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The past year reaffirmed that the movement for the rehabilitation of torture victims is strong. Whether it was the distribution of sub-grants to more than 30 rehabilitation centres, the training of hundreds of health and legal professionals working within challenging contexts or advocating for victims’ right to rehabilitation, all IRCT members invested significant energy and resources in the furtherance of their global agenda.

Our movement is growing. In 2015 we welcomed nine new members from across the world. Providing a wide range of services to victims of torture, these nine centres have made an enormous difference to thousands of victims for many years. We are therefore confident that each one of them will help strengthen our movement through collaboration, peer support and knowledge sharing, which are all key to the sustainability of our network.

Our movement is ambitious. In 2015 we continued to support and build initiatives that will develop the research and clinical data we need to evidence our work. The Data in the Fight Against Impunity Project (DFI) saw the production of the first periodic data sets on torture by the partner centres, which is an important part of promoting accountability, prevention and rehabilitation of torture survivors.

Unfortunately, the challenges that we face are also extreme. Torture remains a serious problem in many countries: We have seen how the absolute nature of the prohibition has suffered from oversimplified political narratives, a lack of understanding by the general public and the reluctance of some states to maintain it as a priority in public policy. In the face of these challenges, there continues to be a great need for enhanced exposure of the horrifying damage caused by torture, and for investigation and documentation. In close collaboration with the Independent Forensic Expert Group (IFEG), we provided specialised and independent assessments and examinations of torture victims, supporting them in documenting torture cases and bringing them to court.

Our movement was created in the understanding that centres become stronger when working together with a global objective, a global voice and a joined capacity to act. Never have such principles been more important than today, when many IRCT are at risk of violence, closure by hostile governments or failure due to financial constraints. During 2015 all IRCT members have worked hard to provide the movement with the muscle and the energy it needs to protect its more vulnerable members.

To our members: We thank you for your trust and look forward to continuing to work together. To our partners, allies and supporters: We hope that this report is satisfying evidence of the strength of our resolve to work with utmost efficiency and effectiveness. We look at the balance of the year with the satisfaction of knowing that all of us remain committed to the common mission of furthering the right to rehabilitation for every torture victim in the world and, ultimately, to a world without torture.
ABOUT THE IRCT

As a network of 153 torture rehabilitation centres across 76 countries, the IRCT is the world’s largest membership-based civil society organisation working in the field of torture rehabilitation and prevention.

Its key distinctive feature lies in a holistic health-based approach to torture rehabilitation. In addition, the organisation defines itself as private, non-partisan, and not-for-profit, as well as being governed by democratic structures.

The IRCT’s diverse membership shares three common characteristics; each member is a legally independent organisation that is rooted in civil society; each provides services to at least 50 torture victims annually; and each is committed to sharing its experiences throughout the IRCT and beyond.

IRCT member centres stem from all regions of the world. Given the very nature of the organisation, some of these centres may be newly established, small or fragile from an organisational perspective, while others have long trajectories of public service, appropriate budgets and solid funding structures.

Together the movement is effective in fighting torture across the globe. The core strength of the movement stems from a triad of values: Solidarity, Equality and Democracy.
THE IRCT MEMBERSHIP

153 Members in 76 Countries
2015 IN BRIEF: KEY EVENTS AND ACHIEVEMENTS

Increasing victims’ access to treatment in the Great Lakes region

The IRCT has provided much needed capacity building to six rehabilitation centres, enabling the medical treatment of nearly 3,000 persons through a new referral system. While the project has now been concluded, its long-lasting impact on local communities is clear. More than 100 community-based social counselling groups are now in existence and 2,900 people provide for their families after participating in income generating groups.

Improving monitoring and accountability on right to rehabilitation

The IRCT worked with the UN Committee against Torture to ensure enhanced monitoring and pressure on states to implement the right to rehabilitation. This, coupled with a new initiative for IRCT members to systematically monitor their national situation, has established a platform for change where international monitoring and national implementation will go hand in hand.

Rehabilitation database: Evidencing the work of the movement

By launching a new database model under the Data in the Fight Against Impunity Project (DFI) and producing the first periodic data sets on torture by the partner centres, the IRCT and its project partners have taken an important step towards supporting accountability, prevention and rehabilitation of torture survivors.

New tool for interacting and linking with the membership

In 2015, with the introduction of the new members’ site, the IRCT did not only enable members to interact, support and build relationships with each other, it also acquired a tool to improve communications between members and the Secretariat, and to better understand the diversity of the movement’s challenges and strengths.
Drawing worldwide attention to virginity testing as a gross violation

The IRCT drew worldwide attention to a serious human rights issue when it published an open letter to the delegates of the World Congress on Military Medicine in Indonesia, urging them to reject the practice of virginity testing by military medical professionals as a gross violation of women’s rights. The open letter caught the attention of international news outlets, such as the BBC, Washington Post, and Huffington Post, and also resulted in significant public pressure on Indonesia to abandon its practice of virginity testing.

Supporting victims of torture through documentation and investigation

Together with the Independent Forensic Expert Group (IFEG), the IRCT continued to successfully leverage its health-based knowledge on investigation and documentation of torture to support victims across the world. Among its achievements in 2015, the IRCT successfully intervened in the case of Ms Yecenia Armenta Graciano who confessed to the murder of her husband after being tortured by police in Mexico. After thorough and unbiased assessments by two IFEG experts, a judge in the State of Sinaloa ruled that Ms Graciano’s confession could not be used as evidence in the case as it was obtained through torture.

26 June

This year’s 26 June campaign saw close to 90 rehabilitation centres and human rights organisations across the world come together to commemorate torture victims and support torture survivors, while promoting the theme “R2R - Right to Rehabilitation Now!”. Through the global campaign, the IRCT has once again raised worldwide awareness about the need for rehabilitation.
The past year has been both rewarding and challenging for an IRCT membership that provides a wide range of services to victims of torture around the world. Member centres in more than 70 countries continued to help thousands of torture victims rebuild their lives. However, for some members serious issues, such as inadequate funding or political persecution, reflected the challenging environment in which they operate. The IRCT provided support to these members throughout the year and reaffirmed its commitment to the membership by distributing more than 30 sub-grants to rehabilitation centres, welcoming nine new centres and rolling out the new members’ site. This site in particular will play an important role in fostering knowledge sharing and collaboration between members – something that the IRCT believes is vital to achieving the full implementation of the right to rehabilitation for torture victims.

First year of the new Strategic Plan

The movement’s two key strategic objectives for the next five years are to become a leading hub of global knowledge on health-based rehabilitation and to lead global consensus-making processes on the right to rehabilitation’s contents, scope and standards.

2015 was the first year of the IRCT’s new Strategic Plan, in which the organisation aims to ensure that victims of torture have access to the rehabilitation they are entitled to. Acknowledging the work of each IRCT member and the importance of a sector-wide approach, the organisation placed great emphasis on collaboration and unity across the rehabilitation movement to address challenges ahead. Knowledge sharing and evidencing the work of the movement were key priorities during the year. This was clearly reflected in the development of the IRCT members’ site and projects such as DFI, as well as the many trainings for health and legal professionals carried out by the IRCT.

Members in focus

Assisting members at risk

Many IRCT member centres continue to operate in difficult, or even hostile, environments. They have reported a number of threats and risks to do with safety and security, little or no access to funding and other kinds of restrictions.
Among the members operating at great risk in 2015 was Russian member the Committee Against Torture (NGO CAT), now registered as the Committee to Prevent Torture (CPT). In June 2015 the centre had its furniture, computers and files destroyed by a group of men who broke into its office. Staff managed to escape through a window. The break-in followed a string of brutal attacks, including an arson attack, against the organisation. The IRCT immediately called for a proper investigation into the attack and for proper protection of human rights defenders in Russia.

Also in 2015, another member centre, The Human Rights Foundation of Turkey, was fined by the country’s Social Security Institution due to an alleged administrative irregularity. Despite demonstrating no irregularities through official records and other strong evidence, the centre was fined approximately 30,000 Euro.

It is a key priority for the IRCT to support members like CPT and the Human Rights Foundation of Turkey. The organisation continues to monitor these and other situations closely to ensure that it is ready to provide support when needed.

Welcoming new members

In 2015 the IRCT welcomed nine new member centres from across the globe. The new centres are from Australia, Bosnia and Herzegovina, the Democratic Republic of Congo, India, Iraq, Israel, Pakistan, the Republic of Korea and the US. They are all not-for-profit rehabilitation centres that provide, as a minimum, rehabilitation services to 50 torture survivors per year.

In Australia, Overseas Services to Survivors of Torture and Trauma Ltd was founded in 2013 with the aim of providing counselling and support to asylum seekers and refugees on Nauru and Manus Island. The centre also provides training to other service providers and education to local host communities on understanding and responding to the needs of torture and trauma survivors.

The Association of Concentration Camp – Detainees in Bosnia and Herzegovina was founded in the aftermath of the country’s war during the early 1990s. The organisation provides psychological, medical, social, informational, emotional and legal support to former concentration camp detainees and their families. The organisation also actively works to find missing persons and gather facts about war crimes committed in the camps.

