

Website European Network: <http://www.european-network.org/>

Report of the Conference of the European Network of Rehabilitation Centres for Survivors of Torture in cooperation with the IRCT

The title of the conference was;

'Identification, Health Assessment and Documentation for Survivors of Torture'

Early identification and assessment : models and standards of good practice

**May 10-12, 2011
Amsterdam, the Netherlands**



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Tuesday 10th of May, 2011

**Welcoming Prof. dr. Erik Jurgens
Chairman of the board of trustees of Arq Foundation**

Prof. Jurgens, started his speech with the notion that the 10th of May is a special day for the Netherlands because exactly 71 years ago, the Germans crossed our borders. Due to the consequences of WOII, Foundation Centre'45 (a partner in Arq) was established. Arq Foundation is a holding which strengthens its partners who are all specialised in the field of psycho-trauma. The European Network has the same function, it is very important to stand together.

During his speech, Prof. Jurgens referred to article 3 of the European Council of Human rights: 'no one shall be subjected to torture or to inhuman or degrading treatment or punishment'. According to him, governments have to see that there are national and international organisations who work for torture survivors. In the Netherlands, people receive positive support from the government. If the survivors or refugees are coming from countries where persecution, war and violence are endemic, then support of these people in the countries of origin is often not feasible. Governments must not reject refugees who are victims in a double sense, having been persecuted and having lost their homes.

It really took 25 years after the end of WOII before it was recognised – both by experts and governments – what persecution, concentration camps and torture had done to the survivors. Now we are aware of this, society must help them!

**Opening Elise Bittenbinder
Chairperson of the European Network**

It's a great pleasure to welcome you all – more than 80 persons - to the 11th meeting of the European Network of Rehabilitation Centres for Survivors of Torture. Thank you all for coming. It is quite an achievement that these meetings have been taking place every year for more than 10 years now. They don't just happen: each time it means hard work for the centres or teams that organise this conference. Although in Europe, some of us are in a rather privileged position because they work within a framework that gives those centres a financial structure which allows them to concentrate their work on treatment and care, without having to fight for survival. It makes these network meetings even more valuable to know that some of us come from centres and organisations that lack those means of support, but that they have still found ways of participating for some years now. Partly this has been possible because the Dutch team has made funds available for those who cannot afford it. Special thanks for that to Jan and his team.

In the last few years the European Union has introduced and implemented European Guidelines to harmonise asylum procedures in Europe. And indeed it was partly because of that that we started to meet in this Network – because we wanted and needed to bring together our data and expertise in order to find common answers to some of the questions that those developments raised.

During those yearly meetings ideas and positions were shared, and sometimes common declarations or recommendations were announced. This was and is not always easy, though all of us being here proves that it is still worth making the effort to create this space that we make available every year.

The last three conferences all focused on different issues, such as prevention work in Ireland, research in Barcelona and the right to health in Copenhagen.



This year the subject is: Identification, Health Assessment and Documentation for Survivors of Torture. So we are going to talk about early identification and assessment of vulnerable persons, especially torture survivors.

The background to this topic is the following:

The European Directive 2003/9/EC lays down minimum standards for the reception of asylum seekers, and the Directive 2004/83/EC lays down minimum standards for third country nationals. But the EU is not happy with the implementation of those directives: a Commission report of 26.11.2007 stated: "Addressing the needs of vulnerable persons has been identified as one of the main deficiencies in the application of the Directive. Identification of vulnerable asylum seekers is a core element without which the provisions of the Directive aimed at special treatment of these persons will lose any meaning". Also in 2007, a Green Paper on the future Common European Asylum System stressed: "Serious inadequacies exist with regards to the definition and procedures applied by Member States for the identification of more vulnerable asylum seekers (...) member States lack the necessary resources, capacities and expertise to provide an appropriate response to such needs..." (COM 2007). And then again, in 2009, the Commission's DG Justice, Freedom and Security (6.July 2009) stressed once more the need for quick identification and easy access to medical and psychological care provided by the rehabilitation centres

The need for a comprehensive system of early identification, subsequent easy access and common standards of care and treatment, as well as the need for training of health professionals has been stressed by the *European Network of Rehabilitation Centres for Survivors of Torture's* "Recommendations on the EU reception directives"(2004) (www.European-Network.org).

So now it is necessary to bring together the experience that we have with the methods that we have been putting into practice. Because up to now there is no general structure yet within which it is possible to identify torture survivors. The role of the European Network could be to push for the full implementation of the EU directives by finding good practice examples.

