



The IRCT strategy framework

International Rehabilitation
Council for Torture Victims

Strengthening capacity, influencing
policy and sharing knowledge in
support of torture rehabilitation,
prevention and justice

2010-2014



INTRODUCTION

We at the IRCT are pleased to present you with our new strategy framework for the period 2010-2014. The document is the result of a consultative process with our membership of torture rehabilitation centres worldwide. It thus represents the views, priorities and knowledge of thousands of the world's most experienced torture rehabilitation professionals. They include mental and physical health professionals, lawyers, councillors, social workers and others, many of whom work in some of the world's most challenging and dangerous environments, often at high personal risk.

We are pleased and proud to provide a strategic direction to our work that directly reflects the needs and priorities on

the ground, be it in areas of ongoing armed conflict; in post-conflict countries; or in stable and wealthy countries to which tortured refugees and asylum seekers flee to seek protection.

We look forward to collaborating with you as we continue our work to help torture victims worldwide rebuild their lives and to move towards a world without torture.



Mohamud Nurein Said
President



Brita Sydhoff
Secretary-General

WHAT IS TORTURE?

The basic definition of torture is that contained in Article 1 of the United Nations Convention Against Torture and other Cruel, Inhuman or Degrading Treatment or Punishment:

“... ‘torture’ means any act by which severe pain or suffering, whether physical or mental, is intentionally inflicted on a person for such purposes as obtaining

from him or a third person information or a confession, punishing him for an act he or a third person has committed or is suspected of having committed, or intimidating or coercing him or a third person, or for any reason based on discrimination of any kind, when such pain or suffering is inflicted by or at the instigation of or with the consent or acquiescence of a public official or other person acting in an official capacity. It does not include pain or suffering arising only from, inherent in or incidental to lawful sanctions.”

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SUMMARY

The IRCT is a health-based umbrella organisation that supports the rehabilitation of torture victims and the prevention of torture worldwide. Our members comprise more than 140 independent organisations in over 70 countries. Our work is governed by these member organisations. Today, we are the largest membership-based civil society organisation to work in the field of torture rehabilitation and prevention.

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.

We work towards our mission by facilitating:

- Capacity development within the IRCT membership
- A more enabling policy environment for our membership and for torture victims
- The generation and sharing of knowledge, within the IRCT membership and with the wider anti-torture movement.

This strategy identifies what our membership wishes to achieve through the IRCT, and will guide the work of our Secretariat in Copenhagen for the period 2010-2014.

Our strategic objectives

Table 1. 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. See page 8	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. See page 11	7. The IRCT will be recognized as a global information hub for members' knowledge related to the holistic rehabilitation of torture victims. See page 14
Justice	2. IRCT members will be able to facilitate better access to justice for torture victims through medico-legal documentation and psycho-social support. See page 10	5. The IRCT will have encouraged more governments and other stakeholders to introduce effective mechanisms to fight impunity. See page 12	8. The IRCT will be recognized as a leading source of knowledge on the generation and use of medical documentation in legal proceedings. See page 14
Prevention	3. IRCT members will be able to better promote the prevention of torture in collaboration with other human rights advocates. See page 10	6. The IRCT will have encouraged more stakeholders to make a strong commitment and measures to prevent torture globally. See page 13	9. The IRCT will be recognized as an international source of data and statistics that supports monitoring the implementation of international torture prevention obligations. See page 15

ABOUT THE IRCT

History

A health-based response to the problem of torture began in 1973 with the launch of a campaign by Amnesty International to support torture victims in Chile. At this time, very little was known about torture methods or its physical or psychosocial consequences. In parallel with health professionals in Chile, Sweden and Greece, in 1974 a group of four doctors in Denmark began working on these issues; all were part of a network of some 4,000 medical doctors from 34 countries worldwide. In addition to documenting cases of torture for use in potential legal proceedings, these doctors also began identifying torture rehabilitation methods. In 1978 the first international medical working group was established to address the rehabilitation of torture victims, and in 1982 Dr Inge Genefke founded the Rehabilitation and Research Centre for Torture Victims (RCT) in Copenhagen as an independent institution. In response to a growing need for global support in the rehabilitation of torture victims, the International Rehabilitation Council for Torture Victims was founded in 1985, initially as the international arm of the RCT, and, from 1997, as an independent international membership organisation.

The IRCT today

Today, the IRCT is an international membership organisation that has 146 members covering 73 countries. Members range from large organisations that provide rehabilitation services to several thousands of torture victims, to very small organisations that struggle to survive in some of the world's most challenging social, economic and political climates. Our diverse membership share three common characteristics; each is a legally independent organisation that is rooted in civil society; each provides services to at least 50 torture victims annually; and each is committed to sharing their experiences throughout the IRCT and beyond.

Members are at the heart of the IRCT and are responsible for the provision of treatment and rehabilitation services to over 100,000 torture victims annually. A high proportion of our Secretariat's operational work is planned, implemented and reviewed in collaboration with our members, thereby ensuring that interventions are appropriate to existing local structures and responsive to the needs of torture victims. For example, in recognition of the knowledge, expertise and other resources within our membership, selected members participate as implementing partners in our Secretariat-managed projects.

Our members provide unique access to field-level experiences in a multitude of environments; our Secretariat supports the dissemination of this information across the membership

and beyond in pursuit of mutual learning and good practice dissemination and adaptation. Our members also observe the on-the-ground effects of policy; our Secretariat collates and shares this information with policy-making bodies in pursuit of policy change in favour of torture victims and rehabilitation centres.

The impact of our work on victims

"I think the IRCT does a wonderful job. For me and for many other people, the organisation has provided an opportunity to build some kind of life again, and with a bit of luck it can even lead to the start of a new life [...]. Thanks to the IRCT [...] I have come through to the other side, and today I am able to talk about my fight against those awful experiences. I was tortured for my vision for a better world – a world where every human being is guaranteed respect for human rights as stated in the international human rights conventions."

Female survivor who was tortured during Saddam Hussein's regime in Iraq

Our organisational structure reinforces the mutually supportive relationship that exists between our members and our Secretariat. Members elect the IRCT's governing board (the Council), which is responsible for formulating and monitoring the implementation of major IRCT policy. The Council is accountable to the membership through our democratic election process. The Council elects our eight-member Executive Committee, which acts between annual Council meetings. In this way, our membership plays a full role in the development of IRCT policy and in holding our Secretariat to account.

The impact of our work on policy

In 2008 we supported a group of members of the American Psychological Association (APA) who were calling for the adoption of a resolution that would prohibit APA members from participating in interrogations at detention facilities that did not meet international human rights standards. Following the passing of the resolution, the group expressed their appreciation of our support, confirming that it had helped pass the resolution, previously rejected by the Association.