Founded in 2001 by a group of concerned citizens, Regroupe ment Des Mammans De Kamituga in the Democratic Republic of Congo supports survivors of sexual violence with medical care and psychosocial counselling. The organisation also advocates for the social reintegration of the victims and provides them with income-generating means in order to raise their status in their families and communities.

Based in India, People’s Vigilance Committee on Human Rights is a membership-based human rights movement that is fighting caste discrimination and working to ensure basic rights for marginalised communities and groups in Indian society. Among these groups are the Dalits who are at the bottom of the caste system and despite laws to protect them, still face widespread discrimination in India.

Wchan Organization for Victims Human Rights Violations - Trauma Rehabilitation and Training Center is a Kurdish-Iraqi independent human rights organisation that works to oppose human rights abuses related to torture, genocide, war and gender-based violence.

Aid Organization for Refugees and Asylum Seekers in Israel was founded in 2007 with the aim to help refugees and asylum seekers in Israel. This includes providing advocacy and support
to those in need who are now living in the country without status or access to basic human rights.

As a response to ongoing human rights violations, detention related abuses and gender-based violence in Pakistan, a group of human rights defenders founded Human Development Organization in 2004. The centre, which is a rights-based, non-religious and non-governmental organisation treated more than 200 clients in 2014.

The IRCT’s first South Korean member the Gwangju Trauma Center was founded in 2012. The centre started out by providing group treatment, family treatment, individual counselling, art therapy, and physiotherapy, but later expanded its range of services to include dream-work therapy, photo therapy and moving therapy.

Finally, Boston Centre for Refugee Health and Human Rights in the US grew out of the International Mental Health Program established in 1995. The centre offers a wide range of rehabilitation services and is also a member of the National Consortium of Torture Treatment Programs (NCTTP), which exists to advance the knowledge, technical capacities and resources devoted to the care of torture survivors living in the US.

Facilitating interaction between members through online network

Interaction and instant information sharing between IRCT members is key to understanding the diversity of the movement’s challenges and strengths.

The IRCT members’ site, which was rolled out during 2015, provides a unique opportunity for doing exactly this by letting members share important data and information with each other.

AUSTRALIA: PROVIDING COUNSELLING AND SUPPORT TO ASYLUM SEEKERS IN OFFSHORE DETENTION

In 2012 members of the Forum of Australian Services to Survivors of Torture and Trauma (FASSTT) established Overseas Services to Survivors of Torture and Trauma (OSSTT) to provide counselling and support to asylum seekers detained in Australian-run offshore processing facilities on Nauru and Manus Island. OSSTT was set up on the premise that while FASSTT does not support the detention of asylum seekers and will continue to advocate against it, it is important to ensure that torture survivors being held on Nauru and Manus Island have access to the same supports available to those in Australia.

Two small teams of counsellors drawn from FASSTT agencies across Australia have been working in extremely challenging conditions since early 2013. OSSTT has been able to successfully provide independent, safe, private and confidential counselling and support to survivors on both islands, utilising a holistic, trauma-informed recovery model with an overall focus on building strength and resilience. It has also provided regular training to detention centre staff, including guards, on the impact of torture and the needs of torture survivors.

In 2015 OSSTT provided services to a total of 564 survivors.

“I feel a little bit better after I talk. The problems are always there but it is better when you talk about them with someone.” OSSTT client
La Luz Grants 2015 — €200,000
Amount granted in Euro per region

<table>
<thead>
<tr>
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<tbody>
<tr>
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<tr>
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<td>€17,500</td>
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OAK Grants 2015 — €234,500
Amount granted in Euro per region

<table>
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</tr>
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<tbody>
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<tr>
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</tr>
<tr>
<td>EUROPE</td>
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The site is the rehabilitation movement’s take on a social network - complete with member profiles, a news and updates section and instant messaging functions. Promoting knowledge sharing and insight into what is going on around the world, it also includes an overview of each country and region and the work that local rehabilitation centres are undertaking.

The IRCT believes that this not only promotes knowledge sharing across countries and different contexts, but also leads to a stronger and more united membership. The IRCT hopes that as the site continues to grow, the movement will see an increase in exchanges of data and information between members.

By the end of the 2015, more than half of the membership had accessed the site and activated their profile. Work will continue in 2016 to develop the site further and activate other functions, such as discussions and external presentations of key data from the membership.

Providing financial support to members through sub-grants

In 2015 the IRCT distributed 434,500 Euro through OAK and La Luz grants to 34 rehabilitation centres in Asia, Europe, Latin America (LAC), MENA and Sub-Saharan Africa (SSA). The grants distributed ranged from 5,000 to 25,000 Euro.

Of the grantees, 80 percent were members of the IRCT. As in previous years, the amount requested far exceeded the amount available, as rehabilitation centres are facing increasing financial constraints. Unfortunately, disbursement of funds once again proved complicated in a number of cases, due to the growing restrictions applied in some countries on non-governmental organisations receiving funds from abroad.

Despite these challenges, the IRCT is reminded each year of the tremendous difference these sub-grants make for torture victims across the globe. Reports received in April 2015 show that the 2014 grants contributed to the treatment of more than 18,000 torture victims with an almost equal number of women treated compared to men. Over 20 percent of the clients were children.

The clients and types of treatment reflected the diversity of the centres. A large number of victims were treated by centres in Sub-Saharan Africa while others received intensive therapy at centres in Mexico and Honduras. The grant also contributed to outreach facilities in Bosnia and Herzegovina, Lebanon and Turkey and allowed a centre in Sri Lanka to put into practice training they had received thanks to another funding source. The grant was important to centres as a means of funding core activities, including the purchase of equipment and medicines and payment of clinical staff.
In Sri Lanka, sub-granting has allowed IRCT member centre Survivors Associated to empower hundreds of disadvantaged women. Many of the centre’s female clients live in rural areas and only have a basic level of education. This prevents them from accessing well paid jobs, while having to care for their families and homes excludes them from seeking external livelihoods.

Thanks to sub-grants, Survivors Associated have been able to provide the women with vocational training, enabling them to commence and continue micro enterprises in their homes.

Not only do these basic entrepreneurship empower women financially, they also build their self-confidence after years of abuse and torture.

As part of Survivors Associated’s Livelihood Programme, two women were given a cow each to help them and their families financially. One of the women is a widow, while the other was abandoned by her husband.

Other women received self-employment training - earning a small income – while one woman received training on how to cultivate mushrooms to help her generate an income to support her family.
In 2015 the IRCT successfully completed key initiatives that have resulted in increased access to rehabilitation services for torture victims, in particular in the Middle East and North Africa (MENA) and Great Lakes regions. Through regular training activities, the IRCT continued to develop the capacity of members to ensure they possess the means to provide appropriate services to torture victims. These trainings included effective medico-legal documentation for victims of torture and ill-treatment. Also, a manual containing guidelines and recommendations for setting up, running and maintaining a rehabilitation centre in specific settings was created.

**Health-based training**

In 2015, the IRCT continued its work to enhance the capacity of centres and strategic partners to conduct forensic, medical and psychological investigation and documentation of torture and ill-treatment. This was done through the organisation of or participation in events across the world, reaching approximately 400 health, legal, government and civil society stakeholders in places such as Libya, Israel, Thailand, Armenia, Georgia, Kenya and Mexico.

Each event contributed significantly to victims’ access to reparations and rehabilitation by promoting full implementation of the Istanbul Protocol (IP) and by sharing the IRCT’s health-based knowledge on the investigation and documentation of torture.
ARMENIA AND GEORGIA: TRAINING OF TRAINERS ON THE ISTANBUL PROTOCOL

Following a training held in 2014 on IP documentation, in 2015 the IRCT hosted a training of trainers for a select group of previous trainees from Georgia, Kyrgyzstan, Armenia, Tajikistan, Azerbaijan and Chechnya. The 40 participants from across the region learned to give IP trainings. The training has enhanced the participants’ work in their national contexts, including in trainings and other events.

Also in 2015, the IRCT conducted a two-day IP training in Yerevan for 30 participants, including government forensic experts. As a result of the training, some of the participants have formed their own mental health clinic providing rehabilitation, including to torture survivors and, with the encouragement of the IRCT and its centres, have begun to provide forensic psychological evaluations according to the IP.

MEXICO: TRAINING OF NEW FORENSIC NETWORK

In 2015, as part of a one-year project together with Amnesty International and Colectivo Contra la Tortura y la Impunidad (CCTI) to develop a national forensic network in Mexico, the IRCT oversaw a three-day IP multidisciplinary training for a group of 30 medical, mental health and legal professionals.

Following the trainings, the documentation teams have been conducting IP evaluations across Mexico. The IRCT and the Independent Forensic Expert Group (IFEG) are mentoring the group and will review a select number of the medico-legal reports (MLRs) produced by the group.

