



It has to be made as difficult and unattractive as possible for states to use torture as a tool for interrogation, punishment or intimidation, and for non-state actors or individuals to resort to organised violence as a means of achieving power, asserting control or taking revenge.

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Annual report 2009

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To prevent torture...

It is probably fair to state that on the theoretical level, there is global consensus that torture should never be used. However, in practice, we know from far too many reports (the RCT documentation centre has got most of them) that torture is standard operating procedure of police, prison staff and/or military units in countries with more than half of the world's population. Hitherto, this type of information has been brought to the public eye in the form of eyewitness reports of single cases, i.e. through collections of anecdotal descriptions. Since 2009, the world has finally got published evidence of the true prevalence of torture, from RCT epidemiological studies in rural Bangladesh. These studies show that up to 30% of families have been subjected to political violence in the form of torture. Only by performing such baseline studies can the abundance of torture be truly documented, which is an important role for our organisation as a knowledge centre. Further such studies have already been performed and several more are being planned by us.

What are then the mechanisms of precipitating violence between individuals, especially between police and detainees, between wardens and inmates or between political adversaries? Early research in this field has demonstrated that 60-70% of normal people can be turned into perpetrators by deliberately altering the context. Thus, it is extremely important to deepen our understanding of post-conflict societies, of violence emerging between youth groups and about prison contexts. Such contexts are currently being studied in several world regions by RCT researchers. One finding that has appeared is that the perpetrator may also be a victim, i.e. there are no clear boundaries between these very different roles. Once the appropriate contexts have been analysed, it will be possible to design more effective preventive interventions, especially on the community level. This may also help bridge the mismatch between a country signing and ratifying international conventions against torture on the one hand and continuing to practise torture in its state judicial system and correctional facilities on the other.

On the convention level, the progress is now considerable – 146 countries have ratified the UN Convention Against Torture and 50 countries its Optional Protocol. On a proposal from the Danish government, the UN Human Rights Council has adopted a

clear ban against medical professionals participating in or facilitating torture. Here, RCT lawyers and physicians have been instrumental to prepare background documents and advise the ministry of foreign affairs on the matter.

Ideally, interventions to prevent torture should be tested with a scientific approach, either by comparing adjacent communities with and without intervention over time, or by assessing the same community before and after an intervention, using it as its own control. In either case, it is necessary to develop relevant assessment methods, work that is presently carried out in a co-operation between RCT international health program managers and RCT researchers.

Another important source of knowledge is the network Violence Prevention Alliance, initiated by the WHO, where RCT is an active partner and shares and discusses field experiences in a difficult and little penetrated area.

One RCT long term goal in the prevention of torture is to develop a practical manual with methodological descriptions on what works and the arguments/evidence behind it. To achieve this goal, field testing of interventions within the scope of the RCT international projects is a critical component. This will be implemented more systematically in the coming planning periods.

In the present yearly report, you can read about the achievements RCT has reached during the past year, and also share the difficulties that our organisation has encountered. This time, the report focuses on prevention but also describes other areas of activity. One very important event in the second half of 2009 has been the external review of RCT prevention work, commissioned by the Danish Ministry of Foreign Affairs, RCT's largest donor. The outcome was very positive for RCT and the recommendations for further improvements are already incorporated in RCT's planning process.

Copenhagen, June 2010

Bengt H Sjölund
Director General, RCT

Prevention is better than cure



Therese Maria Rytter, Legal Advisor

An old adage says that “prevention is better than cure”. This is especially true of torture and organised violence, so RCT’s work around the globe is increasingly directed towards prevention. It has to be made as difficult and unattractive as possible for states to use torture as a tool for interrogation, punishment or intimidation, and for non-state actors to resort to organised violence as a means of achieving power, asserting control or taking revenge.

In any given society, the prevalence of torture and organised violence typically depends on a host of factors. These include root causes such as inequality and poverty, and risk factors such as membership of a particular ethnic or religious minority. The causes may be political, economic, social and/or cultural.

The prevention of torture and violence is all about addressing causes, reducing risks and improving protection against torture and organised violence. RCT uses a “rights based” approach, in which action is rooted in international human rights conventions, particularly the UN Convention against Torture, which in 2009 celebrated the 25th anniversary of its adoption in 1984. Prevention efforts are rooted in these three basic rights:

- 1 The right to life, justice and freedom from torture
- 2 The right to physical and mental health
- 3 The right to development

The target groups for prevention work are, on the one hand, states (duty-bearers) and, on the other, citizens (rights-holders), including particularly vulnerable groups, such as detainees, ethnic and religious minorities, and youth gangs.

RCT’s preventive work is centred around Sri Lanka, the Philippines, Bangladesh, South Africa, Sierra Leone, Jordan, Palestine, Honduras, Guatemala and Albania. In these countries, the cam-

” The prevention of torture and violence is all about addressing causes, reducing risks and improving protection against torture and organised violence.

paign against torture involves establishing close partnerships with local civil society organisations – and in one country, Jordan, direct co-operation with the state.

The work to influence states is based on the international obligations that the states have themselves assumed, e.g. to prevent torture, to ensure inspection of police stations, to prosecute torturers, and to instruct police officers in the practical implications of the ban on torture. The role of RCT and the local organisations is to provide assistance to and/or exert pressure on the state so that it meets its obligations. The assistance provided takes the form of teaching and advice about laws and policies. Pressure is exerted in the form of national and international lobbying, including via the UN human rights system.

Interventions to help citizens, including vulnerable groups, are grounded in international human rights conventions. This helps to legitimise the citizens’ demands not to be subjected to physical or mental abuse, neither by the state nor by fellow citizens. The role of RCT and the civil society organisations in this context is to raise citizens’ awareness about their rights and to improve their ability to demand that those rights are observed.

UN resolution strongly influenced by RCT

UN resolution prevents doctors and health workers from being active or passive participants in torture

Anders Bernhoft, Communication Officer

Photo: UN Photo/Jean-Marc FERRE



On 27 March 2009, the UN Human Rights Council adopted Denmark's proposal for a resolution that calls on states to prevent doctors and other health workers from being involved in torture. According to the Manager of RCT's legal programme, Therese Rytter, the resolution is an important, progressive step towards the prevention of torture.

"When inmates are being tortured, prison doctors and nurses often find themselves caught in a dilemma between acting in the patient's interest or obeying orders. Doctors all over the world are ordered to assess whether victims are capable of enduring yet more physical or mental torture. They are told to patch up the patients' injuries between 'torture sessions' and to falsify death certificates so it looks as though the victims died of 'natural causes' or 'heart failure'," Rytter says.

She explains that the resolution will help to resolve this dilemma by appealing to states to ensure that health staff are able to meet their ethical obligation always to work in the best interest of their patients.

Based on medical ethics

Denmark has been presenting draft resolutions on torture to the UN Human Rights Council for many years, and the Ministry of Foreign Affairs asked RCT to help formulate this particular one.

"For RCT, it was particularly important that the pre-existing code of ethics for doctors was reflected in the resolution. This was achieved, and now, for the first time, a UN resolution refers to the Hippocratic Oath as a recognised ethical norm. It also goes a step further than previous UN resolutions by stipulating that states should never instruct health workers to subject patients to torture or other inhumane treatment," she adds.

Doctors participating in torture

Doctors participating in torture is nothing new – and, regrettably, some still do. In a study conducted by Danish researchers in 1990, 20% of torture victims reported that doctors took part in their torture. In 2007, the International Committee of the Red Cross reported that doctors had helped torture 14 named prisoners in the Guantánamo camp.

The new resolution makes it clear that states cannot punish doctors for refusing to take part in torture. It is also hoped that the resolution will protect doctors who choose to report torture, so that they do not suffer the fate of the Iranian doctor Ramin Pourandarjani, who died under mysterious circumstances in Tehran in November 2009.

"The resolution represents an important contribution to the fight against torture by alleviating the pressure on doctors to take part, and by offering greater protection to those who are willing to come forward when they suspect torture," Rytter adds.

Is dialogue with the state possible?

