



## IRCT Annual Report 2010



irct INTERNATIONAL REHABILITATION COUNCIL FOR TORTURE VICTIMS



INTERNATIONAL REHABILITATION COUNCIL FOR TORTURE VICTIMS (IRCT), BORGERGADE 13, P.O. BOX 9049, 1022 COPENHAGEN K, DENMARK  
PHONE +45 33 76 06 00 | FAX +45 33 76 05 00 | E-MAIL [IRCT@IRCT.ORG](mailto:IRCT@IRCT.ORG) | WEBSITE [WWW.IRCT.ORG](http://WWW.IRCT.ORG)  
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## Content

- 1 Foreword
- 2 About the IRCT
- 4 IRCT members around the world
- 6 Delivering our strategy: Strengthening capacity
- 8 Delivering our strategy: Influencing policy
- 10 Delivering our strategy: Sharing knowledge
- 12 World without torture
- 13 26th June 2010
- 14 2010 donor acknowledgements
- 16 IRCT Governance
- 18 IRCT Secretariat
- 20 Financial report
- 24 Support our work

## About the IRCT

The International Rehabilitation Council for Torture Victims is an independent non-profit global organisation with a membership of 147 rehabilitation centres in 73 countries and with over 25 years' experience.

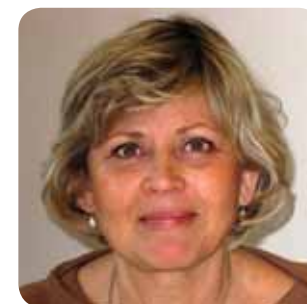
The work of the IRCT is threefold:

- Rehabilitation of torture victims and their families
- Ensuring victims' access to justice
- Eradication of torture

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## Foreword

DR MOHAMUD SHEIKH NUREIN SAID, PRESIDENT AND BRITA SYDHOFF, SECRETARY-GENERAL



The year 2010 was a special year for the IRCT. It marked 25 years since we were founded as a response to the specific and unique rehabilitative needs of torture survivors.

Over the two and a half decades that have since passed, we have developed into a solid global movement, constantly growing, constantly improving and bettering. Thanks to the dedication of colleagues across our membership we now have a robust strategy framework that will enable us to consolidate our advances and move forwards.

Today, our membership stands at 147 centres in 73 countries on all continents. And the movement is wider than this, as there are so many others who are not yet members, but who work in partnership with us in rehabilitation, prevention and access to justice.

Yet, sadly, in recent years, the discourse on torture has changed for the worse. While torture has never before been so prominent in the public debate, we've witnessed a gradual erosion of the absolute prohibition of torture. We can see some of those formerly or even currently in positions of authority in powerful countries manipulate the public into thinking there is some sort of "torture lite"; that torture is acceptable in some circumstances.

In this harsh climate where some, including a former US President, continue to justify the erosion of the most fundamental of rights, it is our duty to continue to remind the world that notions of the acceptability of torture are as odious as they are illegal. And we will continue to stand in solidarity with and give support to survivors of torture everywhere we possibly can.

Of course we do not only provide medical and psychological support, we have continued to work on providing and promoting victims' access to justice, and the fight against impunity. All allegations of torture must be fully investigated. This has been, and continues to be a crucial area of our work for the simple fact that justice also heals – survivors as well as communities.

Our existence, as a global movement of women and men all over the world, is proof of the compassion, of the ability to aid healing, that we are capable of as human beings. Our existence ensures that someone is there, caring for the survivors, their families and the wider communities afflicted by this horrendous crime. Someone is there seeking justice. Someone is there, seeking to end this horror.

DR MOHAMUD SHEIKH NUREIN SAID AND BRITA SYDHOFF

## About the IRCT

Our vision is a world without torture.

Our mission is to:

- Ensure that torture victims are able to access appropriate health-based torture rehabilitation services
- Ensure that torture victims are able to have full access to justice
- Contribute towards the prevention of torture worldwide.

### OUR STRATEGIC OBJECTIVES 2011-2015:

#### THE IRCT STRATEGY MATRIX

	Strengthening capacity	Influencing policy	Sharing knowledge
Rehabilitation	1. IRCT members will have learned from holistic rehabilitation methods in different social, economic, cultural and political settings, and demonstrated the application of these methods to their own context	4. The IRCT will have ensured that more stakeholders respect the rights of torture victims to rehabilitation, whilst ensuring that more providers of specialized treatment services are protected	7. The IRCT will be recognized as a global information hub for members' knowledge related to the holistic rehabilitation of torture victims
Justice	2. IRCT members will be able to facilitate better access to justice for torture victims through medico-legal documentation and psycho-social support	5. The IRCT will have encouraged more governments and other stakeholders to introduce effective mechanisms to fight impunity	8. The IRCT will be recognized as a leading source of knowledge on the generation and use of medical documentation in legal proceedings
Prevention	3. IRCT members will be able to better promote the prevention of torture in collaboration with other human rights advocates	6. The IRCT will have encouraged more stakeholders to make a strong commitment and measures to prevent torture globally	9. The IRCT will be recognized as an international source of data and statistics that supports monitoring the implementation of international torture prevention obligations

"Many times I become sad for what some of my patients have suffered and are still suffering. Even when you're not working, their suffering is always there, in the background of your thoughts. Yet my work is beyond doubt rewarding because I know I can help them. Besides my expertise, I can also give them my commitment and compassion, and, when possible, my good humour so that they can at least momentarily put their pain and horrors they went through aside."

KAREN PRIIP OF IRCT MEMBER CENTER, REHABILITATION AND RESEARCH CENTRE FOR TORTURE VICTIMS (RCT), DENMARK

"If one day your organisation would close down it would be a great shock for me. I come here as if I were coming to my own family. All the Chechen refugees I know say so. We are full of confidence and love for you."

