# Table of contents

2  A Message from the President and the Secretary-General
3  About the IRCT Movement
4  IRCT Member Centres Across the Globe
6  Building a Stronger Movement
10 A New IRCT Strategy
14 Developing Capacity to Identify and Support Victims
17 Building a Movement-Wide Knowledge Base and Research Agenda
23 Establishing and Promoting Global Standards on Right to Rehabilitation
28 Strengthening the Internal Functioning of the IRCT Secretariat
29 Our Donors
30 Financial Report: Summary of 2017 Results
34 How the IRCT Is Governed
42 How to Support the IRCT
A Message from the President and the Secretary-General

The IRCT entered 2017 with an invigorated focus and cohesiveness following its first physical General Assembly and Scientific Symposium in 10 years. Despite great political and financial challenges, the movement achieved impressive results towards realising its vision of a world without torture.

Substantial strides have been made in our movement’s ability to hold States accountable for their delivery of the right to rehabilitation. In 2017, we consolidated the impact of the Anti-Torture Database in the next phase of its development, we continued our work to create monitoring and evaluation tools for the provision of rehabilitation services, and we significantly contributed towards the establishment of regional standards on the right to rehabilitation in Africa and Europe. The IRCT remained the global venue in which rehabilitation centres around the world unite to combine their specialised knowledge, express solidarity with each other, and unify their voices to support the rights of victims of torture around the world.

These achievements were coupled with ongoing efforts to increase the resources available to the sector. These efforts include work in relation to the UNVFVT, EU internal and external funding, as well as crowdfunding and other individual donation initiatives.

2017 also marked the midpoint of the IRCT’s 2015-2020 Strategic Plan. To ensure an in-depth reflection and analysis of the achievements and challenges faced within the implementation of the strategy, an ambitious bottom-up internal review process took place throughout the year. The result? The unanimous adoption of an updated strategy for the period 2018-2020 focused on the uniqueness of the IRCT and the measurement of the movement’s results. Over the course of the next three years the movement will focus on three fundamental outcomes: (1) global standards on rehabilitation being effectively implemented, monitored and evaluated, (2) a financial sustainable sector applying quality knowledge and tools on rehabilitation, and (3) a unified well-governed rehabilitation movement.

This year, our movement grew to 161 centres in 74 countries. Despite the substantial challenges our movement continues to face, the IRCT stands strong in echoing the vision of thousands of rehabilitation providers around the world, united in the purpose to support life after torture. We will continue uncompromising in the conviction that victims of torture have an inalienable right to rehabilitation, and that it is our mission to support them in this quest.

Sydney and Copenhagen, 15 February 2018
About the IRCT Movement

With more than 160 member centres in over 70 countries, the IRCT is the world’s largest membership-based civil society organisation working in the field of torture rehabilitation. The torture rehabilitation movement grew out of the need to respond to the pervasive use of torture around the world, which produced severe pain and suffering for hundreds of thousands of victims who were tortured by States and then neglected by them. Beginning with the formation of the first torture rehabilitation centres in the world in the early 80s, the IRCT was formally established in 1985. Since then, we have grown into a global movement that responds to and represents the rehabilitation needs of victims, their families, and their communities.

IRCT members operate in a wide range of contexts, including some of the most repressive and conflict driven regimes in the world. Through decades of experience, the IRCT has become an organisation steeped in expertise on torture and its effects, as well as how best to address it contextually and what actions need to be taken to develop and improve existing support to victims.

To channel the unique knowledge of members into global action against torture, the IRCT aims to:

- Provide a venue for the exchange of knowledge and experience, making the best ideas and practices available globally and improve continually our methods of responding to torture and rehabilitating victims;
- Create a joint voice to influence international, regional and national laws and policies on torture and the rehabilitation of victims;
- Ensure the availability of resources and capacity to help victims obtain reliable evidence of torture to use in courts and other settings;
- Create and share the tools to educate others about the medical, psychological, and socio-economic consequences of torture;
- Build a joint pool of data-based evidence on the practices of torture, their impact, and victims’ needs; and,
- Support each other in times of need, both during periods of funding crises as well as when our members are targeted, intimidated, threatened, harassed, and even attacked for fighting torture and supporting victims.
IRCT Member Centres
Across The Globe

161 member centres in 74 countries united in our shared mission to improve the quality of life for torture victims worldwide
161 members worldwide
21 members in Asia
56 members in Europe
12 members in Latin America & the Caribbean
16 members in MENA
22 members in North America
11 members in the Pacific
23 members in Sub Saharan Africa
One of the most pressing concerns the movement faces today is ensuring allocation of adequate funding for the rehabilitation of torture victims. Throughout the world, rehabilitation centres continue to struggle to secure the necessary financing to meet victims’ needs. Although adequate resourcing is a firmly established State obligation, most countries provide grossly inadequate or no funding at all for domestic torture rehabilitation services. Similarly, international aid donors are not sufficiently prioritising this key issue.

In 2018, the United Nations Voluntary Fund for Victims of Torture (UNVFVT), a key source of funding for nearly 50% of IRCT member centres, was unable to meet the financial needs of organisations working with torture victims. A mere 54% of funding applicants obtained funds through the UNVFVT.

In response, the IRCT has redoubled its efforts to ensure the continuation of global funding for torture rehabilitation centres through the UNVFVT. The IRCT has also lobbied to increase funding opportunities from the EU to rehabilitation services; and secured the availability of subgrants to 41 rehabilitation centres.

In addition to inadequate funding, many of our members face deliberate threats and violence due to their work with victims and stand against torture. The collective has consistently united to condemn attacks and other forms of reprisals and repression.

Why?

As a global collective, rather than individual organisations, we can speak to decision-makers with a stronger voice to demand change, to rehabilitate victims, to eradicate torture and to protect each other in the dangerous work that we do.

How?

The collective issues global strategies on policy change that are pursued by the movement on local, national, regional and international levels. We also advocate for a substantial increase in the global pool of funding for rehabilitation and provide support to members that are under threat or experiencing financial distress.
OUR RESULTS

Growing IRCT’s expertise and reach

In 2017, the IRCT welcomed 11 new members to our movement, increasing the membership to 161 rehabilitation centres in 74 countries. Our ever-growing membership fortifies our global voice by representing more rehabilitation centres and more victims around the globe. Our growing membership enables the IRCT to further develop our shared hub of knowledge and experience, as well as undertake further action to influence governments to fulfil their obligations to support victims and to eradicate torture.

