

Annual Report 2006



International Rehabilitation Council for Torture Victims

IRCT Annual Report 2006

©International Rehabilitation Council
for Torture Victims (IRCT), 2007

IRCT

Borgergade 13

PO Box 9049

DK-1022 Copenhagen K

Denmark

Phone: +45 33 76 06 00

Fax: +45 33 76 05 00

E-mail: irct@irct.org

Website: www.irct.org

Layout and Production:

Peter Fallesen/pf@paffpro.dk



This report has been produced with the financial assistance of the Royal Danish Ministry of Foreign Affairs and the OAK Foundation. 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 Government of Denmark or the OAK Foundation.

The IRCT is in special consultative status with the United Nations Economic and Social Council and the United Nations Department of Public Information and in participatory status with the Council of Europe.

Table of Contents

A world without torture - foreword from the Secretary-General	4
Providing rehabilitation services	8
26 June – the United Nations International Day in Support of Victims of Torture	10
IRCT General Assembly and International Symposium on Torture	12
Strengthening sustainability and exchange of knowledge	14
Prevention through documentation	18
Focus on impunity and reparations for torture victims	20
A stronger voice for torture survivors	22
Focus on the European Union – a key donor supporting torture survivors worldwide	24
Reaching torture survivors in conflict and post-conflict situations	26
A growing movement	28
Financial developments	30
Statement of financial position	32
Statement of activities	33
The people behind the IRCT	34
Members of the IRCT	38

A World without Torture

Foreword from the Secretary-General

The IRCT is a steadily growing movement. Comprising rehabilitation centres and programmes in 77 countries all over the world, the IRCT works to address the needs and rights of torture survivors globally. In the past two years the IRCT membership has increased by 34 percent, with the number of member centres currently at 130.

2006 was a year of renewed momentum for the IRCT. With a broadened donor base and increased funding, local and regional capacity-building efforts were enhanced, not least through regional seminars in Asia, Africa, Latin America and the Middle East and North Africa. Also, a peer exchange programme was launched, allowing staff from IRCT member centres to receive hands-on training through internships at centres abroad. And in 2007, with support from the European Commission, we will initiate an international project on reinforcing delivery of rehabilitation services for torture survivors.

Being a health-based organisation permits us to work in areas where others are denied access and

thus enables us to reach highly vulnerable populations. In 2006 staff at IRCT member centres and programmes in conflict and post-conflict environments were able to treat thousands of torture survivors and reach thousands more through community-based approaches while training peers to address survivors' needs and rights.

In terms of advocacy the IRCT keeps reminding States of their obligation to provide rehabilitation and redress to torture survivors and to prevent torture. In 2006 we addressed the Council of Europe, the OSCE, the US Congress, the UN Human Rights Commission and the European Parliament. And we raised our voice in major international news outlets, pointing to the need to support torture survivors in all countries and commenting on how recent years' erosion of the absolute prohibition against torture is reflected in popular entertainment.

Another key aim of our advocacy work is to increase funding available for torture rehabilitation services globally. With funding from the Sigrid Rausing



Trust (UK), the IRCT continued previous years' work to convince governments to increase their financial support to the UN Voluntary Fund for Victims of Torture. Moreover, we worked concertedly to dissuade the EU from its planned decrease (and possible cessation) of funding to rehabilitation centres in the EU.

Promoting the Istanbul Protocol – a set of guidelines for the investigation and documentation of torture – also remained a central priority. Via the project *Prevention through Documentation* hundreds of medical and legal professionals in ten countries are receiving training on how to use the Protocol to establish legally valid evidence and documentation of torture with the aim of bringing perpetrators to justice. In this context the IRCT played a role in 2006

in the winning case of Miguel Castro Castro Prison v. Peru before the Inter-American Court of Human Rights by providing expert medical evidence proving that torture occurred, thus ensuring that the final ruling comprised reparations to the survivors.

Now receiving roughly ten thousand visits each month the IRCT website continues to be another important tool in our communications and advocacy work, just as the film *The Secret Life of Words*, directed by Spanish director Isabel Coixet and inspired by the IRCT's work, has contributed immensely to bringing the anti-torture message to a broad audience. In 2006 the film was screened in several major cities in Europe and North America, while a TV spot, also produced by Coixet and entitled "You can do something to stop torture", was shown in 22 countries in conjunction with the global 26 June campaign, reaching an estimated 600 million viewers.

Last but not least the IRCT remains committed to advancing scientific knowledge around torture. At



"We must keep on insisting that the support we provide is not a favour to be extravagantly awarded to the world's torture survivors, but their right – something they are entitled to."

Brita Sydhoff

- at the IRCT General Assembly, 7 December 2006

the IRCT General Secretariat we are working to facilitate linkages between IRCT members and universities, professional organisations and other partners, while the ongoing publication of the scientific journal *Torture* is another method through which we reach the medical professional community. In 2006 *Torture* became indexed in the world's leading biomedical database, MEDLINE, strengthening the journal's reputation and aiding its dissemination.

For the IRCT the year 2006 culminated in December with our first ever physical General Assembly, which took place in conjunction with the ninth IRCT International Symposium on Torture. The General Assembly was a major step in consolidating organisational democracy in the IRCT, comprising elections for a new Council as well as two days of vigorous and constructive debate during which representatives of 114 member centres and programmes, along with a group of independent experts, discussed some of the key policy issues affecting the situation of torture survivors globally and made recommendations for the future direction of the IRCT's work.

During the Symposium, hundreds of participants from a range of fields joined the IRCT member centre representatives for two days of presentations and discussions under the heading *Providing Reparation and Treatment, Preventing Impunity*, led by several internationally acclaimed keynote speakers. Following the Symposium the IRCT General Secretariat was delighted to receive very positive feedback from numerous participants who expressed their satisfaction with the lectures, workshops and debates that took place during this important event.

Along with the invaluable work that devoted and courageous doctors, nurses, counsellors, lawyers, social workers and others at IRCT member centres and programmes across the world carry out every day, the Symposium and the General Assembly, as well as the growth of the membership in 2006, confirmed that still more people are joining the quest for our common goal: a world without torture.

Brita Sydhoff
Secretary-General



Participants at the first ever physical IRCT General Assembly

Providing Rehabilitation Services

While the right to health and rehabilitation is well described and consolidated in international laws and conventions, across the world many torture survivors are denied these rights.

With wide-ranging consequences at the individual, family and social level, torture is a serious threat to public health. While the right to health and rehabilitation is well described and consolidated in international laws and conventions, across the world many torture survivors are denied these rights. Their health has been harmed on purpose, but in most cases the responsible authorities do not provide the rehabilitation and redress the survivors are entitled to. Centres and programmes operating under the IRCT umbrella attempt to restore these basic human rights by offering a range of services to address the multiple consequences of torture.

Beatings are the most common form of torture, but a variety of methods exist, many of which are designed to inflict maximum pain while leaving minimum traces. In many cases torture leads to lasting impairment and chronic pain. Regional variation in specific forms of torture can create characteristic short- and long-term sequels, like those of “telefono” (beatings to both ears with subsequent injuries to the outer and inner ear) and “falanga” (beatings to the soles of the feet, leading to swelling and

extreme pain and injuries that may lead to chronic walking impairment). Common psychological sequels include depression and anxiety disorders such as Post-Traumatic Stress Disorder (PTSD) accompanied by concentration difficulties, intrusive memories, anxiety or recurring nightmares and disturbed sleep.

Particularly if left untreated the sequels may become chronic, prohibiting a normal life as they undercut the survivor’s family and other social relations as well as his/her ability to work. Moreover, as first observed with Holocaust survivors, untreated symptoms and stress-related changes in behaviour of people who have been tortured can lead to indirect sequels affecting second and even third generation survivors. A number of IRCT member centres therefore address the needs of not only primary but also secondary victims, including victims’ family members.

To address torture survivors’ complex needs as comprehensively as possible the IRCT promotes an interdisciplinary approach where professionals



from different disciplines work together to provide a variety of psychological, medical/physical, legal and social services. Moreover, attention is given to developing and adapting these services to fit the given cultural and socio-economic context. For instance, depending on the situation in which they operate, some IRCT member centres have a mainly clinical approach while others concentrate more on family and/or community-based interventions.

Community-based interventions are increasingly in focus in places of conflict and post-conflict where large numbers of people are affected and where scarce resources necessitate outreach-oriented strategies (see also p. 26). This is reflected in the IRCT’s strategic approach, which emphasises increased outreach and exchange of diagnostic and treatment-oriented knowledge developed by member centres and development of relationships with academic institutions and international professional umbrella organisations. Current collaboration partners in this respect include, for instance, the World Medical Association and the World Psychiatric Association.

