EDITORIAL
Sexual torture: still a hidden problem ........................................... 3

DOCUMENTATION AND BACKGROUND
Torture, cruel, inhuman, and degrading treatment of women: psychological consequences 
Libby Tata Arcei ................................................................. 5

An act of force: male rape victims
Carole Hardy ........................................................................... 19

The tortured body as part of the psychotherapeutic dialogue
Libby Tata Arcei ........................................................................ 25

BOOK REVIEWS
The medical profession and human rights: handbook for a changing agenda ................................. 29

DE JURE, DECLARATIONS, ETC.
The Tampere Declaration .................................................................. 30

IRCT NEWS
To our Danish readers .................................................................. 30

ANNOUNCEMENTS
Professor Bent Sørensen’s Travel Grants ........................................ 30

IRCT Annual Report 2001 – Order form ...................................... 31

Moratorium .................................................................................. 31

Forthcoming conferences and seminars ........................................ 32

Selected list of publications ......................................................... 4, 17, 18, 24, 28

CONTENTS
Rape of women, men, and children by officials during war and during police and prison detention has a long and well-documented history. However, the societal denial about rape and the conspiracy of silence surrounding the sufferings of sexually tortured survivors have an equally long history in all societies.

During the last 50 years, the linking of rape to female honour in the Geneva Conventions and in the common view contributed to the assumption that rape was not a politically motivated act but belonged to the private sphere, and as such was not punishable according to international law.

Testimonies of rapes committed by Nazi soldiers during World War II were brought before the Nuremberg Tribunal, but not a single case of war-rape was punished then. In contrast to the Nuremberg Tribunal, the Tokyo War Crimes Tribunal sentenced to death a general responsible for the rape and massacre of Chinese women by the Japanese Army. Despite this precedence, it took 45 years for the international judicial system to acknowledge that sexual abuse and sexual slavery of women and men during armed conflict constitutes torture.

The sad cases of war-rape in Bosnia and Rwanda, as part of ethnic cleansing during the 1990s, created such an international outcry that the judicial world became sensitized and indicted war criminals for war-rape and sexual slavery along with other war-crimes. Thus, in February 2001 the International Criminal Tribunal for the former Yugoslavia (ICTY) created legal history by convicting war criminals for personally committing or for having responsibility for others committing the crime of war-rape. For the first time in history, mass rape was recognized as sexual torture and as a crime against humanity by an international court.

During the 1990s, the IRCT has cooperated with the ICTY in The Hague. As a consultant to the Victims and Witnesses Unit of the ICTY (1994-1999), the IRCT contributed to creating awareness for the specific needs that traumatized witnesses, and especially raped women, have for psychological support before and after they appear before an International Tribunal. In this cooperation project, the IRCT functioned as consultant and educator for a corps of witnesses-assistants who supported the witnesses on a 24-hour basis. In December 1999, the experiences from IRCT’s cooperation with the ICTY were included in a proposal that the French government brought forwards at the UN meeting for the establishment of an International Criminal Court. At this meeting, the IRCT was also present as a member of the coalition of NGOs for the permanent International Criminal Court.

The IRCT believes that the convictions by the ICTY and the establishment of the International Criminal Court are important historical steps against impunity in the international judicial system. In many countries, however, punishment of perpetrators by International Courts will not solve the rehabilitation needs of sexually tortured people for many years to come. The societal denial, silence, marginalization, and even punishment of sexually tortured survivors is a bitter reality. The medical and psychological professions need to be more actively engaged by revealing to the world the urgent and unmet needs of these people.

In Torture number 1 and 2, 2002, the IRCT wishes to contribute to the creation of awareness about the magnitude and the dynamics of these unspeakable acts by focusing on sexual torture of women, men, and children. A total of five articles will appear.

The article “An act of force: male rape victims” defines male sexual torture as an act of subjugation and ultimate humiliation of a man with the aim to effeminate him. Sexual torture of men is an even bigger secret than that of women, and the fear of being considered powerless and a homosexual prevents men from seeking help despite self-destructiveness, psychological conflicts, and physical diseases (No. 1/02).

The article on “Torture, Cruel, Inhuman and Degrading Treatment of Women: Psychological consequences” focuses on gender-specific forms of torture in the context of gender-specific violence as defined by the UN Declaration on the Elimination of Violence against Women, proclaimed by the UN General Assembly in December 1993. It analyses sexual torture of women by State agents during armed conflict, during police custody, penal custody, and detention for various reasons. It discusses the State’s responsibility in cases of State condonation of sexual torture, highlights the psychological and physical symptoms following sexual torture and advocates for the compelling necessity of treatment programmes for sexually tortured women. Finally, it suggests concrete prevention steps on the legislative, institutional, civil society, and individual levels (No. 1/02).

A third article, “The tortured body as part of the psychotherapeutic dialogue”, discusses the lack of research on distortions of the body-image in sexually tortured people and proposes methods of working with the body-self in psychotherapeutic treatment (No. 1/02). A fourth article, “Sexual torture of children: an ignored and concealed crime”, focuses on sexual torture of children, human beings under 18 years of age, by police, the staff of juvenile and criminal correction institutions, soldiers, and the staff of orphanages and other non-penal institutions. Especially vulnerable are street children, children from ethnic minorities, children caught in armed conflicts, internally displaced or refugee children, children with handicaps, and children with a different sexual orientation. The article includes the psychological sequelae in children after sexual torture and suggests mechanisms to protect children (No. 2/02).

In conclusion, a philosopher reflects in a fifth article on the compelling question of evil expressed through the act of war-
rapes. Why does the eruption of violent acts take place? What is the nature of threats that come from inside and outside the system? How can responses of bystanders prevent such eruptions? The article attempts to explain from a philosophical point of view why the violent breakdown of a social order during war is mirrored in the violent transgression of sexual relations (No. 2/02).

At the end of the day, prevention and rehabilitation of sexual torture of women, men, and children is a matter of political will — the will to punish the perpetrators in the given concrete society, following changes in the general perception of sexual abuse in the given society. If sexual violence is both widespread and ethically tolerated in patriarchal societies, then it is of little help that it is a crime and prohibited by international law. The ethical tolerance creates a gap between law and practice.

However important judicial achievements may be, human rights are not self-evident. Human rights are norms and practices for which real people must struggle within their social and cultural contexts. International instruments are formal and often distant documents, unlikely to change people's lives unless States, UN treaty bodies and human rights defenders use them to find solutions and develop strategies for implementation. It is the struggle by people in real life that matters. In this way rehabilitation and prevention of sexual torture depend also on people in the anti-torture movement and the health professions in the rehabilitation centres globally. There is enough work to do!