Providing financial support

41 rehabilitation centres received subgrants ranging from EUR 5,000 to EUR 15,000 under the auspices of the OAK Foundation. These grants contributed to toward supporting rehabilitation services for an estimated 11.000 torture victims across 25 countries.

IRCT members received information regarding 35 funding opportunities and were assisted with the development of funding proposals. These efforts allowed members to access new and diversified funding sources and contributed to the sustainability of the services we provide to victims.

The IRCT supported European members to develop a coordinated effort to lobby their own governments and EU institutions in relation to rehabilitation funding. The IRCT intervened in three major EU policy processes to ensure allocation of funding for rehabilitation services.

Offering support in crisis

The IRCT carried out targeted actions such as trial observation, public denunciation, providing technical and financial support, as well as lobbying of influential stakeholders to protect members from closure and risk of harm, in countries such as Turkey, Egypt, Chad, and the Philippines. Combined with the interventions of many others, we ensured that our members remained operational.
11 new members supporting over 3,000 torture victims each year

Estimated 11,000 torture victims supported to rebuild their lives through subgrants to 41 rehabilitation centres from 25 countries

A new IRCT Strategy for the period of 2018-20 was unanimously endorsed by all IRCT members

OUR WORK:

Global Solidarity - IRCT observes second hearing of President of Human Rights Foundation of Turkey

Dr Sebnem Korur Fincanci is the President of the Human Rights Foundation of Turkey, an IRCT member, and member of the Independent Forensic Expert Group (IFEG). She is also a victim of the growing crackdown faced by hundreds of independent professionals in Turkey due to the exercise of their ethical duties. She was arrested in June 2016, along with two other human rights defenders, for taking part in a solidarity campaign to defend the independence of Ozgur Gundem, a Turkish newspaper.

In response, the IRCT and many of our colleagues around the world issued statements to Turkish President Recep Erdogan on the unlawful charges against human rights defenders, calling on Turkish authorities to, “cease the harassment and intimidation of health professionals exercising their rights to free expression and association”. To ensure international attention to the court hearings, IRCT Director for Governance and Policy, Miriam Reventlow, represented the global IRCT movement with a delegation of human rights defenders observing the hearing in January 2017. The IRCT continues to work with the Human Rights Foundation of Turkey to ensure that Dr Fincanci receives a fair trial.
A New IRCT Strategy

The IRCT Council adopted a new strategy for 2018-20 to respond to the evolving global political context with a unified voice. This new strategy sets forth a joint global action by the IRCT membership toward the shared goal of improving the quality of life for torture victims worldwide.

The strategy is based on the uniqueness of the IRCT expressed in three outcomes on global standards and evidence, global knowledge and financial resources and, finally, ensuring a unified, well-governed rehabilitation movement.

To achieve those outcomes, the IRCT aims to:

• Lead the work on global standards on rehabilitation;
• Support monitoring and evaluation systems, including to increase the capacity of the movement to collect and analyse data, as well as other forms of evidence;
• Launch a global rehabilitation platform that connects members to knowledge and tools;
• Secure the long-term viability of the rehabilitation sector by mapping, developing and sharing sustainable business models;
• Maintain a well-run and well-structured organisation focusing on reviewing governance structures and improving communication of results.

This strategy was the result of a comprehensive review process, which included a desk study comprised of institutional documents and external evaluations since 2013, semi-structured interviews with ExCom and Council members, staff members, and the primary donors of the organisation, as well as a survey circulated to the wider membership.

As such, the process allowed for a thorough analysis of the organisation’s context, underlining where it is particularly strong and where it could be improved. A total of 48 stakeholders (3 donors, 22 Council Members, and 23 Staff Members) were interviewed by the Review Team. As a result of the analysis, 15 recommendations were issued by the Review Team and endorsed by the Executive Committee. This process will lead to enhanced effectiveness of our organisation’s operations, a stronger focus on concrete improvements in the lives of torture victims, and a better platform to further realise the core strengths of the global movement.
Theory of Change

VISION

A world without torture

OVERALL OBJECTIVE

Life after torture: Improved quality of life for torture victims worldwide

ASSUMPTIONS

There is political will and financing.
Members are willing to identify standards and tools, apply them and advocate for their implementation.

OUTCOMES

Global Standards & Evidence
- Standards on rehabilitation effectively implemented, monitored and evaluated

Global Resources
- Financial sustainable sector applying quality knowledge and tools on rehabilitation

Global Movement
- Unified well-governed rehabilitation movement

OUTPUTS

1. Global Standards Identified & Promoted
   - Priorities:
     - Standard Setting
     - Standard Implementation

2. Global Monitoring & Evaluation System (M&E)
   - Priorities:
     - Global Database
     - Global Indicators
     - Forensic Evidence

3. Global Rehabilitation Knowledge Platform
   - Priorities:
     - Member Platform
     - Rehabilitation Toolbox
     - Torture Journal
     - Symposium 2020

4. Global Financial Sustainability Platform
   - Priorities:
     - Sector Finance Project
     - IRCT Finance Project

5. A Well-run & Well-structured Organisation
   - Priorities:
     - Governance Review
     - Solidarity Expressions
     - Communication & Branding
     - M&E Focal Point

ACTIVITIES

Input (Members)
- Expertise
- Context
- Data

Methods (Secretariat Facilitation)
- Alliances
- Advocacy
- Research
- Capacity
"Survivors are at the heart of this strategy. Everything we do must be to support life after torture. This movement comes together to take collective action to ensure the victim’s right to rehabilitation. The enhanced strategy recognises this and further ensures that our work is effective and implemented in a way that is consistent with human rights values and the highest ethical standards."

— Jorge Aroche, IRCT President

"The enhanced strategy is a clear expression of the membership’s will. I am really pleased that we have gathered here to reaffirm the democratic nature of our movement and I am confident that the enhanced strategy will unleash the full potential of torture rehabilitation centres around the world."

— Sana Hamzeh, IRCT Vice-President
Developing Capacity to Identify and Support Victims

In 2017, we provided several trainings and raised awareness among health and legal professionals from State and non-State institutions. These trainings focused on how to identify torture victims effectively, how to work with and support those who may suffer from serious trauma, and how to document torture in a way that satisfies evidentiary standards in judicial processes, including criminal trials and asylum determination proceedings. The IRCT firmly asserts that better evidence leads to stronger cases and better judgments.