RCT's Karama programme in Jordan is helping to develop new practices for preventive prison visits. It is not an easy task

Søs Nissen, Programme Manager for the Middle East

A large group of prisoners have barricaded themselves in one of the big workshops. They are in mobile-phone contact with the outside world and summon journalists and human rights organisations. A revolt has erupted in one of Jordan's largest prisons. Nobody knows how it will end. The official news channels dub the prisoners radical Islamists or "Tanzimaat". The revolt is dismissed by the Jordanian authorities as just another Islamist political stunt. Others say that the protest was triggered by needlessly brutal methods employed in the prison.

Extra forces are deployed, and a negotiating team consisting of prison management and police officers talks to the prisoners. Journalists and representatives of human rights organisations are not allowed into the prison. The revolt soon ends in a settlement, but few people in Jordan will forget this day.

Several months later, the prison uprising was discussed by RCT's partners in Jordan. Those partners consist of the prison service, the police, the National Centre for Human Rights (NCHR) and the NGO Mizan. The Ministry of Justice is also a partner in the "Karama" ("dignity") programme, which was launched in autumn 2008.


"We can't have you running about in the middle of our rapid deployment force. It's too dangerous and we're responsible for your safety," says the prison service representative.

"We can take care of ourselves," replies the NCHR representative, a small woman who has resolutely headed up the Centre's work on prison monitoring since 2005. "We don't need your protection, and we have the right to supervise and monitor," she continues.

The NCHR, which has a legal mandate to conduct independent supervision of Jordan's prisons, is unhappy about the fact that it was denied access during the revolt. The prison representatives shake their heads. They tell RCT that everything would be alright if only NCHR and other human rights people were professional and knew their place.

This case is a good illustration of the need for the new Karama torture prevention programme in Jordan, which employs a number of new methods to achieve its objectives. Firstly, RCT is working directly with the authorities in this instance – including the Danish authorities. The Danish police, Prison and Probation Service and Prosecution Service are all involved. Secondly, getting the official bodies and NGOs to understand and recognise each other's roles and responsibilities is not just a theory, but an integral part of the programme activities. As the discussion above illustrates, this is not always easy, neither for the partners nor for RCT.

Prison supervision and the so-called preventive monitoring visits are good examples of the new approaches and methods that RCT and its partners will work together to develop. For years, human rights organisations in Jordan and many other develop-



ing countries have tried to prevent torture by warning about the danger and documenting abuses. Since the adoption of the Optional Protocol to the UN Convention against Torture (OPCAT) in 2002 – and Jordan's subsequent establishment of an independent supervisory body – the main focus has been on dialogue-oriented methods. Under this approach, the point of preventive supervision is not primarily to document abuse, but to initiate constructive dialogue with the authorities about improving conditions for prisoners. In many ways, this puts the partners and RCT in a new and difficult situation – how do you actually do this in practice?

One of the challenges is that the role of “watchdog” remains part of the mandate of the NGOs and national human rights centres involved. Their new role is, therefore, not only to document and denounce violence, but also to enter into dialogue with the authorities. It is a difficult balancing act. The natural tendency for some people will be to hold back on criticism in order to maintain a positive working climate. This is the case in many Arab countries, where open criticism of state bodies is no everyday occurrence, and so there is a high indirect risk that poor prison conditions are covered up, which undermines the whole concept of “independent visits”.

Conversely, little progress will be made if the preventive supervision visits are used to document abuses and then immediately announce them in the media. All this means is that access to prisons is often denied, which helps nobody.

The trick, then, is to find a middle way. The Karama programme, as part of which RCT is helping to enhance the skills of the monitoring team, aims to define this role as accurately as possible – with the Jordanian situation in mind, of course. The team in Jordan holds regular discussions with RCT and trainers from Europe about the limits of this approach. What information is discussed and shared with whom? Why? And when? Which limitations on supervision visits are acceptable and which are not? What specific forms of co-operation are initiated with the authorities, and how? Can, for example, a former warden who is highly experienced and pragmatic about conditions be a member of the team? Should preventive teams accept complaints and document abuses at all? And if so, how? Should the team continue monitoring during a prison revolt? And so on.

A large number of issues are discussed, and the answers are not always obvious. The objective is clear enough though – to build a strong monitoring team, even if it takes years. Jordan needs tailor-made statutes, a code of conduct, manuals and guidelines. The authorities can and must help achieve this, even though, given the nature of the situation, they cannot be permitted to make the final decisions. They do, however, need to be involved because the very idea of the preventive visit is to be constructive. The more the partners know about each other's conditions and work, the better they will understand and respect each other.

RCT and CAPS help people become **whole again** after a brutal civil war

Rehabilitation of war victims is an important element in preventing the resurgence of conflict in Sierra Leone

Heidi Koch Tokle, Science Writer

The 11-year civil war in Sierra Leone was a particularly brutal conflict. Large sections of the population now live in poverty, their bodies and souls alike bearing the scars of torture and organised violence. One of the greatest threats to stability and peace in a post-conflict society like Sierra Leone is if young people resort to arms and violence once again. With that in mind RCT works with the local organisation *Community Association for Psychosocial Services* (CAPS) to rehabilitate torture victims and prevent conflicts from flaring up again. CAPS maintains an active presence in several local communities, and was granted access to two local prisons in 2009.

From victim to survivor

In one of the prisons sits Alex, serving the second year of a sentence for acting as an accomplice in the theft of a goat. His story may be tragic, but it is unfortunately far from unique.

When Alex was 12, his parents were killed right in front of him. He himself was captured by rebels, who branded him as their property and forced him to labour for them, carrying heavy cement bags and building materials from morning to night. He saw terrible things while wandering around the country as the rebels' slave, but lacked any glimmer of hope until he managed to flee to a refugee camp in Guinea. Even here, no help was available to him – in fact, he had to hide his tattooed body for fear of being labelled a rebel. He eventually managed to make it home to his own village but had no relatives left there to turn to. A family took him in, but they exploited and abused him, and he had to flee yet again. In a nearby village, he was arrested for theft. Facing the prospect of an indefinitely long trial, and with no money to bribe the authorities, hope for Alex was extinguished once more.

He was at his lowest ebb when he came into contact with CAPS, which helped get his case to court. He was found guilty, and sen-

tenced to an exorbitant fine or three years in jail. Incarceration was his only option. CAPS kept in touch with him, slowly but surely gaining his trust – Alex could begin to reflect upon the trauma and loss he had suffered. At long last, there was light at the end of the tunnel.

Legal limbo

If you are well-heeled, you get to appear before a judge relatively quickly and pay your way out of prison through fines. If you are poor and have no one to defend you, false accusations may be made or you can find yourself trapped in a legal process that drags on indefinitely or never even gets started. This legal limbo can have a huge psychological impact and increase the level of uncertainty in an already highly insecure environment.

Andrew M. Jefferson, senior researcher at RCT, whose work often takes him to prisons, including in Sierra Leone, has a in-depth knowledge of CAPS' work and helps to develop it.

"Prisoners are often victims of war, but we need to see them as more than that. They are also victims of the special pressures of prison life," Jefferson says.

A wretched and demanding life in prison

CAPS describes the inmates as burdened by low self-esteem, depression, grief, loss, guilt and sadness. They often feel worthless and stigmatised by their families. They are tense, and this makes them react inappropriately.

"Prison life is tough and mentally demanding. The inmates are cut off from their usual social networks and forced into new relationships, often in a highly tense and hostile atmosphere in which violence is common. The noise never lets up. Nobody – inmates, guards or CAPS – ever feels completely safe. Quarrels are quickly blown out of all proportion," Jefferson explains.

“ If you are poor and have no one to defend you, false accusations may be made or you can find yourself trapped in a legal process that drags on indefinitely or never even gets started. This legal limbo can have a huge psychological impact and increase the level of uncertainty in an already highly insecure environment.

Photo: RCT



CAPS - COMMUNITY ASSOCIATION FOR PSYCHOSOCIAL SERVICES

RCT's partner organisation CAPS is one of the only organisations in Sierra Leone to focus on mental health. CAPS helps war victims deal with severe trauma and regain their dignity and rebuild their lives. The organisation also works with community healing rituals, such as purification ceremonies, to help local communities come to terms with traumatic events.

