NEW CHALLENGES TO THE LAW OF NATIONS

For more than a hundred years the world has tried – in a more or less organized way – to codify international law. Since the birth of the United Nations in 1945, the endeavours to create a world order, based on the Charter of the UN, have accelerated. The close cooperation in Europe, today called the European Union, even created community law, which may be called a cross between international and national law, as it binds citizens and companies immediately. Even two world wars could not make us envisage all the evils perceived by man. The terrorist attacks on targets in the US on 11 September 2001 introduced a new kind of mass terrorism, destroying the lives of thousands within hours. In order to prevent other suicide-terrorist acts, the world community must invent new ways of thinking. How does the world cope with an enemy who is invisible? Who does not belong to any country?

If we have learned anything since 11 September it is that national and international attempts to regulate world order through the word are not enough. The enemy within could still be there. The UN Security Council was, however, activated: The resolution passed on 28 September (No. 1373 (2001)) included some recommendations, or rather orders, to the states: To criminalize the willful provision or collection of funds suspected to be used to carry out terrorist acts, to freeze funds of persons who commit, participate in, or facilitate terrorist acts, and to ensure that persons engaged in such activities are brought to justice – It is, however, terribly difficult to expose these people and funds, and yet the world must go on and deal with other serious political and legal issues.

In Denmark, the non-persecution of torturers and war criminals found on Danish territory engaged the public for several months this summer and fall. Many people who are active in the ongoing international campaign against torture were disappointed when they realized that Denmark had no immediate obligation to persecute people falling within these two categories. An examination of international law and relevant treaties in the humanitarian field uncovers very few positive obligations. Even when they do exist, the practice of various governments varies widely, and prosecutions tend to be the exception rather than the rule. The slow progress of international law has mainly resulted in giving states more right to interfere and thereby breach the traditional shield of sovereignty. International obligations are to be transformed into detailed national legislation before governments feel legally bound.

It is generally accepted as customary international law that a state has the right to prosecute people who have been involved in hijacking, torture, genocide, war crimes, and perhaps certain acts of terrorism. Yet despite a dictum from Roman law: Aut dedere aut judicare – that is ‘prosecute or extradite’ – examples of states acting on this are few and far between. When states have acted, it has often been for political reasons and because they felt under public pressure to do so. Consequently, public prosecutors in various countries seldom act without pressure from private parties.

An example: An Israeli official, Carmi Gillon, who was appointed ambassador to Denmark and arrived in Copenhagen in September, was received with heavy protests from wide circles in the Danish population. Mr. Gillon was former head of the Israeli Intelligence Service Shinbeth, and thereby for a period responsible for the moderate physical pressure, the kind of mistreatment of detainees and prisoners, for which Israel has been actively criticized by the IRCT for years. Since 1999, this kind of torture has been prohibited in Israel. Mr. Gillon, not being a professional diplomat, gave interviews in which he confirmed his personal view that this kind of pressure was necessary, especially in cases of Palestinians suspected of acts of terror. The Danish Public Prosecutor did not even institute a preliminary investigation into the case, referring to the so-called ‘special rules’ of the Vienna Convention on Diplomatic Immunity of 1961, which were said to take precedence over the ‘general rules’ of the United Nations Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment (CAT). As an accredited diplomat, it was said, Mr. Gillon was immune from prosecution. Exit Gillon Case.

Enter Iraqi General Nizar al-Khazraj, who had been refused asylum in Denmark but stayed in the country on so-called ‘residence on sufferance’. He was regarded as an opponent to the Iraqi President Saddam Hussein and could not be returned to his home country, because he would probably be facing torture and death. The Danish military intelligence had not informed the Government, and nobody had thought of whether there was an international obligation to prosecute him for war crimes. Well, not any military personality could be suspected of war crimes, but the man in question was probably responsible for the deaths of thousands of Kurds back in 1988, when Saddam Hussein’s forces disseminated poisonous gas on Halabja in Iraq. What can we learn from that? That governments are very reluctant to press charges, that international public opinion has a big role in constantly pressing authorities of any kind to live up to their obligations, be they national or international.

But there is also another lesson and this is much trickier: That governments and intelligence services are to cooperate more closely, non-regarding the heavy extra burdens that these cases impose upon them. The rule of law could certainly not be tinkered with, even in the case of an Iraqi general under heavy charges. Proof must be produced, due process of law adhered to. The more far-reaching international fight against terrorism cannot help getting into a collision course with democracy. Infiltrating circles of foreigners, clubs of immigrants, and asylum seekers is a delicate and complicated task. The temptation to use dirty tricks and moderate physical pressure on suspects may seem overwhelming.

The fight for human rights is facing new and unexpected challenges these days. There is still no excuse for using torture; it is not only prohibited in various conventions, not least the UN Convention against Torture of 1984, but even outlawed in customary international law. To remove the temptation to use torture, the world must not only further democracy in theory and practise in several countries, but also build numerous bridges between rich and poor, east and west. Devastating terrorists is the latest challenge to believers in the rule of law in the international community.

H.D.
Principles of documenting psychological evidence of torture (Part II)

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Psychological Assessment

The psychological assessment of individuals who present with torture claims proceeds through the interpretation of data gathered from four different sources, where applicable. These sources include behavioural observations, mental status examinations, reported symptomatology via structured interviews and questionnaires, and psychological test results. Due to the particular nature of extreme traumatization through torture and the cross-cultural context, each of these domains warrants special discussion.

As outlined in the section on history taking, considerable emphasis should be placed on the collection and detailed description of behavioural observations. While the exclusive reliance on such observations and their interpretation could be perceived as unduly subjective, they constitute an important building block in the process of reaching conclusions and compiling reports. Behavioural observations should not be limited to the more obvious signs of psychological distress but also to the way in which the narrative unfolds. Examinees may, for example, describe situations of detention and torture with pronounced bodily expressions and gesticulations. In more than one such evaluation, the authors have seen torture victims describe their torment by lying down on the office floor, demonstrating the torture technique to the examiner, accompanied by significant affect. Conversely, a detached and potentially rehearsed rendition of limited facts, accompanied by an unwillingness to elaborate, does not help a claim, unless substantial evidence of dissociation or avoidance/numbing symptoms can be proven.

Examinees may show signs of trying to remember certain details and expressing distress over being unable to do so, but instead remember other details they do not consider relevant that may still hold corroborative value. Others may show considerable irritability in having to recount a history they have unsuccessfully been trying to forget, and a frank discussion of such sentiments may be quite helpful. More than one torture victim has admitted to feeling angry and experiencing the examiner as another interrogator, while apologizing for his/her admission in view of their understanding that the examiner was not a member of the police or the immigration authority but rather trying to help.

The mental status examination of torture survivors requires flexibility on the part of the examiner, who must have a good understanding of the client’s cultural, linguistic, and educational background before attempting any formal assessment. Procedures that are common in conducting the mental status examination in the USA, for example, will often not be useful for clients with little or no formal education, even leaving aside the problem of translation for a moment, which is an obstacle in itself. However, there is a considerable number of torture victims who speak languages for which there are qualified examiners (Spanish being the most common one in the USA). The level of education is an important factor in determining the appropriate questions and tasks. It is not unreasonable to ask persons of high education levels to perform tasks such as clock drawings or to solve abstract reasoning and judgement questions, even in cases that involve the use of an interpreter, as long as one does not confuse reasoning with Western acculturation.

Structured interviews and standard questionnaires and psychological tests should be used to the extent that seems feasible. Due to the limitations imposed by the cross-cultural situation, these procedures require considerable caution and judicious use. It is advisable to use a standard interview format that ensures that all relevant information is obtained. Standardized questionnaires should be used, particularly when they are available in the subject’s native language. Popular examples of widely used questionnaires that have been translated into many languages are the Harvard Trauma Questionnaire (HTQ) and the Hopkins Symptom Checklist 25 (HSCL 25). One must bear in mind, however, that there will in most cases be no normative interpretation of such questionnaires, because norms for the countries that many asylum applicants come from are not available. However, the responses to these and other questionnaires serve as useful guidelines for the further query of items.

Highly face valid measures such as the Posttraumatic Symptoms Scale-Interview Version and the Beck Depression Inventory, as well as the Mood and Anxiety Disorders Modules of the Structured Interview for Diagnostic and Statistical Manuals of the American Psychiatric Association, may provide a reasonable compromise between the cross-cultural test norm issues stated above and the need for objec-
tive information useful for the court, as long as the examiner can explain the rationale for use with a population for whom specific norms do not exist. Without significant knowledge of the psychometric issues involved in atypical test usage, the examiner must at least demonstrate that he/she is aware of the limitations involved, and that the test was used in order to obtain information that was queried further during interview.

As is true for the exploration of symptoms during the general interview, there should be a detailed follow-up that involves soliciting of examples that illustrate the problem, onset, frequency, intensity, as well as what makes the symptom better or worse. In short, the usual procedure that is followed in clinical practice must be applied without taking the kinds of shortcuts that are often pursued in clinical practice. At the same time, the examiner must avoid becoming overly obsessive and exhausting and upsetting the client by excessive questioning.

The use of in-depth psychological testing instruments with torture survivors is controversial, although there are certainly sound applications of some tests, especially when official translations are available. For example, the MMPI-2, the most commonly used instrument in forensic psychological assessment, has been translated into a number of different languages and may be useful because of the inclusion of validity scales that help to identify patterns of malingering and deception. Shorter tests that also include validity scales, such as the Trauma Symptom Inventory (TSI), can be quite helpful, although standardized translations are not available.

Psychological tests that do not have any face validity can be powerful instruments in the forensic setting but also have particular problems. For example, a more controversial test is the Rorschach Inkblot Method, which is frequently used in forensic settings in the USA, particularly since the research-based Comprehensive System interpretation by Exner has become the standard. However, it is important to realize that the projective aspects of the test itself may be too reminiscent of the interrogation and torture experience. Many torture victims were exposed to situations in which they were presented with questions they could not answer factually and were subsequently severely punished for any answer they would give. In addition, test validity and reliability are compromised in any non-standard administration. For example, using an interpreter in administering a Rorschach cannot be recommended. Thus caution should be exercised in the use of the Rorschach, and only evaluators who are highly experienced in its administration with traumatized populations should consider it.

Assessment of causation

Once the examiner has followed the principles outlined thus far and found a) that the history was detailed and internally and externally consistent, b) that the psychological findings are suggestive of trauma, and c) that there is no evidence of malingering and deception, the question must be answered about whether or not other causes could account for the psychological findings. The possibility of other primary causes for psychological distress, including trauma symptoms, always exists, and the likelihood of additional causes other than torture is quite high. Asylum applicants who have suffered torture typically also suffer additional significant stress, related to immigration and exile. In addition to the life stress that anyone may be exposed to and the general incidences of various psychiatric disorders, asylum seekers are often poor, suffer from cultural alienation, and may have lost significant others and close family members to imprisonment and death etc. Therefore, the question frequently asked of the examiner is why these aforementioned factors alone could not have caused the psychological distress that has been reported.