Guest editor: Libby Tata Arel

Selected list of publications
received in the IRCT International Documentation Centré

Freedom fighters and rebels: the rules of civil war / Rowe, Peter. - In: Journal of the Royal Society of Medicine ; vol. 95, no. 1. - 2002-01-00. - p. 3-4.


User-led research and evidence-based medicine / Faulkner, Alison ; Thomas, Phil. - In: British journal of psychiatry ; vol. 180, no. 1. - 2002-01-00. - p. 1-3.


Post-combat syndromes from the Boer war to the Gulf war: a cluster analysis of their nature and attribution / Hodgins-Vermass, Robert ; McCartney, Helen ; Everitt, Brian ; Beech, Charlotte ; Poynter, Denise ; Palmer, Ian ; Hyams, Kenneth ; Wessely, Simon. - In: British Medical Journal ; vol. 324, no. 7333. - 2002-02-09. - p. 1-7. - Available from World Wide Web: http://bmj.com/cgi/content/full/324/7333/321.


Prevalence of war-related sexual violence and other human rights abuses among internally displaced persons in Sierra Leone / Amowitz, Lynn L. ; Reis, Chen ; Lyons, Kristina Hare ; Vann, Beth ; Manssary, Binta ; Akinshure-Smith, Adynta M. ; Taylor, Louise ; Iacopino, Vincent. - In: Journal of the American Medical Association ; vol. 287, no. 4. - 2002-01-23. - p. 513-521.
Torture, cruel, inhuman, and degrading treatment of women

Psychological consequences

Libby Tata Arcel, Associate Professor, Clinical Psychologist*
Senior Health Consultant to the IRCT**

Nobody asks a male torture victim whether he has consented to torture, but the issue of consent is always present when a woman wants to reveal that she has been sexually abused by an official.

Introduction
Torture constitutes a distorted form of human interaction, in which one powerful person in his official capacity deliberately inflicts pain on, degrades, and humiliates another person, who is powerless and defenceless. One of the aims of torture at all times has been to destroy the personality of the victim and at the same time set an example for the rest of the community by creating a culture of fear that intimidates and terrorizes.

This article focuses on gender-specific forms of torture, mainly sexual torture and cruel, inhuman and degrading treatment and punishment against women (in the following CIDTP = Cruel, Inhuman, Degrading Treatment and Punishment) perpetrated by State agents as defined in the Convention against Torture and other Cruel, Inhuman or Degrading Treatment or Punishment, which was adopted by the United Nations General Assembly on 10 December, 1984 and entered into force on 26 June, 1987 (hereafter referred to as the Convention against Torture).

Gender-specific torture is directed disproportionately or primarily against women. Men can also be targets of sexual torture but in smaller numbers. In this article I will focus solely on women. Sexual torture harms women’s bodies and minds, controls and stigmatizes them socially, impairs their sexual identities, and in the worst cases turns them into living dead. Because of the woman’s crucial role as the care-person in the family, her somatic and mental suffering create detrimental conditions not only for herself but also for her entire family.

I will discuss gender-specific torture in the context of gender-specific violence as defined in the Declaration on the Elimination of Violence against Women.

By including the broader context in this volume I am in accordance with the increasing international focus on gender-specificity of societal violence that violates the human rights of women. Torture and CIDTP against women are in this broader context seen as not only one form of societal violence on the State level which, in a complex culture of violence is linked to other forms on the community and family level that reinforce each other if the State does not intervene.

Human rights violations do not arise only out of law, but also out of cultural practices and institutions not mentioned in the national legislation, e.g. practices of genital mutilation in many Islamic cultures and murder because of a small dowry in India. The argument is that we cannot expect to combat and prevent torture and CIDTP of women on the State level as long as widespread, general societal violence against women on the community and family level is allowed, condoned, accepted, or tolerated by the State through its passivity in the face of human rights violations. A general culture of violence and fear in a society creates tolerance for State-perpetrated torture and maltreatment against women.

Applying a gender-perspective in this article means that I will take a closer look at specific forms of torture targeted at women, i.e. mainly sexual torture and violation of reproductive rights. I will further show how the legal and societal understanding of sexual torture and CIDTP as private acts has hindered effective law-enforcement and adequate protection of female suspects and detainees during war and peace.

In the first section of the article I will present the background for a new branch of human rights theory and law and discuss the UN definition of gender-based violence in connection with the definition of torture. Subsequently, I will discuss two selected forms of gender-based violence perpetrated by State agents: a) Sexual violence during armed conflict; b) Sexual violence and CIDTP of women in custody, including violations of their reproductive capacity and arbitrary captivity in detention-like situations.

Examples from Europe, China, and other countries will be used to illustrate problems. The symptoms of health and mental health suffering and guidelines for prevention of torture will be elaborated in the second section.

A new branch of human rights law
An important reason for focusing on general societal violence against women is an acknowledgement that it seriously jeopardizes not only the social and personal development of
women and their families, but also negatively affects the economic and social development of societies themselves.

A specialized branch of human rights law tries, on a global level, to integrate the gender perspective in all investigations, country reports, planned actions, legislation, policies, or programmes in all areas and at all levels. By integrating this perspective, the different and invariably unequal political, social, and cultural conditions for the two sexes – as well as the discrimination resulting from these conditions – become visible and thus easier to target for change.

The UN Economic and Social Council (ECOSOC) has examined in depth the problem of violence against women in all its forms, and documented that violence against women in the family and in society is pervasive and cuts across lines of income, class, and culture. Even gross violations of women’s civil and social human rights have been tolerated in many societies due to discrimination. ECOSOC1 proposed that a specific international instrument on violence be drawn up in cooperation with the Committee for the Elimination of Discrimination Against Women (CEDAW) under the Convention on the Elimination of All Forms of Discrimination against Women.

The World Conference on Human Rights in Vienna in 1993 followed up on the issue and focused on gender-based violence as an independent theme, recognizing that the “alarming global dimensions of female-targeted abuse”4 were not adequately addressed in mainstream United Nations activities.

The UN General Assembly proclaimed the Declaration on the Elimination of Violence against Women on 20 December 1993 as a result of ECOSOC’s recommendation for an international document that would explicitly address violence against women.

The acknowledgement of the necessity of integrating gender in the United Nations’ human rights work led to the appointment of a Special Rapporteur on Violence against Women, its Causes and Consequences in 1994. Her mandate is to collect and analyse comprehensive data on general violence, including torture, and to recommend measures aiming at eliminating it at the international, regional, and national levels. I will include data from her reports in my analysis.