Our values

Our values underlie all that we do:

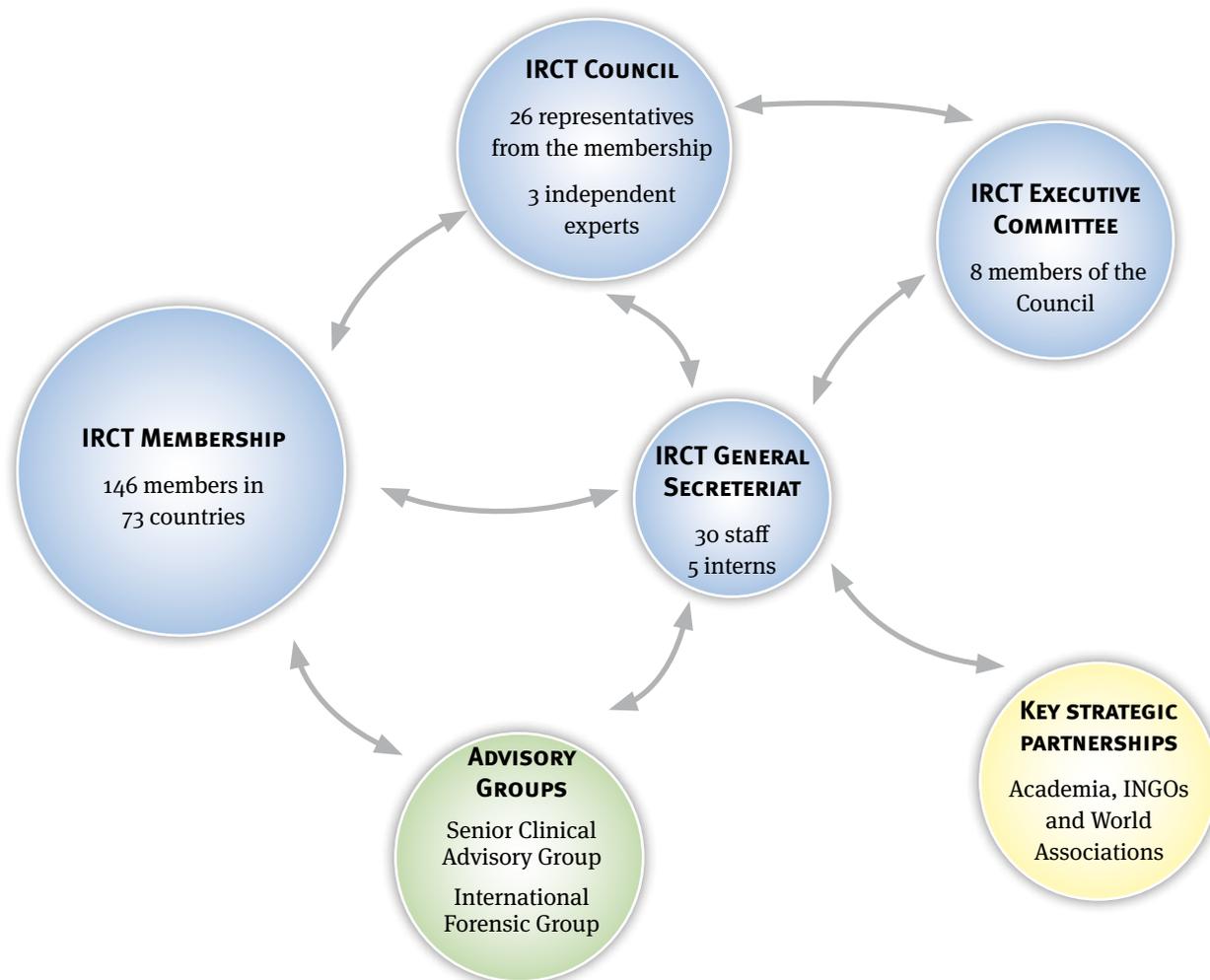
- We are committed to the universality, indivisibility and interdependence of human rights, in accordance with international law
- We are committed to the freedom from torture and the right to health as fundamental rights of every person
- We are committed to the Principles of Medical Ethics recognised internationally, in particular related to the role of health professionals in preventing torture
- We are committed to cultural diversity and mutual respect
- We are committed to democracy, transparency, accountability, and the rule of law.

Our beliefs

We believe:

- That the voice of the torture victim is paramount
- That torture rehabilitation, the fight against impunity, and torture prevention are inter-dependent and mutually reinforcing
- That everyone must accept a shared responsibility for torture rehabilitation and prevention
- That civil society has a critical role to play in torture rehabilitation and prevention
- In the power of collaboration, partnerships and strategic alliances – with the state, civil society actors, academia and the private sector – to further our cause.

Our structure



PROBLEM FORMULATION

The analysis phase of our strategic planning process included a review of our 2004-2009 strategy, an online member questionnaire, follow-up telephone interviews with members, a planning retreat for Secretariat staff, a desk-based analysis of the global environment, an analysis of each IRCT region, and interviews with key stakeholders from the donor, partner, policy-making and INGO communities. Findings were collated for presentation at the IRCT 2009 Council meeting (which was held in Nairobi, Kenya) for validation. The outcome of this Council meeting forms the basis of this strategy. In summary, we have identified the need to address the following.

There is a need to improve victims' access to better quality torture rehabilitation services

Access to quality rehabilitation services, which includes long-term treatment, follow-up and reintegration support, is critical for victims of torture, if they are to rebuild their lives and make a positive contribution to social, economic and political development processes. Whilst the size of our membership has increased and its quality improved over the last five years, with members now treating in total more than 100,000 victims in over 70 countries each year, this number represents the tip of the iceberg. Put simply, the number of people that are being tortured each year far exceeds the number of people that current rehabilitation services can support; there is an urgent need to improve victims' access to rehabilitation services that are appropriate to their local socio-economic context. The IRCT's membership has developed highly advanced rehabilitation methodologies and there is a growing global focus on advancement of social, economic and cultural rights, including the right to health; combined, these provide a sound basis for enhancing access to and the appropriateness of torture rehabilitation services.

There is a need to improve victims' access to justice and legal redress

Impunity is still the biggest impediment to the prevention of torture. In a climate of impunity, perpetrators of torture can continue their crimes without risking punishment, and the victims and their families continue living in fear and are hindered from resuming a life of dignity. Detailed knowledge and objective data on the prevalence of torture is limited since torture mostly occurs behind closed doors and is often denied. This increases the importance of alternative sources of information, in particular from torture victims, when investigating torture cases and building effective prevention strategies. In turn, receiving recognition of the wrongdoing and reparations for the atrocities committed against them, as well as seeing the perpetrators prosecuted, are important elements in the healing process of the individual, their families and the community. It is therefore essential for the

torture victim, for the rule of law, and for prevention that victims' access to justice and legal support is enhanced.

A key achievement of the torture rehabilitation movement has been the development and subsequent international recognition of standardised procedures for the documentation of torture contained in the so-called Istanbul Protocol. At the international level, there is growing interest in medical forensic evidence of torture as exemplified in Human Rights Council resolutions and a significantly increasing focus from the UN Committee against Torture. What is needed now is an increased domestic application of the Istanbul Protocol standards, in order to enhance the evidentiary basis for victims' claims and the prosecution of perpetrators.

There is a need to intensify torture eradication efforts

Whilst the geographic location of violations may vary, at the global level there is no indication of a significant decline in the number of people that are being tortured each year. In recent years, the "security before human rights" discourse that has emerged from the so-called "war on terrorism" has attempted to legitimise the use of torture in the name of national security. This has impacted negatively on the policies and practices of governments that have traditionally demonstrated zero tolerance to the use of torture. The discourse has also impacted public opinion, with significantly more people today believing that the use of torture can be justified under certain circumstances. Similarly, many of our members report an increase in the use of violence and torture by military, paramilitary and private security forces against poor people, as well as an increased public acceptance of such practices.

