

# Editorial

Lilla Hárdi, MD, Editor in Chief\*

Long-running themes and previous research are given new life in this issue, my last as Editor in Chief.

Community is a key topic in ‘Creating community life among immigrant survivors of torture and their allies’ by Nancy Bothne and Professor Christopher B. Keys. This qualitative study analyses torture survivors’ own words on how important it is to build a psychological sense of community – one where they can experience healing and emotional connectedness. Community partners and torture survivors themselves were essential for informing and assisting with the study and the voices of torture survivors feature prominently.

Input from torture survivors to inform our work must certainly lead to research – and treatment outcomes – that have the greatest meaning and relevance for them. Rebecca Horn and Andy Keefe report in detail on how this was taken into account, amongst others things, to develop a clinical outcome tool in centres in the UK in ‘Measuring change and changing measures: The development of a torture survivor specific measure of change’. In doing so, Freedom from Torture in the UK took up the challenge issued in previous issues of Torture<sup>i</sup> and elsewhere to establish a clinical outcome tool which is both collaboratively devised and embraced at all levels of the rehabilitation process. Capturing such clinical information is vital to ensure that

treatment continues to be effective, allowing clinicians to reflect on and alter practice where necessary.

The authors of the third article note that obtaining information at a community level is an area ripe for development. Erika Sigvardsson, Marjan Vaez, Ann-Marie Rydholm Hedman and Fredrik Saboonchi report on their findings of a systematic review in ‘Prevalence of torture and other war-related traumatic events in forced migrants: A systematic review’. The conclusion will come as no surprise to readers: “there is a strong case for high trauma history levels, including torture, in all groups of forced migrants”. Like the authors of the reviews published in our last issue, however, they recognize the challenges to research in this area.

‘Torture survivor’s symptom load compared to chronic pain and psychiatric in-patients’ by Uwe Harlacher, Linda Nordin and Peter Polatin also builds on previous research by supplementing an earlier study<sup>ii</sup> and making use of data captured at Dignity in Copenhagen and the Swedish National register for Pain Rehabilitation. They conclude that traumatized refugees suffer from multiple problems including chronic pain at a high symptom-level.

Finally, the Independent Forensic Expert Group usefully and comprehensively addresses the troubling issue of anal examinations in cases of alleged homosexuality providing much needed expertise in this area, following on from other statements concerning crucial forensic issues for our sector.<sup>iii</sup>

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It has been a pleasure assisting in the progressive process of the Torture Journal with so many valuable articles on several research areas from authors with exceptional knowledge on the rehabilitation work of torture survivors. It was heartening to see how authors collaborate and engage with the editorial and peer review process, that can often be critical of their work.

As this is my last editorial, I have to say good-bye as the Editor in Chief, but wish the new incumbent all the best for the continuing development of the Torture Journal.

#### References

- i Jaranson JM, Quiroga J. Evaluating the services of torture rehabilitation programmes: History and Recommendations. *Torture*. 2011;21; and, Montgomery E, Patel N. Torture rehabilitation: Reflections on treatment outcome studies. *Torture*. 2011;21(2):141-5.
- ii Palic S, Lind Kappel M, Stougaard Nielsen M, Carlsson J, Bech P. Comparison of psychiatric disability on the health of nation outcome scales (HoNOS) in resettled traumatized refugee outpatients and Danish inpatients. *BMC Psychiatry*. 2014;14:330.
- iii e.g. Statement on virginity testing. *Torture*. 2015;25(1):62-68; and, Statement on access to relevant medical and other health records and relevant legal records for forensic medical evaluations of alleged torture and other cruel, inhuman or degrading treatment or punishment. *Torture*. 2011;Sup(1):39-48.