ISRAEL: TRAINING TO DOCUMENT TORTURE

In February 2015 the IRCT oversaw and participated in a five-day multidisciplinary joint Israeli-Palestinian group training on how to give effective trainings on the IP. The training included approximately 20 participants forming the Public Committee Against Torture in Israel (PCATI) forensic network and follows several years of collaboration between the IRCT and PCATI to train these professionals in IP documentation and mentor their documentation work. The participants were trained on how to provide training on IP and strengthen their group cooperation and dynamics. PCATI has since conducted several successful IP trainings throughout the region, further spreading knowledge and skills as well as changing attitudes on torture.
FROM THE BLOG: HOW NGOS ARE SUPPORTING REFUGEES IN SERBIA

“I have an image in my head of a 16-year-old Afghan boy, who is travelling alone. He was beaten by ISIS on the border of Iran and Pakistan. He has just 26 Euro and a ruined pair of shoes. I keep thinking about that boy. How is he going to pass through two or three more countries without money?”

Bojana Trivuncic has many similar stories that have stayed with her. She has been working as a psychologist with the International Aid Network (IAN) Mobile Team Unit, along with a medical doctor, nurse and field manager since July, dealing with some of the many refugees that pass through Serbia in less than 24 hours.

As there are now just a small number of refugees in Belgrade, the Mobile Team Unit makes the four-hour round trip to the border each day.

“At the moment we are working with refugees at the Berkasovo-Babska border crossing. At the beginning we worked in a park in Belgrade, which was the biggest informal gathering place of refugees, and in Principovac, a refugee shelter near the Croatian border.”

While many organisations provide medical and legal aid to refugees, IAN is the only one providing psychological support.

“Some of them were tortured in the country of origin and during their transit in Iran and Bulgaria. In Syria for example, many refugees were tortured in some kind of prison by members of President Bashar al-Assad’s regime. The methods are brutal. Many of them told me that they were tortured with electro shocks. In Afghanistan, many refugees were tortured by ISIS or the Taliban,” explains Bojana.

It is clear that these refugees need rehabilitation services, but for the time being their focus is on getting to safety and on starting a new life, particularly as winter starts to close in.

“They are helpless, looking for a better life, frightened that they are going to be returned (Afrghans) or that Germany is going to close the border. They have only one wish, to continue with their journey and to reach an EU country,” says Bojana.

“When basic needs are not satisfied, like food, clothes and shelter, a person cannot deal with emotions or trauma. For me it is ok to be there for them, to help them with their basic needs, and of course to be there for them if they want to talk, to share their problems and traumatic experiences, and to calm them if they are fearful.”
Addressing Unmet Needs

Transferring knowledge and skills to health and legal professionals in Libya

On 31 January 2015 the IRCT successfully completed the project “Support for Torture Victims and Victims of Enforced Disappearance in Libya, and Advocacy for Effective Protection from Torture”. Prior to the completion of the project, a series of capacity building activities were carried out in the form of two formal training courses and a jointly organised study visit.

The training sessions were built on the expertise of other IRCT members in the region, drawing on peer support and exchange. The first training focused on delivering rehabilitation services to victims of torture, while the other training sought to train the participants in using the IP when assessing and reporting on victims of torture.

Despite all challenges, the project has contributed greatly to the future of combating torture in Libya and promoting the approach of holistic rehabilitation services for torture victims amongst authorities and decision makers.

The project has succeeded in improving the clinical, public health and legal knowledge and skills of 175 health care workers and advocates, and provided them with the requisite competencies to not only deliver good services to torture victims in the future, but to also act as change agents who catalyse and instil human rights ethics and values.

In continuation of the project, a new programme for rehabilitation has been established to provide access to holistic rehabilitation and justice for torture victims in Libya.

The project, financed by the European Commission (95 percent) and the IRCT (five percent), started in 2012 as a joint venture between the IRCT and the World Organisation Against Torture (OMCT).

Providing guidelines on setting up and running a rehabilitation centre

As part of the project in Libya, the IRCT and its project partners produced a new manual, ‘Establishing and Operating Rehabilitation Centres for Victims of Torture and Organised Violence’ in 2015. The manual provides guidelines on organisational and therapeutic procedures applicable to Libya, MENA and beyond.

Written in Arabic, the manual is made up of 10 chapters, which include guidance on capacity development; developing protocols for treating torture victims, emergency management and functional referral systems and monitoring and evaluation.

While the focus is primarily on the Arabic speaking region, the IRCT expects that the manual will also be relevant for other regions and there is a summary of each chapter in English at the end of the manual.

Improving the lives of thousands in the Great Lakes region

In 2015, the IRCT successfully completed its Great Lakes Project, which has strengthened local initiatives to support torture victims and increased victims’ access to rehabilitation services through a new referral system.

Over four years the project supported the collaboration between six rehabilitation centres in Burundi, the Democratic Republic of Congo and Rwanda. The project led to a number of wide-reaching achievements including the establishment of more than 100 community-based social counselling groups across the three countries. These initiatives have given participants a unique platform to meet and share their experiences with friends and neighbours.

Another important outcome was the many income-generating groups that reached nearly 3,000 people. The participants of these groups can now provide for their families.

The six centres also collaborated with medical institutions, community workers, victim associations, local and international NGOs, as well as local authorities to introduce a medical referral system, through which almost 3,000 torture victims received medical treatment. In addition, more than 1,500 people received a combination of legal, psychological and psychosocial support and 28 cases supported by the centres were brought to court.

Available in English and French from www.irct.org
The rehabilitation centres that took part in the project are Uyisenga Ni Imanzi and ARAMA in Rwanda, Solidarité et Actions pour la Paix – Grands Lacs (SAP-GL) in Burundi, Regroupement des Mamans de Kamituga (REMAK), Amies des Victimes des Violations de Droits Humains (AVVDH) and Fédération des Femmes pour le développement Intégral au Congo (FEDICONGO) in the DRC.

The project was funded by the European Commission (75 percent) and the La Luz Fund (25 percent).
I was working on my fields when they raped me. I was beaten and left to die. It was too difficult for me to return to the fields, and so I couldn’t be responsible for my family. I was not considered a person anymore by the community, everyone was talking bad about me at me and blaming me for what happened. AVVDH took care of me and brought me to a hospital in Uvira. When I returned to the village they supported me to work again and re-assume my life. Those people who pointed fingers at me are now the first to come and ask for my advice.”

S.W, 70 years old, South Kivu, the Democratic Republic of Congo (DRC)

They approached me in order to refer complicated cases of physical violence, including sexual violence. In July 2013, we signed a cooperation agreement. Until now, SAP-GL has transferred 45 cases, including 32 cases of torture and 13 of sexual violence. All cases needed reparatory surgery. Our cooperation proved to be extremely fruitful. Because of this project, patients receive full care. Moreover, while working with SAPGL we realised the importance of psychological and psychosocial support. Thanks to SAP-GL, two hospital employees participated in a training on community-based social counselling, and we created a psychosocial follow-up unit at the hospital.”

Dr. Ernest Kilunga, Head surgeon and gynaecologist, Rushubi Hospital, Burundi about IRCT member centre in Burundi SAP/GL and its use of the new referral system.
Developing research and clinical data is vital to allow the movement to inform its practice with evidence. The importance of fostering research in delivering the right to rehabilitation and establishing system-wide clinical record systems was clearly reflected in the activities carried out under the Research Development chapter in 2015. These included preparations for the global Scientific Symposium, which will take place in Mexico City in 2016 and the publication of two issues of Torture Journal. Among the key accomplishments achieved in the past year were a number of successful activities in relation to the Data in the Fight Against Impunity (DFI) project and the global 26 June campaign, which focused on the right to rehabilitation.

Evidencing the work of the movement

The Data in the Fight Against Impunity (DFI) project is at the heart of the research development strategy of the IRCT. The overall aim of the project is to contribute to the fight against impunity and to evidence the need for delivery of the right to rehabilitation using data gathered from survivors of torture to support accountability, prevention and rehabilitation of victims of torture and other cruel, inhuman or degrading treatment or punishment.

The project continued to gain momentum in 2015, with the launch of the clinical database in March 2015. The result of the collaboration of 12 phase one rehabilitation centres from around the globe, the database enables centres to collect clinical data and integrate the documentation of torture at all stages of the rehabilitation process.

In 2015 the number of centres using the database grew from 12 to 32 in August, when 20 phase two centres joined the project.

By the end of the year phase one partners were regularly issuing reports summarising the data held in their clinical records to show patterns in torture, including who is tortured, perpetrators, places where torture takes place, the methods and forms of torture and rehabilitation needs. The new implementing centres will begin producing reports in 2016.

Communications and advocacy are key elements of the DFI project and the project partners received training on how to identify the most effective tools that will enable them to work towards achieving whatever change they want to make in their context.

2015 also saw progress made in identifying key objectives for the participating centres’ national strategic plans on how to use the DFI data to evidence their demands for an end to impunity.

Partners in the DFI project are now becoming leaders in the field, strengthening their roles as resources in the sector and supporting other centres in their regions.

The Data in the Fight Against Impunity (DFI) Project is a three-year project funded by the European Commission and from a Danish foundation.

The DFI project has given us a more structured way to collectively fight impunity at a global level using data.”