Finally, the UN Fourth World Conference on Women states specifically in the Beijing Declaration and Platform for Action that women may be vulnerable to violence perpetrated by persons in positions of authority in both conflict and non-conflict situations. It recommends training and punishment of officials in order to prevent violence against women.3

To conclude, the widespread violence and torture against women is now a UN priority, demanding responses from national governments and the international community. The most important UN instruments and documents for carrying out this work are the UN Convention on the Elimination of All Forms of Discrimination against Women, the UN Convention against Torture (to both of which China and Denmark are State parties), the UN Declaration on the Elimination of Violence against Women (DEVW) from 1993, and the Beijing Declaration and Platform of Action (Unesco) 1999. Both declarations analyse the problem and recommend action on many levels. This recent human rights perspective softens the borders between private and public and underlines the necessity of active State intervention against gender-based violence in the public as well as in the private sphere.

A note of caution: However important these achievements might be, no human rights are in reality self-evident. Human rights are norms and practices for which real people must struggle within their social and cultural reality. In reality, women (and men) can live and die without ever being conscious of their existing human rights. International instruments and documents are formal, distant papers that are unlikely to change people’s lives at the local level unless States, UN Treaty Bodies and human rights defenders use them to find solutions and develop strategies for implementation. States tend to sign conventions in New York and Geneva under international pressure and afterwards continue to act as they have always acted. Many international instruments, even those endorsed officially, have the problem that they often stay at the level of ideology.5 However, once they are there they can be used by scientists, NGOs, and human rights fighters at the local level to push Governments into implementing what they have agreed to. Once they are there, they can play an important role in the development of enforcement mechanisms, as long as there is political will and/or struggle by people in real life.

Definition of gender-based violence
Article 1 of the UN Declaration on the Elimination of Violence against Women (DEVW), proclaimed by the UN General Assembly in its resolution 48/104 of 20 December 1993, defines the term “violence against women” as:

“Any act of gender-based violence that results in, or is likely to result in, physical, sexual or psychological harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or in private life.”6

How is this definition connected to the definition of torture? In comparing the wordings of the two definitions it is obvious that the above-cited definition is more general and, in contrast to the latter, it does not comment on whether the violence is intentional or not. Intention is always an aggravating condition in court trials.

However, DEVW presupposes in the preamble that violence has an intent on the societal level – through its wording of the reasons behind violence:

“[…] Violence against women is one of the crucial social mechanisms by which women are forced into a subordinate position compared with men.”7

This definition does not include a gradation of violence as in the torture definition of “severe pain and suffering, whether physical or mental”, but rather focuses on the results of the violence: physical, sexual, and psychological harm and suffering. By the wording “threats of such acts” it includes, justifiably, specifically psychological violence. Research on psychological trauma documents that threats against life and body in a generally violent context with verbal humiliation and degradation results in persistent mental harm.8 The terms “coercion and arbitrary liberty deprivation” refer to all forms of isolation, arbitrary custody, and strict control of women’s movements, from prohibiting them from attending school or work (i.e. Afghanistan) to sexual slavery (trafficking into prostitution in Europe and Asia), and to detention in re-education and labour camps in many Asian countries.
Three contexts of violence are differentiated in Article 2: family, community, and state. The forms shall be understood to encompass, but not be limited to, the following:

a. Physical, sexual and psychological violence occurring in the family: wife-battering, sexual abuse of female children in the household, dowry-related violence, marital rape, and female genital mutilation and other traditional practices harmful to women, non-spousal violence and violence related to exploitation.

b. Physical, sexual and psychological violence occurring within the general community: rape, sexual abuse, sexual harassment and intimidation at work and educational institutions, trafficking in women and forced prostitution.

c. Physical, sexual and psychological violence perpetrated or condoned by the State, wherever it occurs.6 [my emphasis]

Most of the violations, at all three levels, concern women’s sexuality, reproductive capacity, and their right to decide over their own body. Article 3 mentions explicitly the right not to be subjected to torture or other cruel, inhuman and degrading treatment or punishment. The list of violence forms in the definition is not exhaustive. Especially State-perpetrated or State-condoned violence is not specified.

Some forms of State violence are added in the text of the Beijing Declaration8 as a result of the terrible experiences with massive rapes in former Yugoslavia in Europe, Rwanda and Somalia in Africa, and the reports of atrocious cases resulting from the population control policies in countries like China and Colombia. These are murder, systematic rape, sexual slavery, and forced pregnancy in situations of armed conflict (Yugoslavia, Rwanda, Indonesia, Somalia, Sierra Leone), forced maternity (Bosnia), forced sterilization, forced abortion, coercive/forced use of contraceptives, female infanticide, and prenatal sex selection (China, Colombia, Guatemala).9-11 It is, however, unfortunate that the violence forms concerning sexual slavery, violations of reproductive rights, and female infanticide are not included in the definition.

All in all, one could argue that in focusing on the broad term of “violence” in connection to women we risk that governmental torture of women is disguised and blurred rather than highlighted. I do not share this view. The gender-perspective on violence is a new trend in human rights theory. Since September 1994, the issue of gender has been on the agenda of the chairpersons of all human rights treaty bodies of the UN. The chairpersons agreed on strategies to closely monitor violations of women’s human rights within the competence of their mandates. Thus, for the first time ever, the UN Special Rapporteur on the Question of Torture has included torture against women as a special issue in his annual report of 1995.12

Never before have we seen, in UN reports on torture, so detailed documentation and theoretical analysis on women’s torture globally as in the reports of the Special Rapporteur on Violence against Women, its Causes and Consequences.

The differentiation, stringency, and inclusiveness of the analysis and definitions will be a continuous process in the years to come, in which scientists, governmental organizations and NGOs all have a role to play.

I will in the following concentrate on State-perpetrated and State-condoned sexual torture and CIDTP. The terms “sexual abuse” and “sexual assault” are terms used in psychological literature and will be used interchangeably.

Sexual torture and CIDTP of women by State agents Definitions and forms

Despite widespread State violence against women, the typical image of the torture victim is a male who is arrested or imprisoned, suspected of a crime or dissenting political activity, tortured, and maltreated in custodial settings.

Mainstream theorists did not until recently recognize that women, besides being violated with the same methods and for the same reasons as men, often are subjected to other forms of severe abuse that qualify as torture or cruel, inhuman and degrading treatment and punishment according to the definition in the Convention against Torture from 1984. Gender-based torture and CIDTP is rape and other forms of sexual assault, forced impregnation, forced maternity, forced abortion, forced sterilization, and sexual slavery.