CAPS works mainly in the eastern provinces, where the effects of the civil war were the most severe. The organisation has several teams of highly skilled therapists who have undergone years of training in psycho therapeutic methods in Guinea by the American organisation Center for Victims of Torture. Upon returning to Sierra Leone, they continued their psycho social work and formed the independent organisation CAPS.

Tired, disillusioned guards with low professional status and inmates with a myriad of problems make for a volatile cocktail. Ask the guards about the most important aspects of their job, and the vast majority will answer “security and making sure no one escapes”.

“The importance of relationships in a prison is, unfortunately, often underestimated. Prisons are mini-societies in which stability and order depend on the nature of interrelationships. Stable relationships are the single most important safety consideration. They are also the path to more humane prisons,” he adds.

“Prisoners have previously been treated as deviant, unstable creatures. CAPS’ presence in the prison demonstrates that the inmates are also human beings, and should be treated with respect. They are not just people, but people in need of care in order to heal the scars on their bodies and souls. CAPS shows them a new way of relating to one another in an otherwise distinctly inhumane underworld.”

From gambling to working

CAPS does not only help prisoners cope with the past, but also the present – including dealing with the harsh conditions in prison and making preparations for the future. CAPS has found that, in time, prisoners become more open and their self-esteem improves. Prison staff report fewer punch-ups and other forms of conflict. Whereas the prisoners used to spend all their time gambling, they are now involved in learning creative handicrafts. A number of sewing machines have been donated, and there are plans for vocational training. However, the prisons still lack basic necessities such as medical treatment – and, in some cases, access to food. Torture is not prohibited in Sierra Leone and it is, unfortunately, still customary to use corporal punishment to instil discipline.

What **draws** youngsters to violent organisations?

Social science researchers at RCT are conducting intensive studies to inform, qualify and improve interventions designed to prevent and hinder organised violence

Heidi Koch Tokle, Science Writer

A major RCT research programme, “Violent Organisation of Political Youth”, is looking at how young people get involved in conflicts, both as victims and as perpetrators. Senior researcher Steffen Jensen is one of five researchers across several continents who is studying the choices made by young people who are faced with difficult circumstances and find themselves drawn into violent networks. Jensen has previously worked on state and non-state violence in South Africa, but now lives in the Philippines, conducting field work in one of Manila’s slum areas.

Complex choices

“Bagong Silang” means “new birth”. Many of Manila’s squatters were moved here because their former places of residence were obstructing new infrastructure projects. Colloquially, many refer to Bagong Silang as “kubeta”, or “toilet”. And that’s basically what it is – a slum area, far from Manila’s economic centre, to where the unwanted are flushed. It has a reputation for being criminal and dangerous, a place where gangs and brotherhoods cause havoc.

“The programme looks at the ways young people get involved in violence, how they are invited to join groups and how they choose between the various options open to them,” Jensen explains.

“If you don’t understand the motives behind the violence as well as the risk factors that make young people both victims and perpetrators, then it is hard to design interventions. The choices that young people make – e.g. going to war or joining a gang – are

not irrational. They are often the result of long deliberations, in which they consider their past and future, as well as the opportunities and dangers.”

For example, one young man in Bagong Silang says:

“I weighed all the negatives against the positives. Was I too old? What would it mean if I didn’t join but all my friends did? What would I get out of joining? And then I made my choice.”

The young people’s choices are bound up with the way they see their options and the social context in which they operate. Joining a gang or a brotherhood may be one of the few alternatives to unemployment and marginalisation. Many young men in the slums also have to deal with various forms of state and privatised violence, and may therefore feel forced to respond in kind.

“If we don’t understand the context and boundaries of young people’s choices, we can’t do anything about it and offer alternative and – in Western eyes – ‘correct’ moral choices,” Jensen explains.

From South Africa to the Philippines

Jensen’s point of departure is generational issues and conflicts, and how these, along with gender, race and class, influence young people’s involvement in violence. He regularly draws on his knowledge of conditions in South Africa to contextualise his findings in the Philippines. There are both vast differences and great similarities.



Unwanted elements are flushed out in Manila's slum

"The townships in South Africa were created by forced evictions that were very similar to the processes that created Barong Silang. However, the nature of the discourse is very different. In South Africa, the cause was apartheid, and therefore something "evil". Here in the Philippines, the same events are referred to as "development". The degree of inequality is almost as great here, but it is politicised in a different way. This is probably due to the use of counterinsurgency strategies. Those who disagree with the elite will often be categorised as left wing. Here, the Left is revolutionary. When it comes to expressing anger against the regime the language used in the discourse in the Philippines does not therefore have the same legitimacy as it did in South Africa. In this respect, it's possible to argue that South Africa is now becoming more and more Filipino. It has become harder to speak out against power, because the power is now black," Jensen explains.

Another common feature is the generational conflict, which can be seen everywhere in the Philippines. But again, there is no active language to articulate generational contradictions, because these will often be perceived as criticism of the family institution, which enjoys almost sacred status in the Philippines.

Better interventions

Jensen is, for example, involved in dialogue with a local organisation about the morally legitimate space that it provides for youngsters. The opportunities it presents are heavily influenced by religion, which can be a barrier. The question is how a faith-based organisation can accept views of this kind without compromising its own basic, conceptual starting point?

"The challenge is to constantly assess whether you are doing the most appropriate thing. It is up to researchers to engage practitioners in dialogue about how interventions can be organised and improved. We can, for example, hold up a mirror and provide valuable knowledge about how interventions are received. This can then potentially lead to innovation," he continues.

Jensen is also working with RCT's International Department and RCT's Philippine partner organisation, Balay, on a quantitative public health survey in Bagong Silang. The survey is looking at the scale of violence, its different forms, how the victims relate to violence and how to seek redress in its aftermath.

ABOUT THE RESEARCH PROGRAMME

The programme aims to reach a better understanding of the focal points for global social uncertainty and conflict, including mobilisation and radicalisation processes. What is the relationship between global conflicts and the way in which young people navigate and understand a world characterised by uncertainty? How do networks help youngsters to survive, and how do the young people help the network to survive? Many questions need to be addressed, but overall RCT is seeking knowledge of how violence is generated and regenerated in a social context.

The programme includes studies of militant networks in Guinea-Bissau, vigilante groups in South Africa, the Mungiki movement in Kenya, violent student networks in Bangladesh, brotherhoods in the Philippines and young activists in Nepal.

Coups and gross violations of **human rights** in Honduras are met with solidarity and active advocacy in Denmark

Tue Magnussen, Advocacy Coordinator



During his visit in November to RCT, Juan Almendares encouraged the Danish government and EU to maintain their condemnation of the coup. (Photo: RCT)

Murder, torture, abuse, arbitrary arrests and disappearances became part of everyday life in Honduras following the military coup of 28 June 2009, the first in Latin America for a quarter of a century. It also led to more active advocacy work in Denmark on behalf of RCT's partners and other progressive forces in Honduras.

Although the coup toppled President Manuel Zelaya (elected in 2006), it did not fundamentally transform Honduras. Even before the coup, the Central American country was already one of the world's most violent states. It was not the first time that RCT had come to the aid of its longstanding partner. In 2005, for example, RCT drew international diplomatic attention to the death threats directed at RCT's partner since 1995, *Centro de Prevención Tratamiento y Rehabilitación de las Víctimas de la Tortura y sus familiares* (CPTRT).

The target of the threats was CPTRT's leader, the environmental and human rights activist Juan Almendares, a former university rector and a candidate in the presidential election won by Zelaya in 2006.

To oppose the coup, Almendares helped to set up a non-violent social resistance movement, and actively encouraged international condemnation of the plotters, particularly in the USA. Notwithstanding this, CPTRT's incredibly important work as a human rights organisation consisted, first and foremost, of documenting the systematic abuses that took place in the wake of the coup, as well as the repression of the widespread popular opposition.

Abuses documented

Straight after the coup, CPTRT hit the streets to record the victims' own testimony and establish an overview of the violations. It published several reports in 2009. The first was released in late July. The most recent, from November, documented no fewer than 475 cases of torture or other cruel, inhuman or degrading treatment since the coup. On average, the organisation dealt with 118 victims a month. By comparison, CPTRT had seen an average of two-three torture victims a month in the two preceding years.