A REFUGEE FROM CHECHNYA. NOW LIVING IN GEORGIA, AND CLIENT OF THE GEORGIAN CENTER FOR PSYCHOSOCIAL AND MEDICAL REHABILITATION OF TORTURE VICTIMS (GRCT), A MEMBER OF THE IRCT

"The security situation for forensic doctors in Ecuador is concerning, especially for those who document cases of torture, but people have to raise their voices to speak about what is happening in this country. As an independent professional, I am also a voice for the torture victims and, hopefully, can contribute to ending impunity for those who torture".

DR YADIRA NARVAEZ, CO-FOUNDER OF IRCT MEMBER CENTRE, FUNDACION PARA LA REHABILITACION INTEGRAL DE VICTIMAS VIOLENCIA (PRIVA), ECUADOR.

"What do we do with what others have done to us? Internalise this tormenting experience or fight to stop this happening again? I chose the latter."

TORTURE SURVIVOR, PSYCHOLOGIST AND HUMAN RIGHTS ACTIVIST VERA VITA BRASIL OF IRCT MEMBER CENTRE GROUP TORTURA NUNCA MAIS/RIO DE JANEIRO (GTNM/-RJ), BRAZIL.

"As the IRCT has expanded to include centres with more eclectic approaches to the treatment of torture victims (other than a strict medicalised approach), it has become a potent worldwide force of essential medical, social, psychological and, increasingly, legal support to victims."

SIR NIGEL RODLEY, FORMER UN SPECIAL RAPPORTEUR ON TORTURE



## IRCT member centres around the world

As of 2011 there are **146 IRCT member centres** and programmes around the world representing **73 countries**

Find out more at [www.irt.org](http://www.irt.org)



## Delivering our strategy: Strengthening Capacity

The IRCT is committed to continuously developing our ability to serve survivors of torture across the world in the best way possible. Therefore increasing the capacity of centres to carry out this vital work, including the sharing knowledge and exchanging information on the treatment and care of survivors of torture within and beyond the IRCT membership is a key prong of our strategy.

### KEY ACHIEVEMENTS

#### The IRCT Exchange Programme: building a global network of expertise

Eighteen professional exchanges involving directors, trainers, psychiatrists, psychologists, physiotherapists and other professionals took place among IRCT members in 2010.

#### Seminars and training

In 2010 the IRCT organised seminars throughout the world in order to develop capacity within the membership. Training topics ranged from community-based rehabilitation to advocacy vis a vis national, regional and international institutions to approaches to rehabilitation of victims of sexual torture.

#### Documenting torture to fight impunity and seek redress for victims

Impunity is still one of the most serious impediments to the prevention of torture. Perpetrators are seldom brought to court; and torture survivors rarely receive any kind of redress. In a climate of impunity, perpetrators of torture can continue their crimes without risking arrest, prosecution or punishment. Besides adding to the suffering of the victims, such a situation leads to a general lack of trust in justice and the rule of law. Consequently, few complaints are brought forward and few actual prosecutions are made.

The IRCT Secretariat, with the Forensic Department of the University of Copenhagen, have set up an international focal point for forensic expertise. More than thirty eminent forensic experts from sixteen countries provide support in examining torture victims in at least ten representative cases at the international, regional or national level to establish best practice examples.

In 2010, the group conducted missions to document torture and to train legal and health professionals



*"The internship programme is becoming more and more beneficial for all (IRCT) centres. It helps in exchanging ideas, experience and lots of therapy tools. Moreover, the exchange programme enhances the cooperation between the centres working for the common goal which is providing psychosocial and physical rehabilitation for victims of torture."*

MS SANA HAMZEH (LEFT), THE HEAD OF THE REHABILITATION UNIT AT RESTART CENTRE FOR REHABILITATION OF VICTIMS OF VIOLENCE AND TORTURE, LEBANON, ON HER EXPERIENCE AT NORTH-AMERICAN MEMBER ADVOCATES FOR SURVIVORS OF TORTURE AND TRAUMA (ASTT), PICTURED ALONGSIDE KAREN HANSCOM, ASST DIRECTOR.



HOSTED BY THE AFRICAN CENTRE FOR TREATMENT AND REHABILITATION OF TORTURE VICTIMS (ACTV) TORTURE REHABILITATION PROFESSIONALS FROM ALL OVER SUB-SAHARAN AFRICA MET FROM 13 TO 17 SEPTEMBER IN ENTEBBE, UGANDA, REINFORCING THEIR COLLABORATION AND SHARING KNOWLEDGE IN THE FIELDS OF TORTURE REHABILITATION AND PREVENTION. AMONG THE ISSUES DISCUSSED WAS THE QUESTION OF HOW TO ORGANISE AND IMPLEMENT EFFECTIVE COMMUNITY OUTREACH, HOW TO BETTER EMPOWER TORTURE SURVIVORS AND HOW TO IMPROVE MONITORING AND EVALUATION OF PROJECTS INVOLVING TORTURE VICTIMS. THE IRCT'S AFRICA CO-ORDINATOR ATTENDED THE MEETING ALONGSIDE THE SECRETARY-GENERAL AND THE PRESIDENT.

in the documentation of torture in The Philippines, Georgia, Serbia, South Korea and Zimbabwe, Egypt, Iraq and the Democratic Republic of Congo.

#### Direct financial support to centres in the global south thanks to the generous contribution from the Oak Foundation

In 2010, we provided EUR 500,000 worth of grants to 44 centres providing effective rehabilitation while struggling financially due to scarce funding and the limited donor base for this work (13 in Asia, 14 in Europe, 7 in Latin America, 5 in the Middle East and North Africa and 18 in Sub-Saharan Africa). Without these grants, centres providing rehabilitative care in some of the most hostile settings worldwide, would face closure.

#### Urgent actions in support of the protection of human rights defenders

In 2010 the IRCT coordinated urgent actions to protect colleagues around the world facing imminent or immediate danger. In each case the Secretariat co-ordinated its approach closely with the affected centre, using a combination of media outreach, appeals to embassies of IRCT donor countries, EC delegation the UN and relevant ministries. In 2010 urgent actions were co-ordinated for member centres in Kenya, Egypt, Ecuador, DR Congo as well as one non-member centre in Algeria with whom the IRCT has been working to establish rehabilitation services in that country.