Women are globally, in many contexts, sexually violated by officials, simply because they are women and thus considered to be socially inferior human beings to whose bodies and minds the person in authority feels he is entitled to get access.

Sexual abuse is meant to hurt, control, and humiliate, thereby violating a person’s physical and mental integrity. Such intention falls under the Convention against Torture: “[…] or for any other reason based on discrimination of any kind”. Rape is the single most widespread form of sexual assault. The legal definition of rape varies from country to country. In most societies it is defined as sexual intercourse with another person without consent, and committed by force. My definition of rape for the purposes of this paper, adapted after Blatt,13 is as follows:

“Forcible penetration or near-penetration (vaginal, rectal, oral) of a woman’s body openings by body parts of, or any instruments used by, a person in an official capacity during armed conflict or during peace, with the purpose of manifesting aggression and causing physical and psychological damage. Rape includes cases where a woman is coerced by State officials to exchange sexual favours for certain entitlements for herself or her family (food, necessary papers, health services, access to her imprisoned family members) or is coerced into sexual intercourse because she fears for her safety.”

Other forms of sexual assault may be forcing the woman to take part in unnatural sexual relations with others than State agents (i.e. with family members, animals, or with other captives), inflicting pain on the genitals with different materials such as electric current, water, or mechanical stimulation of the erogenous zones, squeezing or binding the breasts, suspension by the breasts, genital mutilation, the forced witnessing of rape or unnatural sexual relations (i.e. the use of animals such as rats and dogs), being forced to masturbate or to masturbate others, a general atmosphere of sexual aggression that arises from being molested, stripped naked, degraded remarks, life threats, sexual threats, and molestation without penetration.

All the above-mentioned forms equate rape in a psychological sense, even if they in a technical or legal sense do not involve penetration. The victim feels raped, dirty, damaged, and presents the same clinical picture in the initial health assessment as if she had been penetrated. Sexual assault is more often than not combined with other forms of physical torture, such as cuts with knives, bottles, burning with cigarettes, beating with hands, weapons, sticks, etc., kicking,
trampling with boots, pinching, etc. This was often the case with the war-raped women in Yugoslavia, as the following example shows:

"After they abused me, they [two soldiers] carried me naked out to the fields, placed me in the watering trough beating me mercilessly with the rifle-butt, shouting "we are going to kill you, you whore," trying to force me to tell them where my husband was." (29 yr. old Bosnian woman, in personal communication under interview).

Psychological methods of torture have gained in importance in recent years. The main forms include brain-washing, sleep, food, and water deprivation, denial of sanitary means, confinement in isolation, mock execution, humiliation and life-threats, and forced witnessing of others being tortured.  

Sexual violence falls under both physical and psychological torture. Denial of sanitary means is a special form of degrading, psychological torture of women because of their biology.  

"I was chained to the wall, my arms and legs were spread apart. I started to menstruate. I could feel the blood flowing down my leg. They mocked my body. I stood there wetting myself and covered in my own blood. I felt so humiliated and powerless. I felt like a child in the most terrible nightmare imaginable".  

VULNERABLE GROUPS  
Women at risk are women suspected of crimes, ethnic minority women in need of life-important services or personal documents, VULNERABLE victims of human rights, refugees, displaced and repatriated women, women active in the political opposition, defended with responsibility for distribution of goods and necessities. 

The military, security forces, militias, police officers or other persons in a position of authority, i.e. guards in civilian detention camps, guards in refugee camps, political officials with responsibility for distribution of goods and necessities. 

PERPETRATORS DURING WAR  
The military, security forces, militias, police officers or other persons in a position of authority, i.e. guards in civilian detention camps, guards in refugee camps, political officials with responsibility for distribution of goods and necessities. 

PERPETRATORS DURING PEACE  
Security forces, military police, judicial personnel, civil police officers, prison officers, prison inmates on the instigation or consent of prison officers, or other officials authorized with power over the individual as guards in non-corrective detention centres, or officials that are in power to provide important papers. 

UNDERREPORTING  
Numerous incidences of sexual abuse are never reported for the following reasons: 

Sexual attacks are in most communities perceived as shameful, and the victim is stigmatized. She may be unable to marry or stay in a marriage if it is known that she has been abused. Women lack access to legal information, aid, and protection. In some societies she is perceived as the culprit that should be punished. There is often a lack of effective prohibition of violence against women and, if it exists, there is a lack of will on the part of the authorities to enforce existing laws and punish the perpetrators. There might not be an effective complaint system or information on the existence of one. Officials may fear that raising the issue could damage the image of the Government, or they may fear reprisals from colleagues and superiors for revealing weak parts of the system. They may feel discomfort, as sexual violence often provokes strong emotional responses, and many male and female officials do not know how to behave in front of an abused woman. Finally, officials may themselves condone the sexual violence or even participate actively in the abuse. 

Specific contexts of sexual torture and CIDTP  
Armed conflict  
Sexual abuse of women during intrastate and interstate conflict has, historically, been a recurring phenomenon, but has been kept as an official secret. History books have until recently counted dead and injured soldiers, but never sexually violated women who were psychologically and physically injured for life. The recent list, only from the 1990s, is long: Bosnian Muslim women violated by Bosnian Serbs and Bosnian Croats, Tibetan nuns violated by Chinese, Rwandan women violated by both enemy men and women, East Timorese women by Indonesians, Kashmir women by Indian soldiers, to mention only a few of the intrastate and interstate conflicts. The horrendous news of the raped women in Bosnia gave impetus for a large number of personal testimonies, books, and articles in international scientific literature and media that for the first time brought to light the "Hidden horrors" committed against women in previous wars. 

Sexual violence against enemy women is part of the punishment, intimidation, and terrorization of a political, religious, or ethnic minority, a means for a military strategy or other State policy: a weapon of war. 

The abuse happens in custodial settings: Prisons, police stations, detention centres, transit-centres, refugee settlements, but just as often in non-custodial settings as homes, official buildings, various kinds of collective centres, health institutions, bordellos or sexual slavery camps organized by the military. Sexual slavery camps have a long history. Notorious are the so-called "comfort" houses established by the Japanese during World War II, where 80,000-100,000 women from Southeast Asia were held captive and forced to sexually service the troops. The first "comfort" house opened in Nanjing in 1938. 

"[...] the conditions of these brothels were sordid beyond the imagination of most civilised people. Untold numbers of these women (whom the Japanese called 'public toilets') took their own lives when they learned their destiny; others died from disease or murder. Those that survived suffered a lifetime of shame and isolation, sterility or ruined health. Because most of the victims came from cultures that idealised chastity in women even those who survived rarely spoke after the war – most not until very recently – about their experiences for fear of facing shame and derision." 