Jasper Ukachukwu, Programme Manager, Social Development & Rehabilitation at PRAWA
IRCT Annual Report 2015

Documenting the state of the right to rehabilitation

The IRCT has firmly established the right to rehabilitation in the global human rights agenda. In 2014, the IRCT adopted a policy on the Right to Rehabilitation, which declared, in accordance with General Comment No. 3 of the Committee Against Torture (CAT) that, “states have an obligation under international human rights and international humanitarian law to ensure that victims of torture and ill-treatment have free and prompt access to rehabilitation services.” Having reached this milestone, the next challenge is to ensure this entitlement is actually delivered. An important part of this is to develop a set of indicators at local, regional and global level that will be central to communicating the current state of play and necessary to inform advocacy approaches.

In 2015 and as part of this strategy, the IRCT began its pilot initiative to support members in developing their own national advocacy work based on annual country assessment reports. The organisation facilitated the collaboration between 11 IRCT members to jointly develop a common framework for producing annual country assessment reports. The agreement between the 11 members will become the basis for production of annual country assessment reports and national advocacy activities during 2016.

Delivering on the promise of the right to rehabilitation

In 2015 the IRCT, together with Mexican rehabilitation centre Colectivo Contra la Tortura y la Impunidad, began preparations for its 10th International Scientific Symposium, which will take place in Mexico City, Mexico, in December 2016.

Titled “Delivering on the promise of the right to rehabilitation” the Symposium is the first global event to look in detail across disciplines at how to deliver on the promise of the right to rehabilitation for torture victims as set out in the Convention against Torture. It is a unique opportunity for the global torture rehabilitation sector to come together to exchange experiences and research on developments in the rehabilitation of survivors of torture.

The Symposium is part of the 2016 IRCT General Assembly, which will bring all members together to further the work of the movement.

During the year the IRCT launched its Symposium website, and a call for abstracts generated an overwhelming response of over 200 submissions from both within the movement and from academia.
Communications

Torture Journal

The past year marked a year of transition for the Torture Journal as it began its process of renewal by establishing new terms of reference for its editorial leadership and direction. Plans were made for a relaunch of the journal in 2016, as well as for the recruitment of an Editor-in-Chief, a renewed editorial board, a peer reviewer roster and the adoption of an online article submission system.

During the year, two issues were published, covering a wide range of issues, including the use of paraprofessionals in countries where there are not enough psychologists or psychiatrists, the geographical distribution of torture and the challenges of using ECCC Victim Information Forms in post-Khmer Rouge Cambodia.

The first issue also saw the important publication of a statement made by the Independent Forensic Expert Group (IFEG) giving their opinion on virginity testing, namely, that it constitutes cruel, inhuman and degrading treatment and may amount to torture in certain circumstances.

In the second issue, readers were presented with data from 9,025 torture survivors recorded over a six-year period in the US, collected by the member centres of the National Consortium of Torture Treatment Programs and intended to inform future programmatic and policy decisions, amongst other things.

Both issues were distributed to over 2,000 subscribers in 116 countries.

Maintaining interaction with supporters worldwide through digital communications

To acknowledge the importance of transparency and encourage openness and interaction the IRCT has been active on social media throughout the year. The organisation believes that an open dialogue with social media users has impacted the sector positively and raised awareness about important issues.

In 2015 the IRCT maintained a strong online presence through its website, the World Without Torture blog and various social media channels.

During the year, the organisation produced and published more than 50 news stories and statements on the IRCT website, supporting the work of its members, promoting the right to rehabilitation for torture victims and calling on states and governments to protect their citizens against torture and other human rights abuses.

The World Without Torture blog has played a key role in raising awareness of the torture rehabilitation sector and the fight against torture. The blog enabled the IRCT to cast a much-needed light on some of the most serious human rights crises across the globe and also share with its readers the incredible work of its members.

In 2015 the IRCT published 39 blogs which had a total of 41,000 views. The communications team also introduced a new Q&A series titled “Fighting Torture”, which seeks to profile member centres and health and legal professionals within the sector. Other blogs were part of the 26 June and 10 December Campaigns.

To ensure that each blog reached the widest audience possible, the IRCT shared all the stories on Facebook and Twitter. The posts were a great success and helped increase the number of followers on social media.
26 June Campaign highlights the Right to Rehabilitation

The theme for this year’s 26 June campaign was “R2R - Right to Rehabilitation Now!”.

The campaign, which marks the UN International Day in Support of Victims of Torture, saw close to 90 rehabilitation centres and organisations across the world come together to commemorate torture victims and support torture survivors.

On the day, the participating centres and organisations carried out a wide range of events and activities including workshops, exhibitions, cultural performances such as song, traditional dance and theatre, children’s activities, political events and press meetings. These events were highly popular, with thousands of people attending.

The report is available from www.irct.org
FROM THE BLOG: HELPING TORTURE SURVIVORS IN SAN DIEGO

Staff at SURVIVORS treat many refugees and asylum seekers who have limited or no financial resources and support network.

Getting to the centre is a big challenge for those who do not live nearby, especially because public transportation in Southern California is restrictive and challenging to navigate, even for those who speak the language and are familiar with the city.

Until now, SURVIVORS has been able to offer bus tickets or other help with transportation to any client in need, but a reduction in funding has forced the centre to make some tough decisions.

“While our financial situation won’t affect the number of clients that we’re treating, it will however impact many of our clients who are asylum seekers with little or no financial support. These clients rely on public transport to get to the actual centre, but with less funds, SURVIVORS won’t be able to help pay for their bus tickets, as we used to,” says Executive Director of SURVIVORS, Kathi Anderson.

Since it opened in 1997, SURVIVORS has helped thousands of survivors of torture to recover from their traumas by offering them a range of services, including medical, dental, psychiatric, psychological, and social care.

The staff has seen first-hand how the number of refugees and asylum seekers in need of treatment is increasing. This development has put enormous pressure on rehabilitation centres like SURVIVORS.

When asked if there are any alternatives nearby for those torture victims they will not be able to help, Kathi Anderson replies:

“The nearest rehabilitation centre is in Los Angeles which is a three hour and 76$ train ride each way. I can’t imagine that there are too many refugees who can afford this or have the mental strength to get on that train.”
During 2015 the IRCT worked closely with member centres to advocate torture victims’ right to rehabilitation and access to justice. Together with individual members, the IRCT executed advocacy interventions pushing for national implementation of the right to rehabilitation and other key aspects of the UN Convention against Torture. The IRCT also continued to drive the development and effective implementation of international and regional standards on this issue. Supporting victims of torture through health-based knowledge on investigation and documentation remains at the heart of the organisation and during the year, the IRCT successfully intervened in a number of cases, including two in Mexico, where victims saw national courts accept their claims of torture and ill-treatment.

**Strengthening national advocacy**

The main objective of the IRCT’s advocacy activities is to instigate change at a national level. To this effect, the organisation intervenes in national law and policy processes, strategic cases and technical assistance activities. It also leverages scrutiny by international and regional mechanisms to build a stronger agenda for national change.

**Realising the right to rehabilitation**

In close collaboration with its members, the IRCT intervened in a number of national processes to implement the right to rehabilitation through the development of national law and policy and the creation of concrete rehabilitation programmes.

In the Philippines, the IRCT engaged with its members to support their efforts to push for the government to implement a six-year old anti-torture law. As part of the support, the IRCT contributed to a two-day conference hosted by its member Medical Action Group (MAG) and the Philippines’ Ministry of Health, focusing on the implementation of the anti-torture law provisions pertaining to documentation of torture and ill-treatment and rehabilitation for victims. Approximately 100 doctors from across the country were trained in key elements of documentation and rehabilitation and they are now aware of their obligations under the law and know where to find support with implementation.

The event also helped build closer links between MAG, the IRCT and the Ministry of Health to work towards the full implementation of the anti-torture law on documentation and rehabilitation.

In Hong Kong, the IRCT was invited by the University of Hong Kong to give the keynote address at a symposium on developing rehabilitation and documentation services for torture victims. At the symposium, the IRCT met with key actors interested in developing rehabilitation and documentation services there including the leading forensic expert and groups serving the asylum population.

**Supporting victims of torture through documentation and investigation**

Together with the IFEG, the IRCT continued to successfully leverage its health-based knowledge on investigation and documentation of torture to support victims across the world. In 2015 IRCT members and partners were provided with advice on IP documentation and medico-legal evidence, while the IFEG experts assisted victims of torture with specialised and independent assessments and examinations.
In Mexico, Alfonso Martín del Campo, who had spent more than two decades in prison for murder, was released after the Mexican Supreme Court ruled that torture had been used to extract a false confession. The ruling was based on an Amicus Brief submitted by the IRCT.

Also in Mexico, examinations by two IFEG experts led to a judge in Sinaloa ordering an investigation into the torture of Yecenia Armenta Graciano by the police.

The IRCT also submitted an Amicus Curiae intervention to the US Court of Appeals, along with five other organisations, detailing the long-term psychological trauma suffered by alleged torture victim Ms. Rasmieh Odeh. The IRCT intervention argued that torture victims often develop psychological symptoms and responses, such as avoidance and dissociation, to avoid retraumatisation. A decision is expected early in 2016. A positive ruling could have broader positive implications in relation to judicial appreciation of the need for special measures when torture victims are involved in judicial procedures.

