that the project may commence in 2003. Phase one of the project comprises an analysis of the legal situation concerning torture and the existing mechanisms in support of torture victims, as well as proposals for measures to bring domestic legislation into compliance with international standards.

The IRCT was present when President of the Human Rights Commission in Mexico City, Emilio Alvarez Icaza, presented the Commission’s first annual report. The IRCT collaborates with the Commission on capacity-building, the establishment of a prison visits mechanism, and the documentation of torture.
The IRCT’s Documentation and Research Programme aims to increase, systematise, and make available the theoretical and practical knowledge-base on which rehabilitation and prevention activities are further developed.

This is achieved through research activities within the work field, documentation and analysis of scientific literature and information, and centre reporting on systematised clinical experience and documentation of cases of torture.

The Documentation Centre

The Documentation Centre holds the world’s largest collection dedicated specifically to the subject of torture, comprising more than 40,000 items including books, journals, articles, reports, conference papers, CD-ROMs, photographs, slides and drawings, as well as an increasing number of subscriptions to electronic resources. The Documentation Centre systematically collects, records and disseminates torture-related materials, with a special focus on scientific literature relating to the medical aspects of torture. Services are provided free of charge, and users include rehabilitation centres, governments, refugee and human rights organisations, lawyers, the media, and students. In 2002, the Documentation Centre responded to some 2,500 requests for loans and services, involving 2,057 books, 3,138 articles and 722 AV materials.

A major achievement in 2002 was making the Documentation Centre’s main bibliographic database accessible to all users through the IRCT website (www.irct.org), thereby making this unique resource available worldwide. The database contains more than 15,000 references to articles, reports and books, and includes abstracts of articles and contents lists of such publications. Users can search the database by English-language keywords, and active links to publications available on the internet are available from a large number of bibliographic records. An embryonic version of a database containing descriptions of torture-related images has also been made available through the IRCT’s website.

During 2002, the Documentation Centre completed the first phase of a comprehensive bibliometric study of the literature on torture. An analysis was conducted of articles from 1973-2002 registered on the Medline and PsychINFO databases and indexed by the descriptor ‘torture’. The study pointed to the need for a scientific journal dedicated to the subject of torture. Although applied research on torture has developed into an international discipline, torture-related articles and publications are spread across a large number of journals. The results of the study were incorporated into the IRCT’s ongoing review of its quarterly journal, Torture, with the aim of having the journal peer-reviewed for indexing in the major scientific databases.

In 2002, the IRCT collaborated with the National Centre for Post-Traumatic Stress Disorder (PTSD), Vermont, USA, to undertake a trial exchange of bibliographic data with the National Centre’s database, PILOTS (Published International Literature on Traumatic Stress). This enabled the mutual exchange of information on new and relevant materials and catalogue data. The IRCT also received a visit from the National Centre for PTSD to discuss the work of both organisations.

In May 2002, the Documentation Centre participated in the Annual Meeting of the European Co-ordination Committee for Human Rights Documentation (ECCHRD). The ECCHRD is an important forum in which the future development of the Human Rights Information and Documentation Systems (HURIDOCS) is planned. The IRCT participated in the ECCHRD task forces, including the Task Force on Torture, which discussed the development of a thesaurus for indexing the literature on torture.
Global Torture Victims Information System

In October 2002, the Dutch Ministry of Foreign Affairs provided a grant for the first phase of the Global Torture Victims Information System (GTIS). The GTIS will enable the documentation, monitoring, analysis, and reporting of the incidence of torture, rehabilitation needs, and the impact of treatment currently provided to victims of torture worldwide. The GTIS aims to include medical, socio-demographic, and legal aspects of torture cases.

The GTIS will facilitate credible and authoritative reporting on torture prevalence country-by-country, thereby strengthening global efforts against torture. In preparation, the IRCT continued its Global Torture Overview from Secondary Sources (GLOBATOS) to compile background reports on various countries from published and unpublished sources to support IRCT projects and missions.

The GTIS will require a major new IT system and a training programme with partner rehabilitation centres. The potential of the GTIS further extends to establishing a global clinical database for monitoring and reporting on the impact of rehabilitation. The beneficiaries of the GTIS include participating centres and programmes, and all other actors engaged in the fight against torture and who are involved in human rights research, advocacy, lobbying or information activities. Most important of all, the GTIS shall benefit victims of torture and their families.

Research

The IRCT’s research and education initiatives aim to improve the delivery of health care services benefiting the health and well-being of torture victims, and to contribute to the prevention of torture. A prerequisite for quality development in this field is the continuous increase and improvement of the knowledge-base on which theory and practice is founded.