**Pim Scholte, Director of Equator Foundation
The need and possibilities to define good practice
in torture care within the EU**

Pim Scholte elaborated upon the need and possibilities to define good practice in torture care. He addressed the reasons for the need of defining good practices and methods for doing that. In order to be accountable to your clients, yourself, your boss, society and the financial donors, practice-based as well as science-based evidence is needed. This evidence can be gathered by using (flexible) qualitative, quantitative and mixed research methods. Currently, evidence is available on the documentation of human rights violations, descriptions of the suffering of refugees and asylum seekers (RAS), and documentation of the outcomes of trauma focused psychosocial support to 'any' individuals. Additional evidence needed – in relation to RAS – is clear documentation of care and treatment methods, outcome data of trauma focused and other psychological support, and outcome data of other services provided such as medical, body work, legal, social, cultural etc.

**Prof. dr. Anton van Kalmthout, member CPT
European Committee for the Prevention of Torture
from the Council of Europe**



The council of Europe is more than Europe, there are 47 member states, including Russia and Northern America. The work of the council of Europe is based on article 3 of the EHCR: 'no-one shall be subjected to torture or to inhuman or degrading treatment or punishment'. After addressing the results of article 3, Prof. dr. van Kalmthout elaborated upon the main provisions of the ECPT such as: the establishment of a monitoring body, the tasks and responsibilities of the Committee members, facilities that should be provided and regulations for publications. Subsequently, he focused on the differences between the CPT and the national inspectorates such as: unannounced visits, obligation to allow medical inspections, allowing intermediate inspection in urgent circumstances etc. Furthermore, Prof. dr. van Kalmthout addressed the working methods of the CPT at the start of the visits as well as during and after the visits. In addition, he elaborated upon aspects of the assessment, assessment criteria and the implementation of CPT standards. Conclusion: detention conditions and treatment practices not rarely lead to the conclusion that they 'amount to torture' and more frequently that they have to be considered as 'inhuman or degrading treatment'.

Marianne Engberg, RCT Denmark
General practitioners' ability to identify Torture Survivors

Marianne Engberg focused in her presentation on the role of general practitioners in relation to torture survivors and their ability to identify them among refugee populations. In Denmark (and other countries with similar organisation of primary care) it is likely that the GP is the first (and often only) medical contact for the torture survivor. Therefore, GPs can be the primary locus for intervention in the care for torture survivors. However, the risk of not identifying the torture survivor is high, for example due to a complex clinical picture, torture methods that do not create visible damage, and a lack of insight in the actual amount of survivors. In order to increase the chance of identifying torture survivors GPs should: ask patients with risk factors (e.g. refugees, members of minority groups, prisoners of war etc.) and certain symptoms (e.g. pain, depressive and anxiety symptoms etc.) specific questions about traumatic events. If the GP does not ask, the patient does not tell!



Wednesday 11th of May

**Hélène de Rengervé, IRCT
Policy of the IRCT for the centres in the European region**

Hélène de Rengervé, head of the Brussels Liaison Office and program coordinator for Europe, presented the European strategy of the IRCT (International Rehabilitation Council for Torture Victims). The IRCT is the largest membership-based umbrella organisation who support the rehabilitation of torture victims and the prevention of torture worldwide. The IRCT works towards its mission by facilitating: capacity development, a more enabling policy environment and the generation and sharing of knowledge among its member organisations and the wider context.

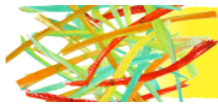
With regards to the European regional strategy of the IRCT, the common problem they encountered are: lack of visibility of torture victims as well as centres, lack of identification of torture victims (this is difficult for support), lack of funding, and lack of physical and financial security. The main functions and role of the IRCT are: lobby and advocacy, coordination of European Centres, liaison officer (following issues at EU level and informing the head office and members) and support to all members on their access to EU institutions and funds. Within IRCT Europe there is the following need for improvement: more scientific research, more communication between clinical staff and more physical opportunities to meet. The key-achievements of the IRCT are focused on: governance, network support, funding issues and influencing policies.

Ludmila Popovici, Executive Director of RCTV Memoria

Ludmila Popovici addressed in her presentation very recent cases of torture and focused on identification and documentation of cases within RCTV "Memoria". This is a Moldovan NGO which is involved in the rehabilitation of victims and prevention activities. Torture was a widespread phenomenon in Moldova until 2009 when more became known both at national and international levels after dramatic events from April. In the beginning of that month, torture was used to punish the young people who initiated the peaceful protests against the communist regime. The aim of torture was to spread fear and terror in society and it was used as a political instrument by well organised, fully equipped and armed people. The after-effects of the used torture were both psychological and physical consequences. Presently, impunity persists in Moldova because of: imperfect legal framework, superficial approach, resistance of decision makers etc. In conclusion: RCTV Memoria is assisting and documenting torture cases but nothing important and positive happens after that for the victims, also state institutions are not doing anything relevant.

