

The practice of torture has been categorically prohibited under international law, notably under human rights law and the laws of war, according to which torture is prohibited under all circumstances. Following a desire to make the global struggle against torture more effective, the UN adopted the Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment in 1984. This Convention defines the concept of torture and sets out standards on the prevention of torture and ill treatment, on their investigation, on bringing perpetrators to justice and on affording reparation to victims, including redress, compensation and rehabilitation. The Convention also establishes a Committee against Torture (UN CAT) mandated to receive and consider complaints from individuals who claim to be victims of violation of the Convention by a State Party.

TOV means torture and other forms of organised violence. Torture is used as defined in the UN Convention against Torture and other cruel, inhuman or degrading Treatment or Punishment (1984), Article 1. The definition of other forms of organised violence is the one used by WHO. In this document, definitions, 'torture' and 'TOV' will be used, depending on the context. TOV is used as a means to create general anxiety, suppressing minority groups, opposition or democratic movements, or - due to deep rooted attitudes to criminal investigation and prison detention – simply as a means to combat crime. It is used by governments as well as opposition groups, guerrilla groups and armed militias to expand power and territories, or to hold on to power where regimes are not able to do so by democratic means.

TOV consists of physical as well as psychological methods, often interlinked. The methods range from severe, systematic or unsystematic beatings, assaults with modern or traditional weapons and sexual assaults to more sophisticated methods based on modern technologies such as electrical torture. Like physical violations, psychological violence may be deeply invalidating. Psychological methods may include isolation, exposure to loud noises, sleep and food deprivation, threats, humiliation and sexual assaults.

Adopted by the Board of RCT on September 20, 2004

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Executive Summary

Populations exposed to conflict and persecution, persons deprived of their liberty and those forced to flee their home countries and take up residence elsewhere create particular challenges to research, documentation and interventions aimed at preventing torture and rehabilitating victims of torture. This policy represents RCT's response to a changing world. This response is formulated in terms of seven targets that aim to meet seven challenges. Central to the policy is the upgrading of research capacity, competencies and production giving research much more emphasis in RCT's work – a natural response to the lack of substantive

knowledge in the field. RCT aims to further cement its position as a pioneer in the fight against torture by focussing its activities around the assimilation, production and systematisation of knowledge, whilst at the same time applying that knowledge in the fields of rehabilitation, prevention, advocacy and development co-operation. Building on a wealth of experience and utilising an expected synergy between research and practice this policy expresses the long-term aspirational and inspirational targets that RCT hopes to achieve by 2015.

1 Introduction

RCT and the world around it have changed. The issue of torture has achieved a central and permanent position at national and international levels, and a substantial number of organisations are dealing with torture from the perspective of rehabilitation, prevention and advocacy. RCT's development co-operation with partners has evolved for mutual benefit, whilst the struggle against torture and organised violence (hereinafter called TOV), and the struggle for better rehabilitation practices has reached a point where significant gaps of validated knowledge have been identified. Studies have revealed a lack of scientific knowledge regarding the basis of the methods used for the rehabilitation of survivors¹. This constitutes a huge challenge. RCT's longstanding experience in treating torture survivors among refugees in Danish exile; its deep involvement – through its extensive technical co-operation – with developing countries; and finally, its research expertise, makes RCT particularly well placed to take on this fundamental problem. This policy points to the ways in which RCT will contribute to filling this lacuna.

In its new phase of development, RCT will make a major effort to provide scientific evidence regarding

the value of rehabilitation and prevention efforts in the field of TOV, with a major emphasis on the situation in developing countries. RCT will continue its technical co-operation activities which will be more directly linked to a knowledge generation objective. Consequently, RCT will broaden the partnership approach as it has been practised from 1999-2004, to include global and regional networks of organisations, research establishments and state institutions addressing TOV.

Central to this policy is the upgrading of research capacity, competencies and production giving research much more emphasis in RCT's work. The new policy demonstrates how RCT will become a research-led organisation dealing with the key issues related to TOV.

RCT will operate with a research orientation, a victim-survivor perspective, a rights-based approach to development, a belief that it is essential to work to combat impunity for perpetrators and a principle that attention to sustainability and gender should cut across the different aspects of RCT and partner's work. These principles are further outlined in *Annex I*.

¹ Roger Gurr & José Quiroga "Approaches to torture rehabilitation: a desk study", published by IRCT in Supplementum No. 1, 2001 of Torture Journal

2 RCT Vision and Mission

“No one shall be subjected to torture or to cruel, inhuman or degrading treatment or punishment”. This prohibition of torture was unequivocally proclaimed in the Universal Declaration of Human Rights (1948).

2.1. Vision

The vision of RCT is a world free from torture and other forms of organised violence.

2.2. Mission

Based on RCT’s commitment to universal respect for human rights and fundamental freedoms and its recognition of the inherent dignity and integrity of all human beings, RCT adopts as its new mission:

- To contribute to global knowledge on how to alleviate human suffering and consequences of torture and other forms of organised violence at an individual and communal level and how to empower survivors and their communities to become change agents for improving their lives.
- To contribute to global knowledge on how to prevent the occurrence of torture and other forms of organised violence and how to create the conditions necessary, at society level, for respect for human rights, social justice and sustainable human development.
- To contribute to alleviate the physical and psycho-social suffering of torture survivors in Danish exile, to increase public respect of the rights and entitlements of torture survivors, and to promote state compliance with Denmark’s international obligations to eradicate torture and ill treatment.

2.3. RCT and Global Developments

TOV are global problems. It is estimated that torture is practiced in at least 110 countries, primarily in the developing world. The annual incidences of torture are not known; however, it is certain that at least tens of thousands and possibly hundreds of thousands are subjected to torture every year.

The causes and effects of TOV are mediated by a multiplicity of psychological, social, regional and global forces yet it is possible to identify general dynamics as well as outline a set of systemic features. Since the early 1990s the geographies of violence and torture have changed substantially, and given these changing circumstances RCT today defines its work in relation to four key populations:

- Populations exposed to inter- and intra-state conflict
- Persecuted populations
- Persons deprived of their liberty
- Tortured and traumatised refugees, migrants and illegal aliens

Populations exposed to inter- and intra-state conflict. The conflicts that give rise to these populations include the “old wars” between states and the “new wars” within “failed states” – defined as prolonged periods of low intensity warfare, as well as the more classic cases of state formation warfare, ongoing or ended, such as that undertaken in the Indonesian and Philippine archipelagos. Common to all these conflicts is that they lead to large scale population displacements followed by massive and endemic suffering due to violence, poverty and periodic hunger. Furthermore, and with special reference to post-conflict situations, unaddressed consequences of past torture and trauma hamper the reconstruction and rehabilitation efforts

following the newly achieved peace, while failing to bring justice for the victims of such atrocities.

Persecuted populations most often live within the confines of stable states, yet they are for religious, social, ethnic or political reasons targeted with violence and coercive means by repressive state institutions. Irrespective of the number of violent incidences, these generate two kinds of effects. On one hand widespread fear and a sense of terror, and on the other hand individuals with sequelae from torture in need of rehabilitative interventions.

Populations and persons deprived of their liberty. This category comprises persons in the regions of the globe controlled by functioning nation states. Large populations have moved or been displaced to urban areas controlled by poorly performing criminal justice systems. This has led to the breakdown of these systems, exposing the populations deprived of their liberty to ill-treatment and routine torture during arrest as well as long periods of pre-trial detention. Prolonged conflict between organised political groups and states, leads to the detention of minority populations in camps, centres and prisons. In addition, some countries continue to practice torture, physical punishment and ill-treatment of convicted prisoners as a matter of judicial policy.