A former Japanese soldier spoke candidly about the process of mass rape and murder of Chinese women:
“[...] We took turns raping them. It would be all right if we only raped them. I shouldn’t say all right. But we always stabbed and killed them. Because dead bodies don’t talk”.19

The Japanese government has, after pressure, expressed remorse and has apologized to former “comfort women”. It has set aside 700 million yen for medical and welfare projects for these women, and committed itself to include these stories in history books in order to prevent such atrocities in the future. However, it has not yet accepted legal responsibility.

Fifty-five years later, history repeated itself in the Bosnian war in Europe, where women were raped as part of an ethnic cleansing of a territory.20 To this day, the war rape crimes in Bosnia are the best investigated, documented, and reported.21-25

“In a small village of Kotor-Varos (Bosnia), Matilda, twenty years old, mother of two small children, was raped by a soldier in her own house while another soldier watched the children and took his turn afterwards. She was threatened with a knife that if she did not co-operate, the children would be harmed. A third soldier raped her sixty-year-old mother-in-law on the second floor. The women were interrogated about the whereabouts of the family males and were urged to leave the village as soon as possible; otherwise they would come back, rape them again and kill them.”26

Impunity for sexual torturers

Impunity of perpetrators of these crimes has been pervasive throughout history. In most wars, rape was officially prohibited, but in reality accepted as a necessary “by-product of the war”. Courts and State authorities did not consider rape to be torture. Torture as a method of punishment and interrogation of soldiers and prisoners has been repeatedly prohibited in declarations and covenants since the 18th century, and punished in several military and civilian trials. Meanwhile, the rape of women has been explicitly condemned under humanitarian law alone.13

Rape was not condemned before the 1949 Geneva Convention on the Protection of Civilians in Time of War, in which article 27 states that women should be especially protected against any attack on their honour, in particular against rape, enforced prostitution, or any form of indecent assault. However, until lately (i.e. until the 1970s) the international legal community was reluctant to recognize even mass rape and horrendous dimensions of sexual abuse by public officials as a politically motivated offence against enemy women.

A striking example can be found in the report of the International Commission of Jurists on the mass rapes of 200,000 Bengali women in East Pakistan in 1971.11 The jurists assumed that young women and girls were kept by Pakistani troops for their sexual pleasure. No link was made between the rapes and sexual slavery on one side and torture on the other. The Pakistani army's stated purpose to brutalize and terrorize Bengali people in order to break their spirit during the civil war was not used by the jurists as an explanation for the sexual abuse. The reasons underlying the failure to link rape and other sexual abuse with the legal definition of torture are mainly based on the conception of rape as a private act, for which the State cannot be held responsible.

The prohibition against rape and the prohibition against torture by officials were and still are in many countries separated from each other. This is reflected in the judicial practice and is also deeply embedded in the consciousness of judicial personnel at all levels. When discussing this with colleagues from many countries, I am presented with the view that torture of women is rare in their country, only to hear them add in the next moment: “But women suffer from rape by police and prison officers”.

The linking of rape to female honour in the Geneva Convention and in the common view contributes to the assumption that rape is not a politically motivated act. In linking rape to the violation of a woman's honour, the morality of the victim comes into focus. In the eyes of the community she has lost her honour; she is “dirty” or “spoiled”. Consequently, many women will neither report nor discuss the sexual violence against them. Until recently, the communities where they live covered everything with silence.

Not a single case of rape during World War II was punished at the Nuremberg trials despite testimonies.

In contrast to the Nuremberg Tribunal, the Tokyo War Crimes Tribunal took pains to include rape crimes in the public records. The most significant case on rape presented to the Tribunal was the rape and massacre of Chinese women by the Japanese 10th Army and 16th division in Nanjing in December 1937.2728 A general was sentenced to death for crimes committed by his troops including rape. Despite this precedent it took 45 years to acknowledge— but still not punish— the massive sexual abuse and sexual slavery of European and Asian women. The sad case of the war-raped Bosnian women in Europe and the Rwandan women in Africa created such an international outcry that the judicial world became sensitized to recognize war-rape for what it is: torture.

The recognition of rape by State officials as torture

After the adoption of the Convention against Torture, rape has been identified, as early as in 1992, by the Special Rapporteur on Torture as a method of torture fulfilling all the essential elements of the definition in the Convention against Torture (1984): It is “a physical and mental act that gives rise to severe pain and suffering”. The perpetrator “is inflicting pain and suffering for a purpose or an intent”. The perpetrator is “an official or a person acting in an official capacity”. However, this recognition was incomplete in international law until the International Criminal Tribunal for the former Yugoslavia (ICTY) created law history by convicting a Croatian commander (the Blascic case) as responsible for mass sexual abuse of women in Bosnia (1991-1995), and by recognizing rape as a crime against humanity and as torture, sentencing three Serbian soldiers to severe punishments in February 2001. The commander could not plead ignorance. He should have known, and he should have prevented rape by punishing the agents. Furthermore, a recent decision by the European Court of Human Rights in the case of Aydin v. Turkey on 25 September 1997 found that:

“The rape of a detainee by an official of the State must be considered to be an especially grave and abhorrent form of ill-treatment given the ease with which the offender can exploit the vulnerability and weakened resistance of his victim. Furthermore, rape leaves deep psychological scars on the victims which do not respond to the passage of time as quickly as other forms of physical and mental violence [...] the Court is satisfied that the accumulation of acts of physical and mental violence inflicted on the applicant and the especially cruel act of rape to which she was subjected
amounted to torture in breach of article 3 of the Convention."29 [my emphasis]

In addition to the Convention against Torture, the Convention on the Prevention and Punishment of the Crime of Genocide, the Slavery Convention, the International Covenant on Civil and Political Rights, the International Covenant on Economic, Social and Cultural Rights, and the Convention on the Elimination of All Forms of Discrimination against Women are other human rights instruments which have bearing on the concept of sexual violence during times of armed conflict.

Defendants before the ICTY, who have committed sexual violence, have been charged with "torture" in cases of multiple and repetitive instances of rape, causing serious bodily harm or suffering. In situations of rape where there was no serious physical injury, they have been charged with cruel, inhuman and degrading treatment. Thus, rape during armed conflict is recognized for the first time in history as sexual torture by an international court (1998). Furthermore, the Office of the Prosecutor of the ICTY included enslavement as sexual violence for the first time in international law in situations where Bosnian women were detained against their will and forced for several months to provide sexual and household services for soldiers (the Foca indictment).