## Delivering our strategy: Influencing Policy

Full reparation for an act of torture is impossible. While there is most often no way to completely undo the trauma and suffering caused by torture or cruel, inhuman or degrading punishment, access to justice and reparation are essential elements of the over-all healing process for torture survivors. There is both a moral and legal imperative to provide reparation to victims and to end impunity for those who have committed torture. The means to achieving this can include (but are not limited to) criminal prosecutions of those involved truth and reconciliation commissions, official recognitions of acts of torture, civil redress and apologies by persons or authorities responsible.

Governments have the obligation to criminalise torture, to investigate all allegations and to prosecute perpetrators as well as to provide appropriate redress measure for torture victims. Reparation for victims should not only include monetary compensation for material damage and suffering but also restitution, satisfaction, rehabilitation measures and guarantees of non-repetition.

One of the IRCT's three strategic prongs is influencing policy in support of rehabilitation, access to justice and prevention of torture. In 2010 the IRCT advocated at global, regional and national level for such change.

The IRCT liaises with key human rights bodies at the international and regional level - such as the UN, Inter-American Commission on Human Rights and African Commission on Human and Peoples' Rights - to make the plight of torture survivors more visible in their policies.

At the government level, the IRCT lobbies states to ratify and abide by those international instruments related to torture, and increase support for rehabilitation services (either directly or via the United Nations Voluntary Fund for Victims of Torture. We also work to lobby the European Union to increase their support to torture survivors.) Where possible, we reinforce our messages by partnering with those who share our goals. Our participation and membership in groups such as the Coalition of International



UNITED NATIONS SPECIAL RAPPORTEUR ON TORTURE (2004–2010), PROFESSOR MANFRED NOWAK IN HIS ANNUAL REPORT TO THE UNITED NATIONS GENERAL ASSEMBLY, SEPTEMBER 2010.

"Torture rehabilitation centres fill a gap and provide highly specialized medical and psychosocial care to those in need. Member organizations of the International Rehabilitation Council for Torture Victims, the umbrella organization of 146 rehabilitation centres worldwide, provided treatment to more than 100,000 survivors of torture and trauma in 2009 alone."

"Throughout his tenure of the mandate, the Special Rapporteur has been impressed by the courageous, dedicated and professional work undertaken by rehabilitation centres around the world. In all the centres he visited during his fact-finding missions, he was impressed that staff members had been working extremely hard and often at considerable personal sacrifice."

NGOs Against Torture (CINAT), International Council of Voluntary Agencies (ICVA), International Federation of Health and Human Rights Organisations (IFHHRO) and the European Council on Refugees and Exiles (ECRE) allows us to raise a collective voice in order to enhance visibility and impact.

Because doctors, psychologists and other health professionals play an important role in the prevention of torture, the IRCT also networks with key professional organisations, such as medical associations, to reinforce their work in the fight against torture.

### KEY ACHIEVEMENTS

#### The global level

Central to a more strategic approach to engaging with UN mechanisms has been the establishment of a permanent IRCT presence in Geneva enabling the IRCT to strengthen its influence on the UN human rights monitoring mechanisms and liaison with Geneva-based partner organisations.

Furthermore, the IRCT increased its collaboration with and support of the UN Committee Against Torture (UNCAT). The IRCT Secretariat provided support to two member centres, in Ecuador and Turkey, to prepare and present their alternative reports to the UNCAT. Subsequently, Secretariat staff and an expert from a member centre were invited to provide a thematic briefing to the UNCAT on the Istanbul Protocol and present recommendations to the Committee on how to strengthen the use of medical documentation.

#### Regional level

At the regional level, the IRCT engaged with regional human rights institutions and mechanism in Europe, Latin America and Africa in 2010.

#### National level

The IRCT has supported member centres around the world in their national campaigns. In 2010 we worked with members on campaigns in the United Kingdom, India, Lebanon and Ecuador, among others.



IN INDIA THE IRCT SUPPORTED MEMBER CENTRES, LED BY CCTV, IN LOBBYING FOR AN IMPROVED VERSION OF THE PROPOSED PREVENTION OF TORTURE BILL 2010 WHICH HAS BEEN PRESENTED AS ENABLING LEGISLATION FOR INDIAL RATIFICATION OF THE UN CONVENTION AGAINST TORTURE (SIGNED BY INDIA 1997). COMMENTS AND RECOMMENDATIONS TO THE DRAFT BILL, JUDGED AS INADEQUATE, WERE SUBMITTED BY CCTV IN SEPTEMBER 2010.

## Delivering our strategy: Sharing knowledge

Less than three decades ago the devastating impact of torture and the need to support torture victims with specialised treatment were hardly recognised. Today, we have a world-wide network of 147 centres in 73 countries that provide rehabilitation and fight for the rights of victims. As more and more knowledge is accumulated on rehabilitation and reparation, it is one of our three strategic priorities to share this knowledge both within and outside of the membership.

### KEY ACHIEVEMENTS

#### Torture journal

The IRCT's journal, *Torture – Journal of Rehabilitation of Torture Victims and Prevention of Torture*, provides a multidisciplinary forum for the exchange of original research and systematic reviews among professionals concerned with the biomedical, psychological and social interface of torture.

*Torture* is indexed in MEDLINE, the world's largest and most respected database of biomedical literature, representing an international acknowledgement of the publication's value as a leading periodic on torture and the examination and treatment of torture sequelae.

In 2010 we published three issues of this respected journal.

The first issue included articles on the detection of phosphorous in the tissue of bomb victims in Gaza and on how to prosecute physicians who torture.

The second issue included an article on *Using the International Classification of Functioning, Disability and Health (ICF) to describe the functioning of traumatised refugees* and on transitory ischemia as a form of torture (case description from Spain).

The third issue was comprised of a Desk study on Combating Torture with Medical Evidence – The use of medical evidence and expert opinions in international and regional judicial mechanisms and in selected domestic jurisdictions.



THREE TORTURE JOURNAL ISSUES WERE PUBLISHED IN 2010.