In the November report, CPTRT called on the Honduran government to investigate the cases and prosecute those responsible. It also demanded that the victims of torture receive the treatment and rehabilitation they need. CPTRT cited the absolute ban on torture enshrined in the country's constitution, which was reinforced when Honduras ratified the UN Convention Against Torture.

Reports from other human rights organisations confirmed the bleak picture drawn by CPTRT. In its autumn report, Amnesty International described how soldiers and police used unnecessary and brutal force against demonstrators, and specifically targeted critical media and human rights activists. The report also documented several suspicious deaths and indiscriminate and unrecorded arrests in connection with the demonstrations.



Murder, torture, abuse, arbitrary arrests and disappearances became part of everyday life following the military coup of 28 June 2009, the first in Latin America for 25 years. (Photos: Roberto Landaverry)

In a second report in November 2009, eight Central American human rights organisations documented widespread political violence during the election campaign, and highlighted that those arrested by the police or military were very often subjected to torture or other cruel treatment. It is estimated that more than 4,000 people, typically those involved in the daily demonstrations against the coup, had been arrested or were still detained.

RCT called for condemnation

On 1 July, RCT called on the Minister of Foreign Affairs, Per Stig Møller, to announce a clear Danish condemnation of the military coup. The Danish government was urged to work for the immediate reinstatement of the democratically elected president and for the lifting of martial law. RCT demanded that people arrested during the coup should be released and that human rights activists should be accorded special protection.

One week later, Denmark condemned the military coup and stressed that coups against democratically elected presidents cannot be condoned. The announcement by Ulla Tørnæs, Minister for Development Cooperation, was welcomed by RCT in an opinion piece in the Danish newspaper *Information*. RCT also stressed that the last two decades of slow but progressive democratic progress in Latin America were at stake in Honduras. There was, therefore, a continued need for targeted Danish efforts to promote democracy and human rights in Central America as a whole. Along with nine other Danish organisations, RCT formed a new Honduras network, based on collective condemnation of the military coup and human rights violations in the country. The network called for the restoration of democracy and the building of stronger democratic institutions. In light of the events in Honduras, the network also wants to ensure that Denmark maintains a presence in, and aid to, Central America.

Attempts to involve the UN

In August, RCT followed up its statement of condemnation by

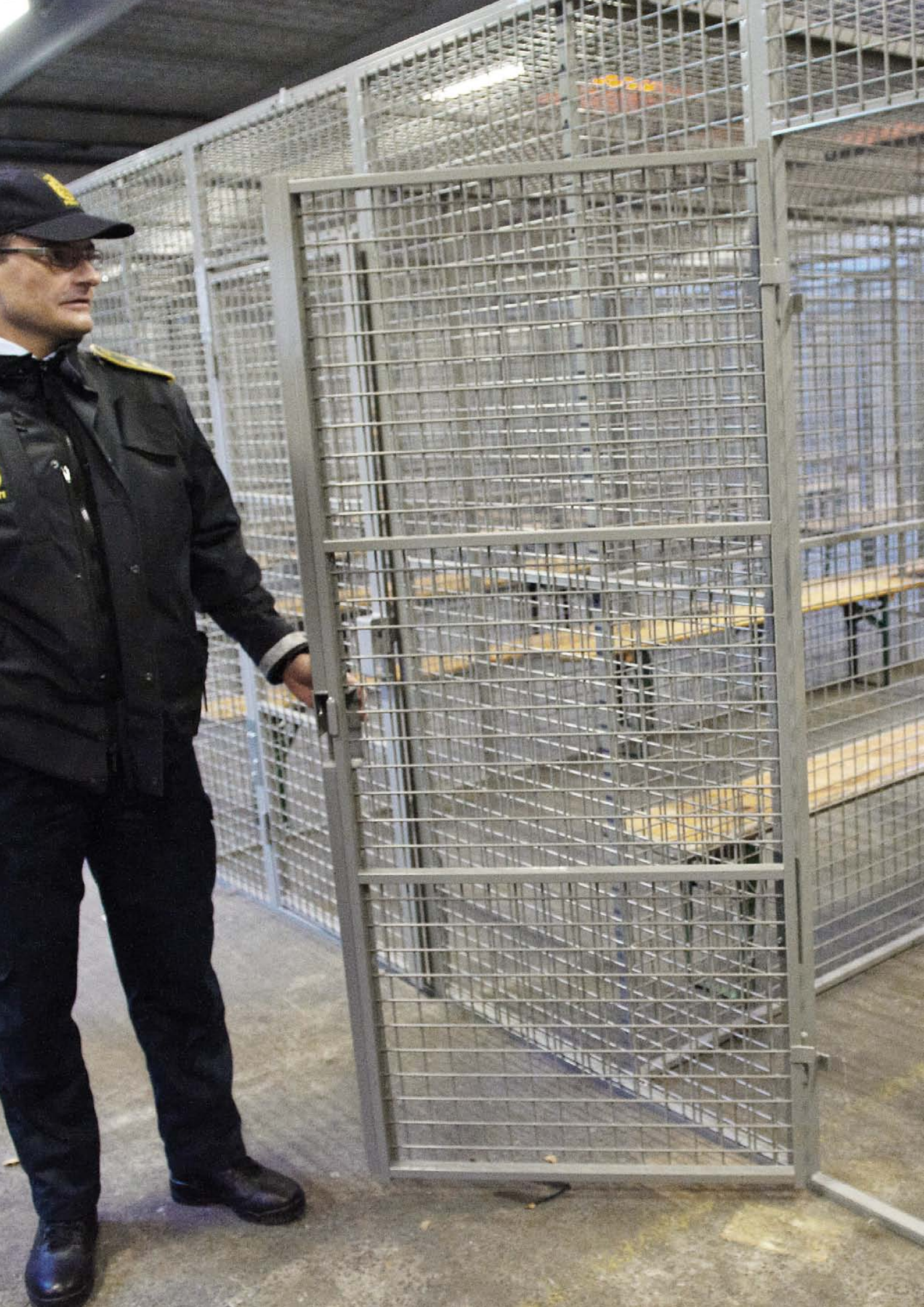
aligning with the internationally recognised NGO The World Organisation Against Torture (OMCT) to call for immediate action in relation to the critical situation in Honduras. The call was addressed to the UN special rapporteur on torture, Manfred Nowak; the UN special rapporteur on the situation of human rights defenders, Margaret Sekaggya; the UN special rapporteur on extrajudicial, summary or arbitrary executions, Philip Alston; and the UN Working Group on Arbitrary Detention.

In a similar vein, on 19 August, RCT called for the Swedish Presidency of the EU, under Prime Minister Frederik Reinfeldt, to immediately demand that the illegal regime in Honduras put an end to attacks upon and killings of human rights activists, and ensure that the rule of law and respect for fundamental human rights be restored.

Largest popular mobilisation

On 29 November, the regime held elections, which were initially condemned internationally. A week before them, RCT had a brief meeting with Juan Almeyda, who also held talks with the Danish Ministry of Foreign Affairs. At short notice, RCT also hosted a well-attended meeting in Copenhagen, at which Almeyda urged the Danish Government and the EU to maintain their opposition to the coup. He also stressed Honduras' geopolitical significance for the USA and the frightening prospects for the region that the coup gives rise to.

The breadth of the opposition front, along with the international condemnation of the coup, are vitally important for future work in Honduras. However, Almeyda also stressed that the opposition front was about more than just support for Zelaya. The post-coup movement in Honduras is one of the largest political mobilisations in Latin America today, and the largest grassroots, democratic mobilisation for social and economic change in Honduras in the last quarter century.



Unannounced inspections of Danish prisons to prevent torture

The Ombudsman, RCT and the Institute for Human Rights
all positive about first prison inspections

Anders Bernhoft, Communication Officer

On 19 May 2004, the Danish parliament unanimously ratified the Optional Protocol to the Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment (OPCAT). OPCAT requires the participating states to establish an independent system that conducts regular visits to prisons, police cells, detention centres, and psychiatric and social institutions. The goal of the national preventive mechanisms (NPM), as the co-operation is known, is to ensure the effective prevention of torture and other cruel, inhuman or degrading treatment or punishment.