**Sibel Agrali, Primo Levi Association & Vicky Germanakou, URVT
Outcome of a transnational applied research and evaluation project:
Good practice in the care for victims of torture**

Sibel Agrali and Vicky Germanakou (URTV is currently involved in the follow-up of this project) focused in their presentation on the outcome of a research on good practices in the care of victims of torture. This was a joint project of Primo Levi Association, Zebra, Equator Foundation, ICAR Foundation and Xenion, coördinated by BAFF from Germany. For Primo Levi it was an interesting project to join because of the flexibility; issues of collaborating, prevention, and lobbying for vulnerable groups could be addressed. Each partner had to prepare teamdays (with clients, team-members, partners and organisations) for self-evaluating their own approach. Subsequently there were meetings in Paris, Berlin, Barcelona and Bukarest. During the research, the process was very participatory and more important than outcome (though the outcome was good). Historical assumptions and exisiting (legitimacy) differences in countries showed the



complexity instead of fixed ideas, among other issues because each centre was encouraged to give a good-practice example.

**Camelia Doru, ICAR Foundation:
Profile of victims assisted by European centres based on a questionnaire**

Camelia Doru focused in her presentation on the profiles of victims assisted by the European Network member organisations. In 2010 they were successful in collecting data on gender, age and origin of more than 10.000 clients. Camelia presented the number of victims reached, their age and gender, spread over different geographical regions. With regards to the conclusions there are some reservations: only 38 of around 100 European centers responded to the survey and only 24 of 33 European countries are represented.

However, the survey gives an impression of the gender, age and wide geographical distribution of the victims assisted. Victims from Eastern Europe and Turkey are 47% of the victims assisted by responding centers; 59% of them were assisted by centres in their own country. 24% of the assisted victims mainly come from West, East and Central Afrika; 21% of the assisted victims come from Asia (mainly Middle East and Sri Lanka). Female victims make up 41% of the assisted victims, the majority of the victims were 16-45 years old with a peak between 26 and 35. Recommendation: The ERN should continue to make an effort each year to collect and publish a comprehensive overview of the gender, age and origin of the victims assisted by its constituent centres during the previous year.



Thursday 12th of May

**Winnifred Simon, Antares Foundation:
Stress management for (inter)national staff**

Winnifred Simon presented the Antares Foundation guidelines for good practice in managing stress in humanitarian workers. The mission of Antares Foundation is: to improve the quality of humanitarian assistance and overseas development through advice, training and support. Their underlying idea is that if you look better at staff, the projects will be better; it is seen as an indirect contribution. Antares Foundation works towards its mission through: training and support of staff; organisational consultancies and evaluations; conferences, research and publications; and lobby and advocacy.

The factors underpinning the guidelines are: stress is inevitable in humanitarian aid work; staff members, managers and agencies are interdependent and are all responsible for good stress management practice; stress management should be instituted in organisational policy as proactive, routine and responsive measures; principles are applicable to everyone, with tailored support for national and international staff.

After addressing the possible interventions of agencies, Winnifred Simon asked questions to the audience such as: what is stress, how do you deal with stress, who is responsible for staff wellbeing, etc. which resulted in short discussions. Finally, the eight principles of the Antares guidelines were presented: policy, screening and assessing, preparation and training, monitoring, ongoing support, crisis support, end of assignment support and post assignment support.

**Marie Thompson, Equator Foundation:
First findings of an inventory and quality assessment of working and
treatment methods**

**Eduard Nazarski, Director Amnesty International The Netherlands:
The future on Human Rights**

Mr. Nazarski addressed three issues in his presentation: where do we come from, the present challenges and some predictions for the future.

In 1948, the universal declaration of human rights was developed by Eleanor Roosevelt. All human beings are born free and equal in dignity and rights. Often creativity was needed to put the declaration into rights. Currently there are different frameworks of international law, e.g. the ECHR, Refugee Convention, ICCPR, ICESCR and the Statute of Rome (ICC). Amnesty International was founded in 1961 and had many campaigns to defend human rights over the years. For example in 1972 they were campaigning against torture and in 1977 they campaigned against dead penalty.

After the Cold War there were many new developments which made human rights advocacy more challenging. For example 9/11 provided new challenges for national states. Due to defragmentation of states (e.g. Somalia and Sudan) it became difficult to monitor and campaign against practices in those countries because there are no governments. In '80s and '90s there was an increase in migration which became a challenge as well. There were geographical shifts such as the rise of the NICS and China



who stated that human rights are a Western concept. Furthermore the role of TNC's and populism are increased, which is challenging as well.