Throughout the past decade, many national health care systems faced a growing demand to measure, assure, and develop the quality of service provision. This is no easy task, as quality in treatment and care cannot be defined in single values. It includes elements such as professional standards, organisation of service delivery, continuity in treatment courses, effective utilisation of resources, and patient satisfaction.

Ideally, in health care systems one should be able to put forward criteria for ‘good quality’, standards which outline the degree to which these criteria should be fulfilled, and indicators which measure whether the agreed level of quality is achieved. All of these should be based on systematic knowledge derived from research.

Research into, and development of, tools used to measure the quality of rehabilitation of torture victims is a complicated task, mainly due to the uniqueness of torture as a trauma, the complexity of the health-related consequences, and the diversity in available service delivery.

In 2002, the IRCT initiated or conducted several projects taking these challenges into account, focusing on systematising existing knowledge on the rehabilitation of torture victims, conducting action research to establish empirically founded ‘best practice guidelines’, and identifying indicators of individual improvement, service quality and effective use of resources.

Impact Assessment of Rehabilitation

As the needs of torture victims are multiple and complex, many rehabilitation centres worldwide have adopted a multidisciplinary approach to their treatment models. Even so, the methods and interventions practised by rehabilitation centres often vary considerably. In spite of the experiences and knowledge gained over the past two decades, the scientific study of the health consequences of torture and organised violence remains a relatively new field.

Very few questions in the provision of rehabilitative services have been answered. Most of the published information on torture survival is descriptive, clinical outcome studies are limited. In addition, many of the existing studies have limitations due to lack of control groups, definitions of diagnostic criteria, and validation of assessment instruments. In response, the IRCT prioritised a long-term outcome research strategy based on a global multi-centre study design. The strategy comprises a series of studies to be carried out within a timeframe of five to six years in partnership with selected rehabilitation centres.

The main research objective is to assess the degree to which rehabilitation improves the well-being of torture victims and to contribute to the development of ‘best practice guidelines’ for future clinical work. Additional outputs of the project are the identification of outcome indicators, which can be used in outcome monitoring at centres worldwide including the GTIS, and development of instruments to be used in intercultural outcome research.

The first of the studies, initiated and partly funded by the Oak Foundation and completed in 2002, was a qualitative study comprising interviews with torture victims and health professionals in four different settings. The partner centres included Rehabilitation Action for Torture Victims in Aceh (RATA) in Indonesia, Center for Torture Victims – Most (CTV-Most) in Bosnia Herzegovina, the Independent Medico-Legal Unit (IMLU) in Kenya, and Equipos de Estudios Comunitarios y Acción Psicosocial (ECPAP) in Guatemala. The objective of the first study was to describe the outcome of rehabilitation from both the client and health professional perspective, in different socio-cultural settings, and to use the obtained knowledge in the design of the following studies.

The study showed that a broad spectrum of theories, methods, and treatment approaches are applied in the rehabilitation of torture victims and that no one specific approach or method is used to elucidate or uncover the problems presented by clients. Clients interviewed expressed a thorough-going satisfaction with the support, treatment and rehabilitation they received. Furthermore, satisfaction with the treatment outcome was

Selected papers by IRCT staff published in 2002

- Amris K, Roche P. Pain and Disability Ratings in Torture Survivors: Preliminary Findings. Poster. 10th World Congress on Pain, IA.
placed in different dimensions of the clients’ lives – psychological, physical, and social – and in general represented an important achievement of self-efficacy or ‘empowerment’. Empowerment thus emerges as an overall outcome of treatment, especially in relation to the clients’ daily lives and in their hopes for the future. Finally, the study identified that health professionals’ possibilities and limitations are formulated in relation to a social context.

A report based on the collected data was published in December 2002, The Outcome of Torture Rehabilitation at Specialised Centres from the Clients’ and the Health Professionals’ Perspective.

The IRCT Centre Survey

To better address the priority needs in capacity-building of rehabilitation centres, the IRCT initiated a Centre Survey in 2001, through the support of the Oak Foundation. In 2002, a ‘consumer assessment’ was conducted, based on postal self-administered questionnaires to rehabilitation centres. Themes were presented under two main areas: centre evaluation of past RCT support, and centre identification and prioritising for future RCT support.

More than half of the respondent rehabilitation centres noted previous support from the IRCT in the establishment of their centre. Forty-two percent of centres had received training by the IRCT, and it had been very useful. In particular, ‘care for caregivers’ training was well received, indicating that many staff are affected by the very nature of their work.

Advocacy and information support from the IRCT was reported by 84% of centres and regarded as being highly relevant. The majority of centres (80%) requested further collaboration and support from the IRCT. The identified priority areas for future training included monitoring and evaluation of treatment, medical documentation of torture, and assessment of torture victims.