Another example of the IRCT’s involvement in 2015 includes the medico-legal evaluation of two alleged Gambian torture victims in collaboration with the IRCT’s member centre in Senegal CAPREC. Forensic medical and psychological experts from the IFEG met and evaluated the two victims in Senegal over two days.
Developing IRCT members’ advocacy capacity

Throughout the year the IRCT continued to build the advocacy capacity of its members and partners through training and other forms of knowledge sharing. Among these trainings were workshops in Manila and Belgrade, focusing on civil-society’s interaction with CAT to promote domestic change, and a training on effective torture documentation and advocacy for legal professionals and human rights advocates in Thailand.

Leveraging international human rights monitoring mechanisms for domestic change

Supporting its members in their work with UN mechanisms is of high priority for the IRCT. This programme of work seeks to ensure that states are continuously reminded of torture victims’ right to rehabilitation by international monitoring mechanisms and that these issue strong technical recommendations on how this can be implemented.

The intervention methodology supports members with all phases of engagement from building the strategy over reporting and advocacy interventions to ensuring effective follow up strategies. The general approach is one where the IRCT performs an enabling function to the individual members who are themselves responsible for the substance and all direct advocacy activities.

During 2015, the IRCT supported members in influencing CAT and the Subcommittee on Prevention of Torture (SPT) state review processes of their respective countries. It also helped members in promoting the right to rehabilitation in the Universal Periodic Review of the UN Human Rights Council.

The IRCT assisted members and partners in Serbia, Colombia, Jordan, Denmark, China/Hong Kong (non-member), the Philippines, Georgia, Lebanon, Nepal and Kenya with their advocacy activities towards these bodies. In all cases, the outcomes were specific and targeted recommendations relating to the implementation of torture victims’ right to rehabilitation and other issues relevant to the individual IRCT members. The IRCT was also pleased to note that the three states receiving UPR recommendations, have accepted those recommendations promoted by IRCT members.

In the relevant countries, IRCT members and other local actors now have an improved advocacy platform for promoting full implementation of the right to rehabilitation.

Developing national systems for documentation and investigation of torture and ill-treatment

In 2015 the IRCT and Colectivo Contra la Tortura y la Impunidad began producing a desk study reviewing IP implementation in Mexico, based on the Istanbul Protocol Plan of Action framework. The desk study will also assess whether Mexico’s proposed law on combating torture will address current shortfalls in IP implementation. Mexico is an important case study because it was the focus of the earliest initiatives to implement the IP and the government has integrated certain aspects of the IP into its national laws.

Influencing regional standards and jurisprudence

On a regional level, a key priority for the IRCT was to enhance the normative understanding and acceptance of the right to rehabilitation. A main achievement in this endeavour was the African Commission on Human and Peoples Rights’ resolution on the Right to Rehabilitation.

After intervention by the IRCT in collaboration with a group of international, regional and national NGOs, including IRCT members, the Commission adopted the resolution on the Right
IRCT member centres are ready and willing to share their knowledge and expertise on the extent of torture in Africa and the rehabilitation needs of torture victims, as well as their associated costs. They can provide support to state authorities on developing national strategies to improve access to and funding of rehabilitation services, and train domestic courts on the importance of rehabilitation being a part of compensation awarded in cases brought by victims of torture.”

Miriam Reventlow, IRCT Director of Governance and Policy on the important role of civil society organisations in providing state parties with the necessary support to meet the needs of torture victims.

Promoting right to rehabilitation and action against torture on a global level

Through its engagement with global human rights mechanisms and discussions, the IRCT sought to build, promote and raise awareness about the international normative framework ensuring torture victims’ right to rehabilitation. An important part of this work was to build a platform for IRCT members to promote the right to rehabilitation in their national jurisdictions.

Working with the UN to improve monitoring, accountability and understanding

The IRCT provided an expert briefing to the CAT on how to best address torture victims’ right to rehabilitation in the context of the Committee’s state review procedure. The briefing saw three IRCT members and the IRCT Secretariat elaborate on different aspects of right to rehabilitation, discussing with the Committee how to best raise the issue with states.

The Committee agreed to taking a more systematic approach to addressing right to rehabilitation and asked the IRCT to develop a checklist for it to consider. This was produced and now helps guide the Committee’s work on right to rehabilitation.

Since the briefing, the IRCT has seen the Committee enhance its focus on right to rehabilitation by taking a more systematic approach and going into more detail.

The IRCT also provided substantive input to the UN Special Rapporteur on Torture’s annual report to the UN General Assembly, which focused on extraterritorial application of the UN Convention against Torture. The IRCT’s input primarily looked at the extraterritorial application of article 14 on right to redress and rehabilitation.

As a result, relevant sections in the report reflect the IRCT’s positions and there is now a platform for further global, regional and national advocacy on extraterritorial application of article 14.

Highlighting the hope and resilience of torture survivors

The IRCT, in partnership with Amnesty International and the Association for the Prevention of Torture, launched the exhibition “Torture: The International Outlaw” at the United Nations headquarters in New York. This exhibition showcased the history and the hope found in the fight against torture through a combination of survivor stories and powerful images.

It sought to highlight the pain and the resilience, as well as the darkness and the light through the experiences of torture
survivors. In telling their stories, the exhibition traced the journey of how a sense of justice can inspire world leaders to come together to enshrine an awareness of personal humanity in international law.

In addition to celebrating the courage and the resilience of survivors of torture, the exhibition aimed to inspire activists, lawyers, member states, their officials, and people around the world to continue their fight against torture.

Leanne MacMillan, the IRCT’s Director of Research Development, spoke at the launch. The exhibition was endorsed by the Mission of Denmark to the United Nations and the Office of the High Commissioner for Human Rights.

Drawing worldwide attention to virginity testing as gross violation

In May 2015, the IRCT, in collaboration with Human Rights Watch, issued an open letter to the delegates of the 41st World Congress on Military Medicine in Indonesia, urging them to reject the practice of virginity testing by military medical professionals as a gross violation of women’s rights and one that amounts to ill-treatment and possibly torture under international law.

The letter referred to an expert statement by the IFEG that found virginity testing to be “medically unreliable and inherently discriminatory”.

The open letter received substantial media attention with the IRCT intervention being widely cited in various media outlets including the BBC, Washington Post, and Huffington Post.

It also generated significant public pressure on Indonesia to abandon its practice of virginity testing and the Surgeon General of Indonesia committed to raise the issue with the President.

The need for more funding

A large number of IRCT members found themselves in financial difficulty during 2015 due to funding cuts and changes to funding eligibility. Acknowledging the urgency of the situation, the IRCT continued to monitor the funding situation throughout the year and stayed in close contact with members affected by such cuts. Furthermore, the organisation engaged with donors to identify ways of mitigating the negative effects from funding cuts and to ensure that the funding criteria reflect the need for sustainability of delivery of rehabilitation services to torture victims.

All calls for funding - regional or global - were communicated to the membership with explanatory notes and support letters were prepared for those centres that decided to apply.
FROM THE BLOG: NO MONEY FOR SUPPORT TO THE MOST VULNERABLE: EUROPE’S FUNDING CRISIS FOR REHABILITATION OF TORTURE VICTIMS

“The cut in funding over the past five years has affected our work drastically and we have had to reduce the number of staff as well as patients. But now, it affects our actual existence. The facts are very simple: today, we have enough money in the bank to continue our work throughout September, but not in October.”

This is how the Director for Programs at French rehabilitation centre and IRCT member Parcours d’exil, Jérôme Boillat describes the centre’s current funding situation. A situation that could very well lead to its closure and leave hundreds of traumatised torture victims untreated.

Across the English Channel, London based Refugee Therapy Centre has also fallen victim to the funding crisis. After more than 15 years of providing psychological therapy and associated treatments to thousands of refugees and asylum seekers, the centre is now forced to downscale its work to three days a week. Going from operating five days a week to only three days inevitably means leaving behind torture victims in desperate need of help.

“Much of our work can be measured by the smiles made possible after interventions to heal the psychological and emotional wounds of those whose basic human rights were violated by torture and persecution. To continue with essential humanitarian work, our centre desperately needs financial support,” says Refugee Therapy Centre’s Clinical Director and CEO Dr Aida Alayarian.

The two situations in France and the UK are far from the only examples of torture rehabilitation centres scrambling for funding. At least 11 IRCT member centres and numerous programs that have helped thousands of torture victims across Europe have either lost funding or are predicting major cuts that will inevitably affect torture victims.

In Austria, upon learning that it may lose vital funding from the EU, an IRCT member is sharing its grim forecast: “If this funding were to be cut or stopped, we would have to reduce our support to survivors of torture drastically. As it is, there is hardly any funding for this target group on a local or national level. The only funding sources are international bodies and even their funding is being cut,” the centre explains and continues:

“Much of our work is in refugee shelters and no other Austrian organisation does the exact same kind of work. Referrals cannot be made because the only other organisation in our country working in this field has also very limited resources and they have their own clients. There are hardly any doctors or social services which have intercultural competencies.”

With less funding and no action from European leaders, the question is how many torture victims will be prevented from receiving the treatment they need to fully recover from their past trauma and be able to find a new path of life in their host country.
V. OPERATIONS AND CHANGE MANAGEMENT

Entering into the new strategic period, all of the organisation’s systems and processes, including the workplan and budget, were aligned with the Strategic Plan to ensure full transparency and accountability. They now follow the structure of five chapters (Governance and Policy, Capacity Building, Research Development, Advocacy and Operations) that connect the policy decisions of the organisation to all levels of operations and to the monitoring and evaluation systems.