THE PANELISTS FROM THE PANEL DISCUSSION "MOVING TOWARDS A WORLD WITHOUT TORTURE" IN CONNECTION WITH THE IRCT'S 25 YEARS ANNIVERSARY, INCLUDED, FROM LEFT: JUAN MENDEZ, UN SPECIAL RAPPORTEUR ON TORTURE, SIR NIGEL RODLEY, FORMER UN SPECIAL RAPPORTEUR ON TORTURE, VIVIENNE NATHANSON, MEDICAL DOCTOR HEAD OF SCIENCE AND ETHICS, BRITISH MEDICAL ASSOCIATION, ANTON VAN KALMTHOUT, LAWYER, EUROPEAN COMMITTEE FOR THE PREVENTION OF TORTURE.

#### Assessing the effects of providing treatment

In December 2010 the IRCT convened a special conference *Assessing the outcomes of torture rehabilitation: translating good practices into daily interventions*. The conference brought together dozens of the world's most renowned torture rehabilitation experts. With perspectives ranging from low-income, conflict-ridden countries to high-income countries where the vast majority of persons treated are refugees and asylum seekers, the conference explored how to scientifically assess the outcomes of clinical torture rehabilitation services provided in different cultural and socio-economic contexts. Focusing in this way on experiences in different contexts the conference furthered knowledge of practices in the provision of torture rehabilitation services among participants.

#### Advancing understanding of the importance of documentation

The IRCT published three practical guides to the Istanbul Protocol – the standard for the forensic documentation of torture – crucial in fighting impunity and providing redress for victims – for medical doctors, psychologists and lawyers. The guides were published in three different languages: English, French and Spanish – all available to download for free from the IRCT website.



PRACTICAL GUIDES TO THE ISTANBUL PROTOCOL.

## World Without Torture

The greatest threat to the fight against torture is apathy: that we silently accept that torture exists.

In May, the IRCT launched the *World Without Torture* campaign online to keep the fight against torture high on the global agenda, providing a way for concerned citizens around the world to get involved in helping to bring about a world free of this evil.

*World Without Torture* aims to heighten awareness about the issue of torture and increase public support for the prevention of torture and rehabilitation of torture victims.

Through an online social media platform IRCT members and their clients are able to share their experiences of torture in order to generate mutual discussion about the issue of torture and its relevance to

the general public and to encourage joint action in support of torture eradication.

With storytelling as a backbone, the campaign highlights the effects of torture on social, economic and political development, and the positive achievements of torture victims as they rebuild their lives. It also exposes the everyday difficulties faced by those around the world who rehabilitate torture victims and work for torture prevention.

The campaign has been built on two of the world's largest online social media platforms – Facebook and Twitter.

By the end of the year, around 5,000 people around the world were engaged in the movement, with information cascading to tens of thousands more via the social media platforms.



CAMPAIGN LOGO FOR WORLD WITHOUT TORTURE.



SCREENSHOT FROM THE FACEBOOK PAGE.

## 26th June 2010

On 26 June – the *United Nations International Day in Support of Victims of Torture* – we pay tribute to those who have suffered the horrors of torture and reiterate our shared commitment to ending torture once and for all and supporting survivors wherever and wherever they might be.

A range of campaign tools was provided by the IRCT to more than 50 participating organisations around the world, in Europe, the Americas, Africa and Asia. These included fact sheets in English, French and Spanish, a campaign kit, a collection of sample letters and press releases in English, French, Spanish and Arabic, an essay and art competition.

In addition, the IRCT provided a global reading, read out all over the world on 26th June.

### AROUND THE WORLD ON 26 JUNE: A SNAPSHOT

#### Croatia: Rehabilitation Centre for Torture Victims (RCT) Zagreb

Over 200 people took part in a series of activities organised by RCT Zagreb including workshops for psychology students at the University of Zagreb, and workshops for schoolchildren in Dvor. The activities featured on RTL Croatia broadcasts for several days.

#### Chad: Youth for Peace and Nonviolence Association (AJPNV)

The headquarters of AJPNV welcomed teachers, human rights campaigners, the customary chief, the district leader, the chief of the military, police, district chief, politicians, media, and other representatives of civil society organizations to com-

memorate the day. The day began with a speech by the Secretary General after which others spoke and presented to the assembled audience. The President of AJPNV Nodjigoto Charbonnel closed the session by reading the IRCT global statement. After that guests were invited to visit the Centre for Training and Careers of Women Victims of Torture created by AJPNV. The day ended with a football match between two groups of women torture victims.

#### Morocco: Medical Association for Rehabilitation of Torture Victims (AMRVT)

On 26 June AMRVT held a celebratory evening for over 150 people, including many torture survivors. The evening comprised the screening of a new video presenting AMRVT as well as musical entertainment and an exhibition of paintings and photos. The event was reported by 2M TV, a state-owned TV channel with national coverage.

#### Sri Lanka: Survivors Associated (SA)

Survivors Associated held activities all over the country through its field offices in the north, south, east and west of Sri Lanka to commemorate 26 June. Events included meetings with torture survivors and the general public led by human rights lawyers; sporting events for survivors and their families; and peace programmes featuring role plays by torture survivors. Concerned citizens as well as medical and paramedical personnel participated in training programmes for the care of torture survivors together with survivors and their families. All in all more than 1100 persons took part in SA's commemorations, which concluded with the reading of the IRCT global 26 June statement.

