

## Headlines from the presentations, sessions and workshops

### Dealing with impunity

In his paper “The psycho-social effects of repression and impunity in Argentina”, Dr. Lagos introduced the social struggle for justice and the fight against impunity after the dictatorship in Argentina. The statistics of the military dictatorship in Argentina in from 1976 to 1983 showed 30,000 missing detainees, 10,000 detained in jails, hundreds of thousands exiled or internally displaced, thousands executed, and 500 children born into captivity and deprived of their identity. Despite trials against the Junta in the mid 1980’s many crimes have not been addressed, pardons have been given to members of the military Junta, and the law of due obedience and the law of full stop were passed, granting impunity to perpetrators.

Twenty years after the military coup the struggle against impunity was reactivated in 1996. Demonstrations again led to arrests and even killings by the police (2002). This incident and the strong social response caused the resignation of the president and a new election and led eventually to legislative change annulling the laws of impunity, new judicial trials and a conviction for genocide in 2006. The effects of re-traumatisation include, above all in young people, personal experiences of defencelessness and abandonment; anguish and anxiety, fear, panic,

feelings of persecution; paranoid anxieties; nightmares/flashbacks; and fantasies of insecurity, based on the principle of reality. Dr. Lagos stresses the importance of upholding a social response and the use of organised social response to force governments and the international community to react, to not forget and to end impunity.

In her paper “Fighting impunity: working with the inter-American human rights court” Ms. Deutsch introduced the “Miguel Castro Castro Prison case”. It refers to the massacre of political prisoners in 1992 in the Castro Castro prison in Lima. The case was heard by the Court in June 2006. In recent years international attention has focused on finding ways to fight impunity surrounding gross violations of human rights.

Monica Feria was one of the few survivors and was involved in the case at court. She shared her personal experience and the prosecution procedures.

In his lecture, “Preventing impunity for torture in India” Mr. Kumar presented a definition of impunity and elaborated on human rights violations in India and the provisions in the Indian constitution, legislation and case law, calling upon legislative changes to comply with and endorse international law and prevent impunity for human rights violations and torture. India has still not rat-

ified the Convention against Torture and is not a member of the International Criminal Court.

The theoretical doctrine of Sovereign Immunity still exists, but it is being applied in a liberal manner. The courts interpret “sovereign” narrowly as shown in recent case law. The courts believe that the doctrine of Sovereign Immunity is inapplicable in the case of violation of fundamental rights (life and personal liberty) and establish victim entitlement to compensation. He followed up with case examples:

The Rampur Tihara Incident in 1994: here the government of Uttar Pradesh claimed sovereign immunity to disown its liability for the excesses committed by the police personnel against the peaceful demonstrators of the Utrakhand Movement.

The Punjab Mass Cremation Case from 1996: Serious allegations were made in the writ petitions about large scale cremations resorted to by the Punjab police of persons allegedly killed in what were alleged as “encounters”.

In many other cases Indian security forces have shot civilians under the authority of laws. For example, on February 23, 2006, soldiers in Handwara shot at a group playing cricket, suspecting that a militant was hiding among them.

The impacts of impunity on victims are multiple. They include depression, anxiety, sleep disorders, suicidal tendencies, alcohol and drug addictions, depression, distrust of authority, alienation, divisions in society that takes long time to heal, feelings of helplessness, retaliation and insecurity by victims and witnesses.

Mr. Kumar presented a long list, comprising 29 recommendations.

There was a high level of interest in the presentations, the session was lively and the discussion animated.

In general it was agreed that there is a lot to be done to prevent torture as it happens, beyond follow-up on impunity: US renditions, the situation in Afghani and Iraqi prisons, and disappearances. These need to be prevented and urgent intervention is needed. The comment was made regarding the important impact that court cases can have on prevention and other current cases, as well as future cases through non-repetition by creating precedent.

After 30 years of research, doctors are ready to document and to prove torture in cooperation with lawyers.

### **Reparations, including rehabilitation for torture survivors – with a special focus on gender**

This symposium presented the theme of the sexual torture of both men and women with cases highlighted from the Iraq and Afghanistan wars, Peru, and Bosnia. It also focused on papers about the psycho-legal approach in cases of human rights violations, male rape and sexual torture as a wartime crime against humanity and examined victims of trafficking from a forensic point of view, including the importance of accurate forensic documentation in cases of trafficked persons.

In the first presentation Juana de Fernandez expressed that lawyers and psychologists could work together with the patient to explain the legal process. She outlined how a workshop helped victims to gain more confidence and understand the legal process and the problems entailed. As a result, people began to act together for justice. It was also noted that lawyers needed to be educated about the psychological effects of rape, especially when victims can be re-traumatized during the trial. Cases were pre-

sented with traumas due to pregnancies, for example the mass rape of a 14 year old girl and how childbirth affected the lives of two raped married women. Sexually violent acts destroy individual and family development. At the conclusion of the symposium it was evident that a multi-disciplinary approach is necessary. There is also a need to help with secondary trauma and the need to protect the individual and communities.