These developments pose serious challenges to the absolute prohibition of torture, providing as they do a perverted political rationale for governments to disregard their domestic and international legal obligations to refrain from torture. Changing this discourse is perhaps the greatest challenge facing the anti-torture movement today, and a fundamental pre-condition for the success of any future torture prevention effort. Despite the scale of this challenge, it is difficult to remember a time when torture-related issues have been so prominent in the international media; there is a unique opportunity now for the anti-torture movement to advocate for change. With a long history of showing the human impact of torture, there is a unique opportunity and need for the IRCT to intensify its contribution towards the prevention of torture.

There is a need to strengthen and protect civil society service providers

In most countries, torture rehabilitation services are provided by civil society organisations. This can be because the state fails to fulfil their obligation under international law

to provide victims with due support (a politically sensitive issue since the provision of a torture rehabilitation service implicitly recognises that torture has taken place). And from the client's perspective, torture victims often prefer to receive non-state support because they do not trust the state (since it was the state that instigated their torture). This results in a high burden being placed on civil society, a burden that is intensified by the fact that torture is a political act and government forces may harass torture rehabilitation service providers. There is thus a need to continue strengthening the technical and organisational capacity of civil society rehabilitation centres, to ensure that their staff and confidential data are safe, and to encourage greater understanding between them and state actors.

There is a need to create a more favourable policy environment for victims and service providers

The UN Special Rapporteur on Torture has repeatedly highlighted that a vast gap exists between standards and reality with regard to human rights, not least when it comes to the prohibition of torture and the right to reparation, including rehabilitation. The absolute prohibition of torture as enshrined in international law also includes the right of victims to rehabilitation and redress. While this is reiterated in human rights agreements and policy statements at the regional and global levels, it is less often reflected properly in national legal systems and policies. The challenge is to increase the commitment of governments to international standards, by ratifying the relevant conventions and fostering greater consistency between their nominal commitment to protect human rights and their actual behaviour. Further, it is key that the skewed debate that grew out of the so-called "war on terrorism" is confronted, by educating the public about the use and consequences of torture and channelling evidence-based information to policy-makers.

Through years of rehabilitation, research and documentation activities, the IRCT has collected unprecedented knowledge about torture practices. With the current increase in attention to torture related issues among government, civil society and academia, there is a great potential for this knowledge to have a significant impact on public opinion towards the use of torture and on promoting the implementation of international torture rehabilitation and prevention obligations.

There is a need to improve the dissemination of torture rehabilitation and prevention knowledge

Acquiring and disseminating knowledge is essential for change, and the IRCT's privileged access to a vast pool of torture-related knowledge has the potential to make a more meaningful contribution to the work of other torture rehabilitation and prevention stakeholders. This places

a tremendous responsibility on and opportunity for our Secretariat to facilitate the collation and sharing of this knowledge more systematically, within and beyond the IRCT network, so that the IRCT can realise this potential.

Two key achievements of our Secretariat over recent years have been the establishment of the IRCT's membership exchange programme and the development of strategic partnerships with an increasingly diverse group of actors; these factors, combined with the increased global interest in torture-related issues and the emergence of increasingly effective online communication tools, provides a unique opportunity to reach a wider group of torture rehabilitation and prevention stakeholders.

The rights of torture victims

The UN Convention against Torture states:

"14. Each State Party shall ensure in its legal system that the victim of an act of torture obtains redress and has an enforceable right to fair and adequate compensation, including the means for as full rehabilitation as possible. In the event of the death of the victim as a result of an act of torture, his dependants shall be entitled to compensation."

The Basic Principles and Guidelines on the Right to a Remedy and Reparation for Victims of Gross Violations of International Human Rights Law and Serious Violations of International Humanitarian Law state:

"10. Victims should be treated with humanity and respect for their dignity and human rights, and appropriate measures should be taken to ensure their safety, physical and psychological well-being and privacy, as well as those of their families. The State should ensure that its domestic laws, to the extent possible, provide that a victim who has suffered violence or trauma should benefit from special consideration and care to avoid his or her re-traumatization in the course of legal and administrative procedures designed to provide justice and reparation."

"18. In accordance with domestic law and international law, and taking account of individual circumstances, victims of gross violations of international human rights law and serious violations of international humanitarian law should, as appropriate and proportional to the gravity of the violation and the circumstances of each case, be provided with full and effective reparation [...] which include the following forms: restitution, compensation, rehabilitation, satisfaction and guarantees of non-repetition."

OUR OBJECTIVES

Our mission

We recognise that an inextricable link exists between torture rehabilitation and prevention. On the one hand, the knowledge and experiences that are generated through rehabilitation can enhance the effectiveness of prevention efforts; on the other, access to justice, in itself a key preventative measure, can enhance the effectiveness of rehabilitation processes – “justice heals”. In this context, we believe it is of paramount importance that torture victims can access health-based rehabilitation services (so that they become “well”) and justice and legal redress (so that the wrong-doing that has been inflicted on them is recognised and compensated, and the perpetrator held to account). Further, we believe that torture victims who access health-based rehabilitation and legal redress are more likely to be able to rebuild their lives and provide invaluable information that can contribute to the prevention of torture.

Our mission, therefore, 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.

Working towards our mission

We work towards our mission by facilitating:

- Capacity development within the IRCT membership
- A more enabling policy environment for our membership and for torture victims
- The generation and sharing of knowledge, within the IRCT membership and with the wider anti-torture movement.

We strive to ensure that torture victims are at the centre of our work. We recognise that in most cases it is our members that enjoy the closest relationship with torture victims, their families and their communities. As a support organisation for our membership, we seek to add value to these relationships by facilitating capacity development within the membership. This is done so in the belief that a higher capacity membership will deliver more efficient, effective and relevant support services, which in turn has a greater positive impact on the lives of torture victims and their families and local communities. We therefore work to facilitate capacity development within the IRCT membership.

We recognise that in many cases the policies of governments and multilateral institutions have a direct and profound effect on the work of our members and torture victims. Our membership provides unique access to a range of field-level experiences, which our Secretariat collates and presents to policy influencers/makers at different levels in the belief that



members will enjoy greater influence as a collective voice than by acting alone. We therefore work to facilitate a more enabling policy environment for our membership and for torture victims.

The fact that the IRCT can bridge the policy-fieldwork gap in this way provides unique access to information that is of high potential value to our members, policy-makers, and other international organisations working on torture rehabilitation and prevention. We therefore work to facilitate the generation and dissemination of knowledge, within the IRCT membership and with the wider anti-torture movement.

Our strategic objectives

The IRCT strategy matrix (see table on next page) merges our mission and key working methods to identify the key strategic objectives that we seek to achieve by 2014.

A victim’s story

“He really helped me. I was in a bad state; I had lost a lot of blood and I was constantly dizzy. I could not walk. So he got a taxi and took me to Kisii Hospital. I stayed there for four days. William then got a doctor [...] to send a medical report to IMLU, which he did.*

After I had explained the whole story to William, he decided that we had to go back to court [...]. The magistrate told me to fill in a form and pick out the policeman from a line-up. So we filled out the form. And I picked out the policeman who assaulted me.