This question can be difficult to answer for the examiner if he/she cannot rely on a detailed and complete assessment. On the other hand, on the basis of a complete assessment, the psychological evidence of torture becomes convergent and cumulative, and the most diagnostic psychological evidence is supported within a wider framework of data. Frequently, the symptoms found are highly consistent with severe trauma and may not well be, and certainly not better be, accounted for by the daily strife of refugee life and exile, particularly not torture specific intrusive memories, nightmares, and the like.

In addition, if the examiner clearly identifies additional factors that have contributed to the current psychological distress, these factors should be discussed and elucidated, because it will strengthen the assertion of having performed a complete and independent examination and demonstrate sensitivity to the court's requirement to draw the nexus between psychological maltreatment and persecution. When properly explained, this aspect of the forensic evaluation will greatly add to the assessment of the primary cause of torture. For example, in one recent evaluation a survivor reported a prior history of trauma through combat duty, and detailed a history of panic attacks and agoraphobia following this traumatic exposure. He also detailed the further course of these symptoms, the medicine and advice he had got from a physician, the fact that he had not tolerated the medication, and finally, the history of his recovery from these symptoms through overcoming avoidance behaviour prior to his later detention and torture. This episode demonstrated that the asylum applicant was not hiding a prior trauma history. It further showed that he was not insisting that he had never had any symptoms before, and that he had been able to recover from previous trauma. Finally, the examiner was then able to conclude that the consequences of the previous trauma were different from the current symptomatology, which was quite clearly of the post-traumatic stress type.

Conclusions

We have summarized some of the principles that guide the forensic psychological assessment of torture. We have argued that by following these principles, effective documentation can be achieved, which can significantly increase the likelihood of helping asylum seekers, whose torture history cannot be documented through collecting physical evidence. However, these principles also apply in cases where physical evidence is present and should be followed there as well. Advocates for torture victims must surely continue to educate government officials and the judiciary about the value of independent psychological examinations conducted by torture experts. However, they should also develop the necessary level of comfort with forensic psychology standards and procedures in order to meet the challenge of providing relevant services. While recognizing that the system in which we have to operate is frequently repressive, we cannot remain solely in opposition to the legal standards set forth by governments who want to return refugees to their countries of origin. In the interest of torture survivors, we must strive to maintain the highest standards of quality and objectivity possible.

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Editorial note
(1) Please see part I of this article, published in Torture 2001; 11:85-9.

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The right to a medico-legal autopsy – even under pressure

The case of the inmates

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In Costa Rica, the conduction of a medico-legal autopsy is mandatory by law1 in every case where a condemned prisoner dies in a government prison, penitentiary, small village jail, or Judicial Police or Justice Ministry cell. This is also the case when people die during police interrogation or in a violent confrontation with the police.

The circumstances of these deaths are quite diverse and are not different from those occurring in a free environment, for instance 1) the intracarcelary violence which is represented by the homicides and suicides, natural illnesses, and labour accidents, 2) accidental deceases happening basically in fires, attempts to escape from natural disasters, intoxications, traffic accidents – occurring inside the penitentiary facilities or even outside of these during the transportation of prisoners, and 3) deaths taking place in hospitals, when the inmates are under medical care.

The Costa Rican Constitution2 guarantees the inviolability of life and health care for the population living in the country. Therefore, for every dead prisoner these principles are guaranteed and society should ensure transparency in any medico-legal investigation carried out in such a case.

In a study of death cases among inmates, Abarca3 pointed out that at least 50% of the deaths occurring in Costa Rican penitentiaries during the years 1965-1975 resulted from natural circumstances, but that they could have been avoided if the proper medical care services and facilities existed in these institutions. Other authors4-5 revealed extremely high intracarcelary violence, which appears from the homicide and suicide indexes.

A carefully performed autopsy is an essential part of any investigation in order to confirm or reject the suspicion that the Police, the Penitentiary Administration, or the Social Security might have deliberately committed or omitted an act, which could have caused or contributed to the death of a prisoner.

In some instances, the autopsy of an inmate could be neglected due to a poor understanding or even lack of the medico-legal interest associated with such deaths. For instance, when prisoners die from the final stages of diseases such as cancer and aids, it is necessary that the physician in charge certify such deaths. Besides, an important aspect to consider in these cases is whether or not the prisoner received the appropriate and timely medical care for his or her illness.

For practical purposes the medico-legal examination may be divided into two parts: 1) the death scenario, and 2) the medico-legal autopsy, which are well defined as to their fields of action. However, at the same time, both parts must still be kept closely related, regarding its study area and conclusions.

The death scenario

Whenever it is possible, for every person deceased under such circumstances as mentioned above, a forensic specialist must go to the place where the casualty occurred in order to begin the medico-legal autopsy. The role of an experienced forensic specialist in the death investigation is essential to the evaluation of the surrounding environment, the local circumstances, the position and condition of the body. If the work conditions allow for an adequate performance of the medico-legal task, it should establish the cause and time of the decease. In a number of homicides, it should also establish whether the decease is due to suicide, an accident, or natural causes.6

These conditions are quite important for the police and judicial case investigation. Any findings from the autopsy at the Medico-Legal Institute should be interpreted in the light of the observations at the death scenario.

The death scenario ought to be kept until the forensic specialist arrives. It is unfortunate to observe that in the majority of deceases occurring in penitentiaries, the judges insist on the corpse's removal and transportation, whether or not the decease is due to intracarcelary violence, homicide, or suicide. Regrettably, the attorneys at law generally have a poor knowledge of legal medicine, and even more so when one considers that in Costa Rica this is a subject which is taught in only a few of the many private and public colleges and universities that offer an education in law.

Such a lack of knowledge has very undesirable implications during the interpretation of the findings obtained through an autopsy. A further reconstruction, even when it is appropriate, must be considered as doubtful in regard to how such events really happened.

Even when the deceases occurred through suicide or sometimes by homicide due to intracarcelary violence, one should remember that the State is responsible for all of them, essentially because the State is the guardian of any person temporarily deprived of freedom, which is stated in edicts and laws.7-8

It has been observed that in the case of small village jails,
prison cells do not have the appropriate infra-structural conditions. This means that they are dark, cold, humid, and without ventilation. Bars and electric security wires are within a harmful range of the prisoners.

The convicts are usually imprisoned due to minor crimes. They often suffer from a strong moral and psychological damage due to fights, domestic violence, acute alcoholic intoxication, or even due to suicide attempts, not to mention the police violence probably used during the arrest.4

The forensic specialist must consider the fact that any of these deaths may be a homicide, at least until the opposite is proved, and therefore the investigation should be thorough and systematic. Only the presence of a well-trained and skilled forensic specialist guarantees a good starting point for the medico-legal autopsy.

Most of the deceases occurring in penitentiaries during short or longterm imprisonment are due to asphyxia or suffocation, less often to intoxication with medicines, caustic reagents or even to a mechanical trauma.3-4

Unfortunately, most of these cases happen in the presence of other prisoners or even when the security police officers have failed to adequately carry out their surveillance duties.

In the scene of a crime, the deceased inmate's history ought to be investigated, as well as the reason why he or she was detained. It is advisable to request the prisoner's medical files.

It is quite important to register the date, time, and conditions of the detainee's imprisonment. One would expect the existence of a registration book, where the "check-in" condition of the detained is annotated, e.g. if he or she had received blows, or was under the effect of alcoholic intoxication. All these notes are quite important for the correlation with the findings obtained during an autopsy.9-10

The death scenario examination must be done in natural light or the appropriate artificial illumination, which is completely necessary in order to make the right observations.

In some instances the corpse could be removed, but the place must be closed immediately and kept as it was found for further examination when conditions are optimal. This situation may occur when the death has taken place in dark surroundings, during the evening or night, or when the place is difficult to access due to hard climatic conditions.

If the space is cramped, access should be limited to only a few people - three or four persons at the most: a judge, a penitentiary administration representative, and the attorney-at-law in charge of the defence. This is in order to perform a better job and to avoid from the very beginning the transfer-ence of evidence between the site and the staff involved, by keeping out any kind of disturbances. The identification of the persons present and their functions on the site must be clearly registered.

The forensic specialist is the person in charge, who leads the investigation on the site, and is he who establishes at the very beginning the supposed cause of death - even when it might be extremely difficult - and at the same time has a prudent attitude regarding the information provided to the police and the judges.

There should also be made notes of whether or not the place was tidy, of the presence or absence of suicide notes, toxic substances, medicaments, or other kinds of drugs such as marijuana, crack, or cocaine which, in Costa Rica, are obtainable in jails.

In the case of death by hanging, it is important to notice the accessibility of the place where the rope was hung, its height, and the knot complexity. In this particular pathology, and during the convulsive period, the suicide might hit against the wall, causing body lesions which could be observed and interpreted in detail during the autopsy.11

Establishing the time of death may be difficult, and one must be careful about the conclusions. In this regard, one should carefully observe and analyze the classical tanato-chronodiagnosis signs. It is also necessary to annotate the following characteristics in order to determine the time of death: a) the body temperature (warm, cool, cold), b) the location and fixation degree of the lividities, c) the rigidity of the corpse, and d) the state of decay.

It is recommended to talk with other inmates in order to determine the last time at which the victim was seen alive. The position of the body, the condition of the deceased's clothes, fitness, and the cell conditions ought to be registered as well. The whole place must be examined in order to find blood. Every single sample of evidence as blood, hairs, fibre, and fabric must be collected. In the case of suspected sexual threats against the victim, these must be annotated. All the fingerprints must be located, developed, registered, and kept.

It is widely known that working conditions for forensic specialists in Latin America are precarious, but whenever it is possible, an inmate's death scenario might be documented with photographs or, even better, videotaped, whether it is an open place, an interrogation room, or even the penitentiary. For the performance of such tasks, a field expert should always be supporting the investigation.

The investigation of the death scenario, which is the starting point of any medico-legal autopsy, can be concluded with this statement: Great caution must be exercised regarding the information provided to the judge or even the police, and its filtration to the press and communication networks. Therefore, in regard to this information, one must be careful and jealous. It is recommended to use the most appropriate lines of communication, which are already established through the institutional hierarchies (department heads, directors, etc.).

The medico-legal autopsy has begun. The results and conclusions will be obtained when it is finished in the autopsy room. To hurry through the process can lead to inaccurate results. The forensic specialist should not act under any kind of pressure. It is a quite delicate job, involving the reputations of many people.