A question that occupies many minds and is of relevance for prevention of torture is:

Why do soldiers commit sexual crimes during war

IRCT’s research from the Bosnian war20,26 shows that war-rape is an expression of many elements. The motives are expulsion of the civilian population, trans-generational revenge and punishment for atrocities committed against family members in earlier conflicts between the two groups, misogyny, genocide mentality (wishes to extinguish the enemy from the face of the earth), and feelings of nationalistic superiority.

The undermining of the enemy’s familial, social, and national bonds by humiliating females, by creating lifetime scars in women’s bodies and minds, and by socially stigmatizing the enemy, comprises psychological warfare. In a patriarchal society, each rape symbolizes defeat and the impotence of enemy men in protecting their women. Rape of the enemy’s women symbolizes rape of his territory and his total defeat. The term rape is also used to denote the occupation of a territory or a town. (e.g. the rape of Nanjing20).

Feministic explanations of sexual torture stress that men abusing power in sexual ways enjoy a position of sexual dominance and feel that their masculine identity is reinforced by humiliating and subjugating the woman. In feministic assumptions, men show their inner desires in war-rape, stripped of civilizational inhibitions. This subjugation supports the maintenance of the patriarchal society.20-31 This view is supported by the fact that the vast majority of rapists in war are not mentally disturbed. They are "normal" men, drafted or volunteers.

I do not believe that men raping in war show their inner desires, or that man is a sexual animal that cannot control itself when in absolute power. It is true that male sexuality is potentially more aggressive than female sexuality, also in times of peace. The great bulk of sexual crime - rape, incest, and pedophilia - is at all times and in all countries committed by men. This aggressiveness is cultivated to the extreme through institutionalized misogyny in the military establishment and exploited in racist military wars. Under such circumstances many more men rape, even those who would never consider raping a woman during "normal" times. However, the main responsibility for war-rapes lies with those identified leaders, and their followers, who conceive a rape strategy and give soldiers or other officials the "license to rape".

My own explanation for mass rapes in war is that it happens because it is allowed, with or only mild sanctions for the perpetrators. Permission can be by commission: i.e. by open allowance, as has been the case with the torturers in Latin American dictatorships and the Greek dictatorship in the early 1970s, in armed conflicts where war-rape is a strategy, or by omission: i.e. by turning a blind eye to the crime and ensuring impunity for the offenders.

In a patriarchal, hierarchical, and undemocratic system, as the military often is, those at higher levels of power send the signal to lower levels that sexual torture is allowed, not punishable, and not preventable. According to this way of thinking, women are expendable and barely human beings: According to surviving Japanese veterans, many of the soldiers felt remarkably little guilt about the raping of Chinese women. One of them says: "Perhaps when we were raping her we looked at her as a woman. But when we killed her, we just thought of her as a pig."32 The dehumanization of the woman (the belief that she is not a human being) makes gross abuse possible.

In short, preventing sexual abuse of women is a matter of political will to punish the perpetrators and the general perception of women in a given society. If gender-based violence is both widespread and ethically tolerated in male consciousness, then it is of little help that sexual torture is a crime and prohibited by national and international law. The ethical tolerance creates a gap between law and practice. The barriers for building bridges between law and practice may be purely technical, given that political will exists, but are in most societies ideological.

Torture of women in police/penal custody

Torture against women in police/penal custody is considered as a particularly severe violation of human rights, as the state has a heightened responsibility for individuals in its custody. Forms of custody include arrest, detention, preventive detention, pre-trial detention, and court lock-up. The laws and the conditions of these forms of custody vary from state to state. Detention is particularly widely interpreted. All kinds of arbitrary captivity can be included under this term. Custody is not clearly defined. In its narrow definition it can encompass police and penal custody, but as the Special Rapporteur on Violence against Women notes in her report on State violence,33 it can occur in psychiatric custody, in medical custody, or in educational custody. Custody can thus be broadly defined as situations where the state physically keeps an individual by compulsory means for a specific purpose. The purpose can be legal but also illegal.

Women are increasingly in conflict with laws and policies, as they increase their activities in the public as well as in the private sphere. Political activists and human rights defenders are especially at risk of being tortured in custody. Research shows that almost all female political prisoners are subjected to sexual torture.34-35 Women are tortured in prison with the purpose of extracting a confession, and to punish, inflict pain and suffering, instil fear, and cause psychological damage.
The following is a recent example of torture of human rights activists in police custody in a European country:

"Two young Kurdish women - 16-year-old high school student NCS (full name withheld) and 19-year-old student Fatma Deniz Polattas - were detained for several days in March 1999 at the anti-terror branch of Iskenderun police in Turkey, accused of being members of an armed opposition group. The women were held naked and blindfolded and deprived of sleep, food and access to a toilet. During interrogation, police threatened to rape their parents unless they confessed. NCS was hit on the head, genitals, buttocks and breasts, forced to roll naked in water. [...] Fatma Deniz Polattas was punched in the face, breaking a tooth. She was then made to bend over and raped anally with an object. [...] The young women were seen at different times by five doctors, but none reported any signs of torture. Instead the women were subjected to degrading 'virginity tests'. Although they lodged a complaint, the Iskenderum Chief Prosecutor decided not to prosecute the police officers. It was only after an appeal against this decision that in early 2000 a trial was opened against four police officers charged with torture."36

Physical captivity in any form - where the power between the captive and the captor is unequal as in police and penal custody - increases the risk for abuse of power and torture. Male prison officials increase the risk for sexual abuse and coercion of female prisoners. So does housing of females in male prison facilities.

The following forms of gender-based torture in custody have been documented in the latest report of the Special Rapporteur on Violence against Women: rape, or threats of rape, perpetrated against women detainees by male guards or by inmates at the instigation or consent of the guards (Albania 1994, Bahrain 1996, Bangladesh 1997, Tunisia 1995, Turkey 1997), forced impregnation and forced maternity by soldiers and militia (Bosnia), virginity testing and defloration by police and prison doctors (Iran, Turkey). These examples are only indicative and not exhaustive.37

Abuse of reproductive capacity in enforcing a State policy

Forced abortion, forced sterilization, and forced miscarriages in late phases of pregnancy by midwives, population-control officials, and doctors are reported to take place in China and Colombia.18,37

Population control policy in China puts women under tremendous social, economic, and administrative pressures to undergo unwanted abortions and forced sterilization and then suffer the health consequences. Although the authorities have established family planning counselling centres, violence and other abuses have been reported in individual cases. Though enforcement of the policy varies from region to region, patterns of penalty can include fines, disqualification of benefits and subsidies, administrative demotion, or loss of job, loss of state subsidies for child care, health care and education and deprivation of a child's legal status. Women are subjected to peer pressure, and unit officials and co-workers can lose their bonuses if they do not keep the quota for the permitted number of children and pregnancies in their district. Women are subjected to psychological intimidation and humiliation, monitoring of menstrual periods, desecration of property and property confiscation in case they become pregnant without permission.