**“Together, we are saying that we will not remain silent, and that we will continue working together to bring about a World Without Torture”**

PRESIDENT MOHAMUD SHEIKH NUREIN SAID AND IRCT SECRETARY-GENERAL BRITA SYDHOFF



# 2010 donor acknowledgements

## 2010 donor acknowledgements

### THE IRCT GRATEFULLY ACKNOWLEDGES THE SUPPORT OF THE FOLLOWING:

#### Special individual donation

Victoria Gómez-Trenor Vergés

#### 1,000,000+ EUR

Danish Ministry of Foreign Affairs  
OAK Foundation



#### 500,000-999,999 EUR

European Commission



#### 100,000-499,999 EUR

Swedish Ministry of Foreign Affairs  
Other foundations



#### 10,000-99,999 EUR

Aase og Ejnar Danielsens Fond  
Dutch Ministry of Foreign Affairs  
Canadian Department for Foreign Affairs and  
International Trade  
Lauritzen Fonden



#### 1,000-9,999 EUR

José Luis Cortizo Amaro  
Henrik Andreassen  
Mads Clausens Fond  
Inge Genefke og Bent Sørensen's Anti-Torture Støttefond  
Ernst og Vibeke Husmans Fond  
Knud Højgaards Fond  
Asta og Julius P. Justesens Fond  
Ole Kirks Fond  
Hermod Lannungs Fond  
Gerda Laustens Fond  
Margrethegaardens Legat  
Mindjumper  
Norwegian Ministry of Foreign Affairs  
Birgit Petersson  
PL-Fonden  
Jonathan Todhunter  
Unitas

#### <1,000 EUR

Benjamin Achtenberg  
Margrethe Ahlefeldt-Laurvig  
Noriko Akaike  
Jørgen Ankerstrøm  
Bente and Ib  
Inge Merete Blomquist  
Martin Christian Boyesen  
Gudrun Boysen  
Elsa Moreno Cardenas  
Anita Christensen  
Arne Christiansen  
Malachy Coleman  
Christina Dackås  
Carsten Dahl and Bodil Kampp  
Gudrun Dahlin  
Oliver Duersteler  
Susanne Duus  
Søren and Birgit Dyssegaard  
Thomas Døssing  
Bror Ekberg  
Inge Eriksen  
Hanne Finsen  
Poul-Henning Fischer  
Wilhelm Frederiksen  
Poul-Henning Friborg  
Stephen Egede Glahn  
William Gorman  
Pernille Grumme  
Finn Gyntelberg  
Harlang & Toksvig Fondet  
Torben Hede  
Birgit Heise  
Helga Thagaard Jacobsen  
Hellebæk Kirkes Menighedsråd  
Aase Ascanius Helles  
Eloisa Hellmers  
Emilio Hellmers  
Hemming Holm  
Sten Houmøller-Jørgensen  
Knud Jacobsen  
Archana Guha Jensen  
Birtna Jerlang  
P. and Karen Johanness  
Leif Johansen  
Margot Elisabeth Johansen  
Elisabeth Jul  
Karen Juul  
Anette Jægerskou

Anna and Boe Jørgensen  
Kirsten Jørsum  
Peter Kemp  
Prof. Dr. Kirchhoff  
La Asociación Española de Documentación e Información (SEDIC)  
Ole Ladefoged  
Johan Larsen  
Signe Møllergaard Larsen  
Helga and Olav Liengård  
Yves Mayrand  
Jane McPherson  
Elizabeth Michel  
Peer Millner  
Inger Lise Mondrup  
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Det Mosaiske Trossamfund  
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Niels Svensson  
Elsebeth Søndergaard  
Bent Sørensen  
Gitte Sørensen  
Hilkka Vanhapelto  
Luis Angel Romera Vázquez  
Tine Wedege-Mathiassen  
Benny Weldingh  
Hanne Willert  
Kaj Zachrau  
Birgitte Zeeman  
Janne Aasberg

## EXECUTIVE COMMITTEE

### Mr Mohamud Sheikh Nurein Said, MD, HSC

IRCT President  
Board Member, Independent Medico-Legal Unit (IMLU), Kenya  
Elected Council Member representing the Sub Saharan Africa Region

### Mr Jorge Aroche, BSc. Psych, M.Clin. Psych. MAPS

IRCT Vice-President  
Executive Director, Service for the Treatment and Rehabilitation of Torture and Trauma Survivors (STARTTS), Australia  
Elected Council Member representing the Pacific Region

### Ms Simona Ruy-Perez, MA

Executive Director, CINTRAS, Chile  
Elected Council Member representing the Latin America and the Caribbean Region

### Ms Loreine dela Cruz, MA

Chairperson, National Board of Directors  
Balay Rehabilitation Centre, The Philippines  
Elected Council Member representing the Asia Region

### Ms Karen Hanscom, PhD Psychology

Executive Director, Advocates for Survivors of Torture and Trauma (ASTT), United States  
Elected Council Member representing the North America Region

### Ms Lilla Hardi, Psychiatrist

Medical Director, Cordelia Foundation for the Rehabilitation of Victims of Torture, Hungary  
Elected Council Member representing the Europe Region

### Ms Suzanne Jabbour, MA Clinical Psychology

Director, Restart centre, Lebanon  
Elected Council Member representing the Middle East and North Africa Region

## Independent Expert

Ms Clarisse Delorme, LLM  
Advocacy Advisor – Geneva Area, World Medical Association

## COUNCIL

### Elected by the Asia Region

#### Ms Loreine dela Cruz, MA

(see Executive Committee)

#### Mr Shailendra Guragain, MSc, MBA

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

#### Mr Bhava Nath Poudyal, MA Clinical Psychology

Advisor, Aksi Rehabilitasi Korban Tindak Kekerasan di Aceh (RATA), Indonesia

#### Mr Pradeep Agrawal, MD

Consultant Psychiatrist  
President and Director, SOSRAC, India

### Elected by the Europe Region

#### Ms Lejla Cakovic, Psychiatrist-psychotherapist

Project Co-ordinator, Centre for rehabilitation of victims of torture, Sarajevo, Bosnia and Herzegovina

#### Ms Lilla Hardi, MD

(see Executive Committee)

#### Ms Eva-Lena Klefbeck, Psychotherapist, Prof. Social Worker

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

#### Ms Sebnem Korur Fincanci, MD

President, HRFT Turkey, Turkey

#### Ms Leanne MacMillan, LLB, International Human Rights Lawyer

Director of Policy and External Affairs, Medical Foundation for the Care of Victims of Torture, UK