Tortured and traumatised refugees, migrants and illegal aliens The above populations make themselves present in industrialised countries, and members of this final category are of interest to RCT. This group present the sequelae of torture and the suffering resulting from having lived in regions characterised by conflict. They are exposed to increasing levels of xenophobia and experience a host of problems related to having been uprooted and living in exile often characterized by social, cultural and economic hardship and marginalisation. They enter labour markets often without formal and recognised qualifications, and suffer dispropor-

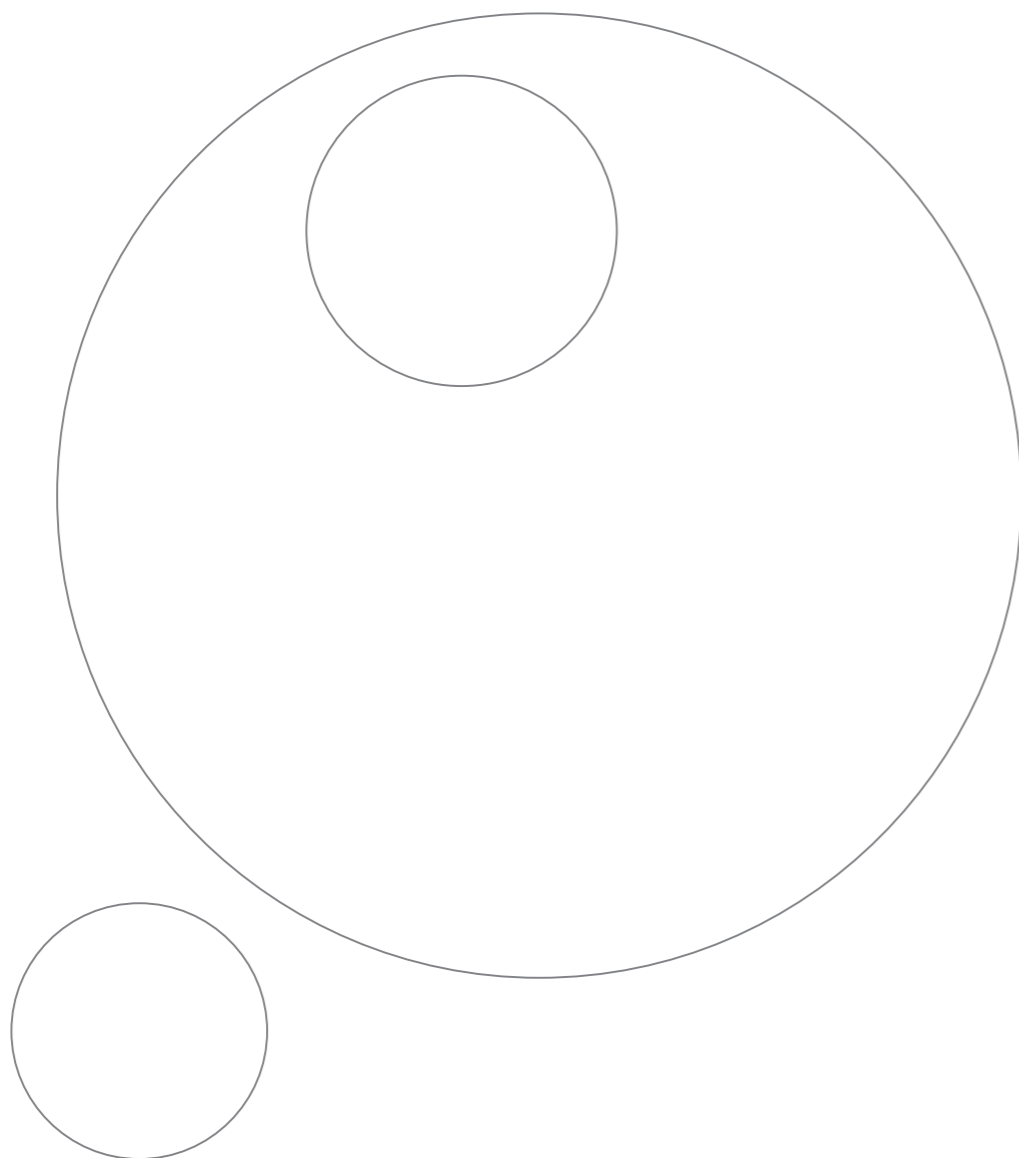
tionately in periods of economic contraction. Torture survivors often have low levels of social and physiological functionality, often maintaining isolation vis-à-vis e.g. Danish as well as resident migrant communities. A vicious circle is created and maintained. The comprehension of this trauma-immigration complex is crucial to the planning of interventions that solve the social, economic and health-related problems of torture survivors, while respecting the group’s rights and entitlement to rehabilitation and livelihoods. Only through such work can the psycho-social well-being of torture survivors be increased, and general integration policies be expected to have a positive effect.

RCT considers these four populations as constituting the focus for research, documentation and intervention. The resources the members of these populations can access through their social networks and state institutions together with the conditions, which frame their lives, give meaning to their experiences of violence and rehabilitation in specific and culture bound ways. It is within this dynamic of the specific and the general, the local and the global that RCT in its networks and alliances with other like-minded institutions and researchers works in order to prevent torture and improve the quality of, and access to, rehabilitation.

3 RCT Challenges

The targets RCT has set are specific responses to specific challenges. They are aspirational and inspirational. The challenges are:

- Little knowledge exists to affirm the value of rehabilitation efforts
- Little systematised knowledge exists about how communities can be empowered to fight TOV
- Questions regarding sustainable organisational strategies in developing countries remain unresolved
- The practice of torture persists in connection with law enforcement particularly in places of detention
- Existing knowledge on prevention and rehabilitation is not adequately disseminated and used
- No national system for rehabilitation exists in Denmark
- Denmark has yet to fully incorporate the UN Convention Against Torture into national law and practice



4 RCT Targets

In response to these challenges RCT has set the following seven targets to be met by the year 2015:

Addressing the lack of existing knowledge affirming rehabilitation practices

Target 1: By the year 2015, based on an improved understanding of the physical, psychological and social consequences of torture, new knowledge has been produced that affirms or disconfirms the validity of at least 10 methods or approaches to rehabilitation of torture survivors

So far, only limited research has been published that deals with the issues of outcome and cost-effectiveness of rehabilitation methods and approaches for torture survivors in different life contexts. Client problem outcome monitoring systems tailored to different socio-economic conditions and areas of the world are insufficient and not generally agreed upon. No planned efforts exist that set forth priorities for research, and implement these. A variety of methods and approaches are used by different health professional groups and organisations, yet very little knowledge has been produced about the comparative advantages of the different methods and organisational modalities. Basic questions, e.g. which client benefit from individual versus group or family interventions and/or from social counselling versus psychotherapy, remain unresolved. Target one addresses these concerns.

RCT will contribute to this target by organising meta-analyses of published literature and organising research projects, alone and in cooperation with other research institutes. Such projects will, depending on the specific nature of the method to be investigated, utilise patient material from RCT's own rehabilitation clinic, those of its partners or other collaborative centres/programmes.