In 2009, the Parliamentary Ombudsman was appointed to implement the NPM, with the proviso that RCT and the Danish Institute for Human Rights provide the requisite expertise, and the first seven inspections were carried out. The idea was to gather enough experience to draw up an inspection manual and develop proper procedures for preventive work.

“We have gained a great deal of experience, which will inform the current review of our procedures and guidelines, says Dr. Jens Modvig PhD, RCT Health Programme Manager and NPM participant.

Proactive input

NPM looks for conditions that may not currently be in violation of the UN Torture Convention, but are at risk of developing into cruel, inhuman or degrading treatment – or even torture.

“Our role is not so much to respond to information about failings, e.g. media criticism, but rather to make routine visits to all institutions and identify what needs to be changed. The idea is to change the situation before it leads to torture or other ill-treatment,” Modvig stresses. “This might include problematic local practices or local rules, but it could also be the general conditions across the sector.” In such cases, the inspectors will address their criticism to the institution management or the relevant central authority, e.g. the Danish Prisons and Probation Service, and encourage them to make changes.

Independent of the state

If this form of partnership is to work, it is crucial that the NPM is independent of the government. Responsibility for the initiative therefore lies with the Ombudsman, who attaches the utmost importance to statements from RCT and the Danish Institute for Human Rights. The co-operation between the three organisations involves two collaborative bodies. The OPCAT council consists of management representatives and experts from all three organisations, and effectively serves as an NPM board. The OPCAT Working Group consists of the experts who carry out the actual inspections. The OPCAT Council submits its reports to the Parliamentary Legal and Foreign Affairs Committee. At the time of writing, the Council has not yet published any reports, but Jens Modvig is positive about the outlook.

“The NPM is an important and natural part of the torture prevention efforts, and has an increasing presence around the world. Things can only go one way – the NPM will become more solidly established,” he says.

← Together with the Ombudsman, RCT's Health Programme Manager, Dr. Jens Modvig, visited the police detention facilities, the so-called “climate cages” (shown in this picture), used during the COP15 in December 2009. (Photo: Jens Nørgaard Larsen/Scanpix)

January

When Israel invaded Gaza at the turn of 2008/09, RCT supported a major non-party-political demonstration on Copenhagen City Hall Square. In March, doctors from RCT were refused entry to the blockade-stricken Gaza. RCT also hosted a meeting in March with the Norwegian doctor Erik Fosse, who gave an eyewitness report from Gaza to a packed hall. At an equally well-attended meeting in October, the forensic scientist Jørgen Lange Thomsen, from the University of Southern Denmark, told of an international fact-finding mission to Gaza earlier in the year, which contributed to the Goldstone Report backed by RCT.

February

In the wake of the critical humanitarian and human rights situation in Sri Lanka following the final offensive against the Tamil Tigers in February,

RCT, the EU and the Danish Foreign Ministry called for pressure to be exerted on the Sri Lankan government after several of RCT's local partners received death threats.

March

RCT protested when Danish politicians considered accepting "diplomatic assurances" from torture countries, which would mean that Denmark, without breaching the UN Convention Against Torture, could deport terror suspects rather than grant them discretionary leave. Among other things, on 31 March, RCT issued a cautionary response to a ministerial working party set up a year earlier to study due process in relation to diplomatic assurances.

April

On 23 April, RCT participated in The Festival of Research with an open

house and lectures by three of its social science researchers who gave presentations on gang life; prison conditions and reform in Nigeria and Sierra Leone; and civil insecurity and violence as part of everyday life in Bolivia. Between lectures, the listeners visited RCT's library, the world's largest special collection on torture and related issues.

May

In May, the government signed an agreement with Iraq for the forced repatriation of 282 rejected Iraqi asylum seekers. Before the planned forced repatriations took place, RCT called for an investigation of the treatment options in Iraq for torture victims, and called for Danish asylum and refugee policy to be based on international conventions. After the first six Iraqi asylum seekers had been forcibly repatriated, RCT spoke at a demonstration in Christiansborg Castle

Square on 26 June, which is the UN's International Day in Support of Victims of Torture. RCT attended popular protests in August, when Brorson Church was cleared in a heavy-handed manner, and in September, when even more Iraqis were forcibly repatriated.

June

On 26 June, RCT marked the UN's International Day in Support of Victims of Torture with a well-attended seminar, at which a doctor, a psychologist, a social worker and a physiotherapist told of RCT's unique, multidisciplinary rehabilitation of victims of torture and other organised violence through individual, group or family-based processes based on the individual patient's mental, physical and social condition.

July

RCT called on the Danish Minister of Foreign Affairs, Per Stig Møller, to



In January, the Israeli war against Gaza created, apart from the human sufferings, a large unmet need for information as Israel kept all foreign journalists out of Gaza. Only a few managed to break the silence; Erik Fosse (to the left) and his colleague Mads Gilbert. In March 2009, Erik Fosse visited RCT. The two Norwegian doctors also published the book *Øyne i Gaza*. (Photo: Erik Fosse/NORWAC)



On April 23, when RCT participated in The Festival of Research 2009, anthropologist and senior researcher at RCT, Steffen Jensen, tried to answer a series of questions in his current presentation on gang wars: why do gangs come into existence; how do you survive in a gang area; why resort to violence; can the perpetrators themselves be victims; what is the response of the authorities; are they causing the violence themselves? (Photo: RCT)



On 26 June, the UN International Day in Support of Victims of Torture, RCT's health professional staff informed through presentations and posters about torture, its consequences and the multidisciplinary rehabilitation work at RCT with examples of individual, group and family treatment. (Photo: RCT)

unequivocally condemn the military coup that took place in Honduras on 28 June. The coup was initially unanimously condemned by the United States, the Organization of American States (OAS), the UN and the EU. RCT's partner organisation CPTRT published an interim report on 264 human rights violations and 121 arrests, e.g. of critical journalists.

August

The UN Convention on the Rights of Persons with Disabilities came into force in Denmark on 23 August. The Convention guarantees people with both physical and mental disabilities, including torture victims, the same rights as other people. It also includes an optional protocol on the individual's right to appeal and an international monitoring committee. Unfortunately, a majority in favour of ratifying the optional protocol could

not be found in the Danish parliament.

September

In September, RCT's founder, Dr Inge Genefke, filed an official complaint to the UN Committee Against Torture about the Danish treatment of rejected asylum seekers. The Danish authorities exposed an Iraqi torture victim to inhuman and cruel treatment when they imprisoned him for two months, including a brief period in isolation. On 2 September, Abdel Jabbar Airuwahi was returned to an uncertain fate in Iraq. Upon arrival at Baghdad Airport, he was again arrested.

On 29 September, the RCT and the International Bar Association's Human Rights Institute presented an alarming report on the prevalence and causes of torture in Sri Lanka to the UN Human Rights Council in Geneva.

October

In October, Dr. Sven Arvid Birkeland, Senior Researcher at RCT, published (via the publishing house Gyldendal) the book *I krigens kølvand/In the Wake of War* about the reburial of executed Danish resistance fighters in Denmark and dead KZ prisoners in Germany after WWII, as part of social rehabilitation following wars and massacres. Like Birkeland's earlier book, *Taget af tyskerne/Captured by the Germans*, the book builds on interviews with a number of key individuals. RCT marked the publication with a reception.

November

Juan Almandares – CPTRT's (RCT's Honduran partner organisation) founder and leader, human rights activist and candidate in the Honduran presidential election in 2006 – briefly visited Denmark in November. Almandares held

meetings with the Danish Ministry of Foreign Affairs and addressed a public meeting at RCT.

December

The mass arrests during the COP15 protests in Copenhagen on 12 December were, according to RCT, embarrassing for a country like Denmark, which would otherwise be regarded as a pioneer in the fight against torture. Many of the 968 people who were arrested sat on the cold asphalt with their hands tied behind their backs for up to five hours. There were also reports that demonstrators were forced to urinate where they sat and that some ended up being driven away in an ambulance. This may not have constituted torture as defined by the UN Torture Convention, but may be defined as degrading treatment, which is also prohibited under the Convention and can damage the victims' health.