#### Mr Boris Drozdek, MD, MA Psychiatrist

Medical Director, Psychotrauma Zentrum Zuid Nederland/Reinier van Arkel groep, Den Bosch, the Netherlands

#### Ms Mechthild Wenk-Ansohn, MD

Physician and Psychotherapist, Supervisor, Head of Outpatient Clinic, Centre for the Treatment of Torture Victims (bzfo) Berlin, Germany

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

#### Ms Yadira Narváez, MD

Director, Foundation for Integral Rehabilitation of Victims of Violence (PRIVA), Ecuador

#### Ms Simona Ruy-Perez, MA

(see Executive Committee)

#### Mr Ronald Amilcar Solis Zea, MA

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

#### Mr Carlos Jibaja Zarate, MA

Mental Health Director, Center of Psychosocial Attention (CAPS), Peru

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

#### Mr Nagib Nagm El Din Hassan, MD

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

#### Ms Suzanne Jabbour, MA Clinical Psychology

(see Executive Committee)

#### Mr Alireza Taheri, Lawyer

Member of the Board of Directors, ODVV, Iran

### Elected by the North America Region

#### Mr John Docherty, MA

Co-ordinator, RIVO, Canada

#### Ms Karen Hanscom, PhD Psychology

(see Executive Committee)

### Elected by the Pacific Region

#### Mr Jorge Aroche, BSc. Psych, M.Clin. Psych. MAPS

(see Executive Committee)

#### Mr Paris Aristotle, AM

Director, Victorian Foundation for Survivors of Torture Inc, Australia

### Elected by the Sub Saharan Africa Region

Ms Uju Agomoh, BSc Psychology, M.Sc Clinical Psychology, M.Sc Sociology, M.Phil Criminology, PhD Criminology and Prison Studies, LLB Laws, BL  
Executive Director, Prawa, Nigeria

#### Ms Miriam Fredericks

Head of Service Delivery, The Trauma Centre for Survivors of Violence and Torture (TCSVT), South Africa

#### Mr Mohamud Sheikh Nurein Said, MD

(see Executive Committee)

#### Mr Ajuo Basil Tifu, MA Anthropology

Executive Director, CRAT, Cameroon

### Representatives in their Capacity of Independent Experts

#### Ms Clarisse Delorme, LLM

(see Executive Committee)

#### Mr Johan Larsen, MD, Psychiatrist and Clinical Supervisor

Consultant, the Netherlands

#### Mr Issam Younis, MA Theory and Practice of Human Rights

General Director, Al Mezan Center for Human Rights, Gaza Palestine

# IRCT Secretariat

STATUS AS OF 1 APRIL 2011

## OFFICE OF THE SECRETARY-GENERAL

**Brita Sydhoff**

Secretary-General

**Gitte Sørensen,**

Executive Assistant, HR Officer

**Signe Munck**

Student Assistant

## ADVOCACY AND LEGAL TEAM

**Miriam Reventlow**

Head of Advocacy and Legal Team

**Sundra Essien**

Legal Officer (part-time)

**Pauline Kienlen**

Intern

## Geneva Representation:

**Asger Kjærum**

Legal Officer and Geneva Representative

## Brussels Liaison Office:

**Hélène de Rengervé**

Head of Brussels Liaison Office, Programme  
Co-ordinator Europe

**Ana Sofia Freitas de Barros**

Intern

## FUNDRAISING TEAM

**Head of Fundraising Team**

Position vacant

**Janice Granados**

Senior Fundraising Officer

**Daniel Lewis**

Fundraising and Legal Officer (part-time)

## COMMUNICATIONS TEAM

**Scott McAusland**

Head of Communications Team

**Margareth Evangelista Marmori**

Web Content Manager

**Annette Nordstrøm**

Publications Manager (part-time)

**Fabio Pereira**

Communications Assistant

**Camila Pedersen Sierra**

Communications Assistant

## MEMBERSHIP TEAM

**Peter Hellmers**

Head of Programmes

**Giorgio Caracciolo di Brienza**

Programme Co-ordinator, MENA Region and  
Asia Region

**Margaret Hansen**

Senior Programme Assistant

**Dea Kopp Jensen**

Programme Co-ordinator, Latin America (part-time)

**Susanne Kjær**

Project Manager Documentation

**Soraya Usmani Martinez**

Programme Co-ordinator, Sub Saharan Africa

**Lars Døssing Rosenmeier**

Programme Assistant

**Yasmina Baroud**

Student Assistant

**Carolina M. V. Pedersen**

Student Assistant

## HEALTH TEAM

**Joost den Otter**

Head of Health Team, Clinical Director

**Önder Özkalipci**

Senior Forensic Advisor

**Henrik Marcussen**

Editor of Torture Journal (part-time)

**Anne Wedege**

Assistant, Torture Journal (part-time)

## ADMINISTRATION AND FINANCE TEAM

**Diana Penn**

Head of Finance and Administration

**Eva Barfod**

Chief Accountant

**Inge Frandsen**

Finance and Administration Officer



## Summary of 2010 results

### Expenditure

The heading 'Programme Development & Implementation' covers expenditure incurred in the implementation of the three strategic objectives 'strengthening centres to support torture victims', 'influencing policy in support of torture victims' and 'sharing knowledge with the torture and rehabilitation movement'.

The main expenditure (40%) incurred during 2010 was under the heading 'strengthening centres to support torture victims'. Activities under this heading included: core grants to centres (OAK Foundation), exchange programmes, technical training on rehabilitation, treatment and documentation and organisational development to IRCT member centres mostly in the Global South.

Governance costs remain at a fairly satisfactory level in 2010 (4% of total expenditure). The increase in 2010 compared to 2009 is attributable to the participatory development of the strategy & major work in further defining the roles & terms of reference for members of Council & Executive Committee.

The increase of 20% in the total fundraising costs in 2010 compared to 2009 reflect the organisation's proactive efforts to obtain funds including investment in new forms of fundraising which will pay dividends in the long term. Overall, fundraising costs as a percentage of total expenditure remains at a satisfactory level of 5%.