The medico-legal autopsy

Notes should be made of the date, time of beginning and ending, and the location where the autopsy was performed, as well as the name and credentials of those involved during the procedure (forensic doctors, technicians, judicial authority representatives, etc.).6

One should remember that a medico-legal autopsy can only be performed once, whether or not one may go over the corpse again in order to verify or even clarify the findings and their interpretations. Nevertheless, it would not be valid, or even acceptable, to go over the corpse again in order to perform another autopsy, trying to determine other plausible diagnoses of the cause of death. A well-trained and educated forensic specialist must, consequently, perform the autopsy.

In some countries, however, this may be difficult, especially in countries where the justice system and the resources are deficient, and where pathologists without any kind of forensic experience or - even worse - physicians without any kind of training in pathology perform autopsies.
These tasks, mentioned before, are detrimental to an adequate justice administration, even more so if one considers that such kinds of action do not allow for a reliable clarification of all the circumstances involved in a decease.

Somehow society is also an accomplice. A kind of conformist silence exists, and this is particularly true in the case of the carcelary suicide in Costa Rica. Personally, I have not yet heard of any kind of investigation conducted by the side of the penitentiary administration with the object of solving or reducing these problems.

Immediate objectives of an autopsy
- Identification. In the case of an unknown or unidentified body, one must first identify it by evaluating its size, physical appearance, nutritional condition, the presence or absence of tattoos, professional stigmas, and the characteristics and condition of the dental apparatus.
- Determining the cause and way of the decease.
- Determining the time of death. Being prudent in this determination may ensure a better and more reliable parameter.
- Annotating all the congenital malformations and illnesses.
- Detecting and describing internal and external lesions.
- Obtaining samples for laboratory analysis and histological tests. Making dental and skeletal radiographs.
- Conserving, as evidence, all the relevant organs and tissues.
- Taking photographs and video filming the whole procedure as evidence and as teaching material.
- Providing a complete written report about all the findings of the autopsy.
- Offering an expert interpretation about those findings.
- Restoring the body to the best condition as possible, before giving it to the relatives.

The conclusion from the autopsy results can be a subject of an analysis of all the indicators, including toxicological studies of biological samples.

In the present time, with DNA analysis available in our laboratories, one of the most reliable and useful analysis technique, it is possible to identify biological samples and their precedence. These techniques have a vital importance for collecting physical remains, where the traditional methodologies are not feasible or applicable.

Certain kinds of lesions may be indicators of physical maltreatment or even torture. In particular, among the lesion patterns found in ordinary homicides, it is unusual to find bites, cuts, contusions, burns, signs of asphyxiation, electro-shock marks, tympanic ruptures, suspension marks on arms and legs, genital trauma, or sexual abuse. The injuries caused by guns in an inmate's body provide the evidence for greatly suspecting a homicide.12

It may be considered that assigning two forensic specialists to a case that obviously is a suicide is too expansive. In my opinion, however, in the case of an inmate's decease it is necessary that two forensic specialists lead the investigation. Firstly, in order to get a better analysis of the facts and secondly, in order to avoid any kind of errors from taking place.

Investing in such medico-legal management has an essentially preventive goal, because the connotations and interpretations that frequently surround these deceases might injure the image of persons, forensic specialists, institutions, and even the country.

The medico-legal autopsy ought to be transparent and crystal clear. Whether or not it is true that it may guarantee the avoidance of errors, such mistakes should be strictly interpretation biased and not procedural errors. The first kind can be corrected, while the second kind cannot. A deficiently performed medico-legal autopsy can be set off at the very beginning, at the death scenario, for instance, with errors such as an improper handling of the scenario and the corpse, and the loss of the chain of custody. These kinds of errors are irreparable. The medico-legal autopsy findings ought to be strictly correlated with all that was observed at the death scenario. Otherwise, one can think, for example, that one is dealing with a homicide, when that is perhaps not the case. Also, the possibility exists that a suspicious decease in a prison may turn out to be a natural death, or an accidental one.

It is recommended to involve the same team as mentioned before not only at the death scenario, but in the autopsy itself as well. The autopsy, whenever possible, should be performed in a separate room, which may allow a free and comfortable performance of the forensic specialist's duties. It is a procedure that takes its time and should be tranquil, without hurry, using all the time needed for the best job performance.

In the case that a histopathological study may be required, it is advisable that such a study is done by a pathologist, preferably one specialized in legal medicine. In many cases, this kind of autopsy, in which the findings are not distinguishable from those of other homicide findings, the confirmation of physical maltreatment or even torture is dependent on the evidence and the death scenario.

It is advisable to obtain the proper support through a multidisciplinary work-team, in such instances where the case is too difficult. Among the medical specialists comprising such a group can be mentioned the odontologists, the anthropologists, radiologists, forensic toxicologists, etc. It is common sense that the forensic surgeon should always keep in mind that his or her knowledge is limited, and that it is his or her responsibility to recognize when help is required and to ask for it. Being prudent and humble is the best attitude in this regard.

The forensic surgeon will then be ready and in an excellent position to submit his or her medico-legal conclusions from a specific death, and without a doubt will be able to defend them in any trial.

Providing any kind of hasty conclusion without all the proof on hand, as well as the right teamwork and reflections, would lead to serious medico-legal mistakes, besides compromising the reputation and prestige of the forensic specialist.

We have mentioned the case of a clear autopsy and the careful forensic specialist, who is respectful of the medical ethics and moral codes, but we have not mentioned the neglectful one, who omits or even hides all the facts which might clarify an inmate's death, and such an attitude is extremely condemnable.

In some Latin American countries, the situation of the forensic specialist is not easy at all. There are great pressures of all kinds, especially in those deceases which involve police violence and torture. In such cases, the forensic specialists, while performing their duties, risk their own lives or, even worse, risk the lives of their relatives. Nevertheless, in no circumstance must the forensic specialist be involved as an accomplice to such deaths.

In the same way, one of the inmate's rights is free access to the health care services. This right must not be limited to his or her life in prison but, on the contrary, should be extended...
in the situation where his or her death is caused, whether due to natural or violent causes, as an undeniable right to have a medico-legal investigation of the causes of the casualty. In this regard we agree with Rasmussen and his colleagues "that all deaths in detention centres and prisons should be investigated by a medico-legal inquest and a medico-legal autopsy".13

**Recommendations**

1. All deceases in penitentiaries should be the object of a medico-legal investigation and medico-legal autopsy.
2. The procedures must be internationally standardized in order to guarantee the respect for the human rights, particularly when physical abuse or torture is suspected.
3. Legal medicine ought to be taught as a subject in private and public colleges and universities, which offer an education in law.
4. The autopsy must be performed by a well-trained and educated forensic specialist. In some cases (suicide, homicide, and accidental deaths) the presence of two forensic surgeons is necessary. This is firstly in order to get a better analysis of the facts, and secondly in order to avoid any kind of bias or even error which may occur.
5. In the case that a histopathological study may be required, it is advisable that such a study should be done by a pathologist, preferably one who is a specialist in legal medicine.
6. It is advisable to ensure proper support by a multidisciplinary work-team, in such instances where the case is too difficult. (Among the medical specialists comprising such a group can be mentioned the odontologists, the anthropologists, radiologists, forensic toxicologists, etc.).
7. The forensic surgeon should always keep in mind that his or her knowledge is limited and that it is his or her responsibility to recognize when help will be required and to ask for it. Being prudent and humble is the best attitude in this regard.

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Concentration camp survivors and political persecution in Poland

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Poland suffered the heaviest human losses of all countries involved in World War II, mainly Poles and Jews, including children and young people. About 90% of them died in the extermination and concentration camps, gulags, and political prisons. The extermination of the Polish nation, similarly to that of other Slavonic nations, proceeded in a planned and premeditated way.1 Besides enormous personal losses, the Polish people also suffered irretrievable losses in the sphere of culture, education, and science.

The great importance of the martyrdom of the Polish nation under the Nazi and Communist regimes has become an integral part of Polish life and awareness and has resulted in a variety of scientific investigations. Medical and psychological studies seem to play a prominent role in various types of research.2

For many years after the war, the medical examinations of ex-prisoners of concentration camps conducted in Poland were exclusively for diagnostic and therapeutic purposes. The problem of retributions and pensions appeared much later.

The research on the long-term consequences of camp stress was possible only in a few groups selected at random. We know that only 20% of all prisoners survived the camps. Many of them died shortly after liberation. The creators of the camps did not foresee long-term effects of incarceration because the camps were meant to be "death plants".3

The nightmare of concentration camps and war is far-reaching: it continues in the recollections, in habits, stereotypes, and, above all, in different psychopathological syndromes. For the intensity and depth of the experienced traumas led to a curious reversal of criteria relating to what is normal and what is pathological. This is why former prisoners cannot easily communicate with those who have not lived through the experience of concentration camps, even with their closest relatives, such as their own children. The experiences and habits acquired in the camp have become a point of reference. The survivors carried with them from the camp inhuman habits and behavioural stereotypes. They regarded the surrounding world with mistrust and suspicion, they felt misunderstood and rejected, and they were incapable of forming deeper emotional ties with family, friends, or close associates.3

Their contemporary life seems like an unreal dream, while their nightmarish camp dreams appear to be real. The concentration camp experience has become so deeply encoded in their psyche that normal life cannot dominate it.

Concentration camp stress caused two kinds of after-effects in the mental sphere: personality alterations and certain psychopathological syndromes (KZ-syndrome). Polish investigators have adopted a holistic approach to the personality and mental disturbances related to PTSD.4 If one studies the results of the research carried out in Poland in subsequent decades, one may easily notice a fast intensification of symptoms indicating organic brain damage and premature ageing.5-6 They confirm the earliest findings, concluding that a year spent in a concentration camp was equivalent to 4-5 years of normal life.

Among the population of former prisoners who are still alive today, it is the elderly who prevail. The majority of them belong to a group of first category invalids, receiving war invalid pensions.7 It is estimated that almost all of them display permanent or temporary mental disturbances requiring treatment. These disturbances have a chronic and progressive character, whereas their treatment brings about only the disappearance of symptoms. A considerable number of these patients live in government housing or old people's homes, as they do not have families or cannot adapt to the conditions of family life. In many cases, the so-called KZ-syndrome is even transmitted to the second generation.

Various negative medical and psychological consequences for the children of ex-inmates of concentration camps were reported in the 1960s.8 A higher incidence of neurosis has been revealed in these children, as well as similarities between the personality structure of parents and offspring, and the ambivalent character of strong emotional ties between the child and the parent.9

The general morbidity rate is higher than that of children of non-inmates. Concentration camp stress led to the social disorganization of families of former prisoners and to the attenuation of interpersonal ties. All this is reflected in the augmentation of emotional stresses, conflict situations, and disturbed behaviour. In everyday life, these disturbances assume the form of family conflicts, transgression of the law, and suicide attempts.