161 centres now have access to Psyche Visual, an online resource for continually advancing knowledge & practice for mental health service providers

100 health and legal professionals from around the world trained to provide appropriate services to torture victims

**Why?**
Rehabilitation and torture documentation methods are constantly advancing and improving. In addition, the global patterns of torture, torture methods, context and victims’ needs are in constant change. In this context, we can ensure that victims’ have access to the best standard of services by providing the movement with equal access to global best practices.

**How?**
We facilitate the exchange of knowledge and experience by making state of the art tools and knowledge available to all members. We also provide trainings for health and legal professionals on the identification of torture victims and on the forensic documentation of torture.
OUR RESULTS

Fostering continuous learning

We conducted targeted trainings and other activities to improve the capacity of over 100 health and legal professionals on international standards and best practice in the identification of torture victims, supporting clients with torture trauma and conducting forensic documentation of their injuries. As a result, torture victims from around the world, including in Sweden, Cyprus, and the Philippines, now have better access to health and legal professionals that are able to adequately address their needs and gather forensic evidence to support their cases.

The IRCT made Psyche Visual available to all member centres, committees and groups. Psyche Visual is an online scientific journal that promotes professional training and academic research for mental health service providers and researchers in the field of mental health care. Access to this resource will enable the movement to improve rehabilitation methodologies, gain access to innovative scientific research and engage on a scientific platform with other intersectoral professionals, which means that torture victims will receive more effective rehabilitation support to rebuild their lives.

Creating tools for identification and documentation of torture victims and their needs

We engaged with national authorities to develop standard protocols for the identification of torture victims in hospital emergency rooms in the Philippines and within asylum processes in Cyprus. These initiatives will result in a more effective identification of torture victims among larger populations in need and, ultimately, offer better support to torture victims identified through the protocols.

We launched a process to create a Supplement to the Istanbul Protocol, the international standard for the effective investigation and documentation of torture. This process will involve hundreds of experts, practitioners, and organisations across the globe and seeks to gather the last 20 years of torture documentation experience and lessons learned. This process is led by the IRCT, Human Rights Foundation of Turkey, Physicians for Human Rights, and Redress. The initiative is officially supported by the UN Committee against Torture, the UN Special Rapporteur on Torture, the UN Subcommittee on Prevention of Torture and the UN Voluntary Fund for Victims of Torture. The Supplement will update and clarify existing methodologies and contribute to further development of international best practices in supporting torture victims to seek redress and reparations through judicial and other processes.

We contributed health-based expertise and strong lobbying presence in Brussels to the EU funded project ‘Time for Needs’. This resulted in a tested practical tool for the assessment of torture victims’ needs, the identification of ten best practices that can be replicated in the Common European Asylum System, and an overview of gaps between the EU asylum system and domestic laws in the project focus countries. The results, which were presented to stakeholders in Brussels in September 2017, will significantly contribute toward ongoing efforts to enhance support for torture victims seeking international protection in the EU (see section on standards on right to rehabilitation).
OUR WORK:

Training programme of IRCT and EASO sets path for efficient medico-legal evaluation of torture victims in Cyprus asylum procedures

Asylum seekers often arrive in a new country with no identity documents, but only stories of their experiences and allegations; and for those who allege torture in their country of origin, documentary ‘proof’ usually does not exist. Without concrete evidence, torture victims are often unable to demonstrate their need for protection and, as a result, they risk having their claims rejected and being returned to states where they risk more torture.

In response to this, the IRCT carried out a month-long training programme in Cyprus in collaboration with the European Asylum Support Office (EASO) and the Cyprus Ministry of Health and Ministry of Interior Asylum Service. Over the course of the training, the IRCT and EASO discussed key elements of the Istanbul Protocol, working with health professionals from the Ministry of Health to strengthen their abilities to conduct medico-legal evaluations and produce medico-legal reports for the asylum context. Crucially, the training to the Asylum Service included workshops on torture methods and their physical and psychological effects on victims, as well as how to analyse the medico-legal findings provided by health professionals engaged by the Ministry of Health.

Trainings like these are an important part of IRCT’s work to ensure region-wide policy changes to improve the identification, documentation and support to torture victims in the European Union.
Building a Movement-Wide Knowledge Base and Research Agenda

In 2017, IRCT’s research development work had a strong focus on consolidating and further expanding the building of a global Anti-Torture Database and on developing a sector-wide research agenda on effective rehabilitation.

We completed the final year of the EU funded Data in the Fight against Impunity (DFI) Project with a series of 6 regional workshops that engaged the IRCT membership to raise awareness about the Anti-Torture Database and collect input and ideas for further developing our work on data. By the end of the project in mid-2017, the Anti-Torture Database had been implemented by 33 centres in 28 different countries and was consistently acknowledged as a ground-breaking achievement.

We analysed input from consultations undertaken over the past three years including expert meetings, our 2016 Scientific Symposium, a member-based questionnaire on research needs and priorities, and the Torture Journal. This analysis resulted in a comprehensive mapping of existing knowledge within the sector. This enabled the membership to make well-informed decisions about future research priorities.

In close collaboration with Casa Alianza, we developed a comprehensive training package on trauma informed care to be used in working with youth victims of violence and torture in Latin American. The materials were developed based on the extensive input of our partners and by IRCT centres ITEI in Bolivia and CCTI in Mexico. The training kit modules enable the sharing of knowledge, particularly Latin American contextualised examples about trauma informed care from rehabilitation providers across the region. The final version of the training package will be launched in early 2018.

Why?
We want to make sure that rehabilitation practitioners all over the world have access to quality and contextually relevant knowledge about effective rehabilitation. For this purpose, we are able to draw on a wide pool of knowledge developed through decades of support to torture victims in all corners of the world.

How?
We agree on global research priorities and enable research initiatives. We collect and analyse data on torture victims’ experiences and we share scientific knowledge about rehabilitation through a peer-reviewed journal. We also develop tools and methodologies to measure states’ implementations of torture victims’ right to rehabilitation.
**OUR RESULTS**

**Fighting torture globally with data**

We reached 5,500 client records in the Anti-Torture Database, through its application in 33 members across 28 countries. The data was used to produce 21 national assessments of torture victims’ experiences and needs and 3 global thematic reports on: Access to Reparation, Torture and Migration, and Sexual Torture. As a result, individual IRCT members now have the means to establish a strong data-driven platform to advocate for victims’ rights on behalf of their clients and the IRCT has created a basis for advocating for better global standards in the three thematic focus areas. For example, the report on Torture and Migration formed the basis for several advocacy interventions at the UN.