Hilmi Zawati covered the topic of rape victims and presented that they are broken down and that this affects both family and society. In total, 4000 men were sexually abused during the Bosnian war. There is evidence of rape of Bosnian and Croatian Muslims and cases of castration. In Iraq rape was carried out on men and women in Abu Ghraib prison. The American policy of coercive interrogation continued even after the abuses at Abu Ghraib were exposed. The US signed a military bill rendering Geneva conventions not applicable for US personnel. According to US Statutes, US personnel cannot be prosecuted for war crimes. The policy of coercive interrogation was authorised at the highest levels in Abu Ghraib prison.

Zawati concluded with three kinds of remedies for victims: 1) Legal remedies 2) psycho-social community remedies and 3) overcoming the culture of impunity by making rape a crime against humanity. War-time rape should be considered as a war crime. Male rape victims should be encouraged to come forward. His presentation was the basis for an article in *Torture*, Volume 1, 2007.

Djordje Alempijevic spoke about human trafficking and presented a definition that is generally acknowledged by the UN. The crime of trafficking is a growing transnational crime, and a global phenomenon where 600,000 to 800,000 adults and up to

1.2 million children are trafficked. Forensic medical evidence helps documentation and prosecution and contributes to awareness. Better procedures mean fewer traumas for victims. An article on this topic appears elsewhere in this issue of *Torture*.

During the discussion it was said that no international conventions mention rape as a war crime. This is because statutes do not give a clear definition of rape. Further, the example was given as to how it is very difficult to bring cases to trial in Peru so there are few cases that come to court. Victims don't have access to justice because of the lack of lawyers and rape victims prefer to be silent as they may be stigmatised in the family or society. There was lively discussion about the Abu Ghraib scandal. The question was asked as to why Iraq doesn't make a complaint to the International Criminal Court. The response was that sometimes political actions keep things from being brought forward.

Rape and sexual violence are common practices. Acts take place in the context of war, but social ideas still exist. For example, there are ideas about how it could be a solution for victims to marry their perpetrator. In addition, male rape is even less recognised or commented on. There was a general feeling that it is good that this is being brought to our attention. There were questions as to why it is difficult to bring it up as a human rights violation.

The session was lively and provoked a lot of questions. The speakers were informative and highlighted a number of key issues about rape as a war crime and the importance of documentation of evidence and psycho-social support for victims, especially when it comes to prosecution.

### **Transcultural and culturally sensitive strategies in diagnosis and treatment**

The presentations focused on disrupted cultures and torture, models for multi-disciplinary and transcultural approaches based on eight years of work in a clinic for Latin American refugees, and the question of possible cultural limits to psychiatric diagnoses and treatment guidelines.

During the discussion, the impact of the new cultural environment on the torture survivor refugees and their children was touched upon. It was mentioned how second generations often see some dysfunctionality related to identity and the two cultures they are faced with, and how indigenous populations faced with PTSD often show specific symptoms. It was also mentioned how it is often a challenge to get both men and women to participate equally in rehabilitation efforts and activities.

The discussion then turned to the question of the possibility of developing clinical guidelines, which are adaptable to the different countries and cultures, taking the cultural dimensions of diagnosis into consideration.

It was also mentioned that personality structure differs from culture to culture, and it was suggested that there are different symptoms of PTSD depending on the culture and personality structures.

The cultural expression of suffering was estimated to be important and to be missing in the evaluation and monitoring of questioning methods; this is increasingly evident in a gradually more globalized world.

### **Istanbul Protocol and forensic physicians**

This workshop presented on the Istanbul Protocol in the every day practise of physicians. People were encouraged to participate openly and actively.

During the discussion, the concern that doctors working in a rehabilitation centre for torture victims would never be considered independent by the state was expressed. To this the reply was that it does not have to be a doctor from a rehabilitation centre as long as the doctor is qualified to carry out an examination and as long as no law enforcement officials are present.

### **Concentrative movement therapy**

This workshop presented on the use of concentrative movement therapy (CMT) with traumatized refugees and torture survivors.

The discussion following the workshop presentation touched upon the characteristics of patients receiving CMT, as well as of those who will not benefit from such treatment. Typically, patients with bad feelings about their bodies will receive CMT – these are mainly pain patients.

There was also some discussion about the use of regular objects that resemble torture instruments, and how patients can gradually be taught to accept these in their treatment and their daily lives.

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### **Secondary trauma, burnout and care for caregivers**

Subsequent to the symposium presentation a lively and animated discussion took place. Many agreed with the speakers and had experienced personally, or seen in their organizations, elements of secondary trauma or burnout. One of the main concerns was the need to break the taboo about speaking about these issues within the organizations themselves.

Among the questions raised was the need for external supervision which would benefit neutrality and efficiency. To avoid burn out it was recommended to take breaks, make sure to separate work and personal life, and

possibly change job tasks to a less stressful area of work, such as taking on administrative duties. It was commented that therapists are often “anti-authoritarian” and have little interest in doing administrative work – this was considered to be particularly true for NGO workers.

One participant commented that some staff would be hesitant or resistant to receive supervision, in which case a long process of persuasion would be necessary, convincing involved parties to see it as protection, not stigmatization.

There seemed to be some consensus that there should be protection against secondary trauma built into organizations. While the work against torture is seen as rewarding, it can seem futile as well. It is important to break the taboo and denial about burn out.