The organisation took positive steps to reduce support costs as illustrated by the decrease of 18 % on the 2009 expenditure.

Total expenditure in 2010 decreased by 7% compared to 2009. This was largely attributable to the adjustments to the phasing of certain programmes, and will correct itself in 2011.

### Income

There was a reduction of reported income in 2010 of 7% compared with 2009.

Under the heading 'grants from national governments' there is a decrease of 5%. Support from the Danish Ministry of Foreign Affairs to IRCT activities continued in 2010, but this decreased by 6%. This decrease was due to the fact that IRCT received support for specific projects in 2009 as well as the core grant, which was not the case in 2010, when only the core grant was received. The continued grants from the Danish Ministry of Foreign Affairs facilitated key programme implementation during the year. The welcome increase of 14% in the contribution from Sweden was due in part to a favourable move in the exchange rate. The year 2010 also saw an increase in the utilization of income from the Dutch Embassy in Cairo. In addition a notable contribution was received from the Canadian Government to complete a programme during the year.

In 2010 there was a decrease in income from both the EC (by 21%) and the United Nations (by 51%) compared to 2009. This latter was due to the completion of one particular funded project.

In 2010 the income from foundations and trusts increased by 7% compared with 2009. Support from the Oak Foundation was on a par in both years. This support from the Oak Foundation facilitated implementation across all sectors as well as facilitating centre grants benefitting a wide range of member centres as well as non member centres. 'Other foundations' and trusts' income also increased significantly with a number of restricted and unrestricted grants received utilized in the year.

Grants from private individuals in 2010 were at the same level as in 2009.

### Reserves

It is the policy of IRCT to try to maintain sufficient unrestricted reserves in order to mitigate funding fluctuations. At December 31st 2010, the IRCTs closing unrestricted reserve balance is €106,063. This represents a decrease of 15% compared to the unrestricted reserves balance at the end of 2009. In 2010 there were a number of expenditures related to organisational development, project portfolio

development, fundraising, monitoring and evaluation systems and strategy development, which contributed to the decrease in the carried forward reserves position. These expenditures are expected to positively impact the long term strategies of increased funding and developing programmes.

The IRCT view the result for 2010 to be satisfactory.

## Beyond 2010

### Long Term Funding & Strategic Development

A notable milestone towards IRCT's goal of achieving long term funding and strategic cooperation with our donors was reached with the signing of a three year framework agreement with the Danish Ministry of Foreign Affairs to cover the period 2010-2012. This funding will facilitate a more stable environment for programme implementation and development and will further develop and facilitate greater emphasis on strategic objectives and long term programme quality.

It remains a key objective for the IRCT to secure more multi-year agreements with other governments, international organisations and foundations. A key instrument to achieve this is the new organisational strategy to replace the previous strategy which expired at the end of 2009. This strategy covers the period 2010 to 2014 and commits IRCT to significant development in fundraising goals & capacity.

### Project Funding to Centres

Two new EC funded three-year projects were awarded to IRCT in 2009 which continue to have a notable impact on our capacity to undertake activities at a centre level. One of the awarded projects is funded under an EC funding stream previously not accessed by the IRCT which is welcome in terms of broadening our funding base and programme reach in the coming years. Further in 2010 IRCT was awarded another 3 year EC funded project to progress in 2011.

### Unrestricted Funds

The revitalisation of the Four Leaf Clover Torture

Prevention Foundation has begun to result in exciting additional funding opportunities for IRCT programme activities. Fundraising efforts with Danish and other Nordic foundations and other organisations will continue and in 2011 will also include US and Europe based foundations in line with strategic objectives.

### Expense Focus

The IRCT will continue to look at various ways of saving expenses and incurring expenditure in a prudent and measured manner.

### Programme Planning

Enhancing programme design and planning will continue in 2011. It is expected that the focus on programme planning will mitigate the risk of funding fluctuations caused by delays in programme implementation. This is especially relevant in the global south, where political and contextual constraints often hamper timely programme implementation.



## STATEMENT OF FINANCIAL ACTIVITIES

INCOME AND EXPENDITURE STATEMENT

INCOME	2010 (EUR)	2009 (EUR)
Grants from national governments		
Denmark	1,648,004	1,748,561
The Netherlands	90,048	53,010
Sweden	216,010	190,032
Norway	2,075	51,888
United Kingdom	0	16,264
Canada	54,191	63,644
Grants from multilateral institutions		
European Commission	786,891	999,710
United Nations	56,580	116,489
Grants from foundations		
Lauritzen Fonden	40,313	0
Oak Foundation	1,000,000	999,729
Sigrid Rausing Trust	0	6,082
Other foundations	216,176	170,388
Grants from private individuals	94,334	93,456
Other income	103,284	126,232
<b>TOTAL INCOME</b>	<b>4,307,906</b>	<b>4,635,485</b>
EXPENDITURE	2010 (EUR)	2009 (EUR)
Programme development and implementation	(3,123,927)	(3,355,567)
Governance	(176,640)	(137,141)
Fundraising	(233,536)	(195,283)
Support costs		
Office running	(547,247)	(644,552)
Administration staff	(245,410)	(327,843)
<b>TOTAL EXPENDITURE</b>	<b>(4,326,760)</b>	<b>(4,660,386)</b>
<b>NET CONTRIBUTION/(DEFICIT) FOR THE YEAR</b>	<b>(18,854)</b>	<b>(24,901)</b>

## STATEMENT OF FINANCIAL POSITION

AS OF DECEMBER 2009

Financial report

ASSETS	2010 (EUR)	2009 (EUR)
Project receivables	15,435	43,060
Other receivables	108,530	124,725
Receivables	123,965	167,785
Liquid assets	1,187,476	1,714,702
<b>TOTAL ASSETS</b>	<b>1,311,441</b>	<b>1,882,487</b>
LIABILITIES		
Net capital reserve (unrestricted) at 1 January	124,917	149,818
Net contribution/(deficit) for the year	(18,854)	(24,901)
Net capital reserve at 31 December 2010	106,063	124,917
Prepaid project grants	822,522	1,295,969
Payables	382,856	461,601
Payables	1,205,378	1,757,570
<b>TOTAL LIABILITIES</b>	<b>1,311,441</b>	<b>1,882,487</b>

## How to support the IRCT

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

Donations can be made in the following currencies: Danish kroner (DKK), Euros (EUR) and U.S. dollars (USD).