As of 31 December 2015 there were 24 staff members working at the Secretariat in Copenhagen and one staff member at the European Affairs office in Brussels.
THE IRCT SECRETARIAT
OUR STAFF AS OF 31 DECEMBER 2015

Office of the Secretary-General
Victor Madrigal-Borloz
Secretary-General
Gitte Sørensen
Executive Assistant
Mushegh Yekmalyan
Head of European Affairs

Governance and Policy
Miriam Reventlow
Director of Governance and Policy
Margaret Hansen
Membership Liaison Officer
Marie Dyhr
Communications Associate
Daniela Jorge Ayoub
Student Assistant
Beatriz Domínguez Guerrero
Student Assistant

Research Development
Leanne MacMillan
Director of Research Development
Melita Murko
Senior Research Development Officer - DFI Project
Lars Dissing Rosenmeier
Research Development Officer
Allish O’Donoghue
Communications Associate
Nicola Anne Witcombe
Editorial Assistant - Torture Journal
Lisa Haagensen
Student Assistant - DFI Project

Advocacy
Asger Kjærum
Acting Director of Advocacy
James Lin
Istanbul Protocol Programme Coordinator
Rachel Towers (Maternity leave)
Advocacy Advisor
Dastan Salehi
Advocacy Associate
Lorena Torres
Communications Associate

Operations
Miriam Reventlow
Director of Operations
Eva Barfod
Chief Accountant
Inge Frandsen
Finance and Administration Officer
Daniel Lewis
Senior Fundraising Officer
Roberto Cubero Espinal
Consultant - Regional Associate
Berit Jensen
Finance Consultant
Rudolf Podkrivavčy
IT Student Assistant

Ernest Denerville
Acting Director of Capacity Building
Jamal M Hammoud
Capacity Building Officer
OUR DONORS

Thank you for your support

The IRCT gratefully acknowledges the support of the following:

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

€10,000 - €99,999
Federal Foreign Office of Germany
Lauritzen Fonden

€500,000 - €999,999
OAK Foundation
Swedish International Development Cooperation Agency
Victoria Gómez-Trenor Vergés

€1,000 - €9,999
Fonden af 17.12.1981
Onkel Williams Fond
Jose Luis Cortizo Amaro

€100,000 - €499,999
Ministry for Foreign Affairs of Finland
Norwegian Ministry of Foreign Affairs
FINANCIAL REPORT: SUMMARY OF 2015 RESULTS

Expenditure

Overall expenditure for 2015 was 4,452,085 Euro. Areas of the expenditure of the IRCT underwent analysis during 2015 in order to reduce cost with maximum impact, while not affecting the operations.

Also during 2015, the IRCT implemented a rigorous policy of fiscal responsibility, as well as a temporary deactivation of some activities. This approach served to respond to some of the concerns identified in 2014 and will give the rehabilitation movement a significant lift in its resource development capacity, as well as increase the exposure of its significant knowledge and abilities in the context of the new Strategic Plan.

Income

The IRCT had a positive result for 2015 of 378,424 Euro. Thanks to the visionary and generous support of some of the key cooperation partners of the organisation, the IRCT is enabled to utilise these funds to build its reserves, pursuant to its Financial Management Policy.

The IRCT has two main lines of income: Donor states and private philanthropy contributing to the world fight against torture. The major situational change that has affected and will continue to affect the rehabilitation movement relates to the shift in the development aid policies of donors. The world refugee crisis has already motivated significant reallocations. To address this, the IRCT will continue its policies of integral fundraising and donor diversification, which have already given the positive results.

Beyond 2015

In the IRCT Strategic Plan for 2015-2020 there is a specific focus on multi-year unrestricted funding agreements with new governments, as a very important way to secure the basis for the future. The main financial objective for future years will be to continue to enter into long-term donor agreements with governmental agencies, multinational organisations and private national and international foundations.

In order to further sustain and diversify the donor base of the IRCT, efforts will be made in 2016 in three main directions: The development of multiannual framework agreements with new governments; the targeting of private international foundations to increase the outreach to this rather undeveloped source within the IRCT income stream; and finally the streamlining of fundraising activities throughout the organisation in order to increase the IRCT’s ability to engage in more fundraising initiatives.

In 2014 the IRCT held a meeting for co-operation partners and in 2015 the organisation continued its close and constructive dialogue with collaboration partners by holding a donor conference in 2015.
## FINANCIAL STATEMENTS

### Income and Expenditure Statement

<table>
<thead>
<tr>
<th></th>
<th>2015 Euro</th>
<th>2014 Euro</th>
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</thead>
<tbody>
<tr>
<td><strong>Income</strong></td>
<td></td>
<td></td>
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<tr>
<td>Unrestricted grants</td>
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<td>2,562,227</td>
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<td>Restricted grants</td>
<td>1,934,771</td>
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<tr>
<td>Other income</td>
<td>63,425</td>
<td>43,611</td>
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<td><strong>Total Income</strong></td>
<td>4,830,509</td>
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<table>
<thead>
<tr>
<th></th>
<th>2015 Euro</th>
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<tr>
<td><strong>Expenses</strong></td>
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<tr>
<td>Governance &amp; Policy</td>
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<td>-</td>
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<tr>
<td>Capacity Building</td>
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<td>-</td>
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<tr>
<td>Research Development</td>
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<td>-</td>
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<tr>
<td>Advocacy</td>
<td>-375,149</td>
<td>-</td>
</tr>
<tr>
<td>Operations</td>
<td>-939,725</td>
<td>-</td>
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<tr>
<td><strong>Total Expenses</strong></td>
<td>-4,452,085</td>
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<th></th>
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<th>2014 Euro</th>
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<tr>
<td><strong>Profit/loss for the year</strong></td>
<td>378,424</td>
<td>-222,095</td>
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### Proposed distribution of profit/loss

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<th>2015 Euro</th>
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<tr>
<td>Restricted reserves</td>
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<tr>
<td>Retained earnings</td>
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<tr>
<td><strong>Total</strong></td>
<td>378,424</td>
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### Assets

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<tr>
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<tr>
<td>Donor grants (receivables)</td>
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<td>Other receivables</td>
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<td>Prepayments</td>
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<td>Cash and cash equivalents</td>
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<td><strong>Total assets</strong></td>
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<td><strong>1,264,527</strong></td>
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### Equity

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<td>Retained earnings</td>
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<td><strong>Total equity</strong></td>
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<td><strong>11,408</strong></td>
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### Current liabilities

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<td>Project payables</td>
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<td>Trade payables</td>
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<td>Other payables</td>
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<td><strong>Total current liabilities</strong></td>
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<tr>
<td><strong>Total equity and liabilities</strong></td>
<td><strong>1,992,986</strong></td>
<td><strong>1,264,527</strong></td>
</tr>
</tbody>
</table>
**Income 2015**

- **Restricted grants**: 1,934,771 €
- **Unrestricted grants**: 2,832,313 €
- **Other income**: 63,425 €

**Expenses 2015**

- **Operations**: -939,725 €
- **Advocacy**: -375,149 €
- **Research Development**: -691,162 €
- **Governance & Policy**: -1,104,555 €
- **Capacity Building**: -1,341,494 €

**Equity 2015**

- **Restricted reserves**: 350,000 €
- **Retained earnings**: 39,832 €
HOW THE IRCT IS GOVERNED

The democratic structure of the IRCT is and has always been paramount. The structure, with four distinct tiers, manages to be diverse yet cohesive, appreciating and representing the diversity of the movement.

A four-tiered governance structure

**GENERAL ASSEMBLY:** The democratic base of the IRCT is the General Assembly, which comprises a representative for each member across the globe. Through the General Assembly, members elect regional representatives and independent experts to participate on the Council and provide input into the policies and strategies of the IRCT in order to advance the global mission of the organisation. The General Assembly meets every three years.

The next General Assembly will be in 2016 with Council elections taking place in written form in March and the Executive Committee elections in December 2016, in conjunction with a Scientific Symposium.

**COUNCIL:** The Council is the main policy-making body of the IRCT. It comprises 26 members representing the entire membership, and includes three independent experts who provide an external perspective (29 people sit on the Council in total). The Council holds annual meetings in order to discuss and decide policies and key organisational issues, and to monitor the progress of IRCT’s work at the global level and in the regions. The next Council elections will take place in March 2016.

**EXECUTIVE COMMITTEE:** The Executive Committee (ExCom) is a deliberative body made up of eight members: one from each of the regions plus one independent expert, including the President and Vice President. The ExCom decides the means and measures necessary to adopt and implement the decisions of the Council and its purpose is to ensure the overall direction, supervision and accountability of the IRCT between Council meetings. It is elected by and is accountable to the Council. The ExCom appoints the Secretary-General of the IRCT.