We can confirm that sometimes it was easier to cure a former prisoner of malnutrition, or from the aftermath of physical ailments; it was easier to treat physical wounds than to free the patient from the psychological stigma of the camp.

Family pathology
Together with the incarceration and death of millions of prisoners began an ordeal of lonely wives, parents, and children. The stress caused by these losses had permanent material,
social, and psychological consequences. Widows and orphans after victims of the Auschwitz concentration camp found themselves in the most difficult situation.10-11 The material and social aid offered to them after the war was rather symbolic. Many reacted to the shock with a deep psychosomatic crisis combined with an emotional block. These acute reactions sometimes become chronic and in some cases have lasted for many years. Some widows experience specific imaginary and perceptual projections of their late husbands.

There are also cases of widows who still believe that their husbands are alive but, for some unexplained reasons, cannot disclose their whereabouts or return to normal life.

The families of former prisoners were not appreciated. On the contrary, they were shamefully forgotten in the confrontation with the plight of the "heroes", that is those who had died in the camp. Despite the most painful loss, none of the widows regarded the conspiratorial activities of their husbands in a negative way. In some cases, with full understanding, solidarity, and devotion, the widows took over not only the burden of maintaining the family, but also continued the activities of their murdered husbands. In this way, the widows of the former prisoners filled in one of the most beautiful chapters of Polish and women's heroism. In such an atmosphere the lost husband often became a mythical hero for the family.

Therefore, it is not surprising that under the influence of such ideals youths, and even children, became involved in conspiratorial activities and joined the ranks of the resistance movement, following in the footsteps of their beloved and glorified fathers.

In this way, the occupants' desire to crush the spirit of the nation and transform it into a nation of slaves could not be fulfilled.

A negative attitude of post-war Communist authorities and state administration towards members of the Home Army, participants in the Warsaw Uprising, and members of the resistance movement put a great stress on entire families. The moral wrongs perpetrated in this period survived as a deep traumatic experience.

Two faces of persecution
From 1950-1955, approximately 40,000 people were arrested in Poland for political reasons; almost 28,000 were sentenced, some 1,000 to death. Approximately 200,000 were sent to the camps.

The specification of political persecutions performed by the Nazi and Communist governments results not only from a political context, but also from a clinical one. Many of our patients are ex-soldiers and officers of the guerrilla army who, after the war was over, were persecuted by the Communist government. Some of them experienced the trauma of being imprisoned in concentration camps by different occupants during and after the war. Some of the Nazi camps were still used after the war by the Soviet army to incarcerate Polish prisoners. In such a situation, it seems impossible to differentiate between the resulting traumas. Stating who caused the greatest pain or drawing an artificial line on the basis of simple historical divisions seems completely groundless from the clinical point of view. For the majority of these people the trauma lasted for many years. That is why we have decided to show the situation of all groups of victims.

The Chair of Psychiatry of the Jagiellonian University has been conducting research on health consequences of persecutions for political reasons since 1959.12 At first the research was done among former prisoners of Nazi concentration camps. After political changes in Poland the research also comprised other groups: the Siberians, people who survived the Holocaust,13 and ex-political prisoners of the Stalin period. The research results proved that torture, long-term exposure to stress, deprivation of food and sleep, separation from relatives, forced labour, and living in bad hygienic conditions cause psychological and physical changes. Psychological symptoms usually result in a picture of depression and anxiety disorders. Somatic chronic diseases are not only the direct consequences of physical injuries, but also remain contagious diseases and individual disease entities developing in connection with chronic exposure to stress. Early ageing and consequences of undernourishment are other symptoms. These different symptoms were primarily known as the 'KZ-syndrome'; nowadays, psychological post-traumatic disorders have been classified as post-traumatic stress and permanent personality change after experiencing an extreme situation. They frequently coexist with other symptoms, such as depression.14

These observations have been confirmed in many other works conducted all over the world.15 As an interdisciplinary team that for years has worked voluntarily and consists of psychiatrists, psychologists, an internist-anaesthesiologist and neurologist, we, as opinion providers, in our work with diagnosis and therapy, have frequently encountered views stating that post-traumatic disorders are only hypothetical. However, we firmly believe that the occurrence of these syndromes is undoubtedly real. They are observed in many people, they have a similar clinical picture, and for this reason they have been classified and accepted by WHO. In our work, we do not verify the hypotheses whether these disorders occur at all, as this is doubtful, but we rather concentrate on, for example, a clinical picture16 or working out therapeutic methods.

During our research, the problems experienced by the patients when trying to obtain medical and therapeutic help attracted our attention. Victims of political persecution demand specific psychiatric and psychological treatment. Some families of patients also need treatment. A number of families do not understand the connection between the persecution of one member of the family and the occurrence of psychological problems in the following generations.

In Poland, people who were politically persecuted can be rehabilitated by courts in individual cases. All victims of political persecution need moral gratification. The majority of them are old, they are pensioners, and they cannot take up employment again.17

Unfortunately, the law regulations for veterans are inadequate, sometimes even contradictory, as some victims happen to have the same privileges as their persecutors.

This encouraged us to establish a specialist outpatient clinic. In 1991, the Centre for Victims of Political Persecutions was opened. Thanks to the University, the UN, and the EU, all people who were persecuted for political reasons can obtain free-of-charge help.

For a long time, we have encountered numerous cases of disrespect towards the patients' complaints, or even misinterpretation of these complaints by practitioners, who certify the inability to work. Most people who were deported and imprisoned are elderly now; one cannot, however, excuse treating their somatic and psychological ailments by claiming that it is 'connected with their old age'. As we have already
mentioned, the diagnostics of post-traumatic disorders are not difficult to perform, and the ignorance and unwillingness to make use of this knowledge shown by the people who decide on granting the victims a pension shock us. It seems worth noting that in the face of negation of the existence of trauma caused by deportation and persecutions from the Stalin period, none of the victims were able to certify that they were undergoing treatment as a result of these persecutions from 1944 to 1989.

It is striking to observe that by maintaining the independence of public courts, the victims of political persecutions are not dealt with on equal terms. Together with the increasing number of cases, we have observed distinct and local differences. Courts from different districts of Poland have a tendency to prolong the cases concerning the granting of pensions for victims of political persecutions and at the same time belittling the problem. In many cases, experts from National Insurance show a complete lack of competence when diagnosing post-traumatic syndromes. As an example, we could quote reports in which distinct post-traumatic symptoms are described as 'resulting from organism ageing'. Sometimes, evident consequences of trauma, or advanced symptoms which are inadequate to the patient's age, are passed over in silence. Patients' complaints about psychological disorder symptoms are very often neglected. Psychiatric treatment is conducted only after numerous somatic examinations, which are not always based on the patient's complaints. This leads to unnecessarily prolonged court procedures, increasing the costs and the exposure to stress. In different regions, at the same time, pensions are granted by courts which do not prolong procedures. Also, many departments of National Insurance do not block war pension grants to victims of political persecutions.

All local differences are well-known to the claimants, and this leads to an increased sense of wrong, injustice, and humiliation. These people complain about the fact that they are being treated differently, being made to undergo numerous examinations and legal procedures, and forced to prove that they have been harmed. Low old-age pensions and a high cost of living makes them look for extra sources of income. For most of them, a pension for disabled soldiers, which is granted to victims persecuted for political reasons in 1939-1956, is a good way out this difficult situation. Unfortunately, if they want to obtain it, they must prove the loss of health. For most of them this is extremely humiliating because, as they say, 'when they were fighting for freedom or denouncing foreign citizenship, exposing themselves to deportations, they were not thinking of money or any pension'. They had hoped for freedom and the possibility to live and work in their own free country. It was not possible for many years, and when the dream finally came true in 1989 they were still persecuted, this time for financial reasons. This situation causes the feeling of being forgotten, not needed; many victims relinquish the compensation to which they have the right; they wish to live peacefully and to avoid situations, which are difficult for them. For others, this is a good reason for expressing anger and grief or engaging themselves in political activity. Some victims live a peaceful life, taking part in medical therapy and psychotherapy. However, only a few victims can afford this.

The families of the Siberian exiles, and of other victims of the Communist regime in Poland, including the families of the Katyn forest victims 18 and the families of the Sonderaktion Krakau 1939, are in a similar or maybe even worse situation. 19

We hope that in the future the problem of post-traumatic disorders in the group of torture victims will be better known, and understood properly for the patients' good. 20 Unfortunately, until now the Centre for Victims of Torture and Persecutions for Political Reasons exists in Poland only in Krakow. Furthermore, medical practitioners and therapists from other regions of our country are not particularly interested in the matter. Perhaps a wider presentation of the problem will change the situation of the victims for the better. Let us hope that it will not happen when it is too late. Unfortunately, our centre does not constitute a significant force in Poland either. We also have a feeling of being isolated in our research. The young generation is very reluctant to return to the problem of war and holocaust. The war veterans are more noticeable during jubilee and anniversary celebrations than in everyday life.

The results of the research have shown that every type of totalitarianism leads to crime, racism, and the extermination of entire nations or social groups.

Conclusion

The consequences of war and political persecutions in Poland, both Nazi and Stalinist, have not yet become history, as their traces have survived in the sufferings of those who are still alive, as well as in the experiences of their offspring. The Concentration Camp Syndrome (KZ-syndrome) and PTSD from political persecution are chronic and progressive illnesses, which are passed on to the second and probably third generation.

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Torture in police custody in Kenya

Hezekiah Abuya, LL.B, BA, DLL & LW*

Ali Hussein Ali (28 years old)

On 8 March 1997, in Wajir North Eastern Province, Ali Hussein Ali was arrested and tortured to death by an army officer and four police officers while in police custody. The suspects were arrested and charged with his murder, but despite overwhelming evidence they were later acquitted by a lower court! A post mortem found evidence of severe beating. The Attorney General's office was reluctant to arrest and prosecute the torturers for the offence of murder, but following mounting pressure from local and international human rights NGOs, the AG gave the order for their re-arrest. On 11 August 1999, the torturers were formally committed to the High Court of Kenya to stand trial for the murder of Ali Hussein Ali.