With regards to the future, the United Nations works slow and difficult, the European Union is often divided. Many national governments are becoming more hesitant towards human rights and in the general public there is a larger indifference due to information erosion. However, it is positive that human rights defenders continue the struggle, their courage and motivation is impressive. Also innovative social media have an increasing impact. Furthermore, more ordinary people are fighting for justice, there is an increasing importance on the role of experts, building partnerships etc.

Closing Discussion

Elise Bittenbinder, chair of Steering Committee of EU Network Heading forward, our strategy for the future

In the past few years, the European Network has functioned in between meetings rather on a 'sleeping level' but now by the end of this conference, we seem to be on the road again. If we take into account the proposals that were suggested by the Research Working Group, I see a lot of possible work ahead of us – I recommend caution though – considering our experience: although we come out of these annual meetings with new ideas and enthusiasm – we see that reality forces us to be careful with our resources back home in our daily routine.

However we do already have a place - Moldova - and a subject - medical/legal reporting - for the next meeting.

As for the future: It is suggested that the network will have to become a bit more structured and targeted, and that it needs a more clearly defined structure of representation. We have to consider what kind of structure we want for the European Network and what that could mean:

The present loose structure has its strengths and weaknesses. The main challenge for the network is that the outcomes are very uncertain and unpredictable which makes it difficult to make plans in advance or to come to common recommendations that can be worked through during the annual meetings. However at the same time this work in progress is a space to bring forward creative new ideas. That's a way of making the best use of the resourcefulness of all participating. In that way the network is always dynamic, digesting new ideas. We provide a "think tank" or "hot house", using input from all the different levels, representing the complexity of our work (fundraising, assessment and documentation, care and treatment, lobbying and prevention, research etc.). . So the present structure is creative and chaotic but this loose structure seems to be a force that still has the power to bring us together after 10 years.

The strength of the network approach is that it encourages detailed analyses of the links which must be mobilised in an ongoing innovative process. At the same time, a network provides a framework for exploring the multiple sources and pluralistic patterns of communication typical of innovative activity – but after 10 years this communication on the one side has become established in well-trodden paths, and on the other is demanding ongoing new energy or new ideas if it is to continue to be innovative.

When rethinking the structure I would like to point to some of the aims that we have established together in the our Terms of Reference:

To establish common standards, where appropriate, in various aspects of work conducted by member centers and participants.



To enable the sharing of information on the implementation and impact of domestic and European policies, in relation to survivors of torture and other gross human rights violations.

To inform and develop advocacy efforts, through the direct, professional experience of clinical work with survivors of torture seen within the centers and other settings.

To collaborate with other international institutions focussing on torture and with shared objectives.

So this loose innovative structure is positive, though also frustrating. One possible way forward is that we perhaps just accept the limitations and keep the structure.

Our main bodies of functioning are the annual meetings; the working groups that are (?) hot spots during the meetings and work with different intensity in between meetings; and the clinical discussion groups that work rather more spontaneously during the meetings according to the topics prepared beforehand by the host organisation or the participants.

The process and outcomes of the working groups rely very much on the facilitator or coordinator of the group and they have promised (again) that they will do something in between the meetings. But maybe, in the course of the daily routine, we will find once more that we are not able to do all we wish for.

At the same time other things are also happening. Professional links are being established, joint projects are being put into place. And the professional exchange – although not structured as in professional academic conferences – is considered extremely valuable. Indeed in the last 3 years we have started to establish structures like the poster sessions, and we have begun to focus the input through lectures/keynotes etc in ways that lean towards the idea of academic conferences.

The other structure that we have established is the steering committee. The committee – in cooperation with the hosting centre – is responsible for the preparation of the annual meetings; it also runs the network in between meetings.

Other tasks laid down in the Terms of Reference:

Responding to requests from external organisations or professionals – which was done not very regularly but on some occasions e.g. responding to the invitation of the UNVFVT in Geneva. Coordinating responses on behalf of the Committee. Nominating a spokesperson, in addition to the Chairperson of the Network, to speak on behalf of the Network where appropriate, which was done rather seldom e.g. responding to the invitation of the European Parliament, Strasbourg.

Although in our aims we speak about informing and developing common advocacy efforts, by using professional experience and collaboration with other international institutions focussing on torture and indeed this was one of the reasons for creating the network – we have not been as dynamic as we envisaged. Partly because most of us lack the necessary resources on top of our daily work and partly because our structure is too flexible to be persistent in following focused aims.

In order to be more effective on this level the Steering Committee has reconsidered cooperation with the IRCT. More cooperation is needed and desired, especially with regards to advocacy and lobbying for financial sustainability.

The creativity and richness of outcome of the professional experience of clinical work bundled through the network is accessible for the IRCT. The question remains as to what future cooperation with the IRCT will look like. Currently there is an on-going discussion about the best and most legitimate way to represent torture survivors. The



IRCT prefers to be the only voice speaking for survivors of torture. The SC is of the opinion that richness is lost if we do not find a way of cooperation that is enriching for both parties and again offers to do steps towards a cooperation on eye level.