I get energy from knowing that IMLU can help me. Help my case move forward and finally put it behind me.”

Excerpt from personal testimony by 22-year-old Laetitia Braemsted from Kisii South, Kenya, on the help that she received from the Nairobi-based IRCT member centre Independent Medico-Legal Unit (IMLU) to identify and prosecute a police officer who beat her up and tortured her sexually with a baton. William is an experienced counsellor who works with IMLU.

**Not his real name*

The IRCT strategy matrix			
	Strengthening capacity	Influencing policy	Sharing knowledge
Rehabilitation	<p>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. See page 8</p>	<p>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. See page 11</p>	<p>7. The IRCT will be recognized as a global information hub for members' knowledge related to the holistic rehabilitation of torture victims. See page 14</p>
Justice	<p>2. IRCT members will be able to facilitate better access to justice for torture victims through medico-legal documentation and psycho-social support. See page 10</p>	<p>5. The IRCT will have encouraged more governments and other stakeholders to introduce effective mechanisms to fight impunity. See page 12</p>	<p>8. The IRCT will be recognized as a leading source of knowledge on the generation and use of medical documentation in legal proceedings. See page 14</p>
Prevention	<p>3. IRCT members will be able to better promote the prevention of torture in collaboration with other human rights advocates. See page 10</p>	<p>6. The IRCT will have encouraged more stakeholders to make a strong commitment and measures to prevent torture globally. See page 13</p>	<p>9. The IRCT will be recognized as an international source of data and statistics that supports monitoring the implementation of international torture prevention obligations. See page 15</p>

ACHIEVING OUR STRATEGIC OBJECTIVES

Strengthening capacity

- 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**

The difference that we make

“The contribution of the peer supervisor has been evaluated in the clinical team as highly valuable and exceeded their initial expectations. His contribution has been undeniably positive for the wealth of information he could provide, given their strong general culture, his critical perspective, the availability of professional and consistent training, their mastery of the issues, [and] their ability to convey trust.”

Staff member from IRCT member centre Grupo Tortura Nunca Mais (GTNM/RJ), Brazil, on their experiences when receiving peer supervision support from Servicio de Rehabilitación Social (SERSOC) in Uruguay.

- 1.1 IRCT members will be able to measure the outcome of different treatment methods in local contexts**

Rehabilitation centres use different rehabilitation approaches in the knowledge that torture may have different consequences as a result of diverse social, political and cultural contexts. This creates challenges when attempting to evaluate the outcome of different treatment methods, challenges that are compounded by the fact that many rehabilitation centres suffer from a lack of resources and limited capacity to conduct systematic assessments.

Our Secretariat will facilitate our members and partners in academia to identify appropriate evaluation methods in different contexts, and improve assessment practice so that members can learn and improve rehabilitation treatment services, and respond to the increasing need for outcome and impact accountability to donors.

By the end of this strategy, we expect that appropriate measures for the evaluation of different treatment methods will enjoy broad recognition among our membership who are progressively improving their outcome assessment practice.

- 1.2 IRCT members will be able to exchange holistic rehabilitation methods in different social, economic and political contexts and apply them to their own context**

Torture rehabilitation cannot be conducted through a narrow “one size fits all” approach or as a stand-alone activity; for example, health-based rehabilitation has little value if the victim has no food on the table. Our members have unique experiences of adapting generic rehabilitation approaches to local situations with appreciation for social, cultural and personal specificities; in many instances, their activities transcend medical and social services to include legal and socio-economic support. In this context, improving the capabilities and performance of members to provide holistic rehabilitation services, by facilitating the sharing of experiences, skills and knowledge across our membership network is considered an effective capacity development methodology.

Our Secretariat will facilitate opportunities for selected staff at our member centres to participate in the day-to-day activities of other members and develop new perspectives on how to manage rehabilitation centres and treat torture victims. Selected staff will have the opportunity to share their learning at follow-up regional/thematic workshops. Our Secretariat will also facilitate linkages between members and livelihood organisations to provide new and/or improved community-based socio-economic reintegration programmes for victims of torture. Selected members will be offered sub-grants so that they can apply the knowledge gained from these activities.

By the end of this strategy, we expect that our members will enjoy increased capacity on the provision of holistic rehabilitation services and enhanced collaboration with national stakeholders that provide health care services and/or livelihood specialist input. This will result in improved holistic rehabilitation services for more victims of torture.

- 1.3 IRCT members will be able to provide better support to particularly ‘hidden’ torture victims, including tortured children, women, asylum seekers and refugees**

The torture of women and children exists in many parts of the world and constitutes one of the worst violations of women’s and children’s rights. However, the practice is often hidden from the public and general awareness about the issue is low; few statistics and little systematic documentation are available. Further, only a few consolidated tools and good practices on the detection, referral, treatment and documentation of child torture victims are available, and the capacities required to provide appropriate rehabilitation services are not sufficient. Many of our members treat women and children and many more would like to expand their capacity to do so.

Asylum seekers and refugees are a key target group in OECD countries, since studies show that at least 30 percent have been tortured; in resettlement cases, the number is even larger.

Our Secretariat will support our members to address these capacity needs and develop methods for advocating the right of women and children to not be tortured; special attention will be given to the need to improve conditions for detained children.

Our Secretariat will support our members in asylum countries to identify, screen and deliver treatment to refugees and asylum seekers. Moreover, our Secretariat and members will work with the UNHCR and relevant governments to advocate for the early identification and treatment of torture victims in asylum-seeking and refugee populations; within the EU, our Secretariat and members will advocate for governments to adhere to the European Reception Directive.

By the end of this strategy, we expect to see increased recognition of appropriate tools for the early detection and treatment of child torture survivors and torture victims among asylum seekers, resulting in an increased number of “hidden” torture victims detected, referred and treated.

1.4 IRCT members will be able to enjoy greater organisational capacity

The need to develop organisational capacities is identified as a common characteristic among most of our members. Members often suffer from a lack of resources and managerial skills since many staff are health and legal professionals with no special organisational and management background. In addition many centres rely heavily on voluntary work. These issues are compounded by the fact that members can often be exposed to human rights abuses, a lack of humanitarian support, military conflicts and social unrest. Our capacity building interventions aim at improving this situation.

Our Secretariat will offer generic and tailored training opportunities and practical follow-up support to tackle issues related to strategic, operational, project, financial, and human resource management, fundraising, stakeholder networking, risk mitigation, and good governance. In addition, our Secretariat will facilitate the exchange of knowledge through south-south and south-north peer exchanges.

By the end of this strategy, we expect to see improved knowledge among member centres about the operational management procedures of a rehabilitation centre and increased application of annual work plans, fundraising

plans and proper financial accounting and monitoring procedures

1.5 IRCT members will be able to implement more effective measures to ensure care for caregivers in rehabilitation centres

Staff that work for our members work in very difficult conditions and there is a high risk of burnout. Besides burnout, staff can be exposed to a number of other stressful situations, including threats to the personal safety of themselves and their families. Although some members have received training in care for caregivers based on clinical supervision, there is a huge need across our membership for more knowledge on this area.