In 1998, the Kenya Human Rights Commission (KHRC) reported 222 cases where people had been killed by members of the security forces. In only a few of these cases has the government arrested and prosecuted the killers, and only when the said killers were not politically correct. Police torture in Kenya has been increasing at an alarming rate, causing both national and international concern about the Kenyan government's commitment to uphold the UN Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment (CAT), which it ratified in 1997. Torture is clearly prohibited by the national and international treaties that Kenya has ratified, including the CAT. There is ample provision in national legislation to punish such practices. The authorities at the highest levels have repeatedly and publicly condemned torture and ill-treatment. In February 1997, the former Police Commissioner Duncan Wachira told the police officers in Embu: "If the police have to interrogate suspects, they should ensure that they don't hurt them since it is against the law." In spite of this warning, the number of torture cases has been increasing instead of decreasing. If action is ever taken against the culprits, it is when the victim has died and when the torturers have no powerful connections in the government. To have a politically correct police officer arrested and charged in Kenya requires the intervention of both local and international human rights NGOs. These measures appear to have had some effects in reducing the incidents of torture.

However, reports of ill-treatment and deaths in custody as a result of torture continue to be received, and many previous allegations of torture appear either not to have been investigated or to have been investigated inadequately.

Amnesty International and other human rights NGOs have expressed serious concern about the impunity the police appears to enjoy.

Since Kenya ratified the CAT, there has been a steady reduction in cases of torture of high profile figures. But conditions in the police cells, prisons, and other places of confinement continue to deteriorate. Cases of abuse of power compounded by police brutality and killings are reported daily in Kenya.

Independence of the judiciary

High Court and Court of Appeal judges are appointed by the president. The judiciary seems to have been subjected to undue interference from the executive arm of the government and is therefore not independent. Victims of human rights violations are not adequately protected. In September 1994, for instance, a Nairobi Resident Magistrate was transferred to a remote town when he rejected confessions of six torture survivors, following an alleged raid at a local chief's office. The magistrate censured the police and directed the Commissioner of Police to take action against the officers responsible. The magistrate said: "It would be good practice where matters of torture are apparent in the course of a trial to direct that investigations be conducted by the commissioner of police." Like in this case, other magistrates who have acted contrary to popular government wishes have found themselves transferred to remote areas of Kenya as a disciplinary measure.

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Custodial deaths and human rights violations in prisons in Kenya

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Key words
Torture, harassment, prison conditions, Kenya, death in custody.

Abstract
A survey of prison conditions in Kenya comprising the author's observations and high court information from the middle 1990's. Based on the situation as described, recommendations are proposed in an attempt to improve and modify an insufficient prison system in accordance with Kenya's ratification of the UN Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment (CAT) in 1997.

Prison conditions in Kenya

Prison conditions in Kenya are harsh and amount to cruel, inhuman, and degrading treatment. In September 1995, a Kenyan High Court judge, Mr. Justice Emmanuel O'kubasu, described the prisons as "death chambers" because of the high mortality rate. He noted that "going to prison these days has become a sure way for a death certificate". Hundreds of prisoners have died each year, mostly from infectious diseases resulting from overcrowding and a shortage of food, clean water, and adequate medical care. Official figures are scarce, but in October 1995 a government minister reported that more than 800 prisoners had died in the first months of the year. In February 1996, the Attorney General noted that 75% of the inmates in our penal institutions are not only young, but also include single mothers with children.

In Kenya, prison cells are overcrowded, a cell measuring 10 by 12 feet holding a maximum of between 70 and 100 inmates. They sleep on the bare floor and cover themselves with tattered old blankets, which they also use to wrap themselves in when washing their prison uniform. They are not allowed to wear shoes or slippers, neither are they provided with anything to cover their feet, and thus they walk barefooted on the filthy grounds. This not only harms their feet, but also makes them suffer from foot diseases and constant colds. Currently, 78 prisons hold 50,000 inmates against an actual capacity of 15,000. The number of prisoners has decreased from 86 in 1963, when Kenya gained its independence, to 78.

Violence, harassment, torture, and death
1. Use of force – Excessive use of force is routine in Kenyan prisons. Strip searches, anal searches, beatings, psychological humiliation, and gruelling physical exercises are an integral part of a system designed to break people down rather than to rehabilitate them.

2. Deaths in prison – Statistics on prison deaths are not publicly available, but prisoners' testimonies and press reports give some indications of the circumstances in which prison deaths occur. For example, there have been cases where relatives have been informed of a prisoner's death without any prior indication of serious illness and without being given satisfactory details about the circumstances in which the person died. This has led to a suspicion that prisoners are at times killed by the prison authorities through deliberate violence or negligence. Any inquiries made by family members or human rights organizations are met with total silence from those expected to explain. Between January and November 1997, Shimo la Tewa Prison in Mombasa reported seven deaths caused by poor working conditions, 33 deaths as a result of taking expired or wrong medication. This brings us to a total of 174 deaths in prison during the period between January and November 1997. During the months of April, May, and June 1999, death in prison due to torture was put at 26. However, this is the "official" figure and is unreliable.

3. Shot "whilst trying to escape" – A large but unknown number of prisoners have been shot "whilst trying to escape" – a description that some prisoners say is used to cover up prison murders by over-zealous prison warders.

4. Discipline and punishment – Prisoners are not given a hearing before they are disciplined or punished. The forms of punishment meted out on the prisoners include detention of prisoners in water logged or dark cells, withholding prisoners' food or reducing the ration by half, over-working the prisoners, application of dangerous chemicals on the prisoners' genitals, and corporal punishment.

5. Sexual abuse – In some prisons, for example Machakos Prison, men have turned to sodomy as a way of satisfying their sexual needs. Wealthy prisoners pay warders to find new inmates for sex. This is attributed to the fact that in Kenya prisoners are not allowed conjugal rights. Newcomers are in most danger of sexual abuse in Kenyan prisons. They are 'selected' as partners by those who have been there longer. If they refuse to comply, they are usually raped. It was reported that female prisoners are also forced to give sexual favours to the warders.

6. Discrimination – It was reported that there is racial discrimination. In Shimo La Tewa Prison, for example, Asians, Europeans, and Americans are receiving special treatment. According to one interviewee "they are treated
as though they are in prison illegally and allowed visits by family members and friends who are allowed to bring them food". In addition, they do not eat the same food or work like the other prisoners.

Sanitary conditions, accommodation
1. Medical facilities and provisions – From research conducted in Kenyan prisons, medical care was found to be inadequate. Some of the clinical prison officers are reluctant to perform their duties due to apathy. When a prisoner falls ill during the night, he or she is not attended to until the following morning. In general, even when a prisoner is ill, being seen by a medical officer depends on the prison officer's willingness to take the prisoner to the clinic.

2. Sanitary conditions – Unsanitary conditions are prevalent in Kenyan prisons. For example, Industrial Area Prison at Nairobi is one of the largest remand homes and holds 4,000 inmates at any one time. Here prisoners scramble for the 10 toilets, an average of one toilet for 400 inmates! Common problems include a lack of adequate and hygienic disposal of human waste. This condition is made worse by the heavy presence of bed bugs, lice, and other vermin causing disease and discomfort.

3. Personal hygiene – Prison hygiene is appalling. The lack of soap and water makes the prisons unsuitable for human habitation. Prisoners rarely have an opportunity to bathe, which leads to the outbreak of skin diseases.

4. Clothing – Clothing is another area of concern. Prisoners usually have only one old, torn, and dirty uniform. The majority of prisoners, in for example Shimo la Tewa, Kamiti, and Kochecha Prison, wear tattered uniforms, which are dirty and barely cover the genitalia.

5. Bedding – Prisons in Kenya do not have beds. Most prisoners have to sleep on cold, hard concrete floors, while those who are lucky use thin old mattress. Blankets are scarce, tattered, and offer no protection from the cold.

6. Diet – In Kenyan prisons, research has shown that prisoners complain of the following with regard to food:
   • that it is usually made from expired foodstuff and is unsuitable for human consumption
   • that it is usually half-cooked and inadequate
   • that there is a scramble for it, and that many prisoners often do not get enough food.

7. Recreation – Many prisons lack recreational facilities. Prisoners are only allowed to leave the prison when they are required to work outside the prison.

8. Reading materials – Publications are not allowed in the prison cells or in the prison compound. If a prisoner is found with any publication, he or she is liable to punishment. There are no libraries in any of the prisons visited. The only reading material supplied to the prisoners is the Qur'an and Bible. Prisoners are not allowed to listen to the radio, and therefore the world is closed to them.

Social conditions, legal assistance
1. Women prisoners – Prison conditions for women are generally the same as for men, but they are particularly vulnerable to abuse. Women are not allowed to wear underwear, or to use any sort of sanitary protection during menstruation. Lawyers working with women prisoners say that complaints of rape are not uncommon, but legal action against police and prison guards is almost unheard of. In 1985, magistrates heard of a case of a 26-year-old woman, who was beaten severely on the inside of her thighs after she had been detained overnight for a petty offence. At night a male police officer covered his head with a cloth and entered the cell to assault her.

2. Contact with the outside world – In many prisons in Kenya, lawyers, doctors, and journalists are prohibited from visiting prisoners. Relatives and friends are only allowed to visit once a month. But convicted prisoners can be visited more than once a month if those who want to visit them are willing to bribe the warders. Corresponding from the prisons through letters is not allowed. Prisoners may receive letters, although these are censored by the prison officers. Foreign prisoners are not allowed to communicate with their foreign missions.

3. Notification of death, illness, and transfer – In all the prisons researched, prisoners have no chance to notify their families of their transfers, because they themselves are not informed of transfers in advance. Transfers are usually effected at night. Family members are only notified of deaths, not illness. Prisoners, in turn, only learn of their relatives' deaths through visits by other family members.

4. Training – Most of the convicts are involved in maintenance services, such as cooking and sewing. In the prisons visited, training is haphazard, mainly artisan in nature, and only given to those serving two or more years. A certificate is issued on the completion of one's term.

5. Corruption – In some prisons, like in other government departments, there is rampant corruption. In Eldoret Prison, for example, illicit drugs such as bhang and chang'aa are available to the prisoners in large quantities, supplied by the prison warders. Cigarettes are bought at forty shillings a packet.

6. Information to and complaints from prisoners – No written rules or regulations are available to the prisoners. The inmates are forced to learn them from experience. No time is allotted for the hearing of complaints. Prisoners are not allowed to raise complaints during inspections in the prison. During inspection by high-ranking officials, ill inmates are hidden, so are tattered clothes. Complaints usually result in punishment of the complainant.

7. Legal assistance – This is one of the most sensitive areas in the penal system. Most inmates are ignorant of their rights or cannot afford to hire the services of a good lawyer. Findings based on inmates' complaints show that the law is most often flouted.

8. Torture and inhuman treatment – Double occupancy of confinement cells is frequent. Even more distressing is a report filed from Machakos Prison with regard to an inmate called John Munyao Kivanga, following a covert investigation. Between 4-7 July 1997, he was reportedly forced to stand in a drainage system. He sustained burns from this, but went without treatment or painkillers for almost two weeks until 22 July 1997, when he was admitted to the Machakos General Hospital. His injuries were so bad that his anklebone was exposed.