We continued expanding the use of the Anti-Torture Database within the IRCT membership through 6 regional meetings where 100 IRCT members came together to share their experiences with the system, train members in how to use the database, explore implementation requirements for those wishing to adopt it, and engage in dialogue on responsible data management and future movement/wide data initiatives. As result, 20 additional members expressed interest in implementing the database.

On this basis, the IRCT took a series of measures to further expand the use of the database and guide its implementation. Five members in Asia, Europe, Latin America, MENA and Sub-Saharan Africa became regional hubs to support the implementation of the database in 10 new members across the regions. As a result, 43 IRCT member centres will systematically document and analyse torture victims’ experiences in one common database, which is being used to improve rehabilitation efforts, as well as to advocate for victims’ rights and measures to eradicate torture.
The IRCT initiated the creation of a Data Reference and Research Group made up of experts from within the membership with the mandate to guide and advise on issues related to data management and analysis, as well as to develop a global minimum dataset to be collected by all IRCT members.

Identifying, organising and disseminating knowledge

Following the production of a comprehensive mapping of research priorities, the IRCT Council adopted a framework and process for the development of a sector-wide research agenda on effective rehabilitation.

In the Torture Journal, we published 35 peer-reviewed scientific articles, opinion pieces, editorials and book reviews sharing and discussing global best practice in the rehabilitation and prevention of torture, thus improving support to victims. In total, three issues were distributed to 1,200 online subscribers and by mail to 1,300 recipients in over 100 countries. The Torture Journal is also disseminated through the scientific databases, PubMed and EBCSO.

Safeguarding the learning legacy of the Scientific Symposium

We launched the Scientific Symposium website platform to publish the complete proceedings of the IRCT Scientific Symposium (held December 2016 in Mexico), including over 200 abstracts, dozens of posters, recorded presentations and plenary sessions. This enables a global audience of rehabilitation practitioners to access new and cutting-edge ideas and research on how to most effectively help torture victims rebuild their lives.

35 peer-reviewed, scientific articles, opinion pieces, editorials and book reviews reached 2500 rehabilitation practitioners in more than 100 countries through the Torture Journal

5532 clients in Anti Torture Database contribute their torture experiences to improve global access to rehabilitation

100 rehabilitation centres in 61 countries introduced to the Anti-Torture Database through 6 Regional seminars

Over 200 abstracts, recorded presentations and plenary sessions made available from the 2016 Scientific Symposium

Framework for global research agenda adopted by the IRCT Council
OUR WORK:

Uganda: Leveraging data on torture practices and their health-based consequences

A complex reality requires a comprehensive strategy

Nowhere is the complex reality of treating torture survivors more evident than in Uganda, which sits at the crux of the Great Lakes region of Africa, bordered by the Democratic Republic of the Congo (DRC), Rwanda, Tanzania, Kenya, and the South Sudan. There, the IRCT and member centre, the African Centre of Treatment and Rehabilitation of Torture Victims (ACTV), work to eradicate torture both at home and also in the surrounding region by providing holistic rehabilitation to victims from wherever they may come. For over 20 years, ACTV has been advocating against torture and providing holistic rehabilitation support to more than 1500 torture survivors each year.

In 2015, ACTV joined 32 other IRCT members from across the globe to embark on a joint data collection initiative under the auspices of the Data in the Fight against Impunity (DFI) Project. The DFI Project sought to harness and ultimately leverage the knowledge and experiences of torture survivors through the development of a standardised record-keeping system, now referred to as the Anti-Torture Database. Through this shared database, IRCT member centres gather client data to be used to evidence practices of torture and its health-based consequences worldwide. By the end of the project in 2017, 33 members from 28 different countries were systematically entering their client data into the Anti-Torture Database and beginning to use that data to mobilise the public, to target governments to take action, and to disseminate evidence-based knowledge to support anti-impunity work.

ACTV reports that the data has made such a marked impact on its evidence-based advocacy that the Ugandan police have asked to receive the aggregated data reports generated by the Anti-Torture Database on a quarterly basis. In addition, diplomats from around the world relied on these aggregated statistical reports to make recommendations to eradicate torture in Uganda during the UN Human Rights Council’s Universal Periodic Review.

Fighting against impunity together with partners

For six years, B has been leading the cause for sexual orientation and gender identity rights in Uganda. When the Anti-homosexuality law was passed in Uganda in 2014, B’s face, name, and address were published on the front page of a local tabloid. It declared: “These are your homosexuals! These are the ones that recruit children into homosexuality!” B’s life has never been the same. She is forced to move homes regularly and she no longer dares to walk on Kampala streets. Because of her visibility, she lives in fear of being recognized, confronted, and assaulted.

In 2017, the IRCT and ACTV began working with B to fight torture in Uganda in general and against forced anal examinations in particular. Anal exams are known to not only be devoid of any medical and scientific value but are also extremely painful. Based on the work of the Independent Forensic Expert Group (IFEG), these exams have recently been condemned by the World Medical Association as “unscientific, futile, and a form of torture or cruel, inhuman, and degrading
treatment.” Coordinated by the IRCT, the IFEG is the world’s only international forensic expert group focusing on human rights and specialising in investigating torture. In June of 2017, the IRCT and experts from the IFEG conducted evaluations of four Ugandan individuals who were forced to undergo anal exams to ‘verify their alleged homosexuality’. Acting in their specialised capacity, the IFEG scientifically documented the extreme psychological and physical suffering and pain experienced by these four individuals, which they continue to endure due to this humiliating practice. The findings of these forensic evaluations will be used in strategic litigation cases filed in Ugandan courts by B and her organisation, Chapter Four Uganda, against the practice of anal examination. ACTV has made its rehabilitation services available to the victims and has collected their information in the Anti-Torture Database.