It is of utmost importance that our Secretariat facilitates our members to develop appropriate measures that meet this need, including clinical supervision systems that can prevent burnout.

By the end of this strategy, we expect to see broader awareness among members on measures that address appropriate care for caregivers and for members in the MENA region to have applied these as a pilot.

1.6 IRCT members will be able to access more timely funding information

Our Secretariat has a long experience of identifying and monitoring funding sources pertaining to torture rehabilitation. It will continue to communicate these opportunities to our members and other torture rehabilitation service providers via various channels.

Our Secretariat will also maintain a fundraising database that allows our members to search for relevant funding using specific search criteria, and communicate relevant key calls for proposals (e.g., from the EC and the UNVFVT) to our members via direct email and our website.

By the end of this strategy, we expect to see increased awareness among members about funding sources and opportunities that are relevant to their torture rehabilitation and prevention work, resulting in improved financial situation of rehabilitation services.

2. IRCT members will be able to facilitate better access to justice for torture victims through medico-legal documentation and psycho-social support

The difference that we make

“Partnership between ACTV and the National Commission on Human Rights as a result of the [IRCT] project has been one of its great strengths, enabling more evidence to be prepared for cases on behalf of torture victims and contributing to lessening the impunity in the country.”

Extract from an evaluation of our work in Uganda, where we promoted the medico-legal documentation of torture through training and advocacy. A system was established whereby allegations of torture that are filed as complaints to the National Commission on Human Rights (UHCR) are referred to our member centre in Uganda, the African Centre for Treatment and Rehabilitation of Torture Victims (ACTV). Complainants undergo a thorough medical examination and a medico-legal report is prepared and presented to the UHCR by the ACTV medical doctors. Over the period 2005-2007, 138 such forensic reports were presented. These influenced sentencing and helped restore the confidence of torture victims about receiving justice.

2.1 IRCT members will be able to provide more and better medical documentation for legal action

The provision of high-quality medical documentation of torture cases is a key mechanism for fighting impunity, ensuring reparation for victims, and supporting prevention. Such documentation requires close collaboration between health and legal professionals that possess specialised skills and knowledge on the appropriate legal and medical procedures. This combination of capacities is rarely available because most legal and medical schools do not provide courses on the documentation of torture. As a standard for the medical documentation of torture the Istanbul Protocol has been endorsed by the UN General Assembly, monitoring bodies and some national governments.

Because the Istanbul Protocol is such a crucial tool for doctors and lawyers who engage themselves in cases of torture, our Secretariat will continue to promote its use throughout the duration of our new strategy.

By the end of this strategy, we expect to see increased awareness and knowledge about torture documentation and corresponding international standards, resulting

in the production of more high-quality medico-legal reports.

2.2 IRCT members will be able to provide more effective support to victims in legal proceedings

Victims of torture may participate in the justice process in various ways; this includes providing evidence in the form of medical reports, appearing as witnesses in court, providing testimonies, or by following the proceedings as an observer or claimant. However, they can face severe challenges throughout the legal process; threats, reprisals and re-traumatisation can be the reality for many. Victims require preparation support, care and protection before, during and after the trial. While international courts such as the International Criminal Tribunal for the former Yugoslavia (ICTY) and the International Criminal Court (ICC) and some domestic courts have victims and witness support sections, there remains a great need to enhance the understanding and support for torture victims' needs throughout the justice process.

Our Secretariat will facilitate increased awareness and capacity among our member centres and other key stakeholders to provide psycho-social support to torture victims that are involved in legal proceedings. Further, our Secretariat will facilitate members to examine their client portfolio, assess the potential for supporting legal action, develop medical examination reports, and provide effective support for possible witnesses.

By the end of this strategy, we expect to see improved knowledge and awareness on the provision of effective care and support to victims that are involved in legal proceedings, resulting in a higher well-being of torture victims and a more positive perception of the justice process.

3. IRCT members will be able to better promote the prevention of torture in collaboration with other human rights advocates

The difference that we make

In collaboration with our two Filipino members, the Balay Rehabilitation Centre and the Medical Action Group, as well as the World Organization against Torture (OMCT), we successfully advocated for a law criminalizing torture in the Philippines. After persistent joint lobbying by each organisation, in November 2009 President Gloria Macapagal Arroyo signed into law a bill outlawing torture and other forms of ill-treatment.

3.1 IRCT members will be able to access more information on the international instruments and mechanisms that are related to torture prevention

The understanding of regional and international standards and mechanisms in the field of torture prevention varies greatly across our membership and beyond; centres with limited knowledge and understanding will have significant difficulties utilising international standards and mechanisms in their work.

In response, our Secretariat will develop accessible materials about international instruments and mechanisms, which are tailored to the needs and focus areas of our members (though they will be made available to anyone with an interest in the subject matter). International instruments and mechanisms will also be a focus area of our peer exchanges (Outcome 1.2). This will provide our members with a general understanding of the international system, and allow them to identify specific venues for interaction and any support they may need in order to pursue such opportunities.

By the end of this strategy, we expect to see increased understanding of and interaction between members and international human rights mechanisms, especially within the context of state reviews, resulting in the integration of the concerns of members in domestic and international policies.

3.2 IRCT members will be able to better promote the prevention of torture

Due to their direct access to torture victims, our members are well positioned to provide general and medical documentation of the details of torture and the specific context in which it occurred. This documentation is a vital resource for torture prevention work, since the lack of relevant, accurate and reliable information is one of the major reasons that torture continues and impunity prevails.

Our Secretariat will work with our members to realise the great potential that exists for this resource to make a larger contribution to torture prevention, by ensuring that it is more available when we liaise with national governments and international organisations, participate in relevant governmental or institutional reference groups, and campaign with networks of like-minded organisations. While some of our members are highly skilled in strategic advocacy, our Secretariat will also facilitate capacity development support for others so that they are able to understand and interact with the relevant international human rights bodies and mechanisms. This will include facilitating links to especially Geneva-based UN bodies and providing guidance and funding in relation

to alternative reporting on the situation in their respective countries.

By the end of this strategy, we expect an increased number of governments to be seen and heard reiterating their commitment to UNCAT.

Influencing policy

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

The difference that we make

“Without your help, I could have died in prison.”

Human Rights Defender, DR Congo, who was incommunicado detained and tortured for nine days after denouncing torture in a radio broadcast on the United Nations International Day in Support of Victims of Torture in 2009. The IRCT intervened together with other stakeholders to secure his release.

4.1 The IRCT will have encouraged more governments to commit and/or increase funding to torture rehabilitation

The global pool of funding that is available for torture rehabilitation is far from sufficient to meet total needs. As an example, on an annual basis the UNVFVT routinely receives applications for at least twice the amount at its disposal. The challenge is greatest in countries where torture is ongoing and torture rehabilitation services are provided solely by civil society organisations that are dependent on these funding sources.

To address this challenge, our Secretariat will advocate on behalf of our membership and torture victims for increasing the global pool of funding that is available for torture rehabilitation. This will include appealing to OECD governments, the EC and private foundations to initiate or increase funding to torture rehabilitation.

By the end of this strategy, we expect to see increased funding to torture rehabilitation from a broadened donor base.