Addressing the lack of existing knowledge regarding how communities can be empowered to fight TOV

Target 2: By the year 2015, based on an improved understanding of the practice of TOV, the crucial elements for effective organisation of community mobilisation for rehabilitation and prevention in relation to TOV have been identified, and models from at least 2 different parts of the world have been tested

Individual and group traumatisation are still poorly understood and so are the ways in which survivors access and create resources through social networks in their communities, and why some fail to do so. Communities are psycho-social and socio-economic units rooted in local cultures and histories. How do such worlds meet with interventions? How does RCT adequately build on and support historical and cultural traditions for healing? What is the nature of the relationship with state institutions?

Post-conflict interventions have, like other development interventions, focussed on the possibilities of nesting anti-TOV work within communities. Manuals on psycho-social interventions in communities have been produced and put into circulation by a variety of multilateral agencies. No work has been done so far in order to assess the quality and outcome of such interventions, nor does RCT have adequate descriptions and analyses of the changes that communities undergo during such interventions. Is community intervention a cost-effective means of reaching individuals or should it be seen as a target in itself? Target two addresses these issues with a specific focus on the integral relations between healing, empowerment and development.

RCT will contribute to this target by analysing in depth the current experience of RCT partners' community mobilisation efforts, identifying interesting models and testing them. This work will be done in close cooperation with selected partners and other relevant developing countries' community mobilisation programmes – possibly in cooperation with other research institutions and WHO.

Addressing the challenge of developing sustainable organisational strategies in developing countries

Target 3: By the year 2015, RCT is able to provide new knowledge as to which models or approaches offer the best access, quality and possibilities for sustainability in the work against TOV in different political and socio-economic environments

Sustained and development oriented anti-TOV work in developing countries is of recent origin. Knowledge about which organisational modalities (e.g. humanitarian agencies, NGOs, state institutions) and which combination of modalities should be recommended for rehabilitative, restorative, reparative and preventive interventions in developing countries is still sketchy and based on a limited number of cases. Furthermore, no systematised knowledge regarding the relationship between political and economic environments and the sustainability of different modalities of anti-TOV work exists. The issue of sustainability of rehabilitation services remains unresolved – e.g. should poor states be expected to assume responsibility or are community based interventions a better model? Finally, only very limited efforts has gone into the construction of co-responsibility strategies as a means of addressing state institutions. The results of target three offer solutions to these challenges.

RCT will contribute to this target by first undertaking an in-depth analysis of the experience of its partners, its own activities and possibly other selected programmes, after which promising models will be tested and evaluated. This work will be done in cooperation with participating programmes and where possible other research institutions.

Addressing the challenge of the persistence of the practice of torture in connection with law enforcement, particularly in places of detention

Target 4: By the year 2015, approaches for eliminating torture within law enforcement institutions, particularly in places of detention, have been developed and tested, and the impact assessed in at least five countries

The international community has adopted several international and regional conventions regulating the prohibition of torture and other cruel, inhuman or degrading treatment or punishment, notably the UN Convention against Torture (1984). It has also established institutions to monitor compliance with these conventions, amongst others regional courts, UN monitoring bodies and transitional justice mechanisms. This international legal framework has undoubtedly helped reduce the practice of torture. However, torture continues to be practiced – in many countries routinely – as part of the ordinary law enforcement. Furthermore, acts and threats of international terrorism have led several countries to adopt far-reaching counter-terrorism measures that all too often set the scene for the use of torture – as e.g. when deprivation of liberty is coupled with denial of the basic legal guarantees of detainees.

Documentation of the prevalence and practice of torture and other forms of ill treatment clearly shows that most incidents of torture take place when individuals are deprived of their liberty whether in prisons, police station cells, prisoner of war camps or in refugee camps. There is a great need for analysing and understanding existing practices and for developing new approaches that can help ensure humane law enforcement in accordance with international standards. Target four addresses these issues.

RCT will contribute to this target by first analysing the practical experience of relevant partners as well as other relevant programmes, following which promising approaches will be developed and tested. This work will be done in close cooperation with the relevant partners and possibly other research institutions.

Addressing the challenge created by the inadequate dissemination of existing knowledge on prevention and rehabilitation

Target 5: By the year 2015, relevant sources are routinely monitored/consulted for information on all aspects of TOV, and regularly updated reviews of knowledge in key areas are made easily accessible for global use

Today a wide array of methods is used around the world in the rehabilitation of TOV survivors. These include different professional methods (psychotherapy, physiotherapy, medicine, social support, counselling,

traditional medicine etc.), different approaches focusing on individuals, families, groups, or communities and they are employed and provided within different organisational settings. Likewise, diverse methods and approaches are employed in the area of prevention of TOV.

Information on all aspects of TOV exists in a variety of forms and is disseminated through a variety of channels. Little concerted effort has been made to extract lessons learned in such a way that they are easily available for the use of clinicians, managers, politicians and the general public. The RCT Knowledge Centre will attempt to collate, analyse and contribute to the dissemination of relevant information and knowledge in order to create a firm foundation, based on existing theory, research findings and practical experience, on which RCT itself as well as organisations, institutions and individuals worldwide can build. This target aims at increasing the circulation and availability of relevant, systematised knowledge.

RCT will contribute to this target by further developing the work already undertaken by its documentation centre, extending its information collection by reaching out to partners. It will add an analytical element presenting *evidence* in the form of *State-of-the-Art* overviews and use up to date communication technology to make information globally accessible and known.

Addressing the challenge of the lack of an organised national system for rehabilitation in Denmark

Target 6: By the year 2015, RCT occupies a prominent position in an organised national rehabilitation system for torture survivors where available resources match well-documented needs and where common outcome monitoring and quality development systems are routinely applied by all service providers

Denmark has no *organised* national system for the rehabilitation of torture survivors. This has a number of negative consequences for the services provided. Today, no one knows how many of the refugees and asylum seekers have been tortured, nor is there a valid assessment of their need for rehabilitation. The experience of RCT and other Danish rehabilitation centres indicates, however, that the needs are large, diverse and, in great part, unmet.

Today, rehabilitation of traumatised refugees and torture survivors is provided by a network of specialised private centres, and elements within the National Health Services. This creates confusion in the phase of referral and uncertainty as to entitlements to rehabilitation. Today, no organised national system exists in which the needs match the available resources, quality standards are set and capacity building is ensured.

RCT will contribute to this target by providing substantial capacity for specialised treatment in its rehabilitation clinic, by seeking close cooperation with relevant national authorities and other Danish rehabilitation centres/programmes, and through those contacts promote and participate in the development of an improved Danish national system for rehabilitation of torture survivors.

Addressing the challenge of Denmark's failure to fully incorporate the UN Convention Against Torture into national law and practice:

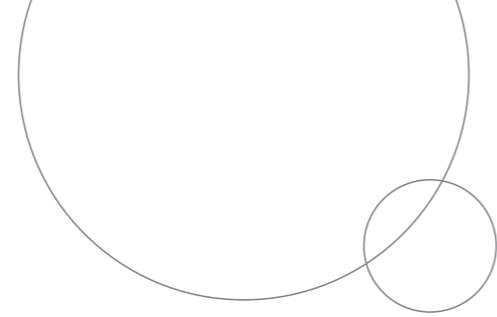
Target 7: By the year 2015, mechanisms are in place which ensure that Denmark, in national law and practice, lives up to its international obligations, notably the UN Convention against Torture (CAT) and the Optional Protocol (OPCAT)

Denmark has ratified the UN Convention against Torture, yet Parliament has still not incorporated the prohibition of torture into relevant Danish legislation. Torture remains undefined and un-criminalised in the national penal code. Denmark has ratified the Optional Protocol to the Convention against Torture. However, steps remain to be taken to ensure the establishment of competent and independent national visiting mechanisms that are mandated to carry out regular visits to places of detention so as to protect persons deprived of their liberty.