**SECRETARIAT:** Based in Copenhagen, Denmark, with a liaison office in Brussels, Belgium, the Secretariat is well placed to guide, advise and implement the work shaped and determined by the membership of the IRCT, the Council, and the ExCom.
THE DEMOCRATIC STRUCTURE

Executive Committee:

Ms Suzanne Jabbour
MA Clinical Psychology; IRCT President; Director, Restart Centre, Lebanon; Elected Council Member representing the MENA region

Ms Karen Hanscom
PhD Psychology; IRCT Vice-President; Executive Director, ASTT, United States; Elected Council Member representing the North America region

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

Mr Boris Drozdek
PhD Psychiatrist; Medical Director, Psychotrauma Centrum Zuid Nederland, the Netherlands; Elected Council Member representing the European region

Mr Pradeep Agrawal
MD Consultant, Psychiatrist; President and Director, SOSRAC, India; Elected Council Member representing the Asia region

Ms Uju Agomoh
BSc Psychology, M.Sc. Clinical Psychology, M.Sc. Sociology, M.Phil. Criminology, PhD Criminology and Prison Studies, LLB Laws, BL; Executive Director; PRAWA, Nigeria; Elected Council Member representing the Sub-Saharan Africa region

Ms Bernadette McGrath
BA Social Work; CEO, OSSTT, Australia; Elected Council Member representing the Pacific region

Independent Expert:

Ms Clarisse Delorme
LLM; Advocacy Advisor, World Medical Association, Switzerland
The following Council Members were elected in 2012 for the period from 2012-2015.

**Council:**

  See more on www.irct.org*

**Elected by the Asia Region:**

- **Ms Edeliza Hernandez**
  RN; Executive Director, Medical Action Group, Philippines
- **Mr Kamrul Khan**
  Physician; Executive Director, CRTS, Bangladesh
- **Ms Shanti Arulampalam**
  Social Worker; Executive Director, Survivors Associated, Sri Lanka
- **Mr Pradeep Agrawal**
  (See Executive Committee)

**Elected by the Europe Region:**

- **Ms Aida Alayarian**
  MD, MSc, PhD; Clinical Director/Chief Executive, Refugee Therapy Centre, United Kingdom
- **Ms Sebnem Korur Fincanci**
  MD; President, HRFT Turkey, Turkey
- **Ms Ludmila Popovici**
  MD, Psychologist; Executive Director, RCTV Memoria, Moldova
- **Mr Boris Drozdek**
  (See Executive Committee)
- **Ms Mechthild Wenk-Ansohn**
  MD; Physician and Psychotherapist, Supervisor, Head of Outpatient Clinic, bzfo, Germany

**Elected by the Latin America and the Caribbean Region**

- **Ms Yadira Narváez**
  MD; Director, PRIVA, Ecuador
- **Ms Eliomara Lavaire**
  MD; Health Integral Coordination Area, CPTRT, Honduras
- **Ms Mariana Lagos**
  MD Psychiatrist; Member of Clinical Team and Project Coordinator, EATIP, Argentina
- **Ms Felicitas Treue**
  Psychologist and psychotherapist, Co-founder of Colectivo Contra la Tortura y la Impunidad (CCTI), Mexico

**Elected by the Middle East and North Africa Region**

- **Ms Suzanne Jabbour**
  (see Executive Committee)
- **Mr Mohamad Safa**
  Secretary-General, Khiam Centre, Lebanon
- **Mr Siavash Rahpeik Havakhor**
  Lawyer; Director, ODVV, Iran

**Elected by the North America Region**

- **Ms Karen Hanscom**
  (see Executive Committee)
- **Ms Karin Verland**
  MD; Director General, DIGNITY - Danish Institute Against Torture, Denmark
- **Mr Pierre Duterte**
  MD; General Director, Parcours d’Exil, France

**Elected by the Pacific Region**

- **Mr Jeff Thomas**
  BSc (Behavioural Science); General Manager, Refugee Trauma Recovery, New Zealand
- **Ms Bernadette McGrath**
  (See Executive Committee)

**Elected by the Sub Saharan Africa Region**

- **Ms Uju Agomoh**
  (See Executive Committee)
- **Mr Fidelis Mudimu**
  Psychologist, Psychiatric Nurse; National Programmes Director, Counselling Services Unit, Zimbabwe
- **Mr Kitwe Mulunda Guy**
  Mental Health Professional; Executive Director, Save Congo, DR Congo
- **Mr Samuel Nsubuga**
  Economist; Chief Executive Officer, ACTV, Uganda

**Representatives in their Capacity of Independent Experts**

- **Ms Clarisse Delorme**
  (see Executive Committee)
- **Mr Lutz Oette**
  Dr (law); Counsel, Redress, United Kingdom
- **Mr Michael Brune**
  MD; Independent Consultant, Germany
# MEMBERS

## 153 MEMBERS IN 76 COUNTRIES

### Albania (1)
- **ARCT** - Albanian Rehabilitation Centre for Trauma and Torture Victims

### Argentina (1)
- **EATIP** - Equipo Argentino de Trabajo e Investigación Psicosocial

### Armenia (1)
- **FAVL** - Foundation against Violation of Law

### Australia (9)
- **ASeTTS** - Association for Services to Torture and Trauma Survivors
- **Companion House** - Assisting Survivors of Torture and Trauma
- **VFST** - The Victorian Foundation for Survivors of Torture Inc. - Foundation House
- **Melaleuca Refugee Centre**, **Torture and Trauma Survivor Service NT**
- **OSSTT** - Overseas Services to Survivors of Torture and Trauma Ltd
- **Phoenix Centre** - Support Service for Survivors of Torture and Trauma
- **QPASTT** - Queensland Program of Assistance to Survivors of Torture and Trauma
- **STARTTS** - Service for the Treatment and Rehabilitation of Torture and Trauma Survivors
- **STTARS** - Survivors of Torture and Trauma Assistance and Rehabilitation Service Inc.

### Austria (3)
- **HEMAYAT** - Organisation for Support of Survivors of Torture and War
- **OMEGA Health Centre** - Society for Victims of Organised Violence and Human Rights Violations
- **ZEBRA** - Intercultural Centre for Counselling and Psychotherapy

### Bangladesh (1)
- **CRTS** - Centre for Rehabilitation of Torture Survivors

### Bolivia (1)
- **ITEI** - Instituto de Terapia e Investigación sobre las Secuelas de Tortura y la Violencia Estatal

### Bosnia and Herzegovina (3)
- **CTV Sarajevo** - Association for Rehabilitation of Torture Victims - Centre for Torture Victims, Sarajevo
- **SLUBIH** - The Association of Concentration Camp – Detainees in Bosnia and Herzegovina
- **Vive Žene Centre for Therapy and Rehabilitation

### Brazil (1)
- **GTNM/RJ** - Grupo Tortura Nunca Mais – Rio de Janeiro

### Bulgaria (1)
- **ACET** - Assistance Centre for Torture Survivors

### Burundi (1)
- **SAP/GL** - Solidarité d’Action pour la Paix/Grand Lacs

### Cambodia (1)
- **TPO Cambodia** - Transcultural Psychosocial Organization

### Cameroon (1)
- **TCC** - Trauma Centre Cameroon

### Canada (4)
- **CCVT** - Canadian Centre for Victims of Torture
- **ECSTT** - Program for Survivors of Torture and Trauma at the Edmonton Mennonite Centre for Newcomers
- **VAST** - Vancouver Association for Survivors of Torture
- **RIVO** - Réseau d’intervention auprès des personnes ayant subi la violence organisée

### Chad (1)
- **AJPNV** - Association Jeunesse pour la paix et la Non Violence/ Centre de Rehabilitation des Victimes de la Torture

### Chile (1)
- **CINTRAS** - Centro de Salud Mental y Derechos Humanos

### Colombia (2)
- **Corporación AVRE** - Acompañamiento Psicosocial y Atención en Salud Mental a Víctimas de Violencia Política
- **CAPS** - Centro de Atención Psicosocial

### Congo, The Democratic Republic of (3)
- **Save Congo**
- **CMM** - Centre Mater Misericordiae
- **REMAK** - Regroupement Des Mamans De Kamituga

### Croatia (1)
- **RCT Zagreb** - Rehabilitation Centre for Stress and Trauma
**Denmark (3)**
- OASIS - Treatment and Counselling for Refugees
- DIGNITY - The Danish Institute Against Torture
- RCT-Jylland - Rehabilitation Centre for Torture Victims - Jutland

**Ecuador (1)**
- PRIVA – Fundación para la Rehabilitación Integral de Víctimas de Violencia

**Egypt (1)**
- El Nadeem Center for Psychological Management and Rehabilitation of Victims of Violence

**Ethiopia (1)**
- RCVTE - Rehabilitation Centre for Victims of Torture in Ethiopia

**Finland (1)**
- CTSTF - Centre for Torture Survivors in Finland at Helsinki Deaconess Institute

**France (1)**
- Parcours d’Exil – Accompagnement Thérapeutique des Victimes de Torture

**Georgia (2)**
- EMPATHY, Psycho-Rehabilitation Centre for Victims of Torture, Violence and Pronounced Stress Impact
- GCRT - Georgian Center for Psychosocial and Medical Rehabilitation of Torture Victims