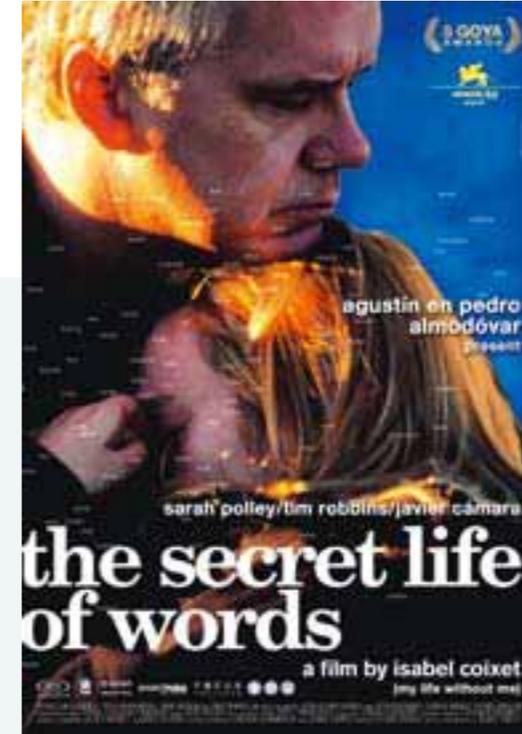
26 June The United Nations International Day in Support of Victims of Torture



In 2006 the IRCT co-ordinated a global campaign to commemorate the United Nations International Day in Support of Victims of Torture for the ninth consecutive year. The campaign centred on the urgent need for governments to increase their support to the United Nations Voluntary Fund for Victims of Torture (UNVFVT), one of the world’s most important donors supporting the rehabilitation of torture survivors.

Around the world survivors and their supporters addressed policy makers and the public through a range of activities, including press conferences, debates at universities, theatre plays and public vigils, drawing the world’s attention to torture survivors’ right to rehabilitation and the need to counter torture and impunity.

The IRCT Secretariat produced and disseminated campaign materials – from t-shirts and balloons to fact sheets and a catalogue of campaign ideas – to rehabilitation centres and programmes worldwide. Following the campaign, some 46 countries



Isabel Coixet. Inspired by the IRCT’s work, meetings with IRCT founder Dr Inge Genefke and visits to the Center for Torture Victims, Sarajevo, the film dramatises the long-term effects of torture on the body and soul of a Bosnian refugee.

In Toronto, actor Sarah Polley, who plays the lead role, helped organise the film’s Canadian premiere, while in The Hague four Dutch rehabilitation centres collaborated to host a screening there. Both premieres were followed by panel discussions about torture in the current global political climate and its consequences for victims.

reported their activities, the details of which were published in the report *Together against Torture: IRCT’s Global Report on the UN International Day in Support of Victims of Torture – 2006*. In addition to documenting the campaign the report is used by rehabilitation centres and programmes as an important fundraising tool.

Reaching out through film and television

Two major cities marked 26 June by screening the film *The Secret Life of Words* by Spanish director

A TV-spot, also produced by Isabel Coixet, was broadcast on television in 22 countries and on radio in four countries. Made downloadable at the IRCT website, the spot conveys the message that unlike a tsunami or other natural disaster, “you can do something to stop torture”. Through the pro bono support of television and radio stations, it is estimated that the spot was seen or heard by some 600 million people worldwide.

A human chain in Bangladesh



A boat race with 700 participants was held in Kenya to commemorate 26 June



IRCT General Assembly and International Symposium on Torture



Symposium

On 9 and 10 December 2006 the IRCT hosted its ninth international symposium on torture in Berlin, Germany. The event, organised in collaboration with the Berlin Center for the Treatment of Torture Victims (BZFO), centred on the theme *Providing Reparation and Treatment, Preventing Impunity* and was devoted to outlining and discussing the achievements and future challenges of the global movement against torture.

Nearly 400 participants from 88 countries attended the Symposium's keynote lectures, workshops and poster presentations. Attendees represented a broad range of disciplines—from health professionals and staff from rehabilitation centres to human rights advocates and policymakers.

The symposium opened with keynote addresses by representatives from The Gambia, Bangladesh and South Africa. Each discussed the challenges of addressing the problem of impunity at the international and national level and the problems as-

sociated with obtaining reparations for victims (see also p. 20). Breakout sessions focused on a wide range of topics, from secondary traumatising of caregivers to new treatment approaches. The first day closed with a keynote lecture on how current counter-terrorism measures have eroded the absolute prohibition on torture. Keynote lectures on the second day of the Symposium, which coincided with the UN Human Rights Day, discussed resource-oriented therapy for trauma victims, tortured survivors' right to remedies, as well as coercive interrogation and torture at Guantánamo Bay.

UN Special Rapporteur on torture, Professor Manfred Nowak, delivered the concluding address, in which he noted that while the increasing importance of international tribunals may help to end impunity, there is still much work to be done by states to heed recommendations and guidelines for preventing torture. Professor Nowak also stressed the importance of rehabilitation, saying that it "must not be perceived as a mere act of charity but as a human right".

The Symposium was made possible by generous donations from the following donors:

- The government of Belgium
- The government of Denmark
- The government of Germany
- The government of the Netherlands
- The government of Sweden
- The Hamburg Foundation for the Advancement of Research and Culture, Jan Philipp Reemtsma
- Hermod Lannungs Fond
- Inge Genefke and Bent Sørensen's Anti-Torture Support Foundation
- Landsorganisationen i Danmark
- Lippmann Fonden
- OAK Foundation
- Rockwool Foundation
- United Nations Voluntary Fund for Victims of Torture

Moreover, the Royal Danish Embassy in Berlin, Germany, Universum Film GmbH and Tobis Film GmbH & Co. KG provided invaluable support.

General Assembly

Prior to the Symposium, on 7 and 8 December, the IRCT General Assembly convened physically for the first time in the history of the organisation. The meeting brought together representatives from 114 IRCT member centres and programmes as well as a number of independent experts to discuss matters of relevance to the role and future of the organisation. The assembly was characterised by active and engaged dialogue where members discussed a range of topics on the basis of short presentations by Council members and independent experts. The assembly also comprised elections for seats in the IRCT Council and Executive Committee and resulted in the re-election of Palestinian psychologist Dr. Abdel Hamid Afana as President of the organisation.



UN Special Rapporteur on Torture, Professor Manfred Nowak, delivering the concluding address at the IRCT International Symposium on Torture: "Rehabilitation must not be perceived as a mere act of charity, but as a human right".

Strengthening Sustainability and Exchange of Knowledge



In order to ensure that the vast pool of knowledge and expertise available in the global IRCT network is made available to the greatest possible number of beneficiaries, the IRCT General Secretariat works to facilitate knowledge exchange between rehabilitation centres and programmes in the network as well as with relevant organisations and institutions. The related activities focus on development of treatment methodologies, medical and legal documentation of torture, monitoring and evaluation tools in addition to advocacy and communications strategies.

The IRCT Global Capacity Building Programme 2005-2008 is financially supported by the Netherlands Ministry of Foreign Affairs and will be continued and elaborated throughout the next two years to further build on and facilitate initiatives in developing countries.

While a major endeavour in this respect in 2006 was the IX International Symposium on Torture (see p. 12), a number of other activities designed to promote exchange of knowledge were organised throughout the year. For instance, an exchange programme was launched as part of a four-year global capacity building programme (2005-2008) financed by the government of the Netherlands. Under the programme, eight individual professionals from IRCT member centres in six regions participated in exchange visits, lasting an average of ten days, to other centres belonging to the IRCT umbrella.

In terms of technical assistance, training sessions on drafting proposals for EU funding were organised in Sri Lanka, Peru, Kenya and Egypt and attended by representatives of IRCT member centres and programmes throughout the world.

A training-of-trainers workshop on media and communications held in Geneva, Switzerland, with representatives from 12 IRCT member centres in as

many countries, was followed up by participants conducting a similar workshop at a meeting of the Sub Saharan African regional network.

A number of regional training seminars were conducted throughout the IRCT network. At the seminars, professionals from within the IRCT network as well as external consultants exchanged knowledge and results on a variety of subjects with a focus on approaches to delivering treatment and legal services. As in previous years the regional structure of the seminars allowed centres in countries with similar circumstances to share information and experience, especially related to adapting research and other tools for use in local contexts. In total, more than 200 representatives of 53 centres in 43 countries attended regional seminars, many of which were covered by local media.