After a heated discussion on the "dangers or chances of two different approaches", Elise Bittenbinder as the chairperson thanked the Dutch Centers again for their efforts to organise a successful meeting and asked Ludmila Popovici to introduce the next meeting in Moldova.



Appendix 1: Report of the Working Groups

- 1a Report research working group
- 1b Report fundraising working group
- 1c Report documentation working group
- 1d Report clinical working group
- 1e Report advocacy working group



Appendix 1a: Report research working group

Note taker: Edith Montgomery, RCT.

First meeting, Tuesday 10th

Each participant presented him/herself including main research interest and wishes for presentations and discussions during the following meetings in the working group:

- Alexandra Madera, Appartenance Switzerland: they have a small research group at the refugee centre looking at the impact of working with interpreters.
- Boris Friele, Zentrum Überleben Berlin: work with early identification of trauma victims, has developed a screening questionnaire (see later).
- Dorothee Bruch, Xenion Berlin: social worker at a small center.
- Maria, the Netherlands: working with unaccompanied refugee minors.
- Eileen, Berlin: work with early identification of trauma victims and people in special needs.
- Sabina Palic, University of Southern Denmark: work on her PhD project on complex PTSD and DESNOS in Bosnian refugee families. She also conducts a project on collecting assessment tools for a test bank for refugee research (see later).
- Maja Johannsen, University of Southern Denmark: student assistant: work with the test bank.
- Linda van Dommelen – research assistant War Trauma Foundation.
- Kees Laban, Centrum for Transcultural Psychiatry, the Netherlands: took his PhD last year concerning length of stay in asylum centers. Conduct patient related study on identity and migration process and trauma. Resilience oriented approach, instrument development, looking for good outcome measures on quality of life and disability. Interested in outcome research.
- Ariel Como, Albania rehabilitation centre for torture victims (ARCT): doing a survey on the optional protocol and the level of violence. Interested in health components.
- Amira Saric, CETT, Denmark: conduct a 3 year project with structured play with children in schools starting August 2011. Looking for partners to conduct a project with the methodology: Facial Expression (see later).
- Marianne Lauritzen, CETT, Denmark: conduct a pilot project on outcome measures in treatment (see later).
- Annemarie Gottlieb, Risskov University Hospital, Denmark: project on developing outcome measures for monitoring treatment with focus on functioning based on ICF, looking at treatment results.
- Marianne Engberg, RCT: developing a quasi-experimental study of outcome of the multidisciplinary rehabilitation and a randomized controlled study of a specific treatment.
- Erling Groth, OASIS, Denmark: participate in the ICF project.
- Johanna Hermansson, Stockholm Red Cross: project on early relation between babies and their traumatized mother involving parents with complex PTSD, data collection when babies are between 6 and 18 months old. Developing methods for working with these families.
- Mechtild Wenk-Ansohn, Berlin Centre: involved in a qualitative and a quantitative study on treatment outcome, work with psycho-education, chronic pain patients and bio-feedback. Interested in post-migration factors influence on re-traumatisation.
- Pim Scholte, Equator Foundation, the Netherlands: involved in several epidemiological studies and a qualitative study on human trafficking.



- Edith Montgomery, RCT, Denmark, RCT has a research department with 20 researchers working in three clusters: rehabilitation, community and populations and perpetrators. A list of research projects was distributed. Conduct longitudinal research on refugee and asylum seeking children and an intervention project for the prevention of violence and criminality among smaller siblings in traumatized refugee families with criminal fathers or brothers.

2. Meeting, Wednesday 11th, morning.

1) Sabina told about the test bank. The idea is to collect assessment tools on all aspects of psycho-traumatology used in rehabilitation centers or other clinics working with traumatized refugees, including various translations and validity and reliability studies. She will send a mail to all to encourage them to send this information. After having collected the instruments, she will search for relevant scientific studies conducted on these instruments. A later project is to look at the validity of the translations.

2) Marianne Lauritzen told about the treatment research at CETT. The project aims at developing instruments for assessing the level of emotional awareness and metallization: RME (reading the mind in the eyes), LEAS (level of emotional awareness scale) and Ekman's emotion recognition test.

Preliminary results show that the tests are easily managed and it seems that the RME-score and LEAS-score are higher after therapy than before.

The discussion focused on the need for validating these instruments in this specific client group (traumatized refugees) before using them in an outcome study. This would demand the concurrent use of other, already validated instruments.