**Taking our knowledge global**

The IRCT is a world leader in using health-based and forensic evidence to advocate for victims’ justice and rehabilitation. Members like ACTV have extensive knowledge and experience in implementing the Istanbul Protocol (the United Nations Manual for the Effective Investigation and Documentation of Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment, 1999). We presently serve on the Editorial Committee of a global project to create a supplement to the Istanbul Protocol together with other leaders in this field and the four UN anti-torture bodies. The Supplement will gather lessons learned and best practices from ACTV and other IRCT members, partners, and stakeholders worldwide following 20 years’ experience. It will provide clarifications and updates to the Istanbul Protocol on how best to conduct and encourage prompt, effective, and impartial investigations of torture in Uganda and across the globe.

**A regional leader providing peer-to-peer mentoring**

ACTV is now a regional leader on the collection and use of clinical data in the fight against impunity. From September 2017 and under the IRCT’s new Global Anti-Torture Evidence (GATE) project, ACTV has committed to train and support IRCT members in the Sub-Saharan Africa region on how to use the Anti-Torture Database and the key aspects of responsible data collection, storage, management, security and use. By 2019, the GATE project will have worked to support ACTV and other IRCT members worldwide in providing rehabilitation to a further 2,400 victims of torture, the capturing of their clinical data in the Anti-Torture Database, as well as the use of such data to support strategic national, regional and international advocacy actions to eradicate torture.
During the year, the IRCT focused its advocacy efforts on four major priorities: (i) recognition and implementation of the right to rehabilitation in regional mechanisms and in national jurisdictions, (ii) promoting access to rehabilitation services in the context of migration, (iii) supporting vulnerable populations, including victims of sexual torture and LGBTI persons who have been exposed to forced anal examinations, and (iv) continuing to advance the use and understanding of health-based and forensic evidence in courts and other legal and policy settings.

We continued to work within the Pan African Reparations Initiative (PARI) to establish strong regional standards on the right to rehabilitation in the African Commission for Human and Peoples’ Rights (ACHPR) while promoting national level implementation through UN human rights monitoring mechanisms and in-country advocacy. These efforts are designed to establish a platform for individual IRCT members to effectively engage their government to take responsibility for providing rehabilitation services.

The rights of torture victims in the context of migration continued to be a central priority for the IRCT and the broader sector. Several UN bodies and the EU are currently establishing or revising standards that affect the access of migrant torture victims to rehabilitation. The IRCT engaged with the European Parliament, the Global Compact process, the UN Committee against Torture and the Special

**Why?**

We want to make sure that states recognised torture victims’ legal entitlement to rehabilitation and that victims have access to tools to exercise their full spectrum of rights. For that, it is important that they are collectively represented and that the movement is able to engage in dialogue with States to uphold their obligations in implementing their rights to rehabilitation.

**How?**

We make sure that our health-based expertise and knowledge is taken into account in global and regional legal reform and policy processes; we hold states accountable for their obligations towards victims at the UN, in regional mechanisms, and at home; we provide victims with high quality forensic evidence so they can exercise their rights before national, regional and international courts.
Rapporteur on Torture to ensure that these standards are trauma-informed and adequately reflect victims’ experiences and needs.

In 2016, the IRCT supported the Independent Forensic Expert Group (IFEG) to issue an expert statement qualifying the practice of forced anal examinations as amounting to torture or ill-treatment. These examinations are scientifically worthless and often cause severe pain and suffering to victims. Countries utilise forced anal examinations to target the LGTBI community. The IRCT has continued to voice its opposition to the practice and work to ensure reparations for victims.

**OUR RESULTS**

**Regional and national recognition of torture victims’ right to rehabilitation**

We contributed our expert knowledge and successfully advocated for the adoption of ACHPR General Comment on the right to redress and rehabilitation for torture victims in Africa. This General Comment establishes clear obligations for states and a region-wide platform for rehabilitation centres to advocate for their Governments to take responsibility for the provision of rehabilitation services.

We successfully advocated for the issuance of targeted recommendations on torture victims’ right to rehabilitation by the UN Committee against Torture and the Universal Periodic Review to Ireland, Lebanon, Moldova and South Africa. We also ensured that torture victims’ right to rehabilitation was raised with 14 countries in the context of EU human rights dialogues. These recommendations function as a catalyst for national action and are now being used by IRCT members to lobby their governments directly.

With IRCT’s support, the African Commission on Human and Peoples’ Rights adopted a General Comment clearly establishing torture victims’ right to rehabilitation in the region.

Interventions in 22 countries to promote torture victims’ right to rehabilitation

18 countries received targeted recommendations on the right to rehabilitation from UN and regional human rights mechanisms based on IRCT interventions.

On the basis of IRCT interventions, the UN Committee against Torture adopted a General Comment establishing strong standards for torture victims’ right to rehabilitation in the context of migration.
We worked with members in Colombia, Mexico, the Philippines, Switzerland and Uganda to engage with national-decision-makers and in policy debates relating to right to rehabilitation for torture victims. As a result, the General Law on Victims in Mexico saw significant improvements, the Philippines Ministry of Health agreed to produce a protocol on identification of torture victims and dialogues between IRCT members and relevant decision-makers are progressing in Colombia and Uganda.

We promoted the understanding and use of health-based and forensic evidence through our continued expert assistance to our members and other partners, including several leading international legal NGOs such as REDRESS and Reprieve. For these organisations, we provided review, advice, and expert opinions to support legal cases on medical and forensic evidence, as well as advised them on legal strategies and how to effectively use health-based evidence in courts and other settings.

**Advancing torture victims’ rights in the context of migration**

We contributed our expert knowledge and global voice to ensure that the report by the UN Special Rapporteur on Torture focusing on torture and migration and General Comment no. 4 by the UN Committee against Torture (UNCAT) clearly established torture victims’ rights in asylum proceedings, including access to rehabilitation and procedural safeguards. As a result, the UNCAT General Comment firmly establishes key elements of torture victims’ rights in the migration context, including access to rehabilitation, documentation of torture claims, access to special safeguards and a ban on refoulement to countries where rehabilitation services are not available. These standards are essential platforms for the IRCT to use in raising these issues directly with national governments and regional institutions so that they become reality in the lives of victims.

We successfully lobbied the European Parliament to include strong provisions on the identification of torture victims and implementation of their right to rehabilitation in its legislative proposal for reform of the Common European Asylum system (CEAS). When finally adopted, all EU member states will be obliged to follow these standards to the benefit of torture victims.