A training seminar for the **Asia and Pacific** region held in Bangladesh highlighted the theory and practice of law in support of torture survivors, focussing on relevant international, regional and

country specific legal mechanisms. The participants subsequently developed two joint proposals on preventing torture, which were submitted to a number of potential donors. Moreover, a joint appeal to the Indian Government to ratify the UN Convention against Torture was signed by all IRCT member centres in India and submitted to the Indian PM.

In **Latin America** 33 participants representing 17 centres in 15 countries participated in a regional training seminar. The seminar comprised presentations and thematic working groups on topics such as impact evaluation, the trans-generational effects of trauma, and strategies for financial sustainability. Moreover, the host centre, Institute of Therapy and Research about Sequelae of Torture and State Violence (ITEI), took advantage of the presence of a group of international experts to organise a debate on the psychosocial consequences of impunity during the first day of the seminar. The debate took place in the University of La Paz and attracted around 100 participants.

Colombo, Sri Lanka, 24-25 June: participants at the training seminar on proposal writing to the EU



Participants at a similar seminar held in Cairo, Egypt, 21-22 June



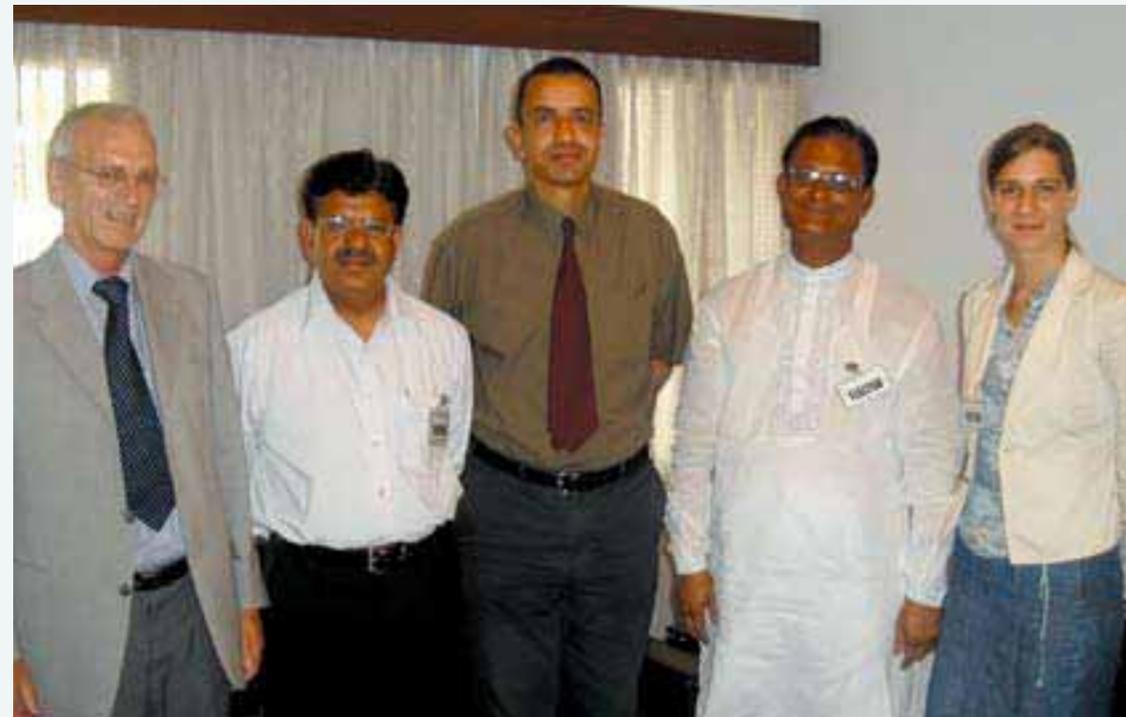
"The IRCT exchange programme acted as an eye-opener for many of the staff involved, as it was discovered that information sharing is an important tool of organisational development and growth."

– Ann Wekesa, Independent Medico-Legal Unit, Kenya and Exchange Programme participant



A training seminar for the **Middle East and North Africa** region held in Morocco included roundtable discussions and presentations on community outreach interventions and staff welfare as well as

methods of monitoring and evaluation. Furthermore, the regional network established a work plan involving all centres in the region engaged in research, training, documentation and advocacy.



In connection with the regional meeting in Dhaka, Bangladesh, 27-30 August, a meeting was held at the German Embassy Dhaka. IRCT was represented by Akram H. Chowdhury, Executive Director of Bangladesh Rehabilitation Centre for Trauma Victims (BRCT), Dr. Kamrul Hasan Khan, Executive Director of Centre for Rehabilitation of Torture Survivors (CRTS) and Miriam Wernicke, Legal Officer (IRCT General Secretariat)

On the agenda of a regional training seminar in **Sub-Saharan Africa** were communication and advocacy, treatment outcomes and psychological instruments, and an introduction to the Istanbul Protocol (see p. 18). The occasion also was utilised to lay the foundation of a joint strategy for strengthening rehabilitation and prevention in the region as well as to explore possibilities for new partnerships in the region, *inter alia* through meetings with representatives from rehabilitation centres currently outside the existing network.

Much of the focus of a regional meeting of the **Balkan Area Network** was on lessons learnt, both from the rejection of a joint project proposal submitted to the European Commission and from concrete cases brought before the court in Serbia. The participants used the time to share practices and experience on mental health issues – including the use of cognitive-behavioural therapy and psychotherapy with patients with Post-Traumatic Stress Disorder – and on the results of a comprehensive epidemiological study conducted in Kosovo.

New Rehabilitation Centre in Zambia

In 2000 representatives of the Zambian authorities took part in a seminar arranged by the IRCT on reporting to the UN Committee Against Torture. Subsequently, one of the participants left his job at the Zambian Ministry of Justice to create the *Institute of Human Rights, Intellectual Property and Development Trust* (HURID). In April 2006, the IRCT and HURID organised a seminar to identify professionals interested in establishing a rehabilitation centre for torture survivors. By late 2006, training and professional exchanges were underway for two doctors, two nurses, a community health practitioner, a physiotherapist and a lawyer who now run the *Independent Medical-Legal Unit Zambia*, which opened its doors in early 2007.



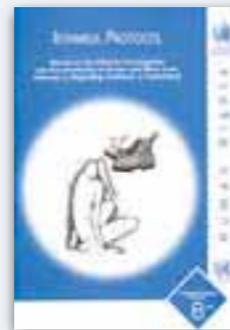
Session at the regional training seminar in La Paz, Bolivia, 12-17 October

Prevention through Documentation

International law is clear: torture is illegal, in all places and circumstances, with no exceptions. Moreover, states are legally obliged to bring suspected torturers to trial and provide treatment and compensation to torture survivors.

But in reality torturers are rarely punished, and most torture survivors do not receive the reparations and redress they are entitled to. A major problem is that it can be very difficult to prove that a person has been tortured. The torture may have taken place many years ago or the specific methods used have left no visible marks. Many torture methods are designed precisely so as to inflict maximum pain while leaving minimum physical traces.

However, years of focused research has enabled physicians and psychologists to determine with great accuracy whether or not a person has been tortured, and today, specialist health professionals are thus able to give independent, evidence-based testimony, thereby playing an essential role in court cases against alleged perpetrators.



An important tool in this connection is the so-called Istanbul Protocol, which provides internationally recognised standards on how to identify, document and report symptoms of physical and psychological torture. The Protocol functions as a practical manual

for health and legal professionals involved in legal proceedings against alleged torturers and is a vital tool for ensuring justice for torture survivors and for preventing impunity.

For several years, the IRCT has worked to increase knowledge about and practical use of the Istanbul Protocol. Following a two-year pilot project the efforts were intensified in 2006 when the three-year project *Prevention through Documentation* was launched, targeting ten countries: Ecuador, Egypt, Georgia, Kenya, Mexico, Morocco, the Philippines, Serbia, Sri Lanka and Uganda.



Visitors at a booth with information material on the Prevention through Documentation project established in connection with the IX IRCT International Symposium on Torture in Berlin, December 2006

With financial support of the EU the work is headed by the IRCT in collaboration with the World Medical Association, the Human Rights Foundation of Turkey, REDRESS and Physicians for Human Rights alongside a range of local partners. Expected results of the project, which will run until the end of 2008, include:

- Increased and improved investigation, documentation and reporting of torture through training of 375 health and legal professionals from national law enforcement/penitentiary systems, forensic institutions, rehabilitation centres, and human rights organisations and commissions on how to recognise, document and report signs of torture, as well as the establishment of local resource groups.
- Increased awareness about torture and the Istanbul Protocol through sensitisation of journalists, politicians, decision makers, national and international professional organisations, and collaboration with academic institutions on how to include the Istanbul Protocol in relevant university curricula.