After the coup in Honduras on 28 June, comprehensive and severe human rights violations took place which RCT's local partner documented thoroughly. At the same time, RCT participated actively together with other organizations in a Danish network turned against the coup makers worked at international level for a condemnation of the coup makers' gross violations against the civil population in Honduras. (Photo: Roberto Landaverry)



To celebrate the publication of the book *I Krigens Kølvand*, RCT held a reception on 28 October at which the author of the book, Dr. Sven Arvid Birkeland, Senior researcher at RCT, told about reburials of executed Danish resistance fighters after WWII. Besides colleagues and friends from RCT, many former resistance fighters and their families participated in the reception. (Photo: RCT)



When Denmark in December hosted the COP15 in Copenhagen thousands demonstrated peacefully in support of more global responsibility for the climate. After mass arrests of 968 demonstrators, the police let the detainees sit on the freezing cold asphalt with their hands tied behind their backs for hours. This could not be defined as torture, but may be characterized as degrading treatment. (Photo: Rasmus Eckardt)

RCT consolidates research

Edith Montgomery, Director, Research Department

After several years of growth, the focus of the Research Department in 2009 was on consolidation and implementation of planned projects. The work consisted primarily of systematic data collation, analyses and writing articles. The senior researchers' programmes include ten PhD projects, four of which are expected to be completed in 2010.

Prevention

The Department's prevention cluster conducts research aimed at enhancing understanding of institutions that commit violence, and of these institutions' inmates and employees. This has led to the publication of several articles dealing with themes such as justice and rights, legal systems in transition, and the effects of imprisonment upon the individual. This part of its research expands RCT's expertise and knowledge about detainees and the potential for reforming state security apparatuses.

The book *State Violence and Human Rights*, launched in 2009, sets out new thinking in relation to human rights interventions. The research contained in the book shows the necessity of in-depth analyses of the link between human rights interventions and the reform of violent states' practices and of a more direct focus on the perpetrators of violence. It is recommended that researchers and those who plan and perform interventions work more closely together to combat torture.

RCT has also been instrumental in the launch of the new *Global Prisons Research Network*, which focuses on prisons in developing countries. The aim of the network is to optimise and disseminate research results in this area.

The field work for the research programme "Young and violent political organisations", which was launched in 2008, was conducted in Belfast, Nairobi, Kathmandu and Dhaka. The results will increase knowledge of how and under what circumstances young men get involved in violent networks, knowledge needed to develop effective interventions to prevent violence.

Rehabilitation

In rehabilitation research, we investigate the physical and psychological after-effects of torture and their impact on the survivors' levels of activity and participation in family life and in the local community. The aim is to develop more effective rehabilitation programmes.

In 2009, we continued studying the mechanisms that underlie chronic pain in torture victims. The research results will be used to develop effective methods of treatment that will alleviate pain and improve quality of life. One example of such an intervention, as described in one 2009 article, is pain-relieving stimulation therapy.

We have also developed and tested reliable instruments for measuring sensory disturbances, which can be deployed in pain evaluation to study the effects of specific treatments.

A collaborative project with Umeå University in Sweden on the monitoring of rehabilitation programmes has revealed that pain patients' expectations are critical, determining factors for effective rehabilitation. We have therefore launched two qualitative interview studies about torture victims' expectations and experiences in rehabilitation programmes.

The field manual about limited resource rehabilitation in developing countries, which was published in 2008, was revised in 2009 and a second edition is expected to appear in 2010. A state-of-the-art article, *Rehabilitating Torture Survivors*, which summarizes current knowledge and consensus from the Copenhagen conference in December 2008 has been published in a leading international rehabilitation journal, *Journal of Rehabilitation Medicine* and sent to RCT's network.

Populations and communities

Research into populations and communities is designed to generate knowledge that will promote preventive and healing interventions at different levels of society, from the family to whole populations.

Knowledge of the prevalence of torture in the world is very limited, and is rarely based on accepted scientific methods. Our two epidemiological studies on the prevalence and spread of torture – one in Bangladesh, the other in Kosovo – are therefore of major significance. In 2009, the Bangladesh study was published in an international journal. The Kosovo results will be published in 2010.

Our follow-up study of young refugees from the Middle East residing in Denmark has been completed and publication of the final article is imminent. The findings show that the ability of refugee children to thrive and develop properly is determined more by the conditions in the host country than by traumatic experiences in the original homeland. Preventing long-term traumatising therefore requires adequate social conditions and active anti-discrimination programmes in schools and communities. Further work is being done in this area, including via the Nordic network for research into refugee children.

Progress is also being made in the project to develop methods for implementing procedural networking meetings under the auspices of Danish local authorities, the aim of which is to prevent juvenile crime among traumatised refugee families. In 2009, we provided teaching and supervision for participants, and local authorities are now hosting networking meetings.

Data collection for the research programme “Victims’ Stories” was completed in 2009. Three articles were published based on the work of the programme during the year.

The project on WWII and the post-war period, which compares the Danish situation with current RCT projects, has resulted in a second book: *I krigens kølvand. Danske skæbner efter 2. Verdenskrig/In the Wake of War: Danish fates after WWII*.

Documentation

The Documentation Centre collects and systematises knowledge about torture and organised violence around the world. The Centre is not just a public library. It also services RCT’s treatment,

research and international work. Its online database contains references to more than 20,000 documents, an increasing number of which are available in their entirety. In 2009, the Documentation Centre’s website received more than 10,000 hits from 5,000 unique users in 130 countries.

A first draft of the *Thesaurus of Terminology Related to Torture* was finished in 2009 and sent to selected evaluators for external consultation. The first edition is scheduled for publication in 2010. The purpose of the thesaurus is to standardise the terminology of torture and organised violence, which will aid systematisation, registration and searches for relevant documents, as well as give brief explanations of key concepts.

RESEARCH PROJECTS 2009

REHABILITATION

Mechanisms and Symptom Therapy after Torture and Organised Violence

- Mechanisms for Chronic Muscular Pain
- Falanga Torture, Disability, Pain Mechanisms and Behavioural Consequences
- Psychopathology after Torture
- Stimulation Treatment for Chronic Pain
- Physiotherapy for Chronic Pain
- Mechanisms for Chronic Stress and Higher Brain Functions, Particularly Sensitization after Torture and Organised Violence

Effects of Rehabilitation Programmes on Activity and Participation after Torture and Organised Violence

- Monitoring Instruments for Rehabilitation Processes
- Assessment of Pain and its Consequences
- Field Manual on Rehabilitation (ongoing revision)
- Controlled Trials of Rehabilitation Programmes for Torture Victims

POPULATION AND COMMUNITIES

Refugee Families

- Mental State and Integration of Adolescent Refugees from the Middle East
- Health and Wellbeing of Refugee Children in the Nordic Countries
- Crime Prevention among Traumatized Refugee Families: Implementation of network meetings in Danish Municipalities

- Prisons and Refugee Families: Youth Crime and Traumatized Refugee Families and their Meeting with the System of Justice and Social Authorities

Violence and Rehabilitation in Local Communities

- Influence of Violence on Social and Gender Identity in Latin America
- An Epidemiological Study of Public Violence and Access to Justice in Guatemala
- Epidemiological Study of Torture and Political Violence in Conflict Settings
- Literature Review of Psychosocial Interventions

Histories of Victimhood

- The Political Economy of Victimhood
- Social Suffering, Livelihood and Networks among Internally Displaced People in Columbia
- Post-conflict Reparation Politics and their Impact in the Ixil Area
- Residual Suffering, Gender and Violence in Palestine
- Living in Limbo? An Ethnographic Study of Institutions, Interventions and Poor Black Zimbabwean Migrants in South Africa

Long-term Consequences from Extreme Emotional Strain

- In the Wake of World War II Reburial of Executed Resistance Fighters and KZ prisoners, and Repatriation of Danes who Carried out Military Duties on Both Sides in WW2 and from Japanese KZ camps. Traces from WW2 up to Present Time
- Danish War Sailors - The War Sailor Syndrome The Face of War - Stories of Danish Soldiers

- after Returning from War Zones in the Balkans, Iraq and Afghanistan
- Fates from WW2 - Life Stories from Danes who Carried out Military Duties on both the Allied and the German Sides

PREVENTION

Institutions that Practise Torture and Human Rights Abuse

- Preventing Torture and Organised Violence: A Study of Detention and Violence in Sierra Leone
- Reforming State Violence in Transitional Societies
- State and Non-State Violence: Policing, Vigilantism and Gangs in Rural and Urban South Africa
- Democratisation and State Violence: A Comparative Study of post-Soviet States
- Security Patrols in Bolivia

Networks that Practise Torture and Organised Violence

- The Violent Organisation of Political Youth
- Youth Mobilisation in Urban Manila: Electoral Politics, Crime and Authority in Bagong Silang
- Mungiki: Between Violent Youth Politics and Traditionalist Sect - An Anthropological Study of Urban Politics and Violence in Nairobi, Kenya
- Mobilisation and Social Navigation in Student Politics at Dhaka University, Bangladesh
- Political Activism in the Context of Nepal’s Democratic Transition: Mobilisation, Hope and Survival Among Youth in Kathmandu.