**Campaigning against the use of forced anal examinations**

We supported the World Medical Association (WMA) General Assembly’s adoption of a resolution condemning forced anal examinations, calling on all medical personnel not to engage in these practices and urging its national medical associations to prohibit such behaviour by their members. The resolution explicitly cited the IFEG statement condemning the practice. This creates a strong platform for compelling health professionals to not participate in these practices.

In addition to the WMA’s resolution, our expert statement on forced anal examinations formed the basis for pressure on the Tunisian Government to end the practice through the UN Universal Periodic Review (UPR) and the European External Action Service. In May 2017, the Tunisian Government publicly committed to ending the practice.

We conducted an evaluation mission to Uganda, where we examined several victims of forced anal examination and produced forensic medical and psychological evidence to support their claims in a strategic litigation case to ban the practice in Uganda. The case will be submitted to court in 2018.
OUR WORK:

Africa: Commission adopts standards for support to torture victims

Currently in pre-trial detention, Kevin suffers from insomnia and withdrawal symptoms in addition to his physical wounds. Carène, who suffers from PTSD and contracted HIV after being raped, is now a refugee in Cameroon, where she is trying to rebuild her life with her son. For Sillah, torture caused PTSD and severe physical injuries that prevent him from working whilst his relatives are continuously being harassed by the perpetrators. These survivors are now attempting to rebuild their lives with support from IRCT members in Cameroon, Kenya and Nigeria.

In response to the continent-wide lack of justice and rehabilitation for torture victims, the African Commission on Human and Peoples’ Rights issued a General Comment calling on states to ensure that victims like Kevin, Carène and Sillah obtain access to justice and the support they need to rebuild their lives after torture.

The General Comment was developed with extensive input from civil society across Africa. As part of the Pan-African Reparations Initiative (PARI), the IRCT members from the region and the Secretariat contributed our experience in providing rehabilitation support to the region’s torture victims and our specialised knowledge on the right to rehabilitation, as well as standards on effective documentation and investigation of torture.

The IRCT will continue to monitor states’ implementation of the standards expressed in the General Comment and develop tools to ensure that this monitoring is based on well-established regional expertise in supporting victims like Kevin, Carène and Sillah.
In 2017, an internal mid-term review was conducted on the basis of the IRCT Strategic Plan 2015-2020. The review generated the opportunity to analyse the efficiency and effectiveness of Secretariat’s work. The process utilised a matrix to analyse and aggregate approximately 140 recommendations obtained from External Reviews that the IRCT has received in the last five years. The matrix is now a management tool (“Review Tracker”), utilised to ensure continuous follow-up of recommendations and optimisation of internal processes.

Furthermore, the review brought attention to the Secretariat’s previous budget model, structured around chapter headings and activities, as opposed to results. It concluded that, although a transparent tracking model, it was difficult to understand how expenditures relate to the strategic outputs and outcomes described in the Strategic Plan. The review suggested the adoption of an outcome-based budget model, which was promptly adopted at the end of 2017, following budgeting exercises based on the new strategy. The outcome-based model is already in place and will improve the Secretariat’s ability to conduct efficiency analyses and determine whether resources (input) are linked to strategic priorities (outputs and outcomes), establishing a clearer link between investments and results.

The Secretariat also migrated to Microsoft Office 365 to enhance the efficiency and effectiveness of collaboration with colleagues.
Our Donors

Thank you for your support in 2017

The IRCT gratefully acknowledges the support of:

**€1,000,000 +**
Ministry of Foreign Affairs Denmark

**€500,000 - €999,999**
OAK Foundation

**€100,000 - €499,999**
European Commission
Norwegian Ministry of Foreign Affairs

**€1,000 - €99,999**
Ministry of Foreign Affairs of the Netherlands
Ministry for Foreign Affairs of Switzerland
Ministry of Research Denmark
Ministry of Culture Denmark
Hilton Prize Coalition
Aase og Ejnar Danielsens Fond
Financial Report
Summary Of 2017 Results

Context
This financial information is preliminary insofar as the year-end audit was performed, but at the time of publishing, the final audit opinion had not been issued.

Expenditure
The overall expenditure for 2017 was 3,056,817 Euro. During 2017, the IRCT implemented a rigorous policy of fiscal responsibility. All areas of the expenditure of the IRCT underwent analysis during 2017 to reduce cost with maximum impact, while not affecting the operations. Investments were made in key priority projects for the membership, in particular in the work on data collection, analysis and indicator development, the advocacy programme and the sub-granting facility. In addition, resources were allocated to the team conducting the mid-term review of the Strategic Plan, as well as the periodic governance meetings of the Executive Committee and the Council. This prioritisation led to the temporary deactivation of other areas of activities such as capacity building and communications.

Income
In 2017, IRCT had a result of -111,321 EUR, which remained within the margin of the IRCT reserves, as authorized by the Executive Committee. The overall equity is 201,268 EUR. Generous support was provided by key donors that have been longstanding supporters of the IRCT as well as newly established collaborations with other donors.

Beyond 2017
As described within the substantive sections of this report, the IRCT Council endorsed a revised Strategy 2018-20 and a new Theory of Change. In 2018, the IRCT will implement the new strategy, which should also strengthen the business model of the organisation and its fundraising efforts.
# Financial Statements

**IRCT Annual Accounts 2017 - Preliminary overview**

* The year-end audit was performed, but at the time of publishing, the final audit opinion had not been issued.

<table>
<thead>
<tr>
<th></th>
<th>2017 Euro</th>
<th>2016 Euro</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Income</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Unrestricted grants</td>
<td>2,174,752</td>
<td>2,593,340</td>
</tr>
<tr>
<td>Restricted grants</td>
<td>762,004</td>
<td>870,603</td>
</tr>
<tr>
<td>Other income</td>
<td>8,740</td>
<td>1,013</td>
</tr>
<tr>
<td>Scientific Symposium</td>
<td>0</td>
<td>478,512</td>
</tr>
<tr>
<td><strong>Total Income</strong></td>
<td><strong>2,945,496</strong></td>
<td><strong>3,943,468</strong></td>
</tr>
<tr>
<td><strong>Expenses</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Governance &amp; Policy</td>
<td>-820,008</td>
<td>-1,006,097</td>
</tr>
<tr>
<td>Capacity Building</td>
<td>-36,808</td>
<td>-161,627</td>
</tr>
<tr>
<td>Research Development</td>
<td>-893,502</td>
<td>-1,537,859</td>
</tr>
<tr>
<td>Advocacy</td>
<td>-310,563</td>
<td>-405,962</td>
</tr>
<tr>
<td>Operations</td>
<td>-995,936</td>
<td>-908,666</td>
</tr>
<tr>
<td><strong>Total Expenses</strong></td>
<td><strong>-3,056,817</strong></td>
<td><strong>-4,020,211</strong></td>
</tr>
<tr>
<td><strong>Profit/loss for the year</strong></td>
<td><strong>-111,321</strong></td>
<td><strong>-76,743</strong></td>
</tr>
</tbody>
</table>