Preparatory missions to Serbia, Kenya and the Philippines took place in 2006 to identify local partners and resource persons, strengthen local commitment and secure political support for the struggle against torture and implementation of the project in those countries. As the project progresses, the contribution of effective documentation to the prevention of torture will be assessed through an impact study and compilation of best practices and illustrative case stories.



An information leaflet on the Prevention through Documentation project was produced in three languages



Focus on Impunity and Reparations for Torture Victims

Throughout 2006 the IRCT remained vocal on international developments regarding the prohibition of torture and continued efforts to keep the fight against impunity on the international political agenda.

Key to this effort was bringing the voices of survivors and rehabilitation centres and programmes to international fora to explain the importance of their work in terms of preventing torture and impunity. Reparations and impunity were two of the main topics at the **IX IRCT International Symposium on Torture** held in Berlin in December 2006 (see p. 12). High profile lawyers and local human rights defenders presented and shared their experiences and challenges in supporting victims' access to justice. Keynote speakers pointed out that impunity is one of the main reasons that torture continues to be widespread. They called upon states to live up to their obligations under international law and to provide adequate remedies on a domestic level.

Another key issue addressed at the Symposium was the necessity for medical and legal professionals to

jointly document, investigate and provide evidence in courts to prove cases of torture (see also p. 18). The speakers also encouraged a broader view on providing reparations from a victims' perspective and emphasised that perpetrators and perpetrating states should provide reparations, including medical and psychological rehabilitation, by financing long-term rehabilitation and contributing to relevant funds.

At the annual **OSCE Human Dimension Implementation Meeting** held in October in Warsaw, Poland, the IRCT highlighted the importance of securing long-term funding for the rehabilitation of torture survivors, e.g. by strengthening the UN Voluntary Fund for Victims of Torture (UNVFVT). Moreover, as the Optional Protocol to the UN Convention against Torture (OPCAT) came into force in June 2006, the IRCT also took the opportunity during the meeting to stress the importance of securing unhindered access to all places of detention. Finally, together with the International Rehabilitation Centre for Torture Victims in Zagreb, Croatia, the IRCT General Secretariat liaised with a number of diplomatic delegations also present at the meeting.



Peruvian lawyer Monica Feria, herself a torture survivor, fought in the landmark case, Miguel Castro Castro Prison v. Peru Photo: Ron Vester.



"The International Criminal Court is a major triumph in the fight against impunity."

- Fatou Bensouda, Deputy Prosecutor, International Criminal Court

To facilitate victims' access to justice, the IRCT provided forensic evidence in the landmark case, **Miguel Castro Castro Prison v. Peru**, before the Inter-American Court for Human Rights. On behalf of the IRCT two medical experts went to Lima, where they examined survivors of the May 1992 massacre, during which Peruvian forces attacked the Castro Castro prison in Lima, killing at least 43 inmates and severely torturing many more. The experts produced affidavits diagnosing the psychological and physical damages sustained by the victims. At the trial before the Inter-American Court the then medical director of the IRCT testified as expert witness, answering questions about psychological effects of torture. The final sentence, issued 25 November 2006, determined that torture and mistreatment, including rape and sexual assault in the aftermath of the attack, had occurred. Acknowledging the IRCT's expert testimony with respect to the physical and psychological damages endured by the victims and their families, the Court ruled for the State of Peru to provide a broad range of reparations, including medical and psychological rehabilitation, to the survivors.

In June, at the first meeting of the new **UN Human Rights Council**, the IRCT lobbied for an institution building process that will facilitate an effective universal periodic review of UN member states' fulfilment of their human rights obligations and commitments. Furthermore the IRCT advocated for a strong mandate for the UN Special Procedures mechanism, in particular the Special Rapporteur on Torture.

During the year the IRCT General Secretariat also supported member centres' national and regional advocacy initiatives, for instance when member centres in India – one of the most influential countries in the region – launched an appeal to the Indian Parliament to ratify the UN Convention Against Torture. And at the international level the Secretariat co-ordinated a campaign on behalf of CINAT* for the ratification of the Convention.

Fifty-one countries have yet to ratify the Convention, a challenge the IRCT will continue to address in the coming years.

*CINAT: The Coalition of International NGOs Against Torture. CINAT comprises Amnesty International, Association for the Prevention of Torture, International Commission of Jurists, International Federation of ACAT, World Organisation Against Torture, Redress and the IRCT

A Stronger Voice for Torture Survivors

Members' Area at www.irct.org



perspective – e.g. co-ordinating the international campaign on 26 June (see p. 10) – and to strengthen member centres' communications work, both within the network and externally.

Working with member centres and programmes the IRCT General Secretariat continued to support member centres and programmes as they liaised with their national parliaments, with multilateral institutions like the EU and the UN and with local and international media to underscore the obligation to and importance of providing rehabilitation services to torture survivors. Through the IRCT homepage, www.irct.org, which by the end of the year received an average of 10,000 visitors each month, members' work and concerns were highlighted, while the homepage was also used to comment on ongoing global, regional and national trends and debates relating to torture and rehabilitation. Furthermore, in terms of participating in the global debate on these questions, a number of commentaries were submitted to and published by various national and international newspapers.

Representing 130 member centres and programmes in 77 countries on six continents the IRCT General Secretariat works to ensure visibility of members' work and to call the world's attention to the needs and rights of torture survivors. Aiming to create awareness about this often overlooked group, our communications and advocacy work focuses on three key areas: to keep torture survivors' rights and the prevention of torture high on the international political agenda; to maintain a global

The homepage's special members' area was used by member centres and programmes for sharing knowledge and information, while the IRCT General Secretariat regularly posted information on e.g. upcoming funding opportunities and relevant scientific articles while disseminating monthly updates to keep members informed about relevant developments.

2006 was also the year when the IRCT launched its *Global Group of Communicators*. Comprising communications professionals at IRCT member centres in 12 countries around the world, the group is tasked with developing communications initiatives among IRCT members, supporting information sharing and taking initiatives to enhance the IRCT's visibility by linking to communications outlets globally.

Extending the IRCT's global outreach

During the year we strengthened our efforts to reach broad audiences, including staff at member centres, human rights organisations, politicians

and the general public, producing e.g. brochures, press releases, statements, and a new comprehensive directory of IRCT member centres and programmes globally. In support of the UN International Day in Support of Victims of Torture on 26 June, the IRCT homepage offered downloadable campaign and information material as well as suggestions for activities that would lend visibility to the plight of torture survivors.

In 2007, the IRCT will continue to develop new means to address decision-makers and the general public worldwide to keep torture survivors' needs and rights and the prevention of torture high on the international agenda.



Focus on the **European Union**

– a key donor supporting torture survivors worldwide

The European Union is a leading donor supporting torture survivors globally, and the Union's policies have great impact on the situation of IRCT member centres that rely partly or chiefly on EU funding.

Through its liaison office in Brussels the IRCT General Secretariat liaises systematically with the EU institutions to present the needs of member centres and to promote their interests vis-à-vis the Union. The work includes monitoring global policies

related to rehabilitation and prevention; identifying and accessing relevant budget lines; and lobbying for increased EU support to rehabilitation of torture survivors worldwide.

Supported by the IRCT General Secretariat, 47 IRCT member centres applied for funding under the *European Initiative for Democracy and Human Rights* (EIDHR) in 2006. Two thirds of the submitted applications succeeded, securing a total of 10



Audience at the special screening of the film "The Secret Life of Words", Cinéma Vendôme, Brussels

Member of the European Parliament, Ignasi Guardans, and Dr Inge Genefke, IRCT Ambassador, at the debate that followed the screening of the film "The Secret Life of Words" in Brussels



million EUR for the centres' work. Moreover, concerted advocacy efforts by the IRCT ensured that a new version of the EIDHR programme document refers explicitly to the prevention of torture and the rehabilitation of torture survivors inside and outside Europe and commits to continue to provide funding for this purpose.

The IRCT also worked to ensure that the Common European Asylum System address torture survivors' needs in terms of treatment services and protection. The work included advocating for adjusting the EU's directive on the reception of refugees and asylum seekers – the so-called *Reception Conditions Directive* – to include torture survivors' special needs and rights as well as developing training activities for asylum authorities, and promoting the use of the Istanbul Protocol (see p. 18) in the asylum process. Among other things the IRCT Secretariat and 13 rehabilitation centres in ten EU member states carried out a survey on the implementation of key articles of the directive, the findings of which were presented at a conference in

Brussels to outline minimum standards for reception conditions of asylum seekers in the EU.