3. Meeting, Wednesday 11th, afternoon.

1) Amira presented the Facial Expression Equipment from Noldus. It consists of web cameras and a computer program for interpretation. Can be used e.g. for process studies of psychotherapy as it measures changes in facial expression over time. Could also be used for studying children. It has been used by many universities, among them Aarhus University and Copenhagen University. Amira will contact Noldus and ask for details of contact persons at these universities; Anne Marie Gottlieb will then contact Aarhus and Edith Montgomery Copenhagen for more details. Amira will also ask for published validity studies using this method. Amira will contact all participants in the research group to ask for co-operation partners.

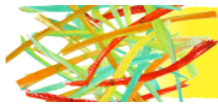
2) Boris presented the questionnaire for early identification of trauma victims. It consists of 10 questions; most related to PTSD some to anxiety and depression. The discussion focused on the goals and validity of the instrument and the importance of knowing its ability to identify the victims (sensitivity) and those who are not victims (specificity).

4. Meeting, Thursday 12th.

During this (short) meeting we worked with three questions:

1) What is the function of the network in the future?

We suggest an updated website, apply for funding for this, so information and co-operation can take place also between meetings, and relevant documents can be shared.



2) What is the specific role of your workinggroup in this network, during this meeting but also in between two meetings?

The role is networking, knowledge sharing, and initiation of co-operation. Key people in the group take responsibility for specific co-operation on concrete projects.

3) Do you see other changes or alternatives?

We suggest that a call for presentations (plenum) and relevant topics is send out before the conference and that the organizers prioritize between these wishes.

We suggest continuity on subjects and a follow-up on topics discussed at a previous meeting.

We suggest that information on results of earlier discussed projects (or otherwise relevant projects) is presented e.g. in talks or otherwise.



Appendix 1b: Report fundraising working group

Present:

Charles Keep	ckkeep@torturecare.org.uk	
Samuel H Nsubuga	Samuel@yahoo.com	
Sibel Agrali	sagrali@primolevi.org	
Holger Spohr	holger.spehr@baff-zentren	
Annette Kieser	info@zentren.org	
Tamara Kroll	Tamara.kroll@ggzdrente.nl	first day
Lejla Cakovic	lelacak@gmail.com	first day
Hélène de Rengervé	h.derengerve@irctbrussels.be	second day
Jan Schaart Facilitator	j.schaart@arq.org	

Together we made an agenda:

1. European Refugee Fund and questionnaire E Morel
2. Cooperation with IRCT
3. European Commission - EIDHR
4. Future of the network and of the fundraisinggroup
5. Workshop; strategy for torture centre; how to survive and plenary conclusion
6. Plenary conclusion

1. European Refugee Fund

The European Refugee Fund (ERF) grants money to countries according to the number of refugees in that specific country. You apply through your own government. ERF only co-funds projects. Eleonore Morel held a questionnaire which got a reasonable input. The outcome shows, as we discussed last year, that application through the national system is not always effective. The national bureaucracy and the bureaucracy on the European level are ineffective. This means that money is not always transferred in due time and not all the funds are used. In Paris they are waiting two years for their money and in Cyprus they now are working on closing 2008.

This is also the conclusion of the IRCT who discussed this in Brussels. Due to all the suspicion there is from tax payers in all EU countries its not likely to improve.

2. Cooperation with IRCT

The organizations in the European Network decided last year to work more together with IRCT. This meeting was organised in cooperation with IRCT. Tuesday there was a special meeting between the Steering Committee and the EU council members and Helene the Renvengere as head of the IRCT Brussels office. In the end this was a good meeting with an agreement how to deal with advocacy issues. The EU network sees itself as a "think tank" or "hot house" for generating common ideas and positions. It will bring forward the common ideas in the way it was agreed at the founding meetings (with IRCT present): position and common recommendations that come out of the European Network will be made available and can be signed by the centers that wish so do so. The Network is sll not aiming to be a formal structure representing the voice of the EU centres but rather make the platform and expertise available for dialog with professional bodies and decision makers. IRCT will hear the opinion of the network by consultation of the chair of the European Network. Helene attended the second day. We agreed that all centres can get the IRCT Brussels newsletter by giving their email address to Helene. The specific information on fundraising is on the IRCT website and is only accessible for IRCT members.



3. European Commission EIDHR

The funding from the Commission (external relations directory - relex) will now phase out in two years. The Commission will then fund projects in the developing world. EU centres can still apply in cooperation with centres from developing countries.

IRCT send a questionnaire in order to get data about who wants to apply with certain countries. This information is accessible for IRCT members on the IRCT website.

Helene expects that the first announcement will come in June of this year to apply for 2012.

4. Future of the network

The steering Committee asked each working group to discuss questions about the network.

- What is the function of the network in the future?

The groups think the network has an very important role is exchange from information and knowledge between centres. Its an activity from the centres themselves.