4.2 The IRCT will have increased awareness about using the right to health to improve access to torture rehabilitation services

From a medical point of view, torture is a health concern that needs attention as any other illness. Acts of torture therefore not only violate the right to be free from torture but also the right to “the highest attainable standard

of physical and mental health”, e.g., as enshrined in Article 12.1 of the International Covenant on Economic, Social and Cultural Rights (ICESCR). The right to health contains the following interrelated and essential elements – availability, accessibility, acceptability, and quality. Therefore, governments should ensure that a torture victim’s right to health is respected, by including access to rehabilitation in their national health care plans, i.e., either providing direct rehabilitation services as part of their national health care system or indirectly via financial support to independent rehabilitation centres.

Our Secretariat will highlight torture victims’ right to health and work to convince governments about the importance of providing (directly or indirectly) health care for torture victims. Among others, this will include working with the World Medical Association to raise awareness with national health professional associations regarding the health consequences of torture and treatment methods.

By the end of this strategy, we expect greater recognition that the right of torture victims to appropriate treatment and rehabilitation is enshrined in the right to health.

4.3 The IRCT will have ensured that better measures are in place for the protection of the membership and their clients

Owing to the political nature of torture, torture rehabilitation is a very sensitive issue. This is especially the case in countries where torture is still practiced, and torture victims and rehabilitation service providers may be under threat. Our Secretariat constantly receives calls for support and protection from our members, where staff or clients have been put under pressure, received threats (including death threats), arrested, abducted, and tortured. In other cases, premises are vandalised and confidential data is stolen or destroyed.

In order to ensure that our members can work, and hence victims can access the treatment, our Secretariat and members will advocate to governments, international agencies and local organisations about the need for them to ensure the protection of our members and the individuals (staff, clients, and other people that we train/support) involved.

By the end of this strategy, we expect that members will access improved support measures when they receive security threats and harassment.

4.4 The IRCT will have increased awareness among policy makers of ‘hidden’ torture victims

In conjunction with Outcome 1.3, our Secretariat will facilitate members to input into the scientific debate on

torture and children and other hidden groups highlighted in Outcome 1.3, develop more alliances with organisations that focus on child rights, and advocate in national, regional and international human rights fora to increase awareness of these hidden violations.

By the end of this strategy, we expect broader recognition among key stakeholders about the special need to prevent the torture of children and to improve the condition of child detainees.

5. The IRCT will have encouraged more governments and other stakeholders to introduce effective mechanisms to fight impunity

The difference that we make

“Our role as legal and health professionals is to work to make the authorities respect Human Rights. We now know that there are ways to join forces and work for this.”

Lawyer from the city of Ambato in Ecuador who, following five months of training facilitated by the IRCT in 2009 on how to gather and use forensic evidence according to internationally recognised standards, formed his own organisation to increase the quality of forensic evidence presented in Ecuadorian courts.

5.1 The IRCT will have encouraged more governments to prevent impunity and enabled more victims to access legal proceedings and reparations

In conjunction with Outcome 2.2, our Secretariat will continue to highlight the victim’s perspective, hold governments accountable to their obligations under international law, and promote the application of the Istanbul Protocol as a standard to enhance investigations and documentation.

By the end of this strategy, we expect an increased number of requests for information and independent medical reports from courts and legal and health professionals, which has been met with appropriate documentation.

5.2 The IRCT will have enhanced support systems and processes for victim support in legal proceedings

In conjunction with Outcome 2.2, our Secretariat and members will work to address the great need that exists (particularly among domestic courts) for changing procedures and staff training regarding victims’ needs, trauma and possible strategies for follow-up support.

By the end of this strategy, we expect that investigative authorities are engaging with us to improve systems and processes for victims' support.

6. The IRCT will have encouraged more stakeholders to make a strong commitment and measures to prevent torture globally

The difference that we make

“The Human Rights Council, [...] 6. Stresses that all allegations of torture and other cruel, inhuman or degrading treatment or punishment must be examined promptly and impartially by the competent domestic authority, including where relevant through examination by forensic experts and other relevant medical personnel, in order for those who encourage, order, tolerate or perpetrate such acts to be held responsible, brought to justice and punished commensurate with the severity of the offence.”

At the 13th session of the UN Human Rights Council (HRC) in 2009, we supported and welcomed the adoption of the Council’s resolution on the role and responsibility of medical and other health professionals to avoid complicity with torture and other ill-treatment. During the negotiation process, we provided technical support to the negotiations with the objective of ensuring a strong and concise text with due regard for basic medical principles. This support contributed to the retention of paragraphs on key medical aspects of torture to strengthen prevention.

6.1 The IRCT will have encouraged more governments to implement international obligations

In order to eradicate torture, all States must commit to the absolute prohibition by ratifying the international conventions, particularly the UN Convention against Torture (UNCAT), its Optional Protocol (OPCAT) and the International Covenant for Civil and Political Rights (ICCPR) and including them in national law. This will only deliver change, however, if all States fully implement the provisions of the conventions and ensure that their national legal framework (regulations, institutions, and practice) is shaped accordingly; in many instances, this will require that governments implement activities such as criminalizing torture in the penal code, enhancing complaint and investigation procedures, providing redress for victims, training law enforcement officers, reviewing detention procedures, and allowing independent experts in courts.

In this context, there is a need for our Secretariat and members to continue reminding governments of their obligations, and to use international human rights fora to address the state community and to support strong resolutions on the implementation of the international conventions.

By the end of this strategy, we expect that government authorities are increasingly seen to be reiterating their commitment to implement their obligations under UNCAT and other torture rehabilitation and prevention conventions.

6.2 The IRCT will have fostered greater public engagement with and commitment to the issues of torture rehabilitation and prevention

Experience from torture rehabilitation shows that torture victims can benefit greatly from telling their personal stories. Not only do such stories give their audiences a better understanding of torture, they also demonstrate to other victims that they are not alone – something which itself can contribute to the rehabilitation process. Moreover, a key tool to elicit greater support from policy-makers and the general public is the use of personal stories that demonstrates the history, needs, concerns and aspirations of torture victims and how they have benefited from the support we have provided.

Our Secretariat has begun collating such stories from across the membership, and aims to develop a portfolio of case stories from around the world that illustrates the global extent of the problem of torture, and the



worldwide reach and impact of our work – stories that our Secretariat and members can use to support fundraising, advocacy, and in other contexts where persuasive and poignant communication is key. Our Secretariat will also work to create a more informed public debate about issues that relate to torture rehabilitation and prevention. A key challenge here will be to communicate victims’ perspectives in a way that is compelling and which also conveys the gravity of the message.

By the end of this strategy, we expect increased public debate and engagement in torture related issues with an increased focus on solidarity with torture victims.

Sharing knowledge

- 7. The IRCT will be recognized as a global information hub for members’ knowledge related to the holistic rehabilitation of torture victims**

The difference that we make

In 2008, our Secretariat published a detailed overview and statistics that illustrated the funding situation of our members in Europe. This showed that many of our members in the European Union (EU) were dependent upon funding from the European Commission’s (EC) European Instrument for Democracy and Human Rights (EIDHR). We presented this information to the EC and engaged with them on the financial situation of EU torture rehabilitation centres.