The IRCT also continued to promote the *Guidelines to EU Policy Towards Third Countries on Torture*, and to monitor their implementation by the European Commission, EC delegations and member states. As part hereof, training sessions directed toward embassy employees and other relevant officials on the guidelines were developed and held in Brussels, utilising the knowledge and experience of IRCT member centres.

In terms of awareness raising at the European level a special screening of the film *The Secret Life of Words* was arranged for members of the European Commission, European Parliament, ambassadors and journalists in Brussels, while six training sessions on the need for rehabilitation services for torture survivors and the problem of torture in the context of anti-terrorism measures were held, targeting both policymakers (e.g. European Commission officials) as well as the general public.



Reaching Torture Survivors in Conflict and Post-Conflict Situations



IRCT member centres and programmes have many years of experience in delivering rehabilitation services in conflict and post-conflict environments, reaching torture survivors where help is needed most urgently.



A training of trainers workshop at the Al-Fuad Centre for Medical and Psychological Rehabilitation

While scarcity of funding means that many torture survivors have limited or no access to the treatment services required to address their needs, the problem is aggravated in conflict and post-conflict environments, where disrupted infrastructure and lack of security add to the difficulties of reaching society's most vulnerable groups.

IRCT member centres and programmes have many years of experience in delivering rehabilitation

services in such environments, reaching torture survivors where help is needed most urgently. For example, in 1999, the IRCT helped to establish a rehabilitation centre in Pristina, **Kosovo**, to serve the survivors of conflict in the Balkans, and in 2000, the IRCT began piloting psychosocial rehabilitation programmes in **East Timor**.

In **Iraq** the IRCT has worked since 2004 to establish and provide rehabilitation services to some of the country's tens of thousands of primary torture survivors and millions of secondary victims. In 2005 the *Al-Fuad Centre for Medical and Psychological Rehabilitation* opened its doors in Basra, Iraq's second largest city. Since then the centre has treated several hundred patients and trained health and legal professionals with the long-term aim of building the capacity of Iraq's public health care and legal systems to address the needs and rights of torture survivors.

In **Afghanistan** decades of conflict have contributed to large numbers of torture survivors fleeing

into neighbouring Pakistan and Iran. IRCT member centre SACH – Struggle for Change has for several years been addressing the complex needs of Afghan torture survivors living in refugee settlements in Pakistan. In 2006, the IRCT General Secretariat and SACH developed a proposal for a pilot project that will bring rehabilitation services to survivors inside Afghanistan. While SACH has already trained Afghan refugee health professionals in how to recognise signs of torture and provide certain forms of specialised treatment, the project will exploit these resources to support the development of a comprehensive system for treatment and legal redress for torture survivors in Afghanistan.

In spite of the escalation of crises in the Middle East and North Africa including **Lebanon**, the **Occupied Palestinian Territories** and **Sudan/Darfur**, IRCT member centres in those countries managed to keep up their work, providing psychological, medical and legal support to survivors of torture and trauma, reaching thousands of people in need through their extensive local networks.

The continued provision of such services in situations of conflict and post-conflict is extremely important, not only because addressing torture survivors' needs and rights is an obligation toward the individual victims and their families, but also because addressing these needs and rights is an essential element in furthering social healing and reconciliation. As the global challenges rise and change, developing and implementing interventions in conflict and post-conflict situations, with a focus on immediate psychosocial support, therefore remains a high priority of the IRCT.

The IRCT's work in Iraq is financially supported by the Danish Ministry of Foreign Affairs and the European Commission in collaboration with the United Nations Office for Project Services.

A Growing Movement

With 28 new centres becoming members in 2006, while two member centres ceased their activities, the IRCT's global membership increased by 25 per cent in 2006, raising the total number of accredited centres and programmes to 130.

The purpose of the IRCT's membership accreditation process, which was initiated in 2003, is to acknowledge and strengthen independent, non-profit organisations that provide health care to torture survivors and want to join forces with similar organisations to support the global struggle against torture. In 2003 94 centres and programmes became members, while three more members joined in 2004, followed by seven in 2005, bringing the total to 104 members.

The criteria for membership are laid down in the IRCT's bylaws. For instance, the applicant must be an independent, non-profit organisation or programme whose main function is to provide health care to primary and secondary victims of torture. Moreover, the organisation/programme in question must have been operational for at least two years

and is required to see a minimum of 50 clients a year.

As members, centres and programmes benefit from easy access to relevant up-to-date knowledge; participation in scientific/professional conferences, meetings and seminars; support from the IRCT General Secretariat, e.g. in terms of fundraising; and access to the IRCT website's members' area, which contains a number of useful tools including notification on calls for proposals by major donors, targeted fundraising guidelines and information on relevant upcoming events. And not least, all members qualify for participation in elections for the IRCT Council and Executive Committee.

The IRCT warmly welcomes its 28 new members, affirming that a strong and growing global movement enables us to reach still more torture survivors worldwide and to work ever more effectively for the prevention of torture.

Welcome to the 28 New Members in 2006

Australia

1. Companion House Assisting Survivors of Torture and Trauma, O'Connor, Australian Capital Territory
2. Service for the Treatment and Rehabilitation of Torture and Trauma Survivors (STARTTS), Fairfield, New South Wales

Austria

3. Interkulturelles Beratungs- und Therapiezentrum (ZEBRA), Graz

Cameroon

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

Congo, Democratic Republic of the

6. Centre Psycho Médical pour la Réhabilitation des Victimes de la Torture – SOPROP (CPMRVT), Ville de Goma
7. OASIS Centre for Treatment and Rehabilitation of Victims of Torture and Trauma, Bukavu
8. SAVE Congo DR, Lubumbashi

East Timor

9. Tulun Rai Timor, Dili

France

10. Centre de Soins de l'AV.R.E., Paris

Germany

11. REFUGIO Zentrum für Behandlung, Beratung und Psychotherapie von Folter-, Flucht- und Gewaltopfern in Schleswig-Holstein e.V., Kiel

Guatemala

12. Oficina de Derechos Humanos del Arzobispado de Guatemala (ODHAG), Guatemala

Indonesia

13. Aliansi Demokrasi untuk Papua (ALDP), Jayapura
14. International Catholic Migration Commission (ICMC), Jakarta Selatan

Lebanon

15. Khiam Rehabilitation Center of the Victims of Torture (KRC), Beirut

Mexico

16. Colectivo Contra la Tortura y la Impunidad A.C., Mexico City

Morocco

17. Association Médicale de Réhabilitation des Victimes de la Torture (AMRVT), Casablanca

Netherlands

18. Centrum '45, Oegstgeest

Palestinian Territory (Occupied)

19. Jesoor – Transcultural Right to Health, Gaza City

Philippines

20. Balay Rehabilitation Center, Inc., Quezon City

Sri Lanka

21. Family Rehabilitation Centre (FRC), Colombo

Sweden

22. Svenska Röda Korsets Behandlingscenter för krigsskadade och torterade, Malmö

Turkey

23. Sosyal Hizmetler Rehabilitasyon ve Adaptasyon Merkezi (SOHRAM-CASRA), Diyarbakir

United Kingdom

24. Refugee Therapy Centre (RTC), London

United States of America

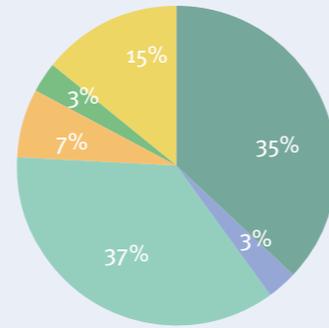
25. FIRST Project – For Immigrants and Refugees Surviving Torture, Lincoln, Nebraska
26. Liberty Center for Survivors of Torture, Philadelphia, Pennsylvania
27. Rocky Mountain Survivors Center (RMSC), Denver, Colorado
28. Torture Treatment Center of Oregon (TTCO), Portland, Oregon



Financial Developments

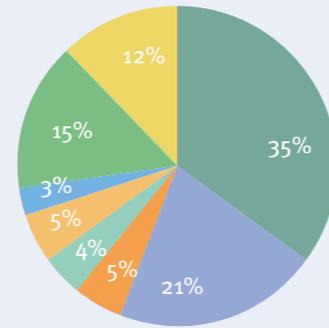
The overall financial objective of the IRCT remains to strengthen the financial basis for rehabilitation and prevention activities. However, maintaining the current capacity alone is a serious challenge. Indications today are that the global need is almost double the currently available resources. In addition, changing donor policies and complicated application procedures add to the challenge of sustaining the global rehabilitation movement.