- What is the specific role of your workinggroup in this network? during this meeting but also in between two meetings

For fundraising you need good information and for most centres is hard to follow all the activities in for instance Brussels. See in this minutes the part on cooperation with IRCT.

- Do you see other changes or alternatives?

For some years we think that better twinning could be very helpful but we need staff to prepare and maintain such a kind of concrete networking.

5. Workshop; strategy for torture centre; how to survive

Business model for trauma centres working with refugees and asylum seekers

Sheet 1

- Foundation Centrum '45 founded 1973; national centre for medical-psychological treatment for members of the resistance and victims of WWII
- Since 1991 also for veterans (UN missions)
- Since 1994 refugees & asylum seekers
- Now Centrum '45 is national centre for specialised diagnostics & treatment of psycho traumatic complaints following persecution, war or violence
- C'45 is partner in Arq Psycho trauma Expert Group

Sheet 2

- Shell is not an in oil anymore; they are into energy
- What is the core business of Arq Foundation?
- We are not only into the care of marginalized groups; but are an organization dealing with psycho trauma
- This means we also are in disastermanagement (Impact), we have a business unit (IVP) working with industry, banks etc. , we work on preparations against terrorist attacks, we have two NGO's working abroad (WTF & Antares), we train immigration services, professionals (Cogis) etc. etc.
- Each task asks for dedicated staff so we organization separate business units

Sheet 3

- Arq isn't an ideal organization and we don't have any guarantees for the next ten years



- But looking to other European centers, we wonder;
- Is it possible to have more cooperation on a national level? because it can be cheaper and you have to be united to get things done from your government
- Is it possible to make the rehabilitation part of the mental health system?
- We are working with the most severe trauma clients; can we use this knowledge in your countries for other groups?

Sheet 4

- In each countries there is a need for psycho trauma knowledge; for veterans, police, disaster management; can you sell your expertise?
- Can you make more coalitions with the human rights movement? Universities?
- Is it possible to work in overcome your history and work together with former enemies? Arq is about working together (which is not easy)
- What is the reason centres are not a member of IRCT?

6. Plenary conclusion

On behalf of the fundraising group Jan reported in the plenary. In spite of the big financial problems the fundraising group becomes smaller and the group is facing some problems. In fact the last four years Charlie and Jan were the only participants who participated each year. Each year there are some other participants and some come irregular. That makes continuity not easy. Further on is Charlie, on this moment, our only professional fundraiser and we all learn(ed) a lot from him but he also says something about our organisations. Charlie is willing also to provide lectures in the future for instance on private fundraising.

For the fundraising group cooperation with IRCT is crucial because none of us has a good access to all Brussels information. IRCT is willing to send their newsletter to all centres but the specific information about fundraising is restricted information for members only.

The fundraising group would like to continue because they think that a EU network conference without talking about fundraising is impossible and that exchange of information can be helpful. Eleonore Morel from Primo Levi will take the position as facilitator of the workgroup.



Appendix 1c: Report Assessment and Documentation working group

Activity report May 10-12, 2011, Amsterdam

Group coordinator: Camelia Doru, ICAR Foundation.

The actual registered members of the “A & D Group” are:

1	Boillat, Jerome	Parcours d’Exil, France
2	Bloemen, E	Pharos, NL
3	Doru, Camelia	ICAR Foundation, Romania
4	Ferguson, Larry	Future World Center, Cyprus
5	Holst, Erik	ICAR Foundation, Romania
6	Just, J.den Otter	IRCT, DK
7	Loizidou, Tonia	Future World Center, Cyprus
8	Melink, H	Rights and Medical, NL
9	Mosca, Lorenzo	CIR VITO, Italy
10	Timofti, Elena	Memoria center, Moldova

A. The group dedicated its first session to answer the questions addressed by the Steering Committee

1. What is the function of the network in the future?
 - Space for collecting input to influence policy and political agenda at European level (EU & CoE) with regard to the clients – especially fundraising
 - Play a political role nationally (e.g lobbying the local MEPs) on the agreed priority lines - during the network meetings - for the interest of our clients
 - Agree on the necessary compromises when it is in the interest of our clients
 - Space for working together
 - Space for sharing professional information
 - Space for concrete collaboration: establishing partnerships for projects of common interest, disseminating results, good practices, failures of projects
 - Opportunity to meet people face- to- face in a time of more and more “on-line” life.
 - Space for solidarity with organisations in difficult political situation or under threat to lose expertise due to financial situation