Coping
1. Surviving the system – A testimony: Bedan Mbugua, a former editor of the banned magazine Beyond, when interviewed said, "many of the older, long-term prisoners have turned homosexual". There are homosexual problems in Kenyan prisons.

2. Dignity and respect of prisoners – In all the prisons visited, prisoners are not treated with dignity. The language used by the prison authorities is derogatory and abusive.
Ratification of the Convention against Torture

The Kenyan government ratified the UN Convention against Torture (CAT) on 11 February 1997, thereby promising Kenyans and the international community that it will do everything possible to eradicate torture from within the borders of Kenya. In order to incorporate the CAT in the national laws, the government has amended the Police Act, the Chief's Authority Act, the Public Order Act, and the Administration Police Act to reflect the CAT. Despite all these developments torture, harassment, false imprisonment, extortion, and brutality by government agents goes on unabated. No government agent suspected of torture is easily arrested, except when the government is under intense pressure from human rights NGOs and the public.

Recommendations

Although these recommendations are not at all exhaustive, it is always important to remember that even the best law cannot take into account all aspects of a human being's devious mind. All that the law does is to present an informed choice of action, but it is up to the individual to obey it or to knowingly act contrary to what the law provides for.

1. Prison reform is mandatory and must be seen in the Kenyan context of socio-economic problems, widespread poverty, and a rising level of crime. The first step should be an expansion of the prison facilities. An absolute ceiling on the number of prisoners that can be held in a particular space should be adhered to, and the current prison laws relating to cell conditions such as overcrowding should be enforced. All facilities within the prison system should be renovated to meet the accepted international standards.

2. The Government and prison authorities should comply with local legislation and international norms. Free access should be allowed to human rights NGOs to secure supervision.

3. Within the context of economic stringency, the Government should be urged to devote more resources to the penal system. The Government should be made to realize that once it legally takes away a person's liberty, it has a duty to keep the person alive and healthy and not inflict inhuman and degrading treatment on him or her.

4. Corporal punishment and withdrawal or denial of food and other basic needs amounts to cruel, inhuman, and degrading treatment or punishment and should be checked.

5. Prison staff should be retrained so that they can assume a more professional approach in the handling of prisoners and respect their fundamental rights. Human rights education should be incorporated in the police and prison warders' training curriculum.

6. The living and working conditions of prison staff should be overhauled by assessing basic standards that must be met, including adequate health care, provision of adequate and healthy food, improved sanitation, proper training and rehabilitation of inmates, proper accommodation, and treatment that promotes human dignity and self respect.

7. A civilian review board comprising judges, lawyers, and representatives of relevant NGOs should be set up in order to monitor prison conditions and prisoners' complaints. Members of the review board should be fully trained and given free access to prisons. An independent board should investigate all complaints against law enforcement and prison officers promptly and thoroughly.

8. The United Nations Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment (1984) should be domesticated into Kenyan law, immediately and completely.

9. The constitutional reform process must clearly outline and enforce a minimum set of rights for all citizens. The emphasis should not only be on repealing repressive laws but also on institutionalizing human rights for all Kenyans.

10. The death penalty must be recognized as an inhuman and degrading form of punishment and must be abolished.

11. Incarceration should be regarded as a last-resort form of punishment. Non-custodial options should be provided for and encouraged, especially for petty, non-violent crimes and first offenders.

12. Provisions should be made to assure unhindered access to prisons by family doctors and lawyers, whatever the case.

13. It should be made mandatory that all prisoners are continuously informed of their legal rights as soon as they arrive and thereafter, and that an effective support and counselling network for ex-convicts and ex-detainees should be set up nationwide to help them reintegrate into society.

14. Efficient and effective management techniques should be instituted in order to rid the prison system of corruption, misappropriation, and mismanagement of public funds. Individuals found to be involved in these activities should be relieved of their duties, prosecuted, and given stiff penalties.

15. Civil society should be systematically strengthened in order to facilitate organizing, lobbying, and information-sharing in an effort to keep the public aware of prison conditions and related legal issues.

16. Court procedures should be streamlined and made less intimidating and more intelligible to the ordinary citizen. This will help ease the current backlog of undetermined cases, which exacerbates overcrowding in the prisons and causes many innocent people to be incarcerated for long periods of time while waiting trial.

17. Mechanisms for improving the amount and quality of education in medical ethics for health professionals should be investigated. The government should ensure that all government doctors, particularly health personnel working with detainees, are made aware of key ethical standards, such as the United Nations' Principals of Medical Ethics relevant to the Role of Health Personnel, particularly Physicians, in the Protection of Prisoners and Detainees against Torture and Other Cruel, Inhuman or Degrading Treatment. Human Rights education should be incorporated in the training curriculum for doctors and nurses.

18. The international community should consider setting aside resources to enable developing countries to conduct civil rights education, especially for marginalized communities. This can be done through the printed and electronic media, workshops, and seminars.

19. The government should implement in full the recommendations made in Amnesty International's December 1995 report on torture in Kenya. In particular, it should:
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• Prevent arbitrary arrest and incommunicado detention.
• Establish strict control over interrogation procedures and actively prohibit the use of confessions extracted under torture.
• Investigate all reports of gross human rights violations and bring those responsible to justice.
• Ensure that post-mortem examinations in all cases of death in custody are carried out shortly after death and that, as a matter of course, a public inquest is held.

There is an urgent need for an independent judicial system in Kenya, and the international community should assist Kenya in its work towards that end.

The present laws, though inadequate, are sufficient to arrest and prosecute a suspected torturer, but this is not done for lack of political will on the part of the Executive Arm of the government. When senior government officers keep quiet in the face of torture, what do you expect the police to do? To also close their eyes and ears. Torture and brutality in Kenya has been increasing at an alarming rate, causing both national and international concern.

Selected list of publications

received in the IRCT International Documentation Centre


Conflict prevention and peace-building in Africa / The Danish Ministry of Foreign Affairs; Danida. – Copenhagen: Ministry of foreign affairs; Danida, 20010628. – 123 p. – Conference: Conflict prevention and peace-building in Africa (20010628-20010629: Maputo).

Challenging impunity / SVTG News. – In: Newsletter of Sudanese victims of torture; no. 28. – 20010700.


Public statement concerning the Chechen Republic of the Russian Federation / Council of Europe. European Committee for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment; CPT. – Strasbourg: Council of Europe, 20010710. – 3 p.

UK jailing torture victims pending asylum decisions / Dodd, Vikram. – In: Guardian. – 20010712. – [2 p.].


Burundi: one hundred days to put the peace process back on track / International Crisis Group; ICG. – Arusha: ICG, 20010814. – 23 p. – ICG Africa report / ICG; no. 33.
Kosova Rehabilitation Centre for Torture Victims

KRCT*

Background
Due to the repressive and destructive attacks of the Serbian police, military, and paramilitary forces against the innocent Kosovo Albanian population during the years 1998-1999, hundreds of thousands of people from Kosovo were forced to flee to the neighbouring countries. They were subjected to various kinds of torture and other gross human rights violations.

After the return of refugees to Kosovo, in June 1999, most of them suffered from severe mental and somatic consequences of torture and ill-treatment. The need for psychosocial support was clearly visible. Therefore, a rehabilitation centre was set up in Pristina in October 1999 by a team of doctors, who had worked in the Albanian Rehabilitation Centre for Torture Victims (ARCT)/Albanian Centre for Human Rights (ACHR) from the time when the first people from Kosovo fled to Albania in March 1999. They received a huge support and assistance from the International Rehabilitation Council for Torture Victims (IRCT). The Kosova Rehabilitation Centre for Torture Victims (KRCT), with headquarters in Pristina, became the first professional rehabilitation centre in Kosovo providing psychosocial services to torture victims, physical as well as mental.

KRCT's primary objectives are to provide treatment and rehabilitation for Kosovo returnees, as well as continuing the medical and psychosocial assistance that the team of doctors provided to refugees in Tirana, raising awareness among the population about trauma and torture consequences, and addressing torture prevention issues in the future.

After few months of operating in Pristina, KRCT extended its activity throughout Kosovo. Satellite centres were set up in the regions in which most destruction and the majority of crimes against humanity took place; initially (in January 2000) in Skenderaj, Rahovec, Gjilan, Suhareka, and Podujeva, and later on (in May 2000) in Peja and Deçani. By opening these centres and collaborating with a wide range of local and international organizations operating in Kosovo, KRCT established a very important network that seemed to be crucial for the achievement of its main goals.

Staff
The rehabilitation staff consists of psychiatrists, psychologists, psychosocial workers, gynaecologists, neuro-psychiatrists, general practitioners, and other medical specialists. Besides their own experience, all staff members have been professionally trained by local and international experts in the field of psychosocial treatment of torture victims. The centre is managed by a team consisting of the Executive Director, an administrator, and a medical coordinator.

KRCT treatment and rehabilitation services
KRCT offers psychological and medical first aid as well as medical and psychological therapy for individuals, groups, and families. It also conducts a prevention philosophy for torture and war victims, women (raped women, widows, etc.), orphans, persons who have lost relatives in the war, former political prisoners, and persons whose family members are imprisoned or missing.

Up to date, KRCT has conducted more than 11 thousand treatment sessions with torture victims and their families.
Home visits are done in the towns and villages around. These visits are conducted twice a week in groups of two. The members of the teams give direct assistance in the homes (including family therapy) and, if required, refer the cases to the centre for a long-term and deeper examination or specialized treatment.

Documentation and monitoring of treatment

The trauma history and the symptoms of each patient is recorded in patient files, and assessment of the progress during the treatment course is done by the person in charge of the treatment, by the patient, and by relatives.

KRCT conducts survey research among its patients to identify prevalence of torture methods and execution and the consequences for the population, to assess the need for psychological aid, to document cases of torture, and to develop a prevention strategy.

Education program

A main objective of the KRCT is in the psychosocial field. Staff members have participated in 18 seminars and workshops on PTSD, psychotherapy, physiotherapy, care for caregivers, counselling, the psychotherapeutical group, management and administration, conferences on human rights and civil society, etc.

KRCT has held seven specific training workshops on trauma issues targeted at GPs, nurses, teachers, pedagogues, and NGO personnel in the regions of Suhareka, Skenderaj, Pristina, Peja, and Deçani, in order to enable them to identify post-traumatic stress disorders (PTSD) and provide primary psychological care to torture victims.

KRCT has established a very important network of collaboration with the most relevant governmental and non-governmental organizations and institutions operating in Kosovo, as well as being represented in the highest Kosovo governing body.

Activities on awareness

Besides its psychosocial rehabilitation programmes, KRCT is heavily engaged in promoting the respect of human rights and values of a true democratic civil society, as well as contributing to the reconciliation process in Kosovo.