In recognition of these challenges, the IRCT Secretariat is working to create synergy between a series of projects with the long term aim of improving the financial situation of the global network. The most important element in this process has been a four-year grant (2005-2008) from the government of the Netherlands, which allows for a series of activities and capacity building initiatives aimed at enabling IRCT member centres and programmes to become more self-sustainable and to raise their own funds for capacity building activities from 2009. In parallel, fundraising efforts are directed



DISTRIBUTION OF FUNDS 2006 (EUR)

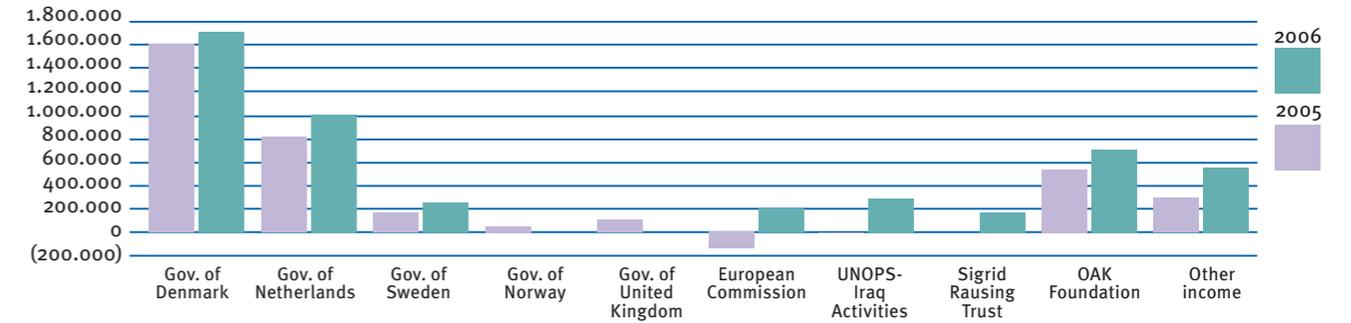
Core	1.686.250	35%
External activities:		
Brussels Office	139.442	3%
Capacity building	1.725.277	37%
Financial grants to centres	336.486	7%
International coordination	164.112	3%
Symposium - Berlin	676.170	15%
Total expenditures	4.727.737	100%



SOURCES OF INCOME 2006 (EUR)

Government of Denmark	1.686.526	35%
Government of Netherlands	1.002.592	21%
Government of Sweden	220.587	5%
Government of Norway	-	0%
Government of UK	-	0%
European Commission	177.933	4%
UNOPS-Iraq Activities	252.516	5%
Sigrid Rausing Trust	147.589	3%
OAK Foundation	718.531	15%
Other income	548.117	12%
Total income	4.754.391	100%

SOURCES OF INCOME 2006 COMPARED WITH 2005 (EUR)



toward specific donor countries, e.g., the UK, Sweden, Belgium and Germany.

The private OAK Foundation, a long-time donor to the IRCT, continues to support the IRCT Secretariat as well as centres and programmes. Moreover, in 2006 the Sigrid Rausing Trust, also a private foundation, joined the group of donors sustaining the IRCT, providing funding for a project with the objective of encouraging OSCE governments to increase their contributions to the UN Voluntary Fund for Victims of Torture and to national rehabilitation centres and programmes.

2006 results

The overall financial goal for 2006 was to secure a modest positive result, an ambitious goal given that in 2006 the IRCT conducted both its first physical General Assembly and an international scientific symposium in Berlin (see. p. 12). Thanks to the generosity of a number of donors, the task

was accomplished and the year ended with a small surplus of EUR 26,654.

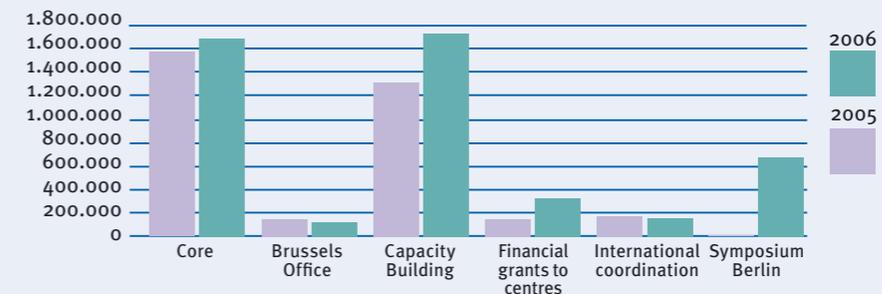
Priorities and prospects

As the following figures show, the IRCT is steadily increasing the percentage of financial resources allocated to external activities:

Year	Core	External activities
2004	50%	50%
2005	47%	53%
2006	35%	65%

The financial objective for the IRCT General Secretariat is to further limit the resources supporting the core operation while increasing the number of substantial multi-year donors. The Secretariat will seek to fulfill the objective of establishing a small reserve capital through liaisons with private donors to create a buffer for future external interventions.

DISTRIBUTION OF FUNDS 2006 COMPARED WITH 2005 (EUR)



Statement of Financial Position

as of 31 December 2006 and 2005

Assets	2006	2005
	(EUR)	(EUR)
Institutional receivables	435,649	0
Other receivables	150,435	109,498
Total receivables	586,084	109,498
Liquid assets	935,129	590,759
Total assets	1,521,213	700,257
Liabilities		
Net capital as of 1 January	(46,943)	(137,099)
Net contribution for the year	26,654	90,156
Net capital reserve as of 31 December	(20,289)	(46,943)
Prepaid project grants	941,031	332,343
Payables	600,471	414,857
Total other payables	1,541,502	747,200
Total liabilities	1,521,213	700,257

All data at exchange rate DKK 1 = EUR 0.1347

2006 Donor Acknowledgements

The IRCT gratefully acknowledges the generous support of the following: (contributors to the IX IRCT Symposium on Torture listed on page 13)

- The OAK Foundation
- Danish Ministry of Foreign Affairs
- Netherlands Ministry of Foreign Affairs
- European Commission
- UN Office of Project Services (UNOPS)
- Swedish Ministry of Foreign Affairs
- Swedish Red Cross
- Søren and Helene Hempels Legat
- Aase og Ejnar Danielsens Fond
- Victoria Gomez-Trenor Verges
- PL-Fonden
- Knud Højgaards Fond
- JL Fondet
- The Sigrid Rausing Trust
- Egmont Foundation
- Birgit Petersson

Statement of Activities

For years ending 31 December 2006 and 2005

Income	2006	2005
	(EUR)	(EUR)
Contribution from governments, ministries etc.:		
Denmark	1,686,526	1,579,064
The Netherlands	1,002,592	810,461
Sweden	220,587	174,942
Norway	0	48,974
United Kingdom	0	90,360
European Commission	177,933	(89,924)
UNOPS—Iraq activities	252,516	0
Sigrid Rausing Trust	147,589	0
OAK Foundation	718,531	551,185
Other income	548,117	273,819
Total income	4,754,391	3,438,881
Expenditures incurred for:		
General Secretariat: basic advocacy, advisory support to centres and joint expenses	(1,686,250)	(1,585,122)
Brussels Liaison Office	(139,442)	(147,222)
Specific external capacity building directed towards centres	(1,725,277)	(1,295,989)
Financial grants to centres	(336,486)	(150,323)
International coordination of centre tasks	(164,112)	(170,069)
Symposium, Berlin	(676,170)	0
Total expenditures	(4,727,737)	(3,348,725)
Net contribution for the year	26,654	90,156

- Linda Bloch
- Henrik Andreasen
- Bo Jacobsen
- Ghita Nørby
- Lis Danielsen
- Bent Rold Andersen
- Birgit and Martin Bojesen
- Erik Haunstrup Clemmesen
- Elsebeth Søndergaard
- Christian Mejdahl
- William Bentzen
- Jytte Iversen
- Wilfred Melendez
- Ole Ladefoged
- Birgit Heise
- A large group of Spanish individuals
- And several other private donors.