The results from the Centre Survey were incorporated into the planning and implementation of the IRCT’s Regional Strengthening Programme Phase 2 (RSP2), which aims to strengthen the institutional capacity of rehabilitation centres. Two reports Treatment Capacity on a Global Scale and Evaluation and Future Directions of RCT Support were produced, based on the results of the survey. The reports will be presented to the partner centres in the RSP2 in 2003. The IRCT will base its future support to centres on similar assessments to ensure that the priority needs of partner centres are addressed.

Needs Assessment of Afghan Refugees

Two IRCT missions were conducted in February and March 2002 to identify the capacity and needs of the SACH – Struggle for Change rehabilitation centre in Pakistan, and to initiate a needs assessment survey to determine the rehabilitation needs of Afghan refugees living in Pakistan.

In collaboration with the IRCT and through the financial support of the Conrad N. Hilton Foundation, the Oak Foundation, and the Government of Norway, SACH conducted a survey of 477 randomly selected Afghan refugees living in three refugee settings – Haripur, Feshawar, and Islamabad.

The survey addressed levels of exposure to torture and trauma, present health status and functioning, needs and preferences for professional assistance in the coping process, and the resulting health effects. The interviewers, all of whom were Pashto-speaking, received training by the IRCT and SACH in interview techniques and basic trauma counselling prior to commencing, and all received debriefing at the end of each day.

A preliminary analysis of the questionnaires, which were processed by the IRCT, disclosed that more than 30% of the sample refugee population had been subjected to torture and more than 20% had witnessed acts of torture. The most common methods of torture to which interviewees had been subjected included beating, suspension, falsana, and electrical torture. Reported symptoms included recurrent nightmares and flashbacks, detachment from family and social environment, insomnia, sensory and visual disturbances, breathing difficulties, chest pain and loss of hearing. Forced relocation, together with the loss of family members, property and livelihood, were seen to compound the psychological trauma suffered through acts of violence.

The final analysis of the survey will provide authoritative data on the rehabilitation needs of Afghan populations, for the re-establishment of appropriate health services and programmes in post-conflict Afghanistan, and for recipient countries of Afghan refugees and asylum seekers. The survey also provides valuable knowledge on the health-related consequences of torture in non-selected refugee populations.

Training

During 2002, the IRCT conducted more than 25 training seminars or presentations at the IRCT General Secretariat. Participants included lawyers and prosecutors, immigration officers, humanitarian workers, human rights defenders, health professionals, public health and law students, and journalists from more than 50 countries worldwide.

Four training seminars targeted law enforcement personnel, in collaboration with the Danish Institute for Human Rights (DIHR). The IRCT presented eight training seminars, in cooperation with the Raoul Wallenberg Institute (RWI), Sweden, and the DIHR, where participants included representatives from national human rights commissions.

Training was provided by the IRCT on documentation tools and techniques developed by HURIDOCS as part of the DIHR’s International Course in Human Rights Documentation and the RWI’s ‘Advanced International Programme in Human Rights’. In addition, 14 internal IRCT training seminars were conducted to maintain the professional development of IRCT staff in areas such as training-of-trainers, debriefing techniques, and forensic documentation of torture.
The IRCT’s Advocacy and Information Programme aims to create widespread awareness and understanding of the problem of torture, the impact and consequences of torture, the rehabilitation needs of torture victims, and the prevention of torture.

Through campaigns, media, publications, and lobbying, the IRCT promotes shared responsibility for the eradication of torture and the rehabilitation of torture victims worldwide. In particular, the IRCT advocates for the responsibility of governments to prevent torture and to provide reparation when torture takes place. This work is made possible through the generous support of the European Union (EU), the Royal Danish Ministry of Foreign Affairs, and the Oak Foundation.

Together against Torture

On 26 June 2002, more than 50,000 people participated in events organised by 283 organisations in 95 countries, as part of the IRCT’s fifth consecutive global campaign, “Together against Torture”, to promote the empowerment of torture victims and the shared responsibility to stop torture. In 1997, the United Nations General Assembly proclaimed 26 June as the UN International Day in Support of Victims of Torture to promote “…the total eradication of torture and the effective functioning of the Convention against Torture…” (UNGA Res. 52/149, 1997).

A key focus of the 2002 campaign was the universal ratification and implementation of the UN Convention against Torture. The IRCT produced a special section on ratification as part of the 26 June Campaign Kit, which was used by many campaign participants to call upon their respective governments to comply with their international obligations to support victims of torture and to prevent future acts of torture from taking place.