**Germany (3)**
- Exilio Hilfe für Migranten, Flüchtlinge und Folterüberlebende e.V.
- bzfo - Berlin Center for the Treatment of Torture Victims
- MFH - Medical Care Service for Refugees Bochum

**Guatemala (1)**
- ODHAG – Oficina de Derechos Humanos del Arzobispado de Guatemala

**Honduras (1)**
- CPTRT - Prevention, Treatment and Rehabilitation Center for Survivors of Torture and Relatives

**Hungary (1)**
- Cordelia Foundation for the Rehabilitation of Torture Victims

**India (6)**
- CORE - Centre for Organisation Research & Education - Human to Humane Transcultural Centre for Trauma & Torture (H2H)
- CCTV - Centre for Care of Torture Victims
- PVCHR - People’s Vigilance Committee on Human Rights
- SORSAC - Shubhodaya Center for Rehabilitation of Victims of Torture and Violence - Society for Social Research, Art and Culture
- TTSP - Tibetan Torture Survivors Program
- VRCT - Vasavya Rehabilitation Centre for Torture Victims

**Indonesia (2)**
- ALDP - Alliance of Democracy for Papua
- RATA - Rehabilitation Action for Torture Victims in Aceh

**Iran, Islamic Republic of (1)**
- ODVV - Organization for Defending Victims of Violence

**Iraq (3)**
- BFRC - Bahjat Al-Fuad Rehabilitation of Medical & Psychological Centre for Torture Victims
- Jiyan Foundation for Human Rights (formerly Kirkuk Center for Rehabilitation of Torture Victims)

**Ireland (1)**
- SPIRASI - The Centre for the Care of Survivors of Torture

**Israel (1)**
- ASSAF - Aid Organization for Refugees and Asylum Seekers

**Italy (3)**
- VI.TO/CIR - Hospitality and Care for Victims of Torture, Italian Council for Refugees
- NAGA-HAR - Centre for Asylum Seekers, Refugees, Torture Victims
- Doctors Against Torture Humanitarian Organization

**Jordan (1)**
- IFH/NHF - Institute for Family Health/Noor Al Hussein Foundation

**Kenya (3)**
- CAT Kenya - Centre Against Torture
- IMLU - Independent Medico-Legal Unit
- MATESO - Mwatikho Torture Survivors Organization

**Kosovo (1)**
- KRCT - Kosova Rehabilitation Centre for Torture Victims

**Kyrgyzstan (1)**
- GOLOS SVOBODY Public Foundation

**Lebanon (3)**
- KRC - Khiam Rehabilitation Center for Victims of Torture
- CLDH - Centre Nassim at the Lebanese Center for Human Rights
- Restart Center for Rehabilitation of Victims of Violence and Torture

**Liberia (2)**
- RAL - Rescue Alternatives Liberia
- LAPS - Liberia Association of Psychosocial services
Mexico (1)
CCTI – Colectivo Contra la Tortura y la Impunidad

Moldova (1)
RCTV Memoria - Medical Rehabilitation Center for Torture Victims

Morocco (1)
AMRVT – Association Medicale de Rehabilitation des Victimes de la Torture

Namibia (1)
PEACE - People’s Education Assistance and Counselling for Empowerment

Nepal (2)
CVICT - Centre for Victims of Torture
TPO Nepal - Transcultural Psychosocial Organization

Netherlands (4)
Centrum ’45
De Evenaar - Centrum voor Transculturele Psychiatrie Noord Nederland
Phoenix - Centre for Clinical Psychiatric Care for Asylum Seekers and Refugees
RvA NL - Psychotrauma Centrum Zuid Nederland

New Zealand (2)
RASNZ - Refugees As Survivors New Zealand
Refugee Trauma Recovery

Nigeria (1)
PRAWA - Prisoners Rehabilitation And Welfare Action

Pakistan (2)
HDO - Human Development Organization
SACH - Struggle for Change

Palestinian Territory, Occupied (3)
GCMHP - Gaza Community Mental Health Programme
Jesoor - Transcultural Right to Health
TRC - Treatment and Rehabilitation Center for Victims of Torture

Paraguay (1)
ATYHA - Salud Mental y Derechos Humanos

Peru (1)
CAPS - Centro de Atención Psicosocial

Philippines (2)
Balay Rehabilitation Center, Inc.
MAG - Medical Action Group

Poland (1)
CVPP - The Centre for Victims of Political Persecution

Romania (2)
MRCT Craiova - ICAR Foundation, Medical Rehabilitation Center for Torture Victims
MRCTV Bucharest - ICAR Foundation, Medical Rehabilitation Center for Torture Victims Bucharest

Russian Federation (1)
INGO CAT - Interregional Non-governmental Organization Committee Against Torture

Rwanda (1)
UYISENGA N’MANZI

Senegal (1)
VIVRE/CAPREC - Victimes de Violences Rehabilitées, le Centre de Soins du CAPREC

Serbia (1)
IANTCRTV - International Aid Network Center for Rehabilitation of Torture Victims

Sierra Leone (1)
CAPS - Community Association for Psychosocial Services

South Africa (2)
CSVR - Centre for the Study of Violence and Reconciliation/Trauma and Transition Programme
TCSVT - The Trauma Centre for Survivors of Violence and Torture

South Korea (1)
GTC - Gwangju Trauma Center

Sri Lanka (2)
FRC - Family Rehabilitation Centre
SA - Survivors Associated (Guarantee) Ltd

Sudan (1)
ACTRVT - Amel Center for Treatment and Rehabilitation of Victims of Torture

Sweden (4)
Red Cross Malmö - Swedish Red Cross Centre for Victims of Torture and War
Red Cross Skövde - Swedish Red Cross Centre for Victims of Torture
Red Cross Stockholm - The Swedish Red Cross Centre for Tortured Refugees
Red Cross Uppsala - Swedish Red Cross Centre for Victims of Torture

Switzerland (2)
SRC - Centre for Migration and Health/ Clinic for Victims of Torture and War
Consulation pour Victimes de Torture et de Guerre at the Hôpitaux Universitaire de Genève

Turkey (7)
SOHRAM-CASRA - Centre of Social Action, Rehabilitation and Readjustment
TIHV/HRFT Adana - Human Rights Foundation of Turkey - Adana Treatment and Rehabilitation Center
TIHV/HRFT Ankara - Human Rights Foundation of Turkey - Ankara Treatment and Rehabilitation Center
TIHV/HRFT Diyarbakir - Human Rights Foundation of Turkey - Diyarbakir Treatment and Rehabilitation Center
TIHV/HRFT Istanbul - Human Rights Foundation of Turkey - Istanbul Treatment and Rehabilitation Center
TIHV/HRFT Izmir - Human Rights Foundation of Turkey - Izmir Treatment and Rehabilitation Center
TOHAV - Foundation for Social and Legal Studies

**Uganda (1)**
ACTV - African Centre for Treatment and Rehabilitation of Torture Victims

**Ukraine (1)**
IRC - International Medical Rehabilitation Center for the Victims of Wars and Totalitarian Regimes

**United Kingdom (2)**
RTC - Refugee Therapy Centre
Freedom from Torture

**United States (17)**
APRCVT - ACCESS - Psychosocial Rehabilitation Center for Victims of Torture
ASTT - Advocates for Survivors of Torture and Trauma
Bellevue - NYU Program for Survivors of Torture
BCRHR - Boston Centre for Refugee Health and Human Rights
Centre for Survivors of Torture and War Trauma
Community Legal Services and Counseling Center
CST - Center for Survivors of Torture, Dallas
CST - Center for Survivors of Torture, San Jose
CVT - Center for Victims of Torture
FCST - Florida Center for Survivors of Torture - A Program of Gulf Coast Jewish Family Services, Inc.
Heartland Alliance - Marjorie Kovler Center
International Survivors Center at the International Institute of Boston
PSTT/CMHS - Program for Survivors of Torture and Severe Trauma at the Center for Multicultural Human Services (a program of NVFS)
PTV - Program for Torture Victims of Los Angeles
Survivors International
Survivors of Torture, International
TTCO - Torture Treatment Center of Oregon

**Venezuela (1)**
Red de Apoyo por la Justicia y la Paz

**Zimbabwe (1)**
CSU - Counselling Services Unit
HOW TO SUPPORT THE IRCT

We need your support to fight torture and to help torture survivors rebuild their lives. By donating even a small sum, you can assist us to put an end to torture and to ensure that torture survivors and their families receive much-needed treatment and other services.

**By credit card**

Please visit www.irct.org to make a donation using a credit card. All transactions are guaranteed safe and secure using the latest encryption to protect your personal information.

**By cheque**

Cheques made payable to the International Rehabilitation Council for Torture Victims (IRCT) should be sent to:
International Rehabilitation Council for Torture Victims
Copenhagen Europe Center
Vesterbrogade 149, building 4, 3rd floor
1620 Copenhagen V, Denmark

**By bank transfer**

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

**Danish Kroner (DKK) Account**

Registration No. 4183
Account No. 4310-821152
IBAN DK90 3000 4310 8211 52

**Euro (EUR) Account**

Registration No. 4183
Account No. 3001-957171
IBAN DK69 3000 3001 9571 71

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

Registration No. 4183
Account No. 4310-005029
IBAN DK18 3000 4310 0050 29