**Proposed distribution of profit/loss**

<table>
<thead>
<tr>
<th></th>
<th>2017 Euro</th>
<th>2016 Euro</th>
</tr>
</thead>
<tbody>
<tr>
<td>Restricted reserves</td>
<td>0</td>
<td>-50,000</td>
</tr>
<tr>
<td>Retained earnings</td>
<td>-111,321</td>
<td>-26,743</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>-111,321</strong></td>
<td><strong>-76,743</strong></td>
</tr>
</tbody>
</table>
### Assets

<table>
<thead>
<tr>
<th></th>
<th>2017 Euro</th>
<th>2016 Euro</th>
</tr>
</thead>
<tbody>
<tr>
<td>Donor grants (receivables)</td>
<td>36,033</td>
<td>20,000</td>
</tr>
<tr>
<td>Centre receivables</td>
<td>33,794</td>
<td>29,712</td>
</tr>
<tr>
<td>Other receivables</td>
<td>6,225</td>
<td>42,000</td>
</tr>
<tr>
<td>Prepayments</td>
<td>38,378</td>
<td>37,068</td>
</tr>
<tr>
<td><strong>Receivables</strong></td>
<td><strong>114,430</strong></td>
<td><strong>128,780</strong></td>
</tr>
<tr>
<td>Cash and cash equivalents</td>
<td>877,096</td>
<td>869,780</td>
</tr>
<tr>
<td><strong>Total assets</strong></td>
<td><strong>991,526</strong></td>
<td><strong>998,560</strong></td>
</tr>
</tbody>
</table>

### Equity

<table>
<thead>
<tr>
<th></th>
<th>2017</th>
<th>2016</th>
</tr>
</thead>
<tbody>
<tr>
<td>Restricted reserves</td>
<td>300,000</td>
<td>300,000</td>
</tr>
<tr>
<td>Retained earnings</td>
<td>-98,232</td>
<td>13,089</td>
</tr>
<tr>
<td><strong>Total equity</strong></td>
<td><strong>201,768</strong></td>
<td><strong>313,089</strong></td>
</tr>
</tbody>
</table>

### Current liabilities

<table>
<thead>
<tr>
<th></th>
<th>2017 Euro</th>
<th>2016 Euro</th>
</tr>
</thead>
<tbody>
<tr>
<td>Donor grants (deferred income)</td>
<td>602,413</td>
<td>354,552</td>
</tr>
<tr>
<td>Centre payables</td>
<td>11,655</td>
<td>10,487</td>
</tr>
<tr>
<td>Project payables</td>
<td>3,636</td>
<td>10,676</td>
</tr>
<tr>
<td>Trade payables</td>
<td>28,009</td>
<td>59,050</td>
</tr>
<tr>
<td>Other payables</td>
<td>144,045</td>
<td>250,706</td>
</tr>
<tr>
<td><strong>Total current liabilities</strong></td>
<td><strong>789,758</strong></td>
<td><strong>685,471</strong></td>
</tr>
<tr>
<td><strong>Total equity and liabilities</strong></td>
<td><strong>991,526</strong></td>
<td><strong>998,560</strong></td>
</tr>
</tbody>
</table>
**2017 ANNUAL REPORT**

**Income 2017**
- 2,945,496 €

**Restricted grants**
- 762,004 €

**Other income**
- 8,740 €

**Unrestricted grants**
- 2,174,752 €

**Expenses 2017**
- 3,056,817 €

**Operations**
- -995,936 €

**Capacity Building**
- -36,808 €

**Advocacy**
- -310,563 €

**Research Development**
- -893,502 €

**Governance & Policy**
- -820,008 €

**Other income**
- 8,740 €

**Restricted grants**
- 762,004 €

**Unrestricted grants**
- 2,174,752 €

**Operations**
- -995,936 €

**Capacity Building**
- -36,808 €

**Advocacy**
- -310,563 €

**Research Development**
- -893,502 €

**Governance & Policy**
- -820,008 €
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 is comprised of one 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.

**COUNCIL:** The Council is the main policy-making body of the IRCT. It is comprised of 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.

**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 Executive Committee 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 Executive Committee 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

Mr Jorge Aroche
IRCT President, Chief Executive Officer, STARTTS, Australia; Elected Council Member representing the Pacific Region

Ms Sana Hamzeh
IRCT Vice-President, Psychologist and Head of the Rehabilitation Department, Restart Centre, Lebanon; Elected Council Member representing the MENA region

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

Ms Kathi Anderson
Executive Director, Survivors Of Torture, International, United States; Elected Council Member representing the North America region

Ms Mariana Lagos
Project Coordinator, EATIP, Argentina; Elected Council Member representing the Latin American Region

Mr Samuel Herbert Nsubuga
Chief Executive Officer, ACTV, Uganda; Elected Council Member representing the Sub-Saharan Africa region

Ms Lela Tsiskarishvili
Executive Director, GCRT, Georgia; Elected Council Member representing the European Region

Independent Expert:
Mr Michael Brune
Haverno – Psychotherapie Und Interkulturelle Kommunikation – Germany

The following Council Members were elected in 2016 for the period of 2016-2019.