Participants in the 2002 campaign included 90 rehabilitation centres, as well as torture victims and their families, unions, governments, UN agencies, health professionals, lawyers, diplomats, police, prison officials, journalists, and students. Events included peaceful street marches, candlelight vigils, representations to governments, seminars, workshops, prison and detention centre visits, school essay competitions, art exhibitions, and cultural events.

The IRCT made available at no cost a range of materials including campaign kits, press kits, essay competition kits, T-shirts, caps, pins, flags, and posters. Written materials were available in English, French, Russian, and Spanish and were published on the IRCT website, together with the planned events taking place worldwide.

Global Launch

The global campaign was launched in Copenhagen to commemorate the 15th anniversary of the entry into force of the UN Convention against Torture. Denmark was the 20th State Party to ratify, which brought the Convention into force on 26 June 1987. Speakers included former Prime Minister of Denmark, Poul Schlüter, whose government ratified the UN Convention against Torture on 26 May 1987, as well as the Head of the Human Rights Unit, Royal Danish Ministry of Foreign Affairs, Ambassador Tyge Lehman, IRCT Council Member and former President of the International Council of Nurses, Kirsten Stallknecht, and the IRCT Secretary-General, Dr Jens Modvig.

The IRCT was represented at three other special events on 26 June 2002. In Washington DC, USA, a statement was made from the IRCT President.
to ratify the UN Convention against Torture.

IRCT Secretary-General, Dr Jens Modvig (right), encouraged the Government of Pakistan at the conclusion of a mission to Pakistan, a press conference was held at which the Government invited the IRCT to present a project for a national torture prevention programme. The Moroccan Government invited the IRCT to present a project for a national torture prevention programme. Following the visit, the IRCT produced a report on the outcome of the visit:

\[\text{In Casablanca, Morocco, the IRCT Ambassador, Dr Inge Genefke, was interviewed by journalists during the IRCT mission to Morocco in June 2002, generating national coverage in major newspapers and television.}\]

**Global Ratification Campaign**

For the second consecutive year, the IRCT led a campaign for the universal ratification and implementation of the UN Convention against Torture, on behalf of CINAT. The IRCT called upon governments that had not yet ratified the Convention to do so. Governments were also encouraged to accept the full competence of the Committee against Torture, including receipt of individual complaints alleging violations of the Convention, and to review any reservations made at the time of ratification.

The campaign exceeded its target in 2002 for a minimum number of 130 States Parties to the Convention, with ratification by five UN Member States, taking the number of States Parties to 132 out of 193 UN Member States. President Jimmy Carter, Chair of The Carter Center, supported the IRCT’s campaign by writing to the Heads of State of India, Pakistan, Syria, the Bahamas, Thailand, Rwanda, Haiti, and Tanzania. The IRCT also established a partnership with the New Delhi-based Commonwealth Human Rights Institute to pursue ratification initiatives. In this connection, Kuldip Nayar, Member of Parliament in India, and His Excellency H.K. Dua, the Indian Ambassador to Denmark, visited the IRCT.

In late 2002, the IRCT approached all governments requesting declarations to be made on 10 December 2002 – the UN Human Rights Day, in support of the eradication of torture and the universal ratification of the UN Convention. In addition, the IRCT, together with the Raoul Wallenberg Institute in Sweden, developed a project to provide technical assistance to the Government of Uganda to facilitate Uganda’s first report to the UN Committee against Torture, which is outstanding since June 1988. The initial report by States Parties is particularly important, as it is often the first time that the principles of the UN Convention and the measures necessary for its implementation are considered in-depth by the national authorities.

**UN Optional Protocol**

The IRCT participated in the 10th meeting of the Working Group on the Draft Optional Protocol (DOP) to the UN Convention against Torture in Geneva in January 2002. The IRCT was a member of an international NGO coalition to lobby for the adoption of the DOP, which was formally adopted by the UN General Assembly in New York on 18 December 2002, to be open for signature and ratification from January 2003.

The Optional Protocol to the Convention envisages the creation of a Sub-Committee to the Convention, mandated to undertake regular visits to places of detention. Until the Optional Protocol, there has never been an international instrument that provides for both international and national visiting mechanisms to prevent torture in places of detention and it therefore signifies a very important development in the work against torture.

The IRCT updated the global network of centres on the progress of the Protocol, as rehabilitation centres are well positioned to offer their expertise, as well as qualified candidates, for the establishment of the associated national visiting bodies.
More than 2,500 people visited the UK Foreign and Commonwealth Office’s Open Day, held on 10 December 2002 – Human Rights Day. The IRCT participated with an exhibit on the work of the IRCT.