### By credit card

Please visit [www.irct.org](http://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  
BORGERGADE 13  
P.O. BOX 9049  
1022 COPENHAGEN K  
DENMARK

### By bank transfer

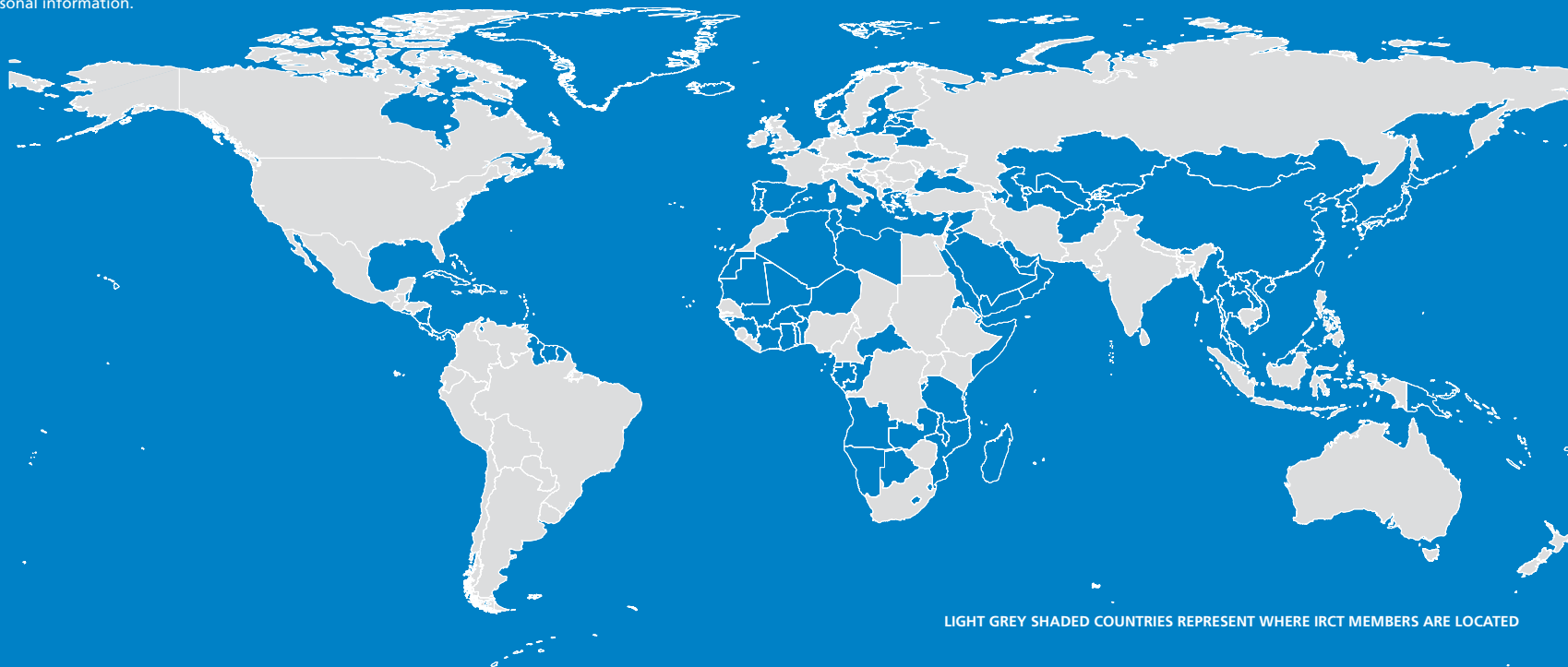
DANSKE BANK  
HOLMENS KANAL BRANCH  
HOLMENS KANAL 2  
1090 COPENHAGEN K  
DENMARK  
SWIFT CODE: DABADKKK

DANISH KRONER (DKK) ACCOUNT:  
Registration No.: 3001  
Account No.: 4310-821152  
IBAN: DK90 3000 4310 8211 52

EUROS (EUR) ACCOUNT:  
Registration No.: 3001  
Account No.: 3001-957171  
IBAN: DK69 3000 3001 9571 71

U.S. DOLLARS (USD) ACCOUNT:  
Registration No.: 3001  
Account No.: 4310-005029  
IBAN: DK18 3000 4310 0050 29

For regular donation options  
please visit [WWW.IRCT.ORG](http://WWW.IRCT.ORG)



LIGHT GREY SHADED COUNTRIES REPRESENT WHERE IRCT MEMBERS ARE LOCATED



INTERNATIONAL REHABILITATION COUNCIL FOR TORTURE VICTIMS  
BORGERGADE 13  
P.O. BOX 9049  
1022 COPENHAGEN K  
DENMARK

PHONE  
[+45 33 76 06 00](tel:+4533760600)

FAX  
[+45 33 76 05 00](tel:+4533760500)

E-MAIL  
[IRCT@IRCT.ORG](mailto:IRCT@IRCT.ORG)

WEBSITE  
[WWW.IRCT.ORG](http://WWW.IRCT.ORG)

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**Our vision is a world without torture.**

**Our mission is to:**

- Ensure that torture victims are able to access appropriate health-based torture rehabilitation services
- Ensure that torture victims are able to have full access to justice
- Contribute towards the prevention of torture worldwide

THE INTERNATIONAL REHABILITATION COUNCIL FOR TORTURE VICTIMS (IRCT) IS AN INDEPENDENT INTERNATIONAL HEALTH PROFESSIONAL ORGANISATION WHICH PROMOTES AND SUPPORTS THE REHABILITATION OF TORTURE SURVIVORS AND WORKS FOR THE PREVENTION OF TORTURE WORLDWIDE