Denmark's compliance with the Convention against Torture is generally satisfactory. However, within its administrative practice, Danish authorities do not always live up to Denmark's international obligations, notably in the areas of granting of asylum, use of solitary confinement, etc.

RCT will contribute to this target by monitoring the development of Danish law and practice; by identifying possible shortcomings and contacting relevant authorities accordingly, and by undertaking advocacy

in Denmark to promote support for the target issue throughout the Danish society. In so doing, RCT will cooperate with the Danish Institute of Human Rights and other relevant institutes and NGOs.



5 Implications of the Targets for RCT's Work

5.1. Guiding Principles, Programmes and Organisation

In the pursuit of these targets RCT has adopted a number of guiding principles: RCT operates with a research orientation, a victim-survivor perspective, a rights-based approach to development, a belief that it is essential to work to combat impunity for perpetrators, and a principle that attention to sustainability and gender should cut across the different aspects of RCT and partner's work. Further details regarding implementation and the guiding principles, programmes and organisation planned for the implementation of RCT's new policy are outlined in *Annex I*.

5.2. RCT's Resources

Recent years' development within the TOV area has resulted in a change in the overall priority of RCT's

programmes. While the rehabilitation, development co-operation and management programmes are not expected to undergo major changes in their volume and resource levels, the research and knowledge centre function is expected to increase substantially. The rate and size of this increase will depend on the available resource levels, but is expected to start in a major way in 2006².

5.3. Evaluation

The 7 targets described in this policy encapsulate in a nutshell what RCT aims to deliver over the 10-year period. Will these assumptions hold and the results be achieved? To answer that fundamental question, an evaluation system will be established, details of which can be found in *Annex I*.

²The financial basis for this is expected to come, when the expenditure for RCT's rehabilitation of torture survivors in Danish exile will start to be financed over the Danish Hospital Act (Sygehusloven), thus releasing parts of the contribution to RCT from the Ministry of Foreign Affairs for the build-up of the research and knowledge centre function. It is also expected that the increase of the research staff will attract more funding from the Danish and international research foundations. Finally, it is expected that RCT will continue to receive a certain amount of funds from other sources (private contributions etc.), though these are not expected to reach a significant level.

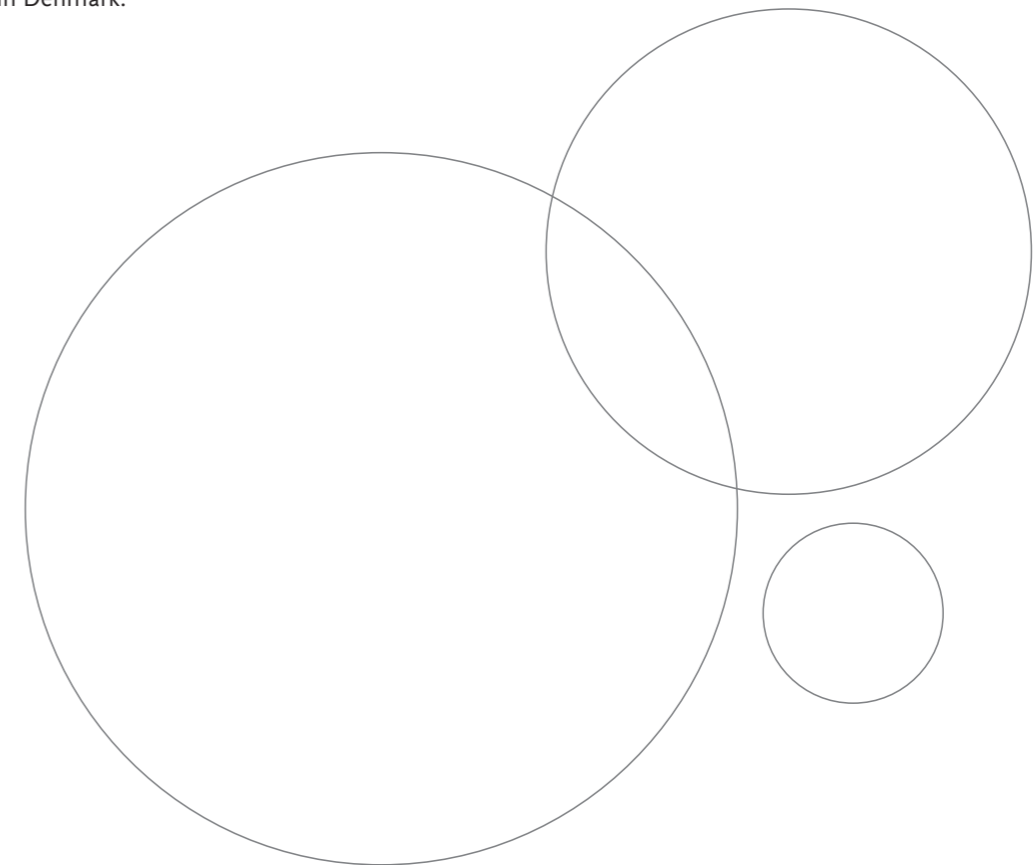
6 Conclusions

This document represents an update of RCT's policy from 1999, taking into account international developments and RCT's own work experience since then. An important element of the new policy is to create a sharper future direction for RCT, a clearer transparency of its activities, and a more precise accountability for its actions. This is done by defining seven aspirational targets that the organisation will endeavour to reach by the year 2015.

To this end a major expansion of RCT's research must be undertaken, with an emphasis on the problems of developing countries. RCT's prevention and development co-operation mandate will be retained. At the same time, its clinical rehabilitation of torture survivors among refugees in Denmark will be maintained. RCT will strive to be a leading Danish centre for rehabilitation of torture survivors and act as a catalyst for the creation of a Danish system of quality development in rehabilitation of torture survivors for all care providers in Denmark.³

As a complement to research and intervention activities RCT will continue its co-operation with educational institutions and professional bodies in order to improve the quality of research and education on issues related to torture.

This policy marks RCT's intentions to maintain its position as a pioneering agency in the field of torture and organised violence, where research will occupy a new and stronger position. The ultimate aim of this new policy is that RCT shall become an internationally recognised knowledge centre, to which professionals, politicians, researchers, NGOs and the general public can turn to get state-of-the-art practical information, knowledge and analyses on the causes of TOV, the prevention of torture and the rehabilitation of torture survivors.



³ To that end, RCT will seek a closer co-operation with the Ministry of the Interior and Health; the Health Directorate; the County Council Association and the other centres providing rehabilitation for traumatised refugees.

Annex I

Guiding Principles, Focus Areas for Programme Activities and Evaluation

This annex supplements RCT's new policy and gives details of the structures and principles which RCT believes will enable it to best implement the seven targets of the policy. It is RCT's hope that these structures and principles, combined with the competencies and commitment of the staff and the provision of appropriate resources, will ensure that the targets are achieved efficiently and ethically. Thereby RCT can continue to contribute in a pioneering fashion to illuminate the issue of torture and organised violence in a manner that is important for victims, survivors, governments and the general public.