During 2002, the IRCT Exhibit featured at a range of events and venues. They included the global launch of the 26 June – Together against Torture campaign and the EU Human Rights Forum in Copenhagen, Denmark, the Goethe Institute in Brussels, Belgium, and the Foreign and Commonwealth Office’s Open Day on 10 December 2002 – UN Human Rights Day, in London, the United Kingdom.

The Journal Torture
In 2002, the IRCT produced two issues of its quarterly journal, Torture, which specialises in the medical aspects of the rehabilitation and prevention of torture. Each issue was sent to more than 6,000 subscribers in 151 countries. Articles addressed topics such as sexual torture, child victims of torture, and group therapy for victims of torture and organised violence. The number of issues produced in 2002 was reduced due to the review of the journal, with the objective of preparing the journal to be peer reviewed and indexed in major scientific databases. The results of the review will be implemented in 2003.

International Forums
In 2002, the IRCT participated in a range of international forums to increase international awareness of the work of rehabilitation centres and of the needs of torture victims. The IRCT has consultative status with the UN Economic and Social Council, the UN Department of Public Information, and the Council of Europe.

UN Commission on Human Rights
During the 58th session of the UN Commission on Human Rights, held in Geneva, Switzerland, in March-April 2002, the IRCT intervened under Item 11(a) Civil and Political Rights (Torture and Detention). The IRCT also submitted written statements to the Commission on Item 11(a) and 17 (Promotion and Protection of Human Rights). The IRCT drew attention to the special responsibility of the Commission to reaffirm the absolute prohibition of torture in view of the tendency of a number of governments to restrict civil and political rights or to legitimise the use of torture as part of the ‘war against terrorism’.

The IRCT Secretary-General, Dr Jens Modvig, participated in a parallel session on ‘Counter-Terrorism Measures: Implications for the Prohibition of Torture’, organised by the Coalition of International NGOs against Torture (CINAT). The IRCT successfully lobbied for inclusion of new elements in the Commission’s annual Resolution on torture specific to rehabilitation and to the protection of medical personnel engaged in the work, and the IRCT supported the adoption of the Draft Optional Protocol to the UN Convention against Torture. The IRCT also participated in the Delegation of the Danish Permanent Mission to the UN during the Commission.

European Union
A priority for the IRCT in 2002 was to draw attention within the EU to the rehabilitation needs of torture victims and to promote relations between rehabilitation centres and the relevant EU institutions. The majority of these initiatives were undertaken by the IRCT’s Liaison Office in Brussels, Belgium.

In February 2002, the IRCT contributed to the European Parliament 2001 Annual Report on human rights outside the EU, addressing the problem of torture in third countries. The IRCT also contributed to discussions regarding the implementation of the ‘Guidelines to EU policy towards third countries on torture and other cruel, inhuman or degrading treatment or punishment’. The IRCT’s recommendations were incorporated into the EU Council working paper, resulting in rehabilitation being recognised as a priority for the implementation of the guidelines.

In July 2002, the IRCT participated in the Advisory Board Meeting of the European Masters Degree in Human Rights and Democratisation, and in the E.MA Diplomatic Conference on relations between the EU and third countries. The conference focused on intercultural dialogue, human rights, and the fight against terrorism. In October 2002, the IRCT Secretary-General, Dr Jens Modvig, lectured on ‘Documentation and Prevention of Torture – The Istanbul Protocol’ to students of the Masters Programme.
IRCT welcomed the decision made by the Iranian held in Teheran, Iran, which addressed two topics, Human Rights Dialogue 1st Roundtable Meeting EU delegation on the occasion of the EU-Iran In December 2002, the IRCT participated in the experiences in exile. BZFO illustrated different aspects of their lives and 18-month photo project in which seven clients at Germany, and represented the culmination of an reception was held in the evening to promote the needs of asylum-seekers and refugees in Europe. The event was organised by the BZFO in Berlin, Germany, and represented the culmination of an 18-month photo project in which seven clients at BZFO illustrated different aspects of their lives and experiences in exile. In December 2002, the IRCT participated in the EU delegation on the occasion of the EU-Iran Human Rights Dialogue 1st Roundtable Meeting held in Teheran, Iran, which addressed two topics, ‘Discrimination’ and ‘Prevention of Torture’. The IRCT welcomed the decision made by the Iranian Government in late December 2002 to establish a moratorium on executions by stoning. The IRCT also met with the Organisation for Defending Victims of Violence (ODVV), which was established in Tehran in 1999. Also in December, the IRCT participated in the EU Human Rights Forum, which was held in Copenhagen, Denmark. On this occasion, the IRCT welcomed the adoption by the EU Council of Ministers of the Working Paper for the implementation of the ‘Guidelines to EU policy towards third countries on torture and other cruel, inhuman or degrading treatment or punishment’. This document provides the necessary tools to ensure that the issue of torture will be dealt with in all EU relations with third countries. Moreover, the IRCT was pleased to hear that the participants shared its concerns regarding the fact that, while working for the prevention of torture, the EU should ensure that the support to the victims remains a central element of the EU contribution to the fight against torture worldwide.