There are disquieting reports of physical brutality towards pregnant women, including beating, and horrendous descriptions of forced surgery and killing of foetuses. Human rights organizations are concerned about the lack of prosecution of officials who authorize these kinds of violations.10-11,16

Amnesty International has labelled the practices of forced abortion and forced sterilization as "cruel, inhuman and degrading treatment of detainees or restricted persons by government officials".38 A Chinese woman was granted asylum in Canada on the grounds that she would risk sterilization if she were "refouled" to China.

"Safe" custody in detention-like conditions

There is one form of gender-specific custody, used especially in Asian countries (Bangladesh, India, Sri Lanka, China), called "safe custody" or "re-education custody" or "labour camp", which is being used as a mechanism of "protection" of women and children who have no other place to go. It includes victims of trafficking, abducted women, refugees, women rescued from brothels, and women who have left their homes due to domestic violence. They are kept there as captives. To detain such women is unjust and opens the door to numerous abuses. It is of course positive that the State provides shelter for people who otherwise would be on the streets. But these so-called "safe custody" places are often dangerous places where women are abused or even killed.16

Geographically isolated camps, overcrowded camps, poor services and facilities, poorly lit and unlocked sleeping and washing facilities facilitate sexual violence. Furthermore, lack of police protection and a general lawlessness, such as officials being bribed not to investigate complaints or being involved in abuse and exploitation themselves, leave women in these camps without real protection.

State responsibility

Does the State have the responsibility for violations of women's human rights in medical settings and detention-like situations?

In the UN Declaration on the Elimination of Violence against Women, an interesting differentiation is made in the third context of gender-based violence, between State-perpetrated and State-condoned violence. The Declaration does not clearly define the difference between these two action patterns. However, it would not be wrong to assume that State-perpetrated violence may clearly fall under the general Convention against Torture, whereas the concept of State-condoned violence has an undifferentiated status.

An example: Police officers passively witness atrocities committed by a group of citizens against a minority group in a European country. The police do not perpetrate violence themselves, but their passivity signalizes allowance to the crowd.

The concept of "condoned violence" is useful in describing the intriguing cases where a violation in a given State may be strictly prohibited by law, thus being illegal, but is widely practised by State officials and met with impunity. This is so in the case of torture, which occurs in numerous countries despite ratification of the Convention and prohibition by law.

The term condone means to: "overlook, disregard, let pass, turn a blind eye to, excuse, pardon, forgive, make allowances for, forget". Opposites to condone are: "condemn" and "punish" in the Concise Oxford Thesaurus.39 Another interpretation, according to the Cambridge Dictionary,40 is "the
approval of a behaviour (that some people consider wrong) so that such behaviour is encouraged in the future". It is evident that the behaviour included in the concepts "perpetrated" and "condoned" relate to different actions. The perpetrating State is not necessarily in conflict with itself. It tortures and sanctions the torture, granting impunity to the perpetrators. Condoning a conduct implies a conflict where the State (agents on different levels) chooses sides against legality and ensures an illegal impunity for the perpetrators but does not like to admit it.

However, in my opinion it would be wrong to assume that the role of the State, psychologically, is active in perpetration but passive in condoning. Condoning an illegal atrocity is an active process, as is perpetrating it. It is active in the sense that it includes knowledge about the violation, many times even the presence of State agents, evaluation of the severity and the results of the violation, the decision about whether to condone or to punish, and finally it also has a purpose. Not necessarily a vicious one. The reasons for passivity might be lack of resources to intervene, lack of expertise, conflict of interests, etc.

The basis for State-condoned violence against women might also include the purpose to maintain gender-based discrimination. The gender-based discrimination might be unlawful, i.e. rape is strictly prohibited, but can still be ethnically tolerated and is therefore legitimate and, thus condoned, punished minimally.

According to the Special Rapporteur on Violence against Women, in such instances the State is directly responsible for violations of human rights of these women, kept in the camps by order of the State.

The responsibility is the result of the ratification of international law, which imposes a duty upon states to respect and ensure respect for human rights laws, including the obligation to prevent and investigate violations. It includes the duty to take appropriate action against violators and to afford remedies and reparation to those who have been injured as a consequence of such violations.37 Of course, as mentioned before, human rights law is one thing and human rights practice is another. The enforcement of international laws is very different from country to country.

With respect to State responsibility it seems that the legal concept "due diligence standard" is gaining international prominence.41 To comply with the "due diligence standard", states must employ all means of legal, political, administrative, and cultural nature to promote the protection of human rights. The principle of the "due diligence standard" has been mentioned by the Special Rapporteur on Torture in reports on the use of mercenaries as a means of violating human rights, in reports of the UN Secretary General, by treaty bodies such as CEDAW (the Committee on the Elimination of Discrimination against Women); in expert group meetings, in resolutions and declarations particularly on violence against women, and in writings by publicists.

In conclusion, sexual torture and sexual violence against women is widespread during armed conflicts and in custodial and semi-custodial settings. Prevention of torture of female suspects and detainees is mandatory. I will return to the subject of prevention. In the next section I will analyse the experience of sexual torture and the psychological consequences of torture.

The experience of sexual torture
People who have suffered physical and sexual torture have a particularly hard time living with the sexual torture. The perpetrator's purpose was to destroy the sexual identity of the victim, and he used psychological mechanisms to obtain this. The torturer observes the most vulnerable points in the victim's reactions and uses them to break her will. Torture creates an extreme social situation where the victims are totally subordinate to the will of the perpetrator. Unpredictable and painful attacks on the body create a helpless situation. To be subjected to sexually humiliating situations in combination with other psychological torture, such as food, sleep, water, and sanitary deprivation, teaches the victim that she is totally helpless, cannot escape, and cannot be heard by anyone. In this situation she feels like a marionette with total loss of control and independence. Her body does no longer belong to herself but to somebody else.

The torturer decides what and when she will eat, drink, go to the toilet, sit or stand, be at his disposal sexually. The sexual assault attacks the most intimate parts of the body and soul. Sexuality, normally part of a safe, intimate relationship, is turned into the most aggressive and unpredictable attack. The humiliation, shame, and fear that is felt in the torture situation is borne by the victim for the rest of her life, if untreated. The torturer often tells the woman that she will not be able to be a woman again and will never be able to have children.