This also contributed to a change in policy, mitigating potentially damaging consequences of a planned phase-out of EIDHR funding to torture rehabilitation in the EU. After our documentation showed that most EU member countries would be unlikely to cover the gap after an EC pull-out, in 2009 the EC officially stated that it would conduct the planned phase-out in a manner so that it “would not be at the expense of torture victims”.

- 7.1 The IRCT will have made more systematic information on holistic rehabilitation good practice and experiences available to torture rehabilitation service providers**

Our Secretariat will facilitate the sharing of evidence-based knowledge and learning between torture rehabilitation stakeholders within our membership and beyond, in order to support peer learning and joint working across the sector. Topics will include psychosocial rehabilitation methodologies, medical

treatments, patient information security, and community outreach approaches.

By the end of this strategy, we expect greater dissemination of the TORTURE Journal and an increased number of articles on holistic torture rehabilitation posted on the IRCT website.

- 8. The IRCT will be recognized as a leading source of knowledge on the generation and use of medical documentation in legal proceedings**

The difference that we make

In 2009, in collaboration with the Turkish Medical Association (TMA), our Secretariat facilitated the training of some 5000 physicians, judges and prosecutors in Turkey on how to document torture according to international standards. The result was a snowball effect, especially within Turkish medical society. Several trainees initiated local trainings in their working environment (hospitals etc.) and presented their experience in different national scientific forums. In addition to helping Turkey establish much-needed expertise in this important field, the initiative also marked a highly successful process of collaboration between the IRCT, the TMA and the Turkish Ministries of Justice and Health. Several health professionals from Turkey have subsequently trained colleagues from Serbia, Georgia, Philippines as well as in Egypt and other Middle Eastern countries.

- 8.1 The IRCT will have made available examples of torture-related case law that used medical documentation**

The international human rights tribunals are continuously developing new jurisprudence on how they use and evaluate forensic medical evidence of torture. Our Secretariat will map these developments for our members and other key stakeholders so that they are kept up to date on recent developments and thus able to engage as effectively as possible with these tribunals. This will also ensure that developments in domestic practice that might be of interest to the wider anti-torture community are made more available.

By the end of this strategy, we expect increased availability of torture related case law, resulting in increased use of medical forensic evidence and prosecution of perpetrators.

8.2 The IRCT will have made available guidelines and good practice examples of medico-legal documentation to legal and medical professionals that are involved in legal proceedings

In conjunction with Outcomes 2.1 and 5.1, our Secretariat will increase the availability and dissemination of guidelines and case studies that use medical documentation of torture in legal cases, and increase awareness among key stakeholders (including judges and prosecutors) about the value of and need for taking this into account in legal proceedings.

By the end of this strategy, we expect that professional organisations and networks will be increasingly promoting the documentation of torture to their national chapters and individual members.

9. The IRCT will be recognized as an international source of data and statistics that supports monitoring the implementation of international torture prevention obligations

(This is a new area of work for the IRCT hence we do not yet have an example of “The difference that we make” under this objective.)

9.1 The IRCT will have collected, collated and disseminated data that supports monitoring the implementation of international obligations

With its international presence and a membership covering more than 70 countries, the IRCT is in a unique position to facilitate the collection and dissemination of data and information on torture in specific contexts. Our Secretariat will collect this information and share with other organizations at the national and international levels, in order to support their work in fighting torture and creating effective prevention strategies.

By the end of this strategy, we expect improved collection of information on torture prevalence in member countries and systematic dissemination to relevant national and international organisations.



Medical clinic at IRCT member centre SAP-GL in Burundi

SUPPORTING THE DELIVERY OF OUR STRATEGY

We recognise there is a need to strengthen the IRCT movement as a global membership-based civil society movement, if we are to deliver our strategy. We will do so by focusing on the following dimensions of organisational capacity.

A) We will adopt regional strategies as a methodology for facilitating greater member engagement in the setting, implementation and review of policy

The IRCT enjoys considerable diversity across its membership and it is impossible for us to develop a global strategy that can respond to the exact needs and opportunities of all regions. Instead, it is necessary for us to develop a 'differentiated approach' that enables us to build on the opportunities that our diversity provides. We will achieve this by adopting a more regional approach to our work through the development and implementation of regional strategies that supplement this global strategy framework. This change has already started, with our Council and now Executive Committee being elected on a regional basis. Our regional staff at the Secretariat will build on this change, by collaborating with respective Council members to consult with our membership and identify priorities in each region.

B) We will develop a membership strategy that addresses membership growth, quality, services and fees, as well as the roles and responsibilities of members and the Secretariat

Our membership grew by more than 35% over the last five years. Although this growth has strengthened our reach and voice, it has also placed new demands on our Secretariat to deliver membership support services, and on our Council members to represent the membership. There is now a need to take stock of this growth and develop a coherent membership strategy, if the benefits of a global membership-based organisation are to be strengthened and deliver more impact for the benefit of torture victims.

C) We will improve the efficiency, effectiveness and relevance of its governance structure

Building on earlier investments, our Council has agreed that we should pilot the use of a draft IRCT governance model that we developed in 2009, revising as appropriate for approval at our 2010 Council meeting.

D) We will develop Advisory Groups as a methodology for ensuring that our Secretariat draws on the expertise that exists from within the membership and beyond

Our global network of member centres provides us unique



Group photo of the IRCT Council and Secretariat, December 2009

access to expertise from a wide variety of social, economic and political contexts. Rather than necessarily increasing the number of staff employed at our Secretariat, we are committed where possible to making more use of these existing resources. We will pilot a number of methodologies that may support our Secretariat to access and utilise this expertise more effectively.

E) We will develop our Secretariat's human resource management policies and procedures so that we attract, invest in, and retain the best possible people

We aim to build an internationally diverse team of up to 40 staff at our Secretariat, and will seek to maintain an appropriate balance between clinical, programming, fundraising, awareness-raising, legal, advocacy and administrative competencies. Our Secretariat will support this by ensuring that staff terms and conditions are internationally competitive and by continuing to invest in staff training and development. At least 10% of Secretariat staff will be students or interns.

F) We will develop more strategic alliances with like-minded organisations from the health, legal, human rights and international development sectors at all levels

We recognise that the IRCT is one organisation among many involved in torture rehabilitation and prevention, and that working with and through our members alone is not enough; there is also a need for us to work through other partnerships and alliances, if the fight against torture is to be won. As an international membership organisation, we are well placed to contribute to the development of strategic alliances that include civil society organisations, academia, government and multilateral agencies in order to mobilize more resources and greater influence in support of desired change. Our Secretariat will therefore increase its efforts to work with like-minded organisations from the health, legal, human rights, and international development sectors at all levels, as partners in collaborative projects and through shared advocacy and campaigning.

G) We will promote greater victim engagement with the IRCT, either directly or through torture victims' associations

Although the IRCT's organizational structure allows for IRCT members to exert influence over the content and direction of the organization, it recognizes that the same is not the case for torture victims. The 2009 IRCT Council meeting recognized this weakness and confirmed that the IRCT Secretariat should explore ways of supporting greater engagement with torture victims, either directly or through torture victims' associations.