**Organisation for Security and Co-operation in Europe**

The IRCT participated in the Organisation for Security and Co-operation in Europe’s (OSCE) Supplementary Human Dimension Meeting on Preventing and Combating Violence against Women, held in Vienna, Austria, in March 2002. The aim of the meeting was to develop recommendations based on best practices across the OSCE region. The IRCT also participated in the OSCE Supplementary Human Dimension Meeting on Prison Reform in July 2002, in Vienna. The meeting addressed the question of prison reform to identify potential improvements in the OSCE region. Both meetings contributed to strengthened institutional collaboration between the IRCT, relevant participating NGOs, and the OSCE.

In September 2002, the IRCT participated in the annual OSCE Office for Democratic Institutions and Human Rights (ODIHR) Human Dimension Meeting, which is one of the largest human rights forums in Europe, attended by delegations and NGOs from the 55 participating states in the OSCE region. Two topics which were discussed in plenary included ‘Prevention of Torture’ and ‘Prison Conditions’.

The Royal Danish Ministry of Foreign Affairs and the IRCT hosted a side event, ‘Freedom from Torture: Prevention, Impunity, and Rehabilitation – joining forces with civil society’. Panelists included Ambassador Tjege Lehmann, Head of the Royal Danish Ministry of Foreign Affairs’ Human Rights Unit, Dr Jens Modvig, IRCT Secretary-General, Andres Lehmiets, First Vice-President of the European Committee for the Prevention of Torture, and Professor Malcolm Evans, Bristol University, United Kingdom. Ambassador Kirsten Biering, Danish Permanent Mission to the OSCE in Vienna, chaired the event, which was attended by more than 70 people. The IRCT was also a member of the Danish Delegation to the OSCE. In October 2002, the IRCT participated in a review of the Human Dimension Implementation Meeting, which was convened in Brussels by the EU Council Working Group on OSCE matters.

**Council of Europe**

In January 2002, the IRCT attended the Council of Europe (CoE) in Strasbourg, France, making interventions in a session on ‘The Aftermath of September 11: Investing in Democracy for a more Cohesive Society’, and participating in the annual NGO plenary and in a meeting of human rights NGOs. In March 2002, the IRCT participated in the CoE hearing on conditions in prisons and pre-trial detention centres in Europe. The IRCT also participated in the CoE working session for organisations of Central and Eastern Europe and in plenary sessions of the CoE throughout the year.

The European Social Charter of the CoE has a collective complaint mechanism that is useful for the monitoring of compliance by Member States with respect to their obligations in the health sector, including provisions on the right to health and the right to social and medical assistance. The IRCT advocated that over time rehabilitation services for torture victims should become an integrated part of national health systems. In some cases, CoE member states fail to meet their responsibilities and commitments in this respect.

**NGO forums**

The IRCT is a member of the Coalition of International NGOs against Torture (CINAT), comprising Amnesty International, the Association for the Prevention of Torture (APT), the International Confederation of Jurists (ICJ), the International Federation of Action by Christians for the Abolition of Torture (FACAT), The Redress Trust, and the World Organisation against Torture (OMCT). In 2002, the IRCT collaborated with CINAT member NGOs on issues such as urgent actions, the right to reparation, victims and witnesses support under the International Criminal Court, and the 26 June global campaign.

On 29 July-1 August 2002, the IRCT participated in a seminar organised by FACAT on ‘African Cultures and the Fight against Torture’, held in Dakar, Senegal. In October 2002, the IRCT hosted the Annual General Meeting of CINAT, at which the International Commission of Jurists was welcomed as a new member. The IRCT participated in the International Criminal Court Victims and Witnesses Working Group Meeting, which was hosted by The Redress Trust in London, the United Kingdom, on 6-7 December 2002.
### Statement of Financial Position