Reaching the targets outlined in RCT's policy document requires a considerable range of different types of work, which can logically be grouped in six areas: *the research and knowledge centre function; rehabilitation; prevention; advocacy; development cooperation and management.*

Among these, it is clear that given the international perspective that RCT wishes to promote, the highest priority for RCT's work will be the research and knowledge centre function. However, RCT retains its strong development cooperation, prevention and rehabilitation mandates.

For RCT a major challenge in programme terms is to explore the unique possibility for synergy between scientific thinking on the one hand and practical work on the other. This will be done by combining the approach of its research and knowledge centre with the vast practical knowledge that its Danish rehabilitation clinic and its international development cooperation programmes provide. RCT is not just an organisation to produce better knowledge of which methods and approaches (in rehabilitation of torture survivors and in prevention of TOV) work or do not work. A very important part of its mandate is also to support Denmark's – and the United Nations' – efforts to reduce torture and promote human rights. Thus, great care will be taken in designing major research projects in such a way that they contribute, when possible, to *all* these goals.

While the seven targets of the policy document give the long-term directions and boundaries for the programme activities, RCT's rolling four year action plans provide the framework for choosing shorter term strategic priorities, within the limits set by the manpower and financial resources available at any one time.

own efforts and through networking activities and cooperation with likeminded organisations and researchers worldwide.

Guiding Principles

In the pursuit of the seven targets described in the policy document RCT has adopted a number of guiding principles:

RCT's Research Orientation

RCT is a research-led organisation and seeks a scientific base for its approaches. RCT is dedicated to providing research-led indicators of good/best practices and to systematic monitoring and quality assurance in its rehabilitative and preventive interventions. Knowledge generation, systematisation and dissemination are seen as prerequisites for the improvement and adjustment of interventions and for an improved understanding of the dynamics that generate TOV. Knowledge is generated and sustained through RCT's

RCT's Victim-Survivor Perspective

RCT promotes a *victims-based perspective*, emphasising respect and fulfilment of the needs and rights of victims of TOV. Contemporary forms of victimisation are directed against both individuals and collective groups, and the victimisation occurring at the hands of both State actors and non-State actors. In recognition hereof, RCT promotes the fulfilment of the needs and rights of victims without any discrimination, notably the needs and rights to redress, compensation, rehabilitation, satisfaction and non-repetition.

In adopting such perspective, RCT affirms its human solidarity and compassion with the victims⁴.

Victims are, however, also survivors. RCT therefore also promotes a *survivor-based perspective*, which is complementary to the victim perspective. The survivor-perspective focuses on the potential to use existing human resources and potentials as building blocks, which will enable the survivor to cope with his/her traumatic experience. The survivor perspective thus reflects the inherent value and the ability of individuals and communities to take responsibility for their own lives and become the subjects of their own transformation and growth.

RCT's Rights-based Development Perspective

RCT operates with a *rights-based approach* in its rehabilitation and prevention programmes. These programmes are based on international human rights standards, notably the UN Convention against Torture and the Optional Protocol to the said UN Convention. The standards embodied in these legal instruments are integrated into RCT's Policy, plans and actions. By addressing rehabilitation and prevention from a rights-perspective RCT and partners can make legitimate demands vis-à-vis national governments for respect and fulfilment of the rights contained in these legal instruments. Through this approach, RCT promotes respect for the rule of law and accountability, and facilitates higher levels of empowerment.

RCT's Fight to Overcome Impunity

Impunity undermines the very concept of human rights; evading responsibility only leads to renewed cycles of torture and impunity and breaching impunity is therefore a cornerstone in the eradication of torture. Prosecution of perpetrators of torture is the clearest possible sign of an official policy that torture will not be tolerated; it strengthens the rule of law by demonstrating that public officials are not above the

law, and it contributes to rehabilitation of victims. Giving a feeling that justice is being done, it also helps promote a morality based on human rights values by emphasising that human rights violations must not go unpunished. RCT believes that only by overcoming impunity and prosecuting perpetrators of torture does one provide a firm basis for a society based on respect for human rights.

RCT's Perspective on Impact and Sustainability

RCT seeks to ensure sustainability in the interventions it undertakes, and understand this as a situation where improvements continue to be reproduced after the termination of RCT's and other donors' interventions. Sustainability is therefore closely related to ownership through active participation by survivors and their communities. Such ownership must also encompass state institutions, thereby signalling state recognition of the complex problems generated by torture and the role of the state in providing restitution, rehabilitation and reparation.

RCT's Perspective on Gender Mainstreaming

According to RCT experiences and research TOV is almost always gendered having different consequences on men, women and children; this again requires different forms of interventions. Therefore, the mainstreaming principle will guide RCT's work to incorporate a gender perspective at as many levels and stages as operationally relevant and possible.

RCT's Organisational Principles

Finally, RCT's organisational structure is guided by some fundamental principles; The creation of professional environments that inspire and support professional development; the need for a sound administration of resources; and the design of as flat a hierarchal structure as possible are 3 particularly important ones.

⁴ 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, W/CN.4/2004/57.

RCT's Focus Areas for Programme Activities

The Research and Knowledge Centre Function

While *research* is basically the scientific approach to develop new knowledge, the *knowledge centre function* is in RCT's use of the term to be understood as efforts to systematically collect, analyse, store and distribute new and already existing information.

Research

RCT is an institution devoted to improving rehabilitation of victims of torture and preventing torture and organised violence. The highest priority in its research must, therefore, be to undertake studies that can lead to practical methods and approaches with proven ability to improve outcomes of rehabilitation and more effectively prevent TOV. This does not mean that it may not be relevant also to include basic research that analyses in a more fundamental way the causes of torture and organised violence. Such studies must be a planned part in a logical chain of events aiming at leading to improved practical tools. Improvements should include both the effectiveness and the cost efficiency of methods and approaches, as well as practical advice on the cultural and socio-economic characteristics that may make one method or approach more suitable than another under specific external conditions. Such concerns are particularly important with regard to developing countries, where community or other group approaches may be preferable to individual ones; however, it is important to recognise the considerable difference in this respect also among developing countries, in different parts of the world.

RCT already possess a solid (though minimalist) capacity of researchers with the knowledge and skill to design, organise, analyse and present major research projects that can address the identified research priorities in a professional way. The expansion of research activities points to the need for a multi-disciplinary pool of researchers which can address both the rehabilitation and the prevention aspects of TOV. Furthermore, it is essential that the considerable capacity for research cooperation that exists among RCT's rehabilitation clinic staff and its development cooperation experts be fully explored.

Furthermore, if RCT's research efforts shall have a truly global impact, it is imperative that a major effort is undertaken to build a strong international coopera-

tive network of researchers and practitioners around the major problems to be researched. Only an extensive international cooperation – through joint projects, expert meetings, exchange programmes, and frequent internet consultations – can provide RCT with the continuous intellectual interchange that is indispensable for a global research effort.

RCT's research aims at developing knowledge about TOV as well as the preventive and rehabilitative interventions that directly target survivors and perpetrators. RCT's research and documentation portfolio must include studies of particular interventions as well as larger, longitudinal, historical or regional studies in which the effects of TOV and the impact of interventions, as well as conceptualisations of TOV and interventions can be assessed and discussed.