Activities are focused on interviews of the KRCT professional personnel in printed and electronic media, transmissions in electronic media, local and international, as well as on producing publications and holding seminars and workshops in the community. These are important elements in the process of informing the population about KRCT activities, the consequences of torture and trauma, and in addressing torture prevention issues.

Selected list of publications

received in the IRCT International Documentation Centre


Case tracking and management guide / Center for democracy and governance: bureau for global programs, field support, and research; US agency for international development. – Washington, DC: Center for democracy and governance: bureau for global programs, field support, and research; US agency for international development, 20010900. – 32 p.

Protection, not prison: torture survivors detained in the UK / Dell, Susi; Salinsky, Mary; Medical Foundation for the Care of Victims of Torture. – London: MFCT, 20010900. – 19 p.


IRCT Council meets under the shadow of war and terror

The annual meeting of the IRCT Council took place 31 October - 3 November 2001 on the island of Syros, Greece, under the shadow of the terror-attacks on the USA and the war in Afghanistan.

The exchange of views on the current situation of human rights violations internationally lead to the unanimous adoption of the “Syros Declaration on Torture, Terrorism, and War”. The IRCT Council also released an urgent message regarding death threats against human rights defenders in Mexico.

In the Syros Declaration the IRCT Council, composed of some of the world's leading human rights activists and health professionals working against torture, calls upon governments, organizations, and individuals to work towards the elimination of the root causes of torture, terrorism, and war.

Democracy, freedom, and human rights
The Declaration was inspired by the keynote speech at the opening of the IRCT Council meeting by the IRCT president, Dr. Maria Piniou-Kalli:

"Many people have talked about a clash of civilizations and the end of history. The clash of civilizations' analysis is misleading, because it treats the Islamic world as a monolith, but it is not. Islam is too complicated and shifting a landscape with too many internal battles. The lesson is that nothing in this part of the world turns out quite the way you planned.

If the Western world forgets that algebra and mathematics, the translation and salvage of the works of ancient Greek philosophers, and especially those of Aristotle, are the service of Islam to humanity, then it will lead to committing a huge mistake, identifying fundamentalists-terrorists with Islam.

It is easy for blind racism to be born in the name of the War between Civilizations, and we should resist that. First of all because power in western democracies does not derive from God, but from the People; and secondly, because Islam is not necessarily theocratic or fundamentalist. There were so many cases where the political and social Islam attempted to ban social inequalities. So, it is not a clash of civilizations, but rather a war between the forces of Democracy, freedom and human rights against those who wish to suppress them. The latter include fanatic Muslims and fanatic Christians, as well as fanatic Saviours who claim the Infallible."

Support for human rights defenders in Mexico
The disturbing news that human rights defenders from the National Mexican Network of Civic Human Rights Organisation, All rights for everybody, have been subjected to death threats reached the Council Meeting on Syros.

The threats are of a very serious character. A lawyer, Digna Ochoa y Plácido, was assassinated in Mexico City on 18 October this year after receiving similar threats. One of the people who has received death threats, Juan Antonio Vega, a member of the International Bureau of FLACAT (International Federation of Action by Christians for the Abolition of Torture), is the former director of ACAT-Mexico (Acción de los Cristianos para la Abolición de la Tortura), an organization within the IRCT network. Similar threats have been directed towards Miguel Sarre, Sergio Aguayo, Edgar Cortés, and Fernando Ruiz.

In response, the IRCT council members issued a statement condemning those behind the threats and expressed their support for the human rights defenders at risk.

During the last six years, 150 incidents of harassment of human rights defenders have been documented in Mexico, and they continued with the murder of the lawyer Digna Ochoa y Plácido.

The 25 IRCT Council Members present at Syros stated that:

"Harassment including death threats is the unfortunate and unjustifiable part of daily life of the dedicated persons targeted only because they work against torture and for the creation of democratic culture and respect for human rights.

We urge the Mexican government to fulfill their obligation to protect all citizens and especially human rights defenders who place themselves at risk through their dedicated efforts to stop torture and other violations of human rights.

The death threats are just another example of how necessary it is for us through our network to show solidarity across the different national, ethnic, cultural, and religious backgrounds we represent. This international network is an example of multicultural coexistence. We use a common language that stretches from defending the individual victim of torture to the vision of a civilization based on democracy and human rights. Those who threaten the people who work for the same cause in Mexico and the Mexican government must be aware that we are closely monitoring them and that we urge the international community to take steps to stop threats, killings and any other human rights violations."

Only a few days before the IRCT Council meeting, another urgent action was carried out in support of the Diyarbakir Rehabilitation Centre in Turkey which was threatened with forced closure. The Diyarbakir Centre, an activity of the Ankara-based Human Rights Foundation of Turkey (HRFT), was actually closed as the Council meeting took place.

These events take place in the context of a pattern of ongoing harassment and discrimination being directed against the HRFT and its network of five Turkish treatment centres for victims of torture. They are part of an apparent attempt by those opposed to the work of the centres to frustrate or to halt rehabilitation services in Turkey.

The Diyarbakir centre is providing a badly needed service for victims of torture in the region, and deserves to receive the full support of the relevant national and provincial authorities.

The statement on Mexico as well as the Syros Declaration was undersigned by the council members present at the IRCT Council meting, the IRCT Secretary-General, Dr. Jens Modvig, and the staff of the IRCT.
Love will be our strength
(El amor sera la fuerza)

In my heart live memories
Of the price of missiles
Whose horrendous misery
Causes a strangling pain
That turn young children’s faces old

A girl asks:
Mama, where does this world lead us to?
And while she listens to the answers
The little girl dies
From starvation

A wailing voice
Is heard in the ruins
Of the endless horizon
Where does the world go
With nuclear warheads?
Don’t you remember
The bombs in Nagasaki and Hiroshima,
In the Persian Gulf and in Vietnam?
Don’t you remember
The martyrs of Latin America?

In my heart live memories
Of the price of Star Wars
The hunger of children
From the displaced of this earth
Butterflies stop flying
Birds stop singing
Because of the infernal plague
And the poisonous concentration camps

In my heart live the memories
From the desert of the banana plantation
Where terror was grounded
And the nation was captured
In a mining village

A choir of girls scream:
"There are no killing bacteria!
Nor dogs, nor aggressive humans!
It is the school of violence
Without programmes of compassion
Where ideas have died"

An echo is heard in the mountains:
"When herbs grow
Waters nourish hope
Love will be the strength
Of peace and no violence"

We share the pain: United States
From Washington and New York
Till the genocide in Afghanistan
While the terror penetrates all our
History, love and justice,
Where are they? Where are they?

In my heart live memories
Of who the terrorist are
They are not Muslims, Jews,
Christians, Hindus or Buddhists
They are arm-dealers
Fundamentalists of war
Who plant the seeds for torture and violence
Destroying our planet

With your people and our people
And all the people of the world
Peace will be our sister:
War will not have a chance
Neither will hunger
In Africa, Asia, and our Americas

My hands are your hands
My arms are your arms
My heart is your heart
From Arabs, Jews, Asians
Black and White, Indigenous and Mestizos
As the animals are our brothers
And the plants our sisters
We have the same substance
Flowing in our veins
In one single chromosome
We come from the same cell
That developed from a bacteria
To a human gene

In my heart live memories
Because when herbs grow
Waters nourish hope
Love will be the strength
Of peace and no violence
In a bee-hive of dreams
Where your heart will be my heart

IRCT council member Juan Almendares, Honduras,
 wrote this poem during the Council Meeting
 on the island of Syros, Greece


Towards healing the trauma of torture in buddhist settings / Wind, Steven. -- [University of Arizona]: 20000000. -- 180 p. -- Thesis (Master of Art) - Department of Anthropology, University of Arizona, 20000000.


Case of Denmark v. Turkey / European Court of Human Rights. -- Strasbourg: Council of Europe, 20000405. -- 7 p. -- European Court of Human Rights, First section: Judgment (struck out of the list - friendly settlement).

Situation of human rights in Iraq: note by the Secretary-General / Matovromatis, Andreas; UN. Secretary-General; UN Commission on Human Rights. Special Rapporteur on the Situation of Human Rights in Iraq. -- New York: United Nations, 20000814. -- 10 p. -- General Assembly, fifty-fifth session. Item 116 (c) of the provisional agenda: Human rights situations and reports of special rapporteurs and representatives.


English version of German book


This is the English language translation of Folter: an der Seite der Uberlebenden, Unterstiitzung und Therapien, which was originally published in German in 1996 and reviewed in Torture 1997;7:61.

The English edition is translated by Jeremiah Michael Riemer and includes forewords by Desmond Tutu and Bahman Nirumand and an introduction by Dori Laub.

An account of disaster psychiatry — Lars Weisæth honoured


The ten chapters written by a collection of 15 authors each address a distinct theme chosen by the authors. They were asked, where possible, to relate their own work to Weisæth’s. Disappointingly, few of the authors do. However, it is clear that many of the authors do owe a debt to Weisæth. (Lars Weisæth is Professor of Disaster Psychiatry and Director of the Division of Disaster Psychiatry at Oslo University, Norway).

Niels Rutterstøl reviews the development of disaster psychiatry in Norway, including Lars Weisæth’s role in that development. The review takes the form of an account of the main players, their positions, and publications. This reviewer misses a more thorough review of the way knowledge in this field developed, which could have framed the rest of the book.

Beverley Raphael reviews a variety of intervention strategies aimed at preventing the onset of psychological symptoms following trauma and loss. Acknowledging that loss and trauma are not identical, she warns that early intervention in the form of narrative therapies could well exacerbate symptoms rather than alleviate them, though at a later stage, in the sufferer’s own time, such interventions may well be appropriate.

Walter de Loos presents an alternative matrix model for the diagnosis of atypical post-traumatic disorders, as a way around the mind-body dualism. Schüßel and Schunk also address the mind-body dichotomy by suggesting a new diagnostic term (PTSD-O) for the condition where the patients present their trauma in purely organic terms. This reviewer asks somewhat provocatively whether the distinguishing of another diagnosis to represent the somatic/organic manifestation of trauma as a complement to PTSD as normally understood is not merely to mirror the body-mind dichotomy?

Tim Lundin sensitively sketches the psychological mechanisms activated by the sudden death of a loved one as well as the psychiatric effects of traumatic bereavement. Parallels are made between grief and traumatic grief, acknowledging that death and responses to it are a natural part of life, but that unforeseen or tragic death can result in traumatic stress reactions. A telling conclusion Lundin draws is that “it seems reasonable to postulate that it is the traumatic factors around the loss that might cause problematic or pathological grief reactions — and not the loss itself” (p.97).