**as at 31 December 2002 and 2001**

<table>
<thead>
<tr>
<th>Assets</th>
<th>2002</th>
<th>2001</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>(EUR)</td>
<td>(EUR)</td>
</tr>
<tr>
<td>Institutional receivables</td>
<td>170,527</td>
<td>198,930</td>
</tr>
<tr>
<td>Other receivables</td>
<td>142,795</td>
<td>134,517</td>
</tr>
<tr>
<td>Loans to centres</td>
<td>7,687</td>
<td>7,687</td>
</tr>
<tr>
<td>Total receivables</td>
<td>321,009</td>
<td>341,134</td>
</tr>
<tr>
<td>Liquid assets</td>
<td>825,679</td>
<td>695,990</td>
</tr>
<tr>
<td>Total assets</td>
<td>1,146,688</td>
<td>1,037,124</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Liabilities</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Net capital as at 1 January</td>
<td>234,914</td>
<td>145,898</td>
</tr>
<tr>
<td>Net profit for the year</td>
<td>3,306</td>
<td>89,016</td>
</tr>
<tr>
<td>Net capital as at 31 December</td>
<td>238,220</td>
<td>234,914</td>
</tr>
<tr>
<td>Payables projects</td>
<td>557,888</td>
<td>346,558</td>
</tr>
<tr>
<td>Payables</td>
<td>350,580</td>
<td>455,652</td>
</tr>
<tr>
<td>Total payables</td>
<td>908,468</td>
<td>802,210</td>
</tr>
<tr>
<td>Total liabilities</td>
<td>1,146,688</td>
<td>1,037,124</td>
</tr>
</tbody>
</table>

All data at exchange rate DKK 1 = EUR 0.13470 (as at 31 December 2002)

### Statement of Activities

**For years ending 31 December 2002 and 2001**

<table>
<thead>
<tr>
<th>Income</th>
<th>2002</th>
<th>2001</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>(EUR)</td>
<td>(EUR)</td>
</tr>
<tr>
<td>Royal Danish Ministry of Foreign Affairs</td>
<td>1,431,156</td>
<td>1,421,085</td>
</tr>
<tr>
<td>European Commission</td>
<td>438,794</td>
<td>432,975</td>
</tr>
<tr>
<td>ECHO – European Commission Humanitarian Aid Office</td>
<td>2,552</td>
<td>531,415</td>
</tr>
<tr>
<td>UNVVFVT – United Nations Voluntary Fund for Victims of Torture</td>
<td>0</td>
<td>45,144</td>
</tr>
<tr>
<td>Oak Foundation</td>
<td>1,852,298</td>
<td>1,920,302</td>
</tr>
<tr>
<td>Support from other governments and institutions</td>
<td>680,137</td>
<td>91,836</td>
</tr>
<tr>
<td>Other grants</td>
<td>396,600</td>
<td>325,539</td>
</tr>
<tr>
<td>Sundry income</td>
<td>60,635</td>
<td>111,245</td>
</tr>
<tr>
<td>Total income</td>
<td>4,862,172</td>
<td>4,879,541</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Expenditures</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Rehabilitation and external capacity-building</td>
<td>2,588,305</td>
<td>2,344,641</td>
</tr>
<tr>
<td>Advocacy and information</td>
<td>1,482,167</td>
<td>1,430,277</td>
</tr>
<tr>
<td>Documentation and analysis</td>
<td>401,614</td>
<td>311,913</td>
</tr>
<tr>
<td>International coordination</td>
<td>90,543</td>
<td>248,884</td>
</tr>
<tr>
<td>Secretariat support</td>
<td>296,237</td>
<td>454,810</td>
</tr>
<tr>
<td>Total expenditures</td>
<td>4,858,866</td>
<td>4,790,525</td>
</tr>
</tbody>
</table>

Net profit of the year 3,306 | 89,016 |

All data at exchange rate DKK 1 = EUR 0.13470 (as at 31 December 2002)

Donor Acknowledgements • The OAK Foundation. Public donors: Royal Danish Ministry of Foreign Affairs • European Commission • European Commission Humanitarian Aid Office (ECHO) • Dutch Ministry of Foreign Affairs • Norwegian Ministry of Foreign Affairs • Swedish Ministry of Foreign Affairs • Danish Public Lottery Funds • OSCE – Office for Democratic Institutions and Human Rights. Other donors: Conrad N. Hilton Foundation • Vær Trauma Foundation • ICCO • Wilde Ganzen • International Renaissance Foundation • Elly Valborg og Niels Mikkelsens Fond • Åse og Ejnar Danielsens Fond • Augustinus Fonden • CO-Industri • Dansk Sygeplejeråd • Danske Fysioterapeuter • Fabrikant Mads Clausens Fond • Frihedskamps Veteraner • Frimodt-Heineke Fondene • Gøra Laustens Fond • Blum Fonden • Knud Højgaards Fond • Konsul George Jorck og husstru Emma Jorck's Fond • Lærerstandens Brandforsikring • Politikens Fonden • Rockwool Fonden • Skandinavisk Tobaksfond og Kevorkianovits Foundation Gavefond • Sonja and Bøye Germundsen • and several hundred private donors ...