Clearly the methods of rehabilitation of torture survivors will have a top priority. Research encompasses both different treatment approaches and methods and the way interventions are best organised in different cultural and social contexts. There is a general lack of scientific evidence for the broadly used rehabilitations methods in western rehabilitation centres as well as for the models and approaches (i.e. the psycho-social interventions) used in the South. In developing countries the development of methods that reach many and can provide a reasonable effect with a judicious use of local resources will be a prime challenge.

As regards prevention of TOV, eliminating torture within law enforcement agencies (e.g. prison services, police etc.) will have priority. Preventive interventions rest on a variety of models of cause and effect that have been borrowed from neighbouring disciplines, such as public health, development studies and criminology. Research must critically assess such models and contribute to the development of innovative tools and approaches for intervention. Studies on the formation of torture as an act of punishment and interrogation within networks of state and non-state institutions will lead to a better informed understanding of the problems related to torture and organised violence, and thus improve prevention theory and practice.

In addition research on TOV and community is an important issue, where a major challenge will be to distil from the large available literature on causes and

effects of violence the specific elements which can be of value in designing TOV prevention programmes. A growing body of research identifies large individual differences in responses to violent experiences in different cultural settings. New ways of initiating psycho-social programmes in post-conflict areas have emerged that have been less focused on individual reactions and more on community rebuilding processes and empowerment. There is, however, very little knowledge of the long term impact, both in relation to rehabilitation and prevention, of such programmes. Clearly much work is required to further illuminate these areas and elucidate and formulate ways of meeting the challenges presented.

Knowledge Centre Function

RCT will serve as a *Knowledge Centre* providing information of interest worldwide regarding causes and incidents of TOV, rehabilitation of torture survivors, prevention of TOV, organisation of work related to torture etc. The ambition of RCT is to make this Knowledge Centre the source of preference to turn to for politicians, professionals, researchers, organisations and the public in general, when they want to obtain information in this field. Thus, the Knowledge Centre will gather, systematise, analyse, evaluate/validate, generate, store and disseminate knowledge related to TOV, based on a global perspective.

The Documentation- and Knowledge Centre will be linked closely to RCT's research. This will strengthen the focus on the scientific basis for the information that will be made available – and it will also ensure that the Documentation- and Knowledge Centre is well informed on new scientific breakthroughs in the research area. Sources of information to the Knowledge Centre will come partly from the systematic review of the global literature (as performed by RCT's documentation centre); partly from the work experience of RCT and of its South partners; and, finally, from the so-called grey literature of unpublished results from projects all over the world.

The Knowledge Centre will organise a worldwide systematic search for information; analyse, validate and electronically store it. For selected areas of knowledge, expert groups will be charged with routinely undertaking evidence analysis of the collected material and provide state-of-the-art knowledge to guide choices that clinicians, managers and others have to make.

The Knowledge Centre will further disseminate the information in a planned way, partly through facilitating the active electronic search by interested users, partly by proactively spreading knowledge through articles,

publications, conference participations etc. A major instrument for disseminating knowledge from RCT's Knowledge Centre will be its *website*; designed with different major user categories (researchers, politicians and the general public) in mind.

Rehabilitation

A major goal for RCT is to ameliorate the suffering of survivors of TOV, and the aims of rehabilitation are to help survivors continue their lives with a better level of quality, a low - or absent - level of symptoms, and a good level of functioning within their family and the community.

The demand for specialised treatment of torture survivors in Denmark is not sufficiently met. Many torture survivors are referred to RCT's rehabilitation clinic in Copenhagen for treatment, and RCT will continue to provide services for a reasonable number of torture survivors and their families. This will be provided by a highly skilled multi-disciplinary staff focusing on using "best practice" and different methods according to different needs. Investigations will be undertaken to explore the possibilities of extending RCT's rehabilitation efforts to also include asylum seekers.

A major problem globally is the lack of systematic monitoring of client outcomes in rehabilitation centres for torture survivors. RCT will give very high priority to systematically improving its own monitoring system in this area. The results of the outcome monitoring will be systematically used for guiding RCT's constant improvement of its rehabilitation effort; thus introducing the principle of *management by outcome*. At the international level, RCT will cooperate with suitable partners to develop approaches adapted to the resources and other constraints of developing countries; and it will seek to obtain WHO *collaborative centre status* in this work. In Denmark, RCT will seek the collaboration with the relevant ministries, central public health institutions and other interested parties in developing torture specific elements for the Danish national health quality development system.

RCT's rehabilitation clinic will participate in studies on evidence of impact of different intervention methods used in rehabilitation of torture survivors. These methods include individual-, family-, group- or community focused approaches and deal with interdisciplinary methods as well as specific methods used in psychotherapy, medical treatment, social work, and physiotherapy.

RCT will contribute to capacity building in Denmark through training of professional staff working with

torture survivors in health institutions, social centres, and educational institutions. Furthermore, RCT will take initiatives to propel a national system of services and a strategy for capacity building in Denmark regarding the rehabilitation of torture survivors.

Internationally, RCT will facilitate capacity building in RCT partner organisations regarding rehabilitation of TOV survivors.

Finally, RCT will explore the possibility of offering, at its clinic in Copenhagen, medico-legal evaluations and expert testimonies on torture as well as providing such expertise internationally, if so requested by appropriate authorities.

Prevention

The purpose of RCT's prevention programme is to contribute to tackling the underlying causes of TOV and to promote compliance with the prohibition of torture. Given the complex nature of the phenomena of TOV, prevention cuts across and involves all other focus areas, particularly international co-operation, advocacy and research.

RCT operates with three interrelated cross-programmatic approaches to prevention: The *health professional approach* (documentation and prevention in places of detention); the *legal, human rights approach* (the use of human rights norms and systems in the prevention of torture); and the *international co-operation approach* (capacity building of civil society and development of co-responsibility with state institutions to ensure compliance with the UN Convention against Torture). Parallel to these three vertical pillars, the prevention programme is grounded in, and contributes to, research and knowledge generation.

Although international human rights and humanitarian law prohibit torture and ill-treatment, these violations are inflicted in more than half of the world's countries. The striking disparity between the prohibition of torture and its prevalence in the world today demonstrates the need for States to identify and implement effective measures to protect individuals and groups from torture.

Experience has shown that visits to places of detention are one of the most effective means to prevent

torture and to improve prison conditions. One of the primary concerns in protecting persons from torture is effective documentation, as documentation brings evidence of torture to light so that perpetrators may be held accountable for their actions.

With the aim of providing a solid and credible basis for dialogue with authorities, notably law enforcement agencies, RCT will focus on testing existing documentation standards which can be easily and systematically applied in places where persons are deprived of their liberty. In this relation, the *Istanbul Protocol* will be given particular attention.

As part of this work RCT will develop projects aimed at promoting the signing, ratification and implementation of the Optional Protocol to the UN Convention against Torture (OPCAT)⁵ in order to prevent torture in places of detention. RCT will seek to facilitate the establishment of national visiting mechanisms in developing countries and in Denmark, which will be mandated to carry out regular visits to any place of detention with a view to documenting torture, preventing the continued practice of torture and improving prison conditions.

Within this framework, the prevention programme, at the *international* level, seeks to capture and develop knowledge, methods and expertise to help understand and tackle the causes of TOV and its manifestation among State-actors and non-State actors in selected countries in Sub-Saharan Africa, South and South East Asia, Latin America and the Middle East.