H) We will improve our knowledge management practice

There is a need for our Secretariat to work more closely

with our membership, so that we can increase our ability to learn with and from each other, and thereby realise more of the potential that exists for the IRCT's knowledge to deliver change in the wider torture rehabilitation and prevention community. This will be achieved through the use of more participatory processes that enable our Secretariat and membership to analyse situations, identify solutions, and plan and implement interventions together. Further investment in our monitoring and evaluation methods will also be undertaken, so that our Secretariat and membership are able to learn more from their work, identify best practices, and make the best possible use of limited available resources. We will also invest in our Secretariat's capacity to collate, store and disseminate information.

I) We will invest in our campaigning and advocacy capacity

We recognise that our access to a variety of information in different social, economic, political and cultural contexts is an invaluable resource, which can support calls for changes in policy and practice at different levels and in different settings. However, there is a need for us to invest in our Secretariat's campaigning and advocacy capacity if this potential opportunity is to be realised. This will include developing a more coherent strategy that helps to coordinate our advocacy, campaigning and awareness-raising efforts.

REVIEWING AND LEARNING FROM OUR STRATEGY

We recognise the need to invest more resources into the monitoring and evaluation of our work. To this end, we are committed to developing tools and processes that will improve our ability to measure the impact of our work, to capture learning, and to demonstrate accountability to our stakeholders. This investment will build on our existing processes, which aim to be inclusive of our staff at the Secretariat, our membership, experts, and where appropriate key target groups and final beneficiaries.

The different levels our monitoring and evaluation will include:

- *At the activity level*, monitoring will mainly focus on how our inputs, processes, and outputs contribute to the achievement of results. Participants will be asked to complete user-friendly monitoring forms or provide verbally documented feedback following each major IRCT intervention. Details of these activities will feed into our Secretariat’s management team as a summarised report, which will track the number of members and individuals supported/reached through workshops, peer exchanges, small grants, media campaigns, etc. Where possible, information on these activities will be disaggregated by age, sex and region.
- *At the project level*, monitoring and review will take place between our Secretariat and members that partner each respective project, through annual reviews to identify the strengths and weaknesses of the project, to brainstorm how to carry forward the work, and reassess the needs of the target groups and final beneficiaries. Partnership agreements will be established with each member that receives support through a Secretariat-managed project/programme. These agreements will establish a baseline that relates to dimensions of organisational/technical capacity (depending on the focus of the intervention), which will allow for progress to be measured as part of a regular review. Our Secretariat staff will conduct regular field visits to members; this will include participation in field-level interventions as part of the planned activities of the partners. Where appropriate, selected target groups and key stakeholders will participate. External consultants will be contracted to undertake mid-term and end-of-project evaluations. Baseline research, structured questionnaires, focus group discussions, case study documentation, mission and meeting reports and informal briefings all provide input to these reviews. Where necessary, monitoring and evaluation capacity development support may be included to our members as part of this approach.

- *At this strategy level*, our Secretariat will meet as a whole team each year to review progress and challenges, identify key learning, and identify priority work areas for the following year. Our governing board will do the same at our annual Council Meeting; this is designed to ensure that our members collectively hold our Secretariat to account and influence the direction of this strategy for the coming year. And as part of our key unrestricted income agreement, the Danish Ministry of Foreign Affairs will conduct an independent review of our work for the coming year.



Join thousands of like-minded people
around the world in our online community
World Without Torture
www.WorldWithoutTorture.org

FINANCING OUR STRATEGY

Our strategy is ambitious and our projected budget for 2014 shows a substantial increase in expenditure over the life of this strategy.

We recognise that achieving this level of ambition will require substantial investment in our Secretariat's fundraising capacity. We have developed a specific fundraising strategy that outlines where we will make these investments, which we will implement in conjunction with this corporate strategy.

	2010 Budget (€)	2014 Budget (€)
INCOME		
Restricted	2,000,000	4,030,000
Unrestricted	2,710,000	6,470,000
TOTAL	4,710,000	10,500,000*
EXPENDITURE		
Programming		
Strengthening centres to support torture victims	2,188,000	5,962,000
Influencing policy in favour of torture victims	600,000	1,463,000
Sharing knowledge with the torture rehabilitation and prevention movement	600,000	1,238,000
Governance	90,000	102,000
Fundraising	206,000	391,000
Support Costs	1,026,000	1,046,000
TOTAL	4,710,000	10,202,000*

* We recognise the need to strengthen the position of our unrestricted reserve, so that we can mitigate against short-term fluctuations in income due to unforeseen issues related to fundraising and/or delays in project implementation. In 2010, our unrestricted reserve stood at € 125,000. We aim to increase this to € 1,000,000 by 2014. In 2010 we were not in a position to increase our unrestricted reserve, due to the current difficult funding climate. However, in future years, our aim is to secure sufficient unrestricted income to allow us to grow our reserves to our target, whilst still meeting our programming objectives.

STORIES FROM THE FIELD

“Many torture victims do not only suffer from psychological problems such as Post Traumatic Stress Disorder and trauma (PTSD) – they also suffer from burn-out. They’re simply burned out by the totality of what they have been through coupled with the problems they are experiencing in their everyday lives here in Sweden. Many of my patients talk about social problems. Some have learnt Swedish in four months and are extremely resourceful. But then they may end up in jobs that put them at risk of robbery – bus drivers, working in a corner shop or a gas station; in contexts where they feel insecure.

Or they have financial problems, problems with their children or other domestic problems; not being able to find a job, and so on. On top of the history they are carrying, it simply becomes too much. Such problems are a burden for everyone. But for someone with the history of my patients – well, you can imagine.

With all of this in mind I try to listen very carefully to my patients: what is their focus? Do they want to focus on their torture experience? On domestic problems? About stress related to the fact that they are living in a foreign country? Or...?

I try to be humble – to not be narrow-minded in how I look their suffering. As their therapist it is crucial that I don’t rush ahead – instead, I must walk alongside them. Listen and let myself be guided.

Despite all of the harshness and the cruelty, working in this field is inspiring for me, both as a professional and as a human being. I find myself very privileged to get insight in the great capacity that many of my patients have in somehow being able to create a new home quite different from their original homes. It strikes me from time to time, when I’m in session with a patient, that here we are, in Sweden, in my office at the Red Cross, finding common ground even though we might have had half a world in between us in the past. Finding tracks that are similar, not different.”



Magdalena Persson,
Psychologist at IRCT member
centre, the Swedish Red Cross
Treatment Centre for Victims of
War and Torture.

Mukhran* from Georgia was arrested and tortured during the troubled times following the collapse of the Soviet Union. He was beaten so badly that his whole body hurt terribly, his bones were broken and his skin was blue as ink. His ordeal continued with scalding by boiling water.

But he is now rebuilding his life.

“Now I no longer allow myself to do some of the things I could have done before my arrest. My sense of responsibility has increased. Why? It’s hard to say, but it has something to do with the trust people invest in you, of the love they feel for you, the more you are given the more is required from you.”

“My life today is out of order, but I try to put it in order. What I will achieve, I don’t know, but I’m trying to change everything for the better. It means that it is not destruction, it is construction.”

Testimony from political prisoner treated by an IRCT member centre

*Not his real name



THE IRCT STRATEGY FRAMEWORK
Strengthening capacity, influencing policy and sharing
knowledge in support of torture rehabilitation, prevention
and justice, 2010-2014

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