The financial data included in the 'Statement of Financial Position' and in the 'Statement of Activities' are identical to the data included in the official Annual Accounts of the IRCT for the year 2002, converted into EUR from DKK.

The accounts of the IRCT are audited by Deloitte & Touche, state-authorised public accountants.
IRCT Council

Executive Committee
- Mana Pinicou-Kalli, MD, PhD
- IRC President, Medical Director of IRCT, Greece
-Defined
- Ulrik Kraghansen, MD, Psychiatrist
- IRC Vice-President, Chairman of IRC, Denmark
- Christian Groot, MD
Medical Director of IBFRO, Germany
- Anthony P. Reeler, Psychologist
Clinical Director of the AMANDA Trust, Zimbabwe
- Bhogendra Sharma, MD
Medical Director of CVICT, Nepal
- Kirsten Stakkemich, RN
Former President of ICN, Denmark

Council Members
- Arno Asdossou, MD, Psychiatrist
Executive Director of MRT, Estonia
- Oken Akhan, MD, Professor
Former Secretary-General of HRF, Turkey
- Juan Almendares, MD
Executive Director of CPRT, Uruguay
- Ana Apsite, MD
Medical Director of SMRC, Latvia
- Keith Armstrong
Hon. Director, The Redress Trust, UK
- Camelia Costin, MD
Medical Director of ICAR, Romania
- Semjon Gluzman, MD, Psychiatrist
Director of IRC, Ukraine
- Abdel Hamid Afana
Director of GCMHP, Palestine
- Anders Buhelt, LLM, EMA
Director of TCSVT, South Africa

IRCT General Secretariat

Office of the Secretary-General
- Jens Modig, MD, PhD
Secretary-General
- Inge Genelke, MD, DMSc hc
IRCT Ambassador
- Henrik Marcusen, MD, DMSc
Senior Medical Consultant (part-time)
- Henrik Naslund, MD, DMSc
Senior Medical Consultant (part-time)
- Lisa Thynge
Assistant

Liaison Office Brussels
- Caroline Pincemin, LLM
Liaison Officer
- Nga Tang
Liaison Assistant

Centre Support and Development
- Anton Peterkeno, MA, MPhil
Head of Centre Support and Development
- Stefaan Jankowicz, MD, EMA
Assistant to the Head of Centre Support and Development
- Anders Ruhe, LLM, EMA
Programme Co-ordinator, Latin America and the Caribbean

Research and Education
- Kristine Amm, MD
Head of Research and Education
- Ida Runa Pedersen
Executive Assistant to the Head of Research and Education
- Julie Reventlow
- Michael Brock Sternberg

Advocacy and Information
- Szu Clark, MLegSt
Director of Advocacy and Information
- Lars Thysen
Executive Assistant to the Director of Advocacy and Information
- Lone Gulliver Curtis, MSc
Publications Officer (part-time)
- Paul Dalton, BA, LLB
Institutional Relations Co-ordinator
- Britt Keson, MA
Publications Officer
- Dea Kopp Jensen, MA
Information Officer (on leave from 30 July 2002)

Student Assistants (part-time):
- Nils Rune Christensen

As of 31 December 2002

The People behind the IRCT
How to Support the IRCT

Securing the necessary funding for the rehabilitation of torture victims remains one of our greatest challenges.

Through the extraordinary efforts of health professionals worldwide, thousands of torture victims have been rehabilitated and wide-ranging prevention activities have been implemented. However, the work of many centres continues to be under threat due to limited funds.

The rehabilitation of torture victims is a long-term commitment. The recovery of torture victims is greatly impaired if treatment is suspended due to funds being exhausted. Moreover, there are still many parts of the world where treatment or support is not available for victims of torture and their families.

Donations to the IRCT can be made:

By credit card
Please visit the IRCT website (www.irct.org) to make a credit card donation.

By cheque
Please send a cheque payable to the IRCT and post it to:
International Rehabilitation Council for Torture Victims
Borgergade 13
P.O. Box 9049
DK-1022 Copenhagen K
Denmark

By bank transfer
Our account details are as follows:

Danske Bank
Holmens Kanal Branch
Holmens Kanal 2
DK-1090 Copenhagen K
Denmark
S.W.I.F.T. DABADKKK

USD account:
Registration No.: 3001
Account No.: 4310-005029

DKK account:
Registration No.: 3001
Account No.: 4310-821152

EUR account:
Registration No.: 3001
Account No.: 3785-041941

Thank you for your support.