In the South, focus will be on enhancing state accountability and the rule of law – in relation to the UN Convention and its optional protocol- through advocacy and, where possible and relevant, through use of the criminal justice system. This will be done in partnerships with local and/or national organisations. Emphasis will be put on making more systematic use of the existing human rights apparatus, and transitional justice mechanisms. These systems play a crucial role both vis-à-vis the torture victims as the judgements recognise and place responsibility for the violations, and as catalysts for change, because breaches of the Convention will oblige the violating states to rectify the situation and change national laws and/or practices and possibly to provide compensation to the victims.

In Denmark, RCT will monitor the respect for the UN Convention against Torture (UNCAT) and its Optional Protocol (OPCAT) so as to enhance compliance with the obligation to eradicate torture and other forms of ill-treatment. Danish laws, draft bills, jurisprudence and administrative practice in the areas concerning torture and ill treatment will be analysed, and violations – actual or potential – will be documented by RCT and brought to the attention of the Government, the Parliament or the relevant executive powers (ministries, etc.). In this way, RCT will seek to influence the formulation of national legislation and policies as well as practice in the above areas. Within a national context, Denmark has ratified all international conventions prohibiting torture, although the UN Convention against Torture remains to be incorporated into Danish law. Similarly, Denmark still needs to fulfil successive UN CAT recommendations to define the concept of torture and to criminalise torture under Danish law.

Advocacy

The aims of RCT's advocacy programme are twofold: Firstly, the most important is to contribute to Denmark – its politicians, administration, institutions, organisations and the public in general - continuing to be a strong international voice in the fight against TOV on the global scene, and to Denmark fully meeting its obligations under the UN Convention of Torture and its optional protocol (with regard to the way it takes care of torture survivors in its own population and prevents torture and other cruel, inhuman or degrading treatment or punishment) RCT advocates that Denmark strives to maintain its position as a leading actor in the fight against torture by clearly agitating against torture and for anti-torture policies and practices through foreign and development policies.

Secondly, RCT's advocacy is a key element for building recognition and support in Denmark for RCT's programmes.

To this end RCT's advocacy programme aims to build broad support among the Danish public, media, politicians, administrations, and the public in general as regards the needs and rights of torture victims and the importance of the global fight against torture. RCT will do this information work through its own channels – i.e. newsletters, home page - as well as through external channels such as TV, radio, newspapers etc. The advocacy of RCT will continuously seek to be of high technical, scientific and ethical standing

In its advocacy work, RCT will systematically co-operate with relevant civil society organisations on issues related to the rehabilitation of torture survivors and

prevention of torture. When appropriate, ad-hoc alliances will be formed to ensure the greatest impact from the efforts.

Development Co-operation

RCT's development co-operation programme will be central in RCT's endeavour to become a research-led institution. The ongoing development co-operation programmes rest on that assumption; at the same time the partner projects' interventions illustrate the necessity of carrying out practice-relevant research.

The programme will contribute to the development of gender sensitive, result-oriented methods in rehabilitation and prevention at individual, group and community levels. To this end it will adopt an approach that advocates for *co-responsibility between civil society NGO's and state institutions*, while still assuming the victim-survivors' perspectives within a civil society position. This entails leaving the concept of selected partnership with only a few NGOs and instead engage in multiple forms of co-operation with NGOs, state institutions, governmental bodies and international organisations.

Furthermore, the programme will respond to RCT's definition of four main beneficiary groups for international intervention, which are: 1) populations exposed to inter- and intra-state conflict; 2) persecuted populations; 3) persons deprived of their liberty, and 4) tortured and traumatised refugees, migrants and illegal aliens.

The twofold *research-led practice* and *practice relevant research* mean that concrete co-operation activities will be linked to research - and result-oriented methods will imply interventions which can be scientifically investigated in order to contribute to fulfil the policy targets of RCT.

At the level of civil society, RCT will emphasise mutual capacity-development of partners in their role as watchdogs, professional advisors and as social and political actors *vis-à-vis* their governments and national authorities. On the basis hereof, RCT and partners will seek to influence the formulation of national policy and influence legislation and practice relative to TOV.

In line with general Danish development principles, RCT will include poverty and gender aspects, and prioritise methods that are cost effective, sustainable, and that reach the maximum number of victims. RCT will ensure that methods are suited to the socio-economic cultural and political conditions, using local knowledge and traditional practices.

⁵ The *Optional Protocol to the UN Convention against Torture* in 2002 establishes a much needed supplement to existing monitoring bodies, which will enable practical steps to be taken to prevent torture. Under the Protocol a new international expert visiting body, a Sub-Committee to the UN CAT, is created. States that ratify the Protocol must also establish national visiting bodies. This two-pronged visiting system will make it possible to conduct international and national visits to any place of detention and make recommendations to authorities for improvement in the treatment of persons deprived of their liberty.

To apprehend the role of the cultural, political, historical, and spatial diversity in respect of understanding torture and its consequences as well as rehabilitation and prevention, RCT will maintain a presence through development co-operation activities in the regions where RCT has gained long-term experience, i.e. *Latin America, Africa, Asia, and the Middle East*.

Some programmes may have a strong emphasis on the national level, while others – being thematic – will embrace several countries within the perspective of regional networking. Both intervention forms will be linked to research. The main programmes will relate to the following issues:

- Rehabilitation of torture survivors (individual and groups; men, women and children) emphasising the development of multidisciplinary methods and approaches ;
- Gender sensitive community based rehabilitation and prevention in the area of TOV;
- Promotion of the ratification and implementation of the Optional Protocol to the UN Convention against Torture (OPCAT);
- Rehabilitation and prevention of torture in places of detention through prisoner empowerment programmes, training of prison health and custody staff, etc.
- Short term interventions in conflict and post conflict situations to develop local capacity for rehabilitation of torture survivors, documentation and prevention of TOV

Research can make interventions more effective and efficient and interventions can make research more relevant. Due to the fact that the areas where co-operation activities take place are often highly politically volatile the design of projects and programmes must allow for a certain amount of flexibility.

Management and Crosscutting Planning and Support

RCT is a highly complex institution. It works in Denmark, in many developing countries and within the international community, and its programme activities range from clinical rehabilitation of torture victims, through development co-operation, to research. Its organisation and way of working must therefore meet a series of demands: possess technical expertise in a wide range of matters; apply different mixes of this expertise to a wide range of different products; ensure effectiveness and efficiency in the use of financial and human resources, and maintain a high level of commitment, ethical principles and synergy, both among its staff and in relation to its many partners.

These requirements cannot be met within one single organisational system. A matrix is necessary where the one dimensional aspect of organisation is modified through the imaginative design of management processes. The management can be subdivided into 2 parts:

- Policy and Leadership
- Planning and Support

and will be carried out through an

- Organisational Structure

Policy and Leadership

Policy

The progress towards the targets will be evaluated every 5 years. Policy updates will be conducted every 10 years; the first update in 2015.

Leadership

The *RCT Board* is the overall responsible body for RCT. It approves policies and annual action plans; it appoints and supervises the director; and it evaluates the performances of the institution. Its composition consists of representatives appointed by Danish organisations/institutes representing the main areas of RCT's work as well as RCT staff representatives. This composition of the Board has been chosen to ensure both a broad background of expertise in the discussions of the Board, as well as to guarantee the independence of the institution. The latter is an issue of particular importance with regard to RCT's role as an advocate for the UN conventions and as an institution working according to the ethical principles and the vision and mission outlined in the policy document.