The **People** behind the IRCT

IRCT COUNCIL

Executive Committee

Abdel Hamid Afana, MA, PhD IRCT President

Board Member, Jesoor Centre, Palestine

Elected Council Member representing the Middle East and North Africa Region

José Quiroga, MD IRCT Vice-President

Medical Director, Programme for Torture Victims of Los Angeles (PTV), United States

Elected Council Member representing the North America Region

Niels Krustup

Director, Rehabiliteringscenter for Torturofre – Jylland (RCT-Jutland), Denmark

Elected Council Member representing the Country of Domicile

Muhamud Sheikh Nurein Said, MD
Director, Independent Medico-Legal Unit (IMLU), Kenya
Elected Council Member representing the Sub-Saharan Africa Region

Ronald Amilcar Solis Zea, MA, Professor

Co-ordinator, Human Rights Office of the Archbishop of Guatemala (ODHAG), Guatemala

Elected Council Member representing the Latin America and the Caribbean Region

Sebnem Korur Fincanci, MD, Professor

Head of the Department of Forensic Medicine, Istanbul University
Elected to Council as an Independent Expert (nominated by FIDH)

Vivienne Nathanson, MD, Professor
Chair of BMA Steering Group on Human Rights, British Medical Association, United Kingdom
Elected to Council as an Independent Expert (nominated by World Medical Association)

Council Members

Elected by the Asia Region: **Sotheara Chhim, MD**

Managing Director, Transcultural Psychosocial Organization Cambodia (TPO Cambodia), Cambodia

Loreine dela Cruz

Executive Director, Balay Rehabilitation Centre, The Philippines

Shailendra Guragain, MSc, MBA

Executive Director, Centre for Victims of Torture (CVICT), Nepal

Kamrul Hasan Khan, MBBS, MPhil

Executive Director, Centre for Rehabilitation of Torture Survivors (CRTS), Bangladesh

Elected by the Country of Domicile Region: **Niels Krustup**

(see Executive Committee)

Elected by the Europe Region: **Okan Akhan, MD, Professor**

Executive Board Member, Human Rights Foundation of Turkey (HRFT) - Ankara, Turkey

Aida Alayarian, MSc, DocSc, PhD

Clinical Director, Refugee Therapy Centre, United Kingdom

Lilla Hardi, MD

Medical Director, Cordelia Foundation for the Rehabilitation of Victims of Torture, Hungary

Eva-Lena Klefbeck, Psychotherapist, Prof. Social Worker

Psychotherapist/Social Worker, Red Cross Centre for Tortured Refugees – Stockholm, Sweden

Maria Piniou-Kalli, MD, PhD

Medical Director, Medical Rehabilitation Centre for Torture Victims (MRCT), Greece

Christian Pross, MD

Board Member, Behandlungszentrum für Folteropfer (BZFO), Germany

Feride Rushiti, MD

Executive Director, Kosovo Rehabilitation Centre for Torture Victims (KRCT), Kosovo

Elected by the Latin America and the Caribbean Region: **Gloria Amparo Camilo, Psychologist**

Director, Corporacion AVRE, Colombia

Miguel Scapusio, Psychologist

Executive Director, Sersoc, Uruguay

Ronald Amilcar Solis Zea, MA

(see Executive Committee)

Carlos Jibaja Zarate, Psychologist

Executive Director, Center of Psychosocial Attention (CAPS), Peru

Elected by the Middle East and North Africa Region: **Abdel Hamid Afana, MA, PhD**

(see Executive Committee)

Nagib Nagm El Din Hassan, MD

Medical Director, Amel Center for Treatment and Rehabilitation of Victims of Torture, Sudan

Mohammed Safa, Instructor

Center Director/Secretary General, Khiam Rehabilitation Center for Victims of Torture, Lebanon

Elected by the North America Region: **John Docherty, MA**

Co-ordinator, RIVO, Canada

José Quiroga, MD

(see Executive Committee)

Elected by the Pacific Region: **Jorge Aroche, BSc Psych, M.Clin. Psych**

Executive Director, Service for the Treatment and Rehabilitation of Torture and Trauma Survivors (STARTTS), Australia

Norma Josephs, BSW, MSW

Director, Association for Services to Torture and Trauma Survivors (ASeTTS), Australia

Elected by the Sub Saharan Africa Region:

Cheikh A. Bamba Diop, MD

Medical and Executive Director, VIVRE-CAPREC, Senegal

Miriam Fredericks

Counsellor and Team Leader, Political Violence Programme, The Trauma Centre for Survivors of Violence and Torture (TCSVT), South Africa

Guy Kitwe Mulunda, MA Public Health

Executive Director, SAVE Congo, Democratic Republic of Congo

Muhamud Sheikh Nurein Said, MD

(see Executive Committee)

Representatives in their Capacity of Independent Experts.

Sebnem Korur Fincanci, MD, Professor

(see Executive Committee)

Jim Jaranson, MD, MA, MPH

Co-Chair, Section on the Psychological Consequences of Torture and Persecution, World Psychiatric Association

Vivienne Nathanson, MD, Professor

(see Executive Committee)

GENERAL SECRETARIAT

Status as of 1 May 2007

Office of the Secretary-General:

Brita Sydhoff

Secretary-General

Nieves Molina Clemente, LL.M.

Senior Legal Advisor

Poul Hauch Fenger, LL.M., M.I.R.

Policy Advisor

Gitte Sørensen, BA

Executive Assistant, HR Officer

Miriam Wernicke, LL.M.

Legal Officer

Communications Unit:

Sune Segal, MA

Acting Head of Unit

Brandy Bauer, MA

Communications Officer

Inge Genefke, MD, DMSc hc mult

IRCT Ambassador (part-time)

Janice Granados, MA, E.MA

Assistant to the IRCT Ambassador (part-time)

Henrik Marcussen, MD, DMSc

Editor of Torture Journal (part-time)

Margareth Evangelista Marmorì, MSc

Webmaster

Annette Nordstrøm, MA

Information and Accreditation Co-ordinator (part-time)

Kristine Olsen, BA

Information Officer

Anne Wedege

Assistant, Torture Journal (part-time)

Programme Unit:

Margriet Blaauw, MD

Medical Director, Head of Unit

Nils Rune Christensen, MA

Project Officer

Lianne Engelkes, BA

Project Co-ordinator, MENA Region and Iraq Project

Ola Farrag, BA

Programme Officer, Iraq Project

Dea Kopp Jensen, MA

Programme Co-ordinator (part-time)

Susanne Kjær, MSc

Project Manager, Prevention through Documentation project

Ole Vedel Rasmussen, MD, DMSc

Medical Adviser

James Richardson, MSc

Project Co-ordinator, Sub Saharan Africa Region

Bent Sørensen, MD, DMSc, Professor

Senior Medical Consultant (part-time)

Alice Verghese, BA (Hons), MSc

Programme Co-ordinator, Asia and Pacific Regions

Administration Unit:

Erik Lauritzen, BSc, HA

Head of Unit

Eva Barfod, Dipl. Specialised Business Studies

Chief Accountant

Kent Hung, MA

Financial Officer

Brussels Liaison Office:

Sonia Herrero, LL.M.

Head of Brussels Liaison Office

Nga Tang, BA

Administration Officer

Student Assistants:

Sarah Gjerding

Asger Kjærøum

Mads Kolby, BA

Andreas Reventlow

Madina Saidj

Interns:

In Copenhagen:

Anne Mertens, MA

In Brussels:

Gauri van Gulik, LL.M.

Christos Papaioannou, MA

Silvia Gambino, LL.M.

Members of the IRCT

As of 31 December 2006

Albania

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

Argentina

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

Australia

- Association for Services to Torture and Trauma Survivors (ASeTTS), Perth, Western Australia
- Companion House Assisting Survivors of Torture and Trauma, O'Connor, Australian Capital Territory
- Phoenix Centre – Support Service for Survivors of Torture and Trauma, Hobart, Tasmania
- Queensland Program of Assistance to Survivors of Torture and Trauma (QPASTT), Fairfield, Queensland
- Service for the Treatment and Rehabilitation of Torture and Trauma Survivors (STARTTS), Fairfield, New South Wales

- Survivors of Torture and Trauma Assistance and Rehabilitation Service Inc. (STTARS), Bowden, South Australia

Austria

- HEMAYAT – Verein zur Betreuung von Folter- und Kriegsüberlebenden, Vienna
- Interkulturelles Beratungs- und Therapiezentrum (ZEBRA), Graz

Bangladesh

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

Bolivia

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

Bosnia and Herzegovina

- Udruženje za Rahabilitaciju Žrtava Torture – Centar za Žrtve Torture (CTV), Sarajevo

Brazil

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

Bulgaria

- Assistance Centre for Torture Survivors (ACET), Sofia

Cambodia

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

Cameroon

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

Canada

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

- Vancouver Association for Survivors of Torture (VAST), Vancouver, British Columbia

Chile

- Centro de Salud Mental y Derechos Humanos (CINTRAS), Santiago

Colombia

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

Congo, Democratic Republic of the

- Centre Psycho Médical pour la Réhabilitation des Victimes de la Torture – SOPROP (CPMRVT), Ville de Goma
- OASIS Centre for Treatment and Rehabilitation of Victims of Torture and Trauma, Bukavu
- SAVE Congo DR, Lubumbashi