Ellinot Major questions the universality of the intergenerational transmission of trauma theory, illustrating from her own research that second generation refugees do not inevitably suffer traumatic reactions just because their parents have been through trauma. Drawing comparisons between holocaust survivors and today’s refugees, Major makes some important points concerning life in contemporary exile. Her conclusion is that stigmatization, discrimination, and lack of opportunity, rather than a transmission of the parents’ trauma may make children of refugees a “high risk group for mental health and different kinds of behaviour problems” (p. 111).

Bretherton and Örner consider the interesting possibility of psychological growth following trauma. They pay tribute to Lars Weisæth’s work on psychotraumatology in the sense that it can be seen to “inform and enrich” psychotherapeutic practice. Their case study of a victim’s “journey of personal discovery” is encouraging reading.

Inge Geneke presents the work of preventing torture. From this reviewer’s perspective, prevention work should be grounded in a thorough knowledge of the social fields in which relevant actors participate. By relevant actors is meant both survivors and surviving communities, as well as representatives of institutions that frame and permit torture. Such understandings complemented by continued international and regional monitoring would give us a sturdier foundation for continuing the fight against torture than the medical model that Geneke presents.

The final chapter by Lars Mehlum concerns the prevention of suicide in the military. Mehlum highlights the situational factors that exacerbate young conscripted soldiers’ mental states, and a general conclusion can be drawn that there is a need not only for medical intervention, but also for political change.
Unfortunately, this book suffers from a lack of editorial control. As the foreword indicates, "manuscripts were transmitted straight to the printer, each author being responsible for his/her contribution". This can hardly be said to make the text "the result of a formidable teamwork" as claimed in the foreword.

In summary, this book contains a motley collection of papers describing well-established and newer approaches to medical and psychological reactions following disasters. It also points to the importance of relationships and social networks as well as strategies of prevention for pursuing the illusive goal of peace in a troubled world.

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Justice, impunity, amnesty?


Desmond Tutu's No future without forgiveness is highly recommendable. The readers of Torture may find that the first chapters are the most interesting ones: Here we find the reasons for choosing the Truth and Reconciliation model instead of the Nuremberg Trial model or the general amnesty which General Augusto Pinochet, among others, had given himself as a precondition to turning over the governing power of the military junta to a civilian government. Ethically correct, it is emphasized that none of us has the power to say 'Let bygones be bygones'. The Past will not disappear: it "will return and haunt us unless it has been dealt with adequately," (p. 31), and if we do not look evil in the eye, it has a terrible way of returning to hold us hostage.

This third option, the personal amnesty, is consistent with a central feature of the African world-view known as ubuntu in the Nguni group of languages, or botho in the Sotho languages. If one has ubuntu, one is "generous, hospitable, friendly, caring, sharing, and compassionate". A person who has ubuntu "belongs in a greater whole and is diminished when others are humiliated or diminished, [...] tortured, or oppressed" (pp. 34-35).

In the first chapters we also find a description of the enormous difficulties that the Commission was faced with. But also of the strength of the South African society. Decisions had to be taken, and taken without delay. A decision was made to concentrate on a limited and manageable period of time and to deal only with gross violations of human rights: killing, abduction, torture, and severe ill-treatment.

Desmond Tutu was elected chairman of the Truth and Reconciliation Committee. The 17 members included Coloured, Indian, African and white representatives. Politically it covered everything from the left to the conservative right wing. There were Christians, a Muslim, a Hindu, and so forth. Four members were ordained ministers.

The description of the constructive process is impressive - in a very short time a staff of 350 people was established. Deputy Chairman Alex Boraine gets a special mention here, with the respect he deserves. The book also gives a thorough account of the way that the members are allocated to the three constituent committees: the Committee on Human Rights Violations, the Committee on Reparation and Rehabilitation, and the Committee on Amnesty.

We also learn about the guidelines for treating the acquired information and for conducting the hearings. The difficulties in reaching the entire community, offering everyone the opportunity to participate, the complicated logistics of holding the hearings, preparing the victims, ensuring the help of a counselor from the Truth and Reconciliation Committee (TRC), and a relative to accompany the witness. The hearings were held in the victim's own language, which everyone working with torture victims knows is essential. All of this is related in a very detailed and inspiring way. How hard it must have been! An enormous effort which deserves our respect.

The author tells us frankly about the results of the commission, of success as well as failures: 1) They received more than 20,000 statements, which is more than any other similar commission. Ten percent of the witnesses were offered an opportunity to testify in a public hearing. This openness and the result of the way the media conveyed the tragic knowledge of the world can only be described as unique; 2) An important characteristic of the commission is the realization that truth has many facets, which do not necessarily exclude one another: a) The jurisprudential factual truth, which is documented and verified; b) The experienced truth, which evolves through interaction, discussion, and debate; c) The personal truth, which is a therapeutic truth; 3) Many victims have undoubtedly been helped. The tremendous importance of being heard. For many maybe even for the first time. They were taken seriously. Their suffering were recognized; 4) The testimonies of police officers and their confessions to torture and other terrible crimes exposed beyond doubt the cruelties of the former government. The author stresses that this is an essential part of the process.

The author believes that the biggest failure of the commission was that it could not prevail upon the majority of the white community to take part in the process.
To many of us, the problem lies in the question of forgiveness - who has the right to forgive other than the victims themselves? Today, we know that torture is a transgenerational phenomenon. The children of torture victims suffer; we must hear them as well as the other members of the torture victim’s family - the so-called secondary victims. In his moving book Letter to a hostage, the French author Antoine de Saint-Exupéry says ‘The new truth is always created in the basement of the oppressed’ [my translation]. We must listen to the victims, including the secondary victims, intensely and compassionately. Those of us who work with victims of torture have known this for many years.

Desmond Tutu finely relates the process of forgiveness, and how dignified, noble-minded, and generous these victims are. We can only give a nod of recognition. The author includes an extensive discussion to explain the amnesty offered to the torturers. In the historical (and religious) context of South Africa, this model has marked a new departure, and has probably been necessary.

In this connection it gives food for thought to also mention a petition which Chilean NGOs presented to President Lagos on 26 June this year, an event which I was honoured to attend. This date marks the annual United Nations International Day in Support of Victims of Torture. The petition called for the establishment of a Truth, Justice and Reparation Commission for Survivors of Torture in Chile. Justice in this case relating to the powerful United Nations for all, and that those of us who are not victims ourselves must show the deepest respect for the sufferings of the victims of torture, and pay the utmost attention to their needs and wishes: Justice, Impunity, Amnesty?

The UN’s answer is clear: No impunity.

Inge Geneffke, MD DMSc hc
Honorary Secretary-General
IRCT

FROM THE MEDICAL LITERATURE

Danish article on psychoeducation


The text below is the abstract - written in English - which appears as an introduction to the article.

Abstract
There is a worldwide tendency to focus on the development of resilience supporting and resilience building programmes for war traumatized children in the areas affected. The Danish Red Cross Asylum Department, which became responsible for the care for asylum seeking refugees in Denmark in 1984, has from the beginning attached great importance to the development of general resilience supporting measures for asylum seekers. With the arrival of refugees from Kosovo in the spring of 1999, a new project was developed under the auspices of the primary health care system, in the form of a resilience building programme, psychoeducation, at the asylum centres in Denmark, in order to reach out to all refugee children and their families from Kosovo.

The objectives of this study are to determine the development of trauma symptoms among children from Kosovo who came to Denmark in the spring of 1999, and to assess the effect of a short psychoeducative intervention programme.

The children’s psychological condition was assessed at their arrival in Denmark by means of an interview done by health nurses, primarily by interviewing the parents, and supplemented by a measurement for post-traumatic stress symptoms by means of a self-rating scale, the Impact of Event Scale (IES). There is a big discrepancy between the health nurses’ assessments and the results of the IES. The health nurses found that a small percentage of the children had developed serious psychological symptoms, whereas the IES analysis showed that 68.5% of the children from Kosovo at the time of the arrival in Denmark had critical scores on the IES, indicating a high risk of developing PTSD.

A few months after the arrival, a short psychoeducational group intervention programme for the children and their parents was created under the auspices of the Danish Red Cross Asylum Department. The programme aimed at reducing stress symptoms and supporting coping strategies. Assessments were performed by IES before and after the intervention, supplemented by questions regarding social support and self-esteem. The study was planned as an effect study, including an intervention and a control group. Refugee children living in Red Cross refugee camps constituted the intervention group and the control group included children who did not live in Red Cross centres. They were offered the traditional resilience supporting measures under the primary health care.

It is not possible to prove an effect of the intervention
through this study. However, relatively few children participated in the intervention and control group design, which may have affected the outcome of the statistical analysis. The intervention group per se constitutes a larger number of children. An analysis of the results cannot be used to indicate an effect of the intervention, but it may point to the processes that develop as part of the intervention. During the course of time, there was a reduction of PTSD symptomatology and a rise in self-esteem of the whole group of children. However, results indicate that this was a spontaneous reduction of symptoms due to time, and independent of intervention, while the development of a feeling of social support and self-esteem could be influenced positively by quick intervention.

The next part discusses the discrepancy between the health nurses' evaluation, showing only few trauma symptoms among the Kosovo children, as opposed to the high prevalence of trauma symptoms assessed by the psychometric scale (IES). Experiences from this project show that evaluations of psychoeducational interventions should include assessment of symptoms of traumatization as well as coping and self-esteem, as this short intervention aims at strengthening coping strategies and resilience to stress.

The Danish Red Cross Asylum Department continues to develop the method of psychoeducation in the primary health care for asylum seekers and also to select and develop procedures for the use of suitable assessment instruments for screening of traumatization and resilience towards stress. It is hoped that such initiatives may help to secure an optimal psychosocial support during the pre-asylum period and a possible integration into the Danish society.

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**Selected list of publications**

*received in the IRCT International Documentation Centre*


When to forgive / Affinito, Mona Gustafson. – Oakland: New Harbinger, 19990000. – viii, 204 p.

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The Editorial Board of TORTURE is pleased to receive conference announcements, calls for papers, and other related information of interest to the readers of the journal.

The Editorial Board also receives short reports about conferences already held. These may be published in the section "Conference reports".

The IRCT is an independent, international health professional organization, which promotes and supports the rehabilitation of torture victims and works for the prevention of torture worldwide. In working towards the vision of a world without torture, the IRCT promotes, values and accepts shared responsibility for the eradication of torture through:

- raising awareness of the need for torture rehabilitation and encouraging support for victims of torture
- promoting the establishment of treatment facilities around the world
- working for the prevention of torture
- documenting the problem of torture and collecting results of research related to torture
- working to increase funding for rehabilitation centres, programmes, and projects worldwide.