A *general director* is responsible for the overall leadership of RCT, responsible to its Board. The *General Director and the Department Directors* (with the assistance of the *Executive Secretary*) together constitute the *RCT Leadership Group*, which coordinates all major issues related to policy, planning, implementation, evaluation etc.

Planning and Support

Programme Management

While the targets of RCT's policy set the long-term direction, the medium and short-term directions are given in RCT's Action Plan. These Action Plans have a 4 year, rolling planning horizon, with a detailed programme budget for the budget period (currently the first year of the 4 year cycle).

As for programme management, a matrix system is required to ensure that the technical expertise of all RCT's staff is brought to bear on the solution of the different areas of work, as and when required. RCT will, therefore, organise its work around multi-disciplinary *project groups*. This requires a management system incorporating specific methods and processes for planning, implementing and evaluating the work.

The formalised co-operation between staff and management takes place in the *Staff/Management Co-operation Committee*. The committee ensures the necessary ongoing communication and dialogue between management and staff regarding the conditions of work, staff policies and similar matters, and its functions are outlined in a special Co-operation Agreement.

Organisational Structure

RCT currently (2004) operates with four departments:

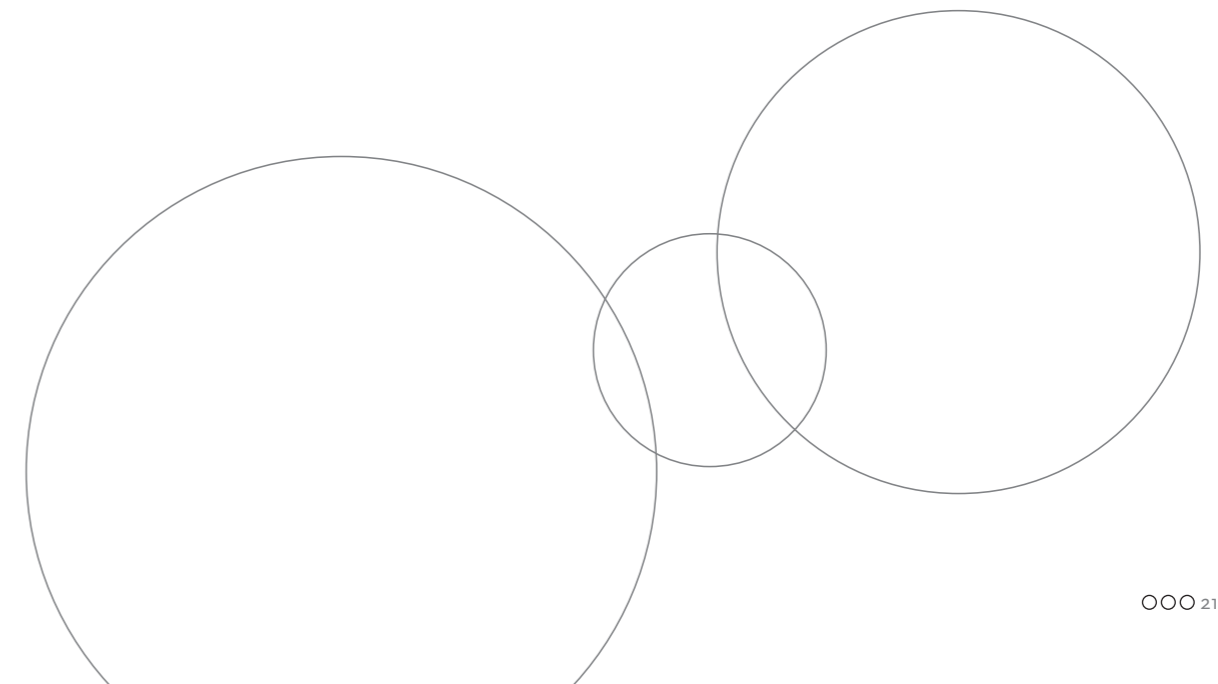
The *research department* is responsible for organising and overseeing RCT's research projects and employs the researchers, Ph.D.-students and other staff necessary for that purpose. The research department also houses the *Knowledge Centre* and administers its core staff. A major effort will be made to establish close working relations between the research department and other researchers and research institutions, both in Denmark, and in particular, internationally.

The *rehabilitation department* has several major functions: to provide rehabilitation services for torture survivors among refugees in Denmark; to contribute to the development of the Danish system for rehabilitation of torture survivors; to support the development of torture rehabilitation monitoring and quality development systems; to contribute to the search for

evidence-based and better rehabilitation methods; to contribute to clinical research; and, finally, to provide technical input to the development cooperation projects run by the international department. It will maintain a network of collaborating partners, institutions and experts to complement its own resources, when so needed. The department will maintain close co-operation with other relevant institutions in Denmark and, in particular, abroad in order to ensure a stronger international perspective to its work.

The *international department* is responsible for managing RCT's development co-operation projects with RCT's local partners and exploring possibilities for developing further partnerships. The remit of the department also includes responsibility for following the major developments related to TOV in the various regions of the world and the TOV-related work of the major players at the global level (UN organisations, EU, IRCT etc.), to the extent this is relevant for RCT's own efforts. The international department will establish a network of collaborating partners, institutions and experts to increase its own capacity and to ensure a truly international scope of RCT's work.

Finally, the *planning and support department* is responsible for operating RCT's planning, implementation, and evaluation system. It also has the responsibility for developing and running RCT's information technology (IT) system; a particularly important area, as RCT will make a maximum effort to rely on computer systems for both administrative and technical tasks. A particular important aspect of the IT-system will be to serve the knowledge centre function, a major task both from a quantity and a quality point of view. This department will also be responsible for a number of other cross department support functions like personnel, financial management, premises, and legal services.



Evaluation

Evaluation of Progress towards RCT's Targets

It is necessary to provide, in a transparent way, information about whether progress is – or is not – made towards the achievement of the 7 targets. It will therefore be agreed, which parameters are essential to monitor, and for that purpose a list of indicators will be developed and used as a main basis for judging whether the policy itself has worked. If positive, the work can proceed in the same way; if not, the strategies should be changed or the targets re-formulated.

In deciding the periodicity of evaluations, 2 factors are important: On the one hand, it takes time to achieve an impact – while on the other, it is also important that not too much time has elapsed in case a development is not going in the desired direction. Evaluations on progress towards the targets will, therefore, be undertaken every 5 years, followed, if necessary, by modifications in the targets and strategies to achieve them. The first evaluation will be in 2010, and the report submitted to RCT's Board, the major donors and RCT's staff.

In order to ensure the necessary objectivity, it is desirable to establish an external expert group to

provide at least part of the material that RCT's Board will use in undertaking its evaluation. Care should be taken to plan such a process well in advance, and the period of the evaluation itself should be kept as short as possible in order to minimise the time it will take from RCT's normal work.

Evaluation of the Annual Action Plans

While the evaluation mentioned above addresses the overall direction of RCT and its work, there must also be a systematic process to ensure a continued learning process in relation to the Annual Action Plans. An important part of RCT's management system will, therefore, be to continue a systematic evaluation of RCT's projects and their contributions to RCT's strategies and the annual action plan as a whole. This process is organised so that it involves the staff that has carried out the work, as well as RCT's Management Group and RCT's Board. A planned follow-up will ensure that the recommendations from this evaluation process result in both an annual report and a process for ensuring the follow-up of recommendations.