Torture victims need multidisciplinary rehabilitation



Rehabilitation centres need to support a multidisciplinary approach to trauma victims

Henrik Nielsen MD, DMSc, Director, Rehabilitation Department

Last year, the Board of Health approved the RCT as one of three national centres specialising in the treatment of torture victims with particularly complicated cases of trauma, a major recognition of the Rehabilitation Department, which constantly strives to improve its services. In 2009, we launched a review of our provisions to make sure they continue to live up to the increasingly rigorous requirements for professionalism stipulated by the politicians.

At present, rehabilitation consists of an overall, continuous and co-ordinated effort based on an accurate description of the division of responsibilities, guidelines for input by the health professions and co-ordination of the parties involved, within and outside the Department itself. The purpose of this approach is to assure quality and appropriate utilisation of resources.

Our services focus on preventing clients experiencing the need to make emergency visits to therapists in the Department. As part of the programme, clients are trained to become better at monitoring their own health. Account is also taken of the highly complex and individual nature of the problems caused by torture, including post-traumatic stress disorder (PTSD). For example, men who have been through psychological trauma may also suffer physical ailments such as arthritis and diabetes.¹

RCT works in four teams: two individual teams, a family team

and a group team. The teams work according to a joint programme that complies with the guidelines for treating chronic conditions. In our opinion, there is no doubt that clients with chronic PTSD need multidisciplinary and well organised rehabilitation services, and that those services need to revolve around a fixed core. Work is also being done elsewhere in the health sector on services based on a multidisciplinary approach, e.g. the service offered to people with back problems currently being developed by the Danish Rheumatology Association, which concentrates on multidisciplinary evaluation and intervention. In fact, direct parallels exist with this particular patient group, as a large proportion of PTSD patients also suffer from back problems.

Multidisciplinary rehabilitation

A reasonable body of evidence suggests that, compared with rehabilitation by traditional observation and treatment in the primary sector, broader multidisciplinary rehabilitation, which also includes the workplace, helps clients with back problems return to work more quickly. Not all patients require this kind of treatment, but there are as yet no internationally validated screening instruments capable of predicting clients' prognoses and rehabilitation needs.

A recently published study supports a multidisciplinary approach² similar to the one practiced by RCT. It confirms our



experience that multidisciplinary programmes are superior to the standard, mono-disciplinary approach to rehabilitation.

Another highly important and relevant priority in rehabilitation is the family team's participation in network meetings with, for example, local authorities and employers. These meetings are part of a holistic approach intended to increase understanding of torture victims' problems among the people they have to deal with. This not only helps the victims in their day-to-day lives, but it is also beneficial in terms of their children's future well-being.

Preventive interventions in these families will be a permanent priority for RCT. Again, a recent study³ supports our approach. It showed that children aged 7, 11 and 16 years who have had particularly difficult childhoods suffer from significantly more non-specific chronic pain in later life. There is no doubt that our decision to concentrate on families will eventually be proved to be correct.

A future priority in this area will be to identify risk markers that will facilitate appropriate rehabilitation programmes for individual patients.

The challenges we face include not only the multidisciplinary programmes, but also identifying the correct medication, which

may encompass both traditional medicine and other methods of preventing neurodegenerative disorders, e.g. memory loss, about which many patients complain. We have now introduced computerised patient records, which means that we will eventually be able to amass a database of clinical markers and a blood-sample collection, as per approved clinical testing protocols. We hope that this will provide us with greater insight into appropriate approaches to rehabilitation treatment.

- 1 Norman, S.R. et al.: Associations between psychological trauma and physical illness in primary care. *Journal of Traumatic Stress*, 2010, 19 (4): 461–471.
- 2 Lambeek, L.C. et al.: Randomised controlled trial of integrated care to reduce disability from chronic low back pain in working and private life. *BMJ*, 2010 (March 16), 340: c1035, advance access online: [p. 7]
- 3 Dong, P. et al.: Influence of childhood behaviour on the reporting of chronic widespread pain in adulthood: results from the 1958 British Birth Cohort Study. *Rheumatology*, 2010 (March 9), advance access online: [p. 7]



Honduras (Photo: Roberto Landaverry)



Gaza (Photo: Erik Fosse/NORWAC)

The long, hard road to a world free from torture

Af Jan Ole Haagenen, PhD, Director, International Department

It is an unfortunate fact but there is simply no such thing as an efficient, fast-acting panacea that will provide us with a world free from torture. It requires long-term commitment, which sometimes has to be tactical. At a global level, the resources available for this work are limited in relation to the scale of the problem. According to Amnesty International's 2009 annual report, people are tortured in half of the nations of the world. In some heavily populated countries, e.g. India, torture is widespread.

Evaluation of RCT's international work

A number of positive results were achieved in 2009. The Danish Ministry of Foreign Affairs launched an evaluation of RCT's activities in southern Africa and Central America, and of its work to prevent torture and organised violence in developing countries in general. The Ministry was positive about the work done by RCT on the whole but identified a number of areas for improvement, e.g. raising the profile of torture-prevention work in the countries concerned. The evaluation also identified the challenge faced in trying to relate research even more closely to specific projects in developing countries.

An international team of human rights experts evaluated RCT's

torture prevention programme in Sri Lanka. The evaluation highlighted how sustained efforts help to prevent police torture. The evaluation stresses that "few organisations would be able – with such limited resources – to achieve such effective results". However, RCT is aware that there are no simple answers when it comes to preventing torture. It requires long-term input, and RCT needs to combine strategies and continue to develop its tactics, if it wants to exert any influence on the political and security situation in Sri Lanka. The programme has generated new information about effective approaches to preventing torture under extremely difficult conditions, and has helped progress towards RCT's long-term objectives. The detailed lessons learned from project interventions in Sri Lanka will inform future efforts to combat torture in other parts of the world.

Obstacles to RCT's work

Torture is not a natural phenomenon over which humans have no control. It is a man-made problem and will only be solved if the political will exists. Unfortunately, that will has fluctuated in recent years. Torture cannot be seen in isolation from the general political situation in a country either, and 2009 threw up a couple of unpleasant surprises.



Sierra Leone (Photo: UN Photo/Eric Kanalestein)



Philippines (Photo: RCT)

CENTRAL AMERICA

The political situation in Honduras and Guatemala was highly unstable in 2009. In Honduras, this instability manifested itself in a military coup. Our Honduran partner, Centro de Prevención, Tratamiento Rehabilitación de las Víctimas de la Tortura y sus Familiares, was forced to shift its focus from advocating reform to documenting widespread human rights violations. Hopefully, the coup was a one-off because democracy is the main prerequisite for effective torture prevention. The rapid de facto acceptance by the Danish Government of the election held by the leaders of the coup in November was, however, a matter of concern in that context.

Guatemala also suffered a period of political turmoil, but RCT's partner here, Oficina de Derechos Humanos del Arzobispado de Guatemala (ODHAG), has been able to continue its reform work, e.g. as part of a national agreement on a far-reaching reform of the security apparatus, which was signed by the government in April 2009. The agreement was drawn up in collaboration between ODHAG, the ombudsman, San Carlos University and the Catholic Church.