2. What is the specific role of your working group in this network, during this meeting but also in between meetings?
 - Informative. on collecting data, networking, collaborating. Also about other centres way of working, – previous studies, surveys etc
 - *Documentation at two different levels*: National (centres) and European (network)
 - Very interactive during the meetings, collecting idea
 - More difficult to keep the momentum in between meetings
 - The group is identifying topics of interest to be developed for next year.
3. Do you see other changes or alternatives?
 - The development towards “thematic” annual meetings seems more productive, engaging for a greater number of participants and can give more coherence to the meetings in our opinion.
 - Need for more discipline, maybe a clearer distribution of tasks and commitment of the group members to fulfil the tasks.
 - More collaboration at least within the group and more interaction with the other working groups. If necessary common sessions during the annual meetings
 - Need of dual responsibility of the group: Proposal for a co- coordinator (Co – Co) to be also elected by the group during the annual meetings
 - The A@D in the future should have as permanent topics on its agenda 2 projects:
 - I. Annual Report on Victims’ profiles at European centres
 - II. Collection of information from the network regarding the following year’s theme in order to create an updated background

B. Working session: proposals for the content of the QS to collect basic information to the next annual meeting in Moldova (most likely central theme: Medical certification of torture)

Project I : Annual report : Collection of data immediately after April 1, 2011 (UNVFTV Report & applications deadline)

Project II. QS for the background of the meeting in Moldova

The group agreed on a basic set of questions and methodology to process the QS

The group also agreed on the plan of activity and distribution of tasks:

- Circulation of first draft QS within the group and collection of input from members (Deadline: 15 of June)
- Second version (1 of July,) to be circulated among group members –Skype meeting of the group.
- Third version of QS and letter of invitation to provide input to the network members (15 of July)
- Final version sent (beginning of September)

C. Elections

- 1.Group Coordinator: Camelia Doru, re-elected
- 2.Group Co – Coordinator (Co –Co): Lorenzo Mosca, elected

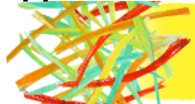


Note : The group may respond to adhoc (reasonable) requests for relevant data to be presented during the following meeting

Minutes taken by
A@D Coordinator Camelia Doru, MD,
Medical Director of ICAR Foundation



Appendix 2: Program of the conference



Tuesday 10th

- 10.00 Coffee and tea
- 11.00 Welcome – Prof. dr Erik Jurgens, chairman of the board of trustees Arq Foundation
- 11.15 Opening – Elise Bittenbinder, chair of Steering Committee of EU Network
- 11.30 Lecture – Prof. dr. Anton van Kalmthout, member CPT; European Committee for the Prevention of Torture from the Council of Europe

- 12.30 Lunch

- 13.45 Lecture – Pim Scholte, Equator Foundation: 'The need and possibilities to define good practice in torture care within the EU'
- 14.15 Lecture – Marianne Engberg, RCT Denmark; 'General practitioners' ability to identify torture survivors'.
- 15.00 Tea/coffee
- 15.15 Workings groups (*documentation, *research, *clinical work, *advocacy, *FR): 1st meeting
- 17.30 Plenary closure

Wednesday 11th

- 08.15 Coffee and tea
- 09.00 Lecture – IRCT: Policy of the IRCT for the centers in the European region
- 10.15 Lecture by colleague center: Ludmila Popovici, Executive Director of RCTV Memoria
- 11.15 Workings groups (*documentation, *research, *clinical work, *advocacy, *FR): 2nd meeting

- 12.30 Lunch

- 13.30 Lecture – Sibel Agrali, Primo Levi Association & Vicky Germanakou, URVT: 'Outcome of a transnational applied research and evaluation project: Good practice in the care for victims of torture'
- 14.00 Report – Camelia Doru, ICAR Foundation: 'Profile of victims assisted by European centres based on a questionnaire'
- 14.30 Workings groups (*documentation, *research, *clinical work, *advocacy, *FR): 3rd meeting
- 14.30 Optional special strategy meeting for directors: 'How can our centres survive in uncertain times?'
- 17.00 Plenary closure

- 19.00 Conference diner during Canal Boat Trip

Thursday 12th

- 08.15 Coffee and tea
- 09.00 Lecture – Winnifred Simon, Antares Foundation: 'Stress management for (inter)national staff'
- 10.00 Lecture – Marie Thompson, Equator foundation: 'First findings of an inventory and quality assessment of working and treatment methods'
- 10.45 Workings groups (*documentation, *research, *clinical work, *advocacy, *FR): final meeting
- 11.45 Plenary feedback from working groups

- 12.30 Lunch

- 14.00 Lecture – Eduard Nazarski, Amnesty International The Netherlands: 'The future on Human Rights'
- 14.30 Plenary discussion – Elise Bittenbinder, chair of Steering Committee of EU Network 'Heading forward, our strategy for the future'



- 15.00 Closing lecture – Steering Committee; ‘Where do we stand now? How do we proceed? Our ToR.
16.15 Plenary closure