Croatia

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

Denmark

- OASIS – Behandling og Rådgivning for Flygtninge, Copenhagen
- Rehabiliterings- og Forskningscentret for Torturofre (RCT), Copenhagen
- Rehabiliteringscenter for Torturofre – Jylland (RCT-Jylland), Haderslev

East Timor

- Tulun Rai Timor, Dili

Ecuador

- Fundación para la Rehabilitación Integral de Víctimas Violencia (PRI-VA), Quito

Egypt

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

Ethiopia

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

Finland

- Kidutettujen kuntoutuskeskus (CTS), Helsinki

France

- Centre de Soins de l'A.V.R.E., Paris
- Parcours d'Exil, Paris

Georgia

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

Germany

- Behandlungszentrum für Folteropfer – Überleben für Folteropfer (BZFO), Berlin
- Exilio Hilfe für Flüchtlinge und Folterüberlebende e.V., Lindau
- REFUGIO Zentrum für Behandlung, Beratung und Psychotherapie von Folter-, Flucht- und Gewaltopfern in Schleswig-Holstein e.V., Kiel

Ghana

- Network for Youth Advancement and Peace Foundation (NEYOAP), Accra

Greece

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

Guatemala

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

Honduras

- Centro de Prevención, Tratamiento y Rehabilitación de las Víctimas de la Tortura y sus Familiares (CPTRT), Tegucigalpa

Hungary

- Cordelia Foundation for the Rehabilitation of Torture Victims, Budapest

India

- Centre for Care of Torture Victims (CCTV), Kolkata
- Centre for Organisation, Research and Education – Community

- Programme for Young Survivors of Torture (CORE), Manipur
- Shubhodaya Center for Rehabilitation of Victims of Torture and Violence – SOSRAC (Society for Social Research, Art and Culture) (SCRVTV), New Delhi
- Tibetan Torture Survivors Program (TTSP), Dharamsala
- Torture Prevention Center India Trust (Top Center India Trust), Cochin
- Vasavya Mahila Mandali (VRCT), Vijayawada

Indonesia

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

Iran, Islamic Republic of

- Organization for Defending Victims of Violence (ODVV), Teheran

Ireland

- SPIRASI The Centre for the Care of Survivors of Torture (CCST), Dublin

Italy

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

Kenya

- Independent Medico Legal Unit (IMLU), Nairobi
- Mwatikho National Rehabilitation Centre for Victims of Torture (MNRCTV), Bungoma

Kosovo

- Qendra Kosovare për Rehabilitimin e të Mbijetuarëve të Torturës (KRCT), Prishtina

Lebanon

- Khiam Rehabilitation Center of the Victims of Torture (KRC), Beirut
- Restart Centre for Rehabilitation of Victims of Violence and Torture – Lebanon, Tripoli

Mexico

- Acción de los Cristianos para la Abolición de la Tortura, Mexico (ACAT), México City
- Colectivo Contra la Tortura y la Impunidad A.C. (CCTI), México City

Moldova, Republic of

- Medical Rehabilitation Center for Torture Victims “Memoria” (RCTV – “Memoria”), Chisinau

Morocco

- Association Médicale de Réhabilitation des Victimes de la Torture (AMRVT), Casablanca
- Centre d’Accueil et D’Orientation des Victimes de la Torture (CAOVT), Casablanca

Nepal

- Yatana Pidit Sarokar Kendra (CVICT), Kathmandu

Netherlands

- Centrum '45, Oegstgeest
- Psychotrauma Centrum Zuid Nederland, Vught

New Zealand

- Wellington Refugees as Survivors Trust (Wellington RAS Centre), Wellington

Nigeria

- Consulting Centre for Constitutional Rights and Justice (C3RJ), Port Harcourt
- Prisoners Rehabilitation And Welfare Action (PRAWA), Lagos

Pakistan

- Sach – Struggle for Change, Islamabad

Palestinian Territory (Occupied)

- Gaza Community Mental Health Programme (GCMHP), Gaza City
- Jesoor – Transcultural Right to Health, Gaza City
- Treatment and Rehabilitation Center for Victims of Torture (TRC), Ramallah

Paraguay

- Centro de Alternativas en Salud Mental (ATYHA), Asunción

Peru

- Centro de Atención Psicosocial (CAPS) (CNDDHH/CAPS), Lima

Philippines

- Balay Rehabilitation Center, Inc., Quezon City

Poland

- Ambulatorium dla Osób Prześladowanych ze Względów Politycznych Zakład Patologii Społecznej Katedra Psychiatrii Uniwersytet Jagielloński Collegium Medicum (CVPP), Kraków

Romania

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

Rwanda

- Forum des Activistes Contre la Torture (FACT), Kigali

Senegal

- Victimes de Violences Réhabilitées, le Centre de Soins du CAPREC (VIVRE/CAPREC), Thies

Serbia

- IAN Centar za rehabilitaciju žrtava torture (IAN CRTV), Belgrade

South Africa

- The Trauma Centre for Survivors of Violence and Torture (TCSVT), Cape Town

Sri Lanka

- Family Rehabilitation Centre (FRC), Colombo

Sudan

- Amel Center for Treatment and Rehabilitation of Victims of Torture (ACTRVT), Khartoum

Sweden

- Röda Korsets Center för torterade flyktingar, Stockholm
- Svenska Röda Korsets behandlingscenter för krigsskadade och

torterade – Skövde (RKC Skövde), Skövde

- Svenska Röda Korsets Behandlingscenter för krigsskadade och torterade, Malmö

- Svenska Röda Korsets behandlingscenter för krigsskadade och torterade, Uppsala

Switzerland

- Consultation pour victimes de torture et de violence organisée, Unité de Médecine des Voyages et des Migrations (UMVM), Geneva
- Zentrum für Migration und Gesundheit SRK/Ambulatorium für Folter- und Kriegsopfer, Wabern

Turkey

- Sosyal Hizmetler Rehabilitasyon ve Adaptasyon Merkezi (SOHRAM-CASRA), Diyarbakir
- Toplum ve Hukuk Arastirmalari Vakfi (TOHAV), Istanbul
- Türkiye İnsan Hakları Vakfı – Adana (TİHV/HRFT), Adana
- Türkiye İnsan Hakları Vakfı – Ankara (TİHV/HRFT), Ankara

- Türkiye İnsan Hakları Vakfı – Diyarbakir (TİHV/HRFT), Diyarbakir
- Türkiye İnsan Hakları Vakfı – İstanbul (TİHV/HRFT), Istanbul
- Türkiye İnsan Hakları Vakfı – İzmir (TİHV/HRFT), Izmir

Uganda

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

Ukraine

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

United Kingdom

- Refugee Therapy Centre (RTC), London

United States of America

- ACCESS – Psychosocial Rehabilitation Center for Victims of Torture (APRCVT), Dearborn, Michigan
- Advocates for Survivors of Torture and Trauma (ASTT), Baltimore, Maryland

- Bellevue/NYU Program for Survivors of Torture, The, New York, New York

- Center for Survivors of Torture, Dallas (CST), Dallas, Texas

- Center for Survivors of Torture, San Jose (CST), San Jose, California

- Center for Victims of Torture, The (CVT), Minneapolis, Minnesota

- FIRST Project – For Immigrants and Refugees Surviving Torture, Lincoln, Nebraska

- Florida Center for Survivors of Torture – A Program of Gulf Coast Jewish Family Services, Inc. (FCST), Clearwater, Florida

- International Survivors Center at the International Institute of Boston (ISC), Boston, Massachusetts

- Liberty Center for Survivors of Torture, Philadelphia, Pennsylvania

- Program for Survivors of Torture and Severe Trauma at the Center for Multicultural Human Services, The (PSTT/CMHS), Falls Church, Virginia

- Program for Torture Victims of Los Angeles (PTV), Los Angeles, California

- Rocky Mountain Survivors Center (RMSC), Denver, Colorado

- Survivors International (SI), San Francisco, California

- Survivors of Torture, International (SURVIVORS), San Diego, California

- Torture Treatment Center of Oregon (TTCO), Portland, Oregon

Uruguay

- SERSOC Servicio de Rehabilitación Social, Montevideo

Venezuela

- Red de Apoyo por la Justicia y la Paz, Caracas

Zimbabwe

- AMANI Trust, Mashonaland Programme, Harare



International Rehabilitation Council for Torture Victims
Borgergade 13 • PO Box 9049 • DK-1022 Copenhagen K • Denmark

Phone: +45 33 76 06 00
Fax: +45 33 76 05 00
E-mail: irct@irct.org
Website: www.irct.org

ISBN: 87-88882-02-0
ISSN: 1398-2400