

Editorial

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The three literature reviews published in this issue of the Torture Journal actively recommend that further research in the torture rehabilitation field is required, a view which I - and no doubt many of the journal's readers - will endorse. In such a complex clinical landscape, influenced by a dizzying array of different social, psychological and environmental factors, how can a clinician know what treatment has the best outcome for a particular person or group? And, how can researchers identify areas and methods for research?

Weiss et al., the authors of 'Mental health interventions and priorities for research for adult survivors of torture and systematic violence: a review of the literature', make recommendations with respect to specific treatments after analysing the content of 88 studies produced between 2008 to 2014. The studies range from randomized controlled trials using evidence-based treatments to case studies employing non-structured, supportive therapies. Of perhaps even greater importance, however, are their recommendations on how to improve the robustness of future research and priorities generally for mental health research.

In 'Reviewing outcomes of psychological interventions with torture survivors: conceptual, methodological and ethical issues', authors Patel, Williams and Kellezi provide

an interesting and detailed account of the potential challenges of conducting outcome studies in this field, based on a Cochrane systematic review of psychological, social and welfare provision. They too recommend an increase in "rigour in developing methods for meaningfully capturing change [including] sensitivity to culture, gender and wider contextual factors, such as lack of safety, impunity, poverty, and discrimination, which impact on outcomes".

Mary Bunn et al. in 'Group Treatment for Survivors of Torture and Severe Violence: A Literature Review' examine 36 articles on group treatment and the article summarises many of the useful outcomes of these varied studies. They also recognize all too well that, amongst other things, "there is a need to integrate social and interpersonal variables more directly into research designs in order to build empirical evidence."

We have our work cut out for us; innovative talent is needed in order to serve the best interests of our clients from their identification to the last stages of their therapy. Research is absolutely necessary to learn more about this multidimensional and manifold work. The challenges ahead are many, and we all have views on the most efficacious treatments, often based on our own training and experience. We can unite in our agreement that more robust research can only benefit the development of both our individual practice and the future of the torture rehabilitation movement and, in this regard, we can all look forward to the IRCT's Scientific Symposium in Mexico in December of this year.

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