THE MIDDLE EAST

Israel's invasion of Gaza at the turn of 2008/09 affected the work done by RCT's partner, Gaza Community Mental Health Programmes (GCMHP), due to bomb damage to its premises. GCMHP has been used to working in conditions that resemble war for several years, therefore adapted quickly to the situation and went on helping the children, women and men who bore the brunt of the hostilities.

The war in Gaza caused widespread destruction, and throughout 2009 the Israeli blockade has prevented reconstruction work and hindered the treatment of victims of war trauma. In spring 2009, the Israeli authorities denied RCT access to Gaza, making the necessary support and supervision of GCMHP's staff impossible. Faced with the deteriorating human rights situation, RCT instead concentrated on advocacy, e.g. in partnership with other Danish and international NGOs. These efforts garnered widespread recognition from partners in the region and in Denmark.

AFRICA

In autumn 2009, the RCT Board visited Sierra Leone, where they gained an insight into how rain-damaged clay roads

present our partner, Community Association for Psychosocial Services, with logistical challenges as they strive to rehabilitate survivors of the brutal civil war in the hardest-hit East of the country.

South Africa is still feeling the effects of the conflict in Zimbabwe and the large number of traumatised refugees it displaced. RCT supports a number of South African organisations, including the Centre for the Study of Violence and Reconciliation, particularly in its work with refugees from Zimbabwe.

ASIA

The civil war in Sri Lanka came to a brutal end in May 2009 and there were large-scale civilian casualties. The end of the war brought a glimmer of hope that the rule of law would be re-asserted and that individuals would be protected from abuses of state power. Such hopes were quickly dashed, however, as the president continued to tighten his grip on power. Threats against torture victims, lawyers, journalists and human rights activists continue, and despite the laudable efforts of RCT's partners, huge challenges remain.

The parliament of the Philippines passed legislation criminalising torture. This represents a major victory for human rights organisations, including RCT's partner Balay, which has worked hard to this end for several years.

The first classes in "testimony therapy", a form of cognitive therapy, have been held in workshops with partners in India, Sri Lanka and Cambodia. Monitoring and evaluation data collated in Sri Lanka and India indicates positive results, and these have been presented and published internationally. The testimony method, an introduction to which is also available on DVD, can be implemented by non-professional staff, and torture survivors seem to find that it improves their mental state. The method has also proved highly suitable for the type of prevention work carried out by human rights organisations, particularly in terms of documentation and advocacy. It has enabled our partner, the People's Vigilance Committee on Human Rights (PVCHR), to document abuse by the police and higher castes against untouchables and to get the issue on the political agenda in the state of Uttar Pradesh, as well as in inner government circles in New Delhi.

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DKK 25,000 for the PhD research project *Falanga Torture, Disability, Pain Mechanisms and Behavioural Consequences*

Fabrikant Mads Clausens Fond

DKK 10,000

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DKK 50,000 for the research project *The Face of War - Stories of Danish Soldiers after Returning from War Zones in the Balkans, Iraq and Afghanistan*

Forsvarsakademiets fonde

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DKK 20,000 for the PhD research project *Falanga Torture, Disability, Pain Mechanisms and Behavioural Consequences*

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DKK 100,000 for the research project *The Face of War - Stories of Danish Soldiers after Returning from War Zones in the Balkans, Iraq and Afghanistan*

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DKK 50,000 for the research project *The Face of War - Stories of Danish Soldiers after Returning from War Zones in the Balkans, Iraq and Afghanistan*

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DKK 30,000

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DKK 50,000 for the PhD research project *Falanga Torture, Disability, Pain Mechanisms and Behavioural Consequences* and DKK 50,000 for the research project *The Face of War - Stories of Danish Soldiers after Returning from War Zones in the Balkans, Iraq and Afghanistan*

TESTAMENTARY GIFTS

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MISCELLANEOUS

Bezzerrizzer

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DKK 5,500

Dansk Sygeplejeråd

DKK 10,000

Lærerstandens Brandforsikring

DKK 7,500

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DKK 192,163

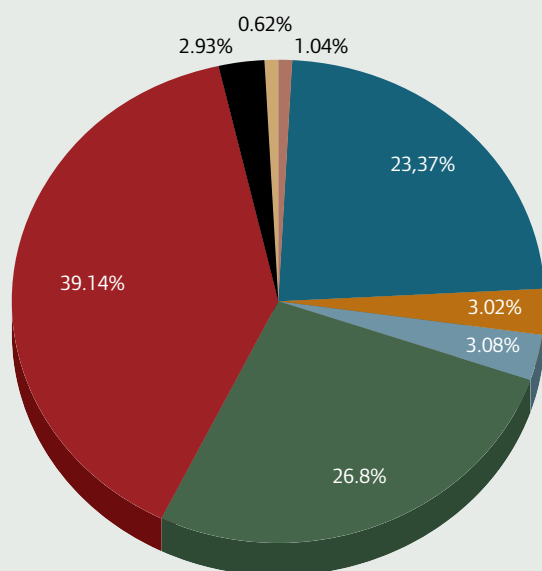


Although much of RCT's national and international activity in 2009 was funded by the Ministry of Health and the Ministry of Foreign Affairs, one of the criteria for the receipt of public funding is that other RCT activities must be privately funded. The donations listed above have, therefore, been invaluable to the work of the RCT. The Centre would like to express its gratitude for both the financial support and all the other support it has received in 2009.

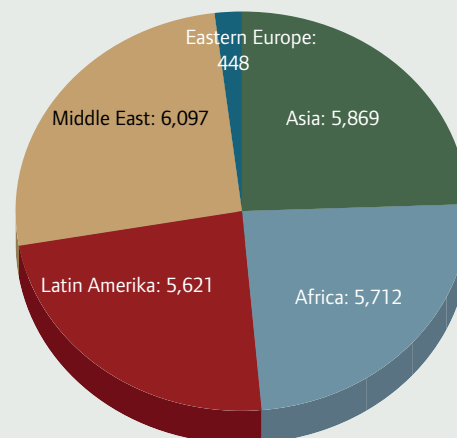
It is of great importance to our clients, the torture victims, that the RCT enjoys the financial support of the Danish people.

Annual accounts, RCT		January 1 – December 31, 2009
Income		Amounts in 1,000 DKK
The Danish Ministry of Foreign Affairs, Framework Agreement		48,000
Additional expenditures, Framework Agreement		699
Rehabilitation		18,661
Individual projects in the South		5,221
Contributions, others		7,276
Pools revenue		241
Other income		2,726
Total income		82,824
Expenditures		Amounts in 1,000 DKK
RCT's policy and organisational development		839
Rehabilitation		18,818
Prevention and advocacy		2,431
Information and communication		2,478
Research and documentation		21,581
TOV and development projects in the South		31,521
Planning and support		2,361
Reservation regarding rehabilitation		500
Total expenditures		80,529
Total income		82,824
Total expenditures		80,529
Result operations		2,295
Income financing		801
Expenditure financing		3
Result financing		798
Net result of the year		3,093

Project expenditure in 2009		Amounts in 1,000 DKK
Expenditure , individual projects		
Rehabilitation, Jordan		1,841
KARAMA, Jordan		1,822
EU-OPCAT project, Asia		1.558
		5,221
Projects in the South, within the framework agreement with the Danish Ministry of Foreign Affairs		
ARCT, Albania		448
CSVR, South Africa		2,200
Zimbabwean TOV survivors, South Africa		1,363
CEDSA, Sierra Leone		1
CAPS, Sierra Leone		2,148
CPTRT, Honduras		2,681
ODHAG, Guatemala		2,940
GCMHP, Gaza		2,194
Rehab, Jordan		229
TRC, Palestine		11
BRCT, Bangladesh		17
AHRC, Hong Kong/Sri Lanka		1,903
BALAY, Philippines		1,257
OPCAT, Asia		310
PVCHR, India		596
India, other		194
Programme cooperation Cambodia		34
		18,526
Total expenditure		23,747



Total expenditures distributed among Focal Areas



Project expenditures distributed among Geographical Areas

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