Council

Elected by the Asia Region:

Mr Pradeep Agrawal
(See Executive Committee)

Mr Shailendra Guragain
President, Centre For Victims Of Torture, Nepal

Ms Edeliza Hernandez
RN; Executive Director, Medical Action Group, Philippines

Mr Debabrata Roy Laiungbam
President, CORE, India

Elected by the Europe Region:

Ms Aida Alayarian
Clinical Director/Chief Executive, Refugee Therapy Centre, United Kingdom

Mr Metin Bakkalci
Secretary-General, TIHV/HRFT, Turkey

Ms Sara Fridlund
Senior Advisor, Swedish Red Cross, Sweden

Ms Kristina Gevorkyan
Administrative Director, FAVL, Armenia

Ms Lilla Hárdi
Medical Director, Cordelia, Hungary

Ms Bianca Schmolze
Human Rights Expert, Medical Care Service For Refugees Bochum, Germany

Ms Lela Tsiskarishvili
(See Executive Committee)
Elected by the Latin America and the Caribbean Region

Mr Andrés Gautier
Social Therapy Director, ITEI, Bolivia

Ms Mariana Lagos
(See Executive Committee)

Ms Dora Lancheros
Director, Corporación AVRE, Colombia

Ms Juana Lloret
Psychologist Therapist, CAPS, Peru

Elected by the Middle East and North Africa Region

Ms Sana Hamzeh
(see Executive Committee)

Mr Khader Rasras
Executive Director, TRC, Occupied Palestinian Territory

Mr Mohamad Safa
Secretary-General, Khiam Centre, Lebanon

Elected by the North America Region

Mr Mulugeta Abai
Executive Director, CCVT, Canada

Ms Kathi Anderson
(see Executive Committee)

Elected by the Pacific Region

Mr Jorge Aroche
(See Executive Committee)

Ms Bernadette McGrath
CEO, OSSTT, Australia

Elected by the Sub Saharan Africa Region

Mr Jarwlee Tweh Geegbe
Executive Director, RAL, Liberia

Mr Peter Kum Che Mebeng
Executive Director, TCC, Cameroon

Mr Charbonnel Nodjigoto
National President, AJPNV, Chad

Mr Samuel Nsubuga
(See Executive Committee)

Representatives in their Capacity of Independent Experts

Mr Michael Brune
(see Executive Committee)

Mr Peter Edigbo
University of Nigeria Enugu Campus, Nigeria

Ms Mihiri Ferdinando
The Asia Foundation, Sri Lanka
Members

161 Members
In 74 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

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 (6)
AVVDH - Amis des victimes des violations des droits humains
CMM - Centre Mater Misericordiae
FEDICONGO - Fédération des Femmes pour le Développement Intégral au Congo
REMAK - Regroupement Des Mamins De Kamituga
Save Congo
SOVIP - Solidarité avec les Victimes et pour la Paix

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

Finland (1)
CTSF - 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)
Exilhilfe 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
Asociacion Equipo de Estudios Comunitarios y Accion Psicosocial ECAP

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

Hong Kong (1)
Justice Centre HK

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
SOSRAC - Shubhodaya Center for Rehabilitation of Victims of Torture and Violence - Society for Social Research, Art and Culture
TTSP - Tibetan Torture Survivors Program
VRCT - Vasavaya 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)
BFRCT - Bahjat Al-Fuad Rehabilitation of Medical & Psychological Centre for Torture Victims
Jiyan Foundation for Human Rights (formerly Kirkuk Center for Rehabilitation of Torture Victims)
Wchan - Wchan Organization for Victims Human Rights Violations - Trauma Rehabilitation and Training Center

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 (4)
Association Justice and Mercy
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

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, Red Cross

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

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)
CPT - Interregional Public Organization «Committee for prevention of torture»

Rwanda (1)
UYISENGA N’MANZI

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

Serbia (1)
IAN CRTV - 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 (2)
GTC - Gwangju Trauma Center
The Kim Keun-Tae Memorial Healing Center

Spain (1)
CEAR - Spanish Commission for Refugees Aid

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 (6)
Red Cross Gothenburg – Swedish Red Cross Centre for Victims of Torture and War
Red Cross Malmö - Swedish Red Cross Centre for Victims of Torture
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
Swedish Red Cross Treatment Center for persons affected by war and torture, Skellefteå

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

Tunisia (1)
Nebras

Turkey (6)
SOHRA.M-CASRA - Centre of Social Action, Rehabilitation and Readjustment
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 (3)
Room to Heal
RTC - Refugee Therapy Centre
Freedom from Torture

United States (18)
APRCVT - ACCESS - Psychosocial Rehabilitation Center for Victims of Torture
Bellevue - NYU Program for Survivors of Torture
BCRHHR - Boston Centre for Refugee Health and Human Rights
Bilingual Assistance Services, USA
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
Libertas
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
Torture Abolition and Survivors Support Coalition International
TTCO - Torture Treatment Center of Oregon
Western New York Center for Survivors of Torture

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

Zimbabwe (2)
CSU - Counselling Services Unit
Tree of Life
The IRCT Secretariat

**Office Of The Secretary-General**

Victor Madrigal-Borloz, Secretary-General

Gitte Sørensen, Executive Assistant

Karen Faarbæk de Andrade Lima, Partnerships Officer

Louise Obel Bank, Partnerships Associate

Roberto Cubero Espinal, Regional Associate

Mushegh Yekmalyan, Head of European Affairs

Melissa Paintoux, European Affairs Officer

**Governance And Policy**

Miriam Reventlow, Director of Governance and Policy

Margaret Hansen, Membership Liaison Officer

Marie Dyhr, Communications Associate

Daniela Jorge Ayoub, Governance and Policy Associate

Pablo Guerra, Student Assistant, Membership services

**Research Development**

Leanne MacMillan, Director of Research Development

Lars Døssing Rosenmeier, Research Development Officer

Nicola Anne Witcombe, Editorial Assistant - Torture Journal

Ailish Odonoghue, Communications Associate

Lisa Haagensen, Project Coordinator - DFI Project

Harry Shepherd, Student Assistant - DFI Project

**Advocacy**

Asger Kjærum, Director of Advocacy

James Lin, Istanbul Protocol Programme Coordinator

Rachel Towers, Advocacy Advisor

Dastan Salehi, Advocacy Associate

Lorena Torres, Communications Associate

**Operations**

Miriam Reventlow, Director of Operations

Jens Behrendt, Senior Finance Officer

Inge Frandsen, Finance and Administration Officer

Marianne Hansen, Human Resources Officer

Berit Jensen, Finance Consultant

Malene Nielsen, Payroll and Administration Associate

Rudolf Podkrivacky, IT Student Assistant

**Organisational Development Taskforce**

Lisbet Ilkjær, Director of Organisational Development

Alexandre Leal de Freitas, Fellow

Drouyn Cambridge, Intern
How to support the IRCT

We need your support to fight torture and 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 victims 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
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