Since sexual torture involves the intimate parts of the body it creates a special tormenting feeling of complicity in the victim. Even under the most forcible and inescapable situations where resistance only brings more and heavier assaults, women feel guilty and feel they should have done something to escape the situation.42 Acts of psychological and sexual abuse are invasions of the victim's self.1 Victimization affects important assumptions about oneself and the world held by the victim up until the moment of victimization. What changes is especially the feeling of invulnerability that we all have as a natural endowment. The conviction that we are invulnerable is healthy and necessary in our everyday lives; otherwise we would constantly be suspicious of every person and every situation as potentially dangerous. Torture temporarily or permanently destroys the feeling of invulnerability.

Physical symptoms
The violent attack on the body results in ill physical health and many medical complaints, and victims describe many physical symptoms shortly after the torture experience, a few of which will be mentioned.43 These may be fresh or healed fractures, ostitis, periostitis, nerve and vessel injury, fibrosis in muscles, fasciae, and connective tissue, injury to tendons and ligaments, distortions and scars from beatings, whippings, cuts by knives or other sharp instruments, burns, or electrical torture. Other symptoms can be sexual dysfunction, damaged teeth, the whiplash syndrome, punctured eardrums and hearing loss due to different methods of "telephone" torture. Alopecia is found after electrical torture. The torture survivor's chronic pains and tension influences the general tension of the musculature, resulting in fibrositis, fibromyalgia, and myofascial pain.

Sexual torture may leave traces in the musculo-skeletal system, structural injuries, functional disturbances, and dysfunctioning of the pelvic joints in women. They often have low lumbar pain, complain about pains in genitalia, menstrual disturbances, and sexual problems. Sexual dysfunction and testicular atrophy in men is seen after electrical tor-
Sexual torture and mental suffering

During the last two decades, an increasing body of research and theory has been produced in many countries, mainly western, where torture and sexual torture victims amongst refugees have been investigated with regard to their mental health. The surviving victims, if not succumbing to their injuries or killed on the spot, may lose bodily health, work, family, status in the family and in society, and finally, if exiled, suffer the loss of country, language, and cultural environment. The most commonly reported symptoms of suffering in many different parts of the globe are anxiety, depression, irritability, emotional liability, cognitive memory and attention problems, personality changes, behavioural disturbances, and neuro-vegetative symptoms such as lack of energy, insomnia, nightmares, and sexual dysfunction.  

At an early stage the Rehabilitation and Research Centre for Torture Victims (RCT) concluded that the worst sequelae of torture were psychological, which has been confirmed by other international studies. Researchers claim that the issue of infliction of deliberate violence by one human being on another with the aim of destruction has a strong influence on the formation of symptoms. Gelinas supports this point by distinguishing between "facticity" (e.g. to break a leg in an accident) and "agency" as causes of trauma. The malevolent intention of the perpetrator entails, according to Gelinas, the most extreme trauma. The importance of other traumatic events as additive to torture stress is often not investigated.

Sexual assault is currently included in the psychiatric diagnostic manual DSM-R as a type of traumatic event that can precipitate the full pattern of PTSD. PTSD is a psychiatric syndrome consisting of symptoms of extreme irritability, social withdrawal, avoidance of situations that can resemble elements of a torture situation, nightmares, and frightening flashbacks of the traumatic situations. PTSD seriously affects the social adjustment of the individual. A growing number of studies confirm that rates of PTSD following completed sexual assault are very high, compared with any other crime (90%). Current results show that the strongest predictors of PTSD symptoms in sexually assaulted women are: to have experienced threats to their life, actual physical injury in genitals or other body parts, completed rape, and pretorture depression.

Other important factors of long-term PTSD are the quality of social support that a woman receives in her post-captivity environment, her religious faith, or political involvement. Research has shown that two weeks after sexual assault, 94% of the women met criteria for PTSD, whereas approximately half of the group displayed PTSD twelve weeks after rape. PTSD is not the only disorder that may occur following sexual assault. There is an increased risk of major depressive disorder, increased rates of suicidal ideation, and suicide attempts, anxiety disorders, and substance abuse. A decreased frequency of sexual relations is the most often reported change after rape (59%). High levels of experienced violence result in an intense and debilitating fear of social situations or of being alone. During the first period after rape, employed women tend to experience more problems than unemployed women, possibly because employed women are forced to be in social situations before they have had a chance to recover from their experiences. Victims tend to view their husbands/boyfriends as attackers. The women with chronic PTSD have more problems in their social and vocational adjustment. Many mental health workers have identified a cluster of symptoms labelled the Rape Trauma Syndrome, which consists of two distinct phases. The acute phase one is immediately after the rape, lasting from a few days to a few weeks. The main emotional reactions during this phase are fear and thoughts about death. She says that she would rather be dead, she feels unclean and ashamed. Somatic complaints are often expressed, sleep is disorganized and the appetite is decreased. There are often genitourinary problems. In the second phase depression is prominent, the victim suffers from flashbacks and nightmares. These symptoms can vary over a long time. It is important for successful coping to have a family and to have social support. Almost all torture survivors seeking treatment, both refugees and others, will need practical assistance along with medical and psychological treatment needs. For a torture victim, focusing on the survivor's current life situation, family, personal values, existential dilemmas created by a possible ideological disillusionment or the opposite, and advantages and disadvantages in her engagement in her country's political situation is of equal importance as the medical assessment and treatment.

Major goals for rehabilitation and treatment of sexually tortured and degraded women are:

1. to reduce their anxiety;
2. to alter their perceived threat related to the traumatic memories of violence;
3. to help them increase their feeling of safety, self-worth and hope for the future;
4. to reduce their guilt, shame, and self-blame;
5. to help them restore their social and vocational adjustment.

Counselling and couple therapy can prevent breakdowns of communication in couples. Victims feel increasingly dependent on their partner, and can be chronically fearful and anxious, which is stressful to their relationship. In medical and psychological literature, sexual torture is considered as a very important life stress event that causes many other stresses. In conclusion, torture undoubtedly exposes people to the risk of psychiatric symptoms and social problems. The traumatic experience of torture - prolonged, repeated, man-made, unpredictable, and inflicted with malevolent intent - results in the most serious psychiatric disorders. Prolonged and repeated sexual torture is the most traumatizing human experience of all.

Prevention of torture

Eradication of torture cannot happen unless concrete measures are taken, both short-term and long-term. All measures presuppose political will and tight monitoring of human rights violations by "watchdogs" like UN Treaty Committees and national and international human rights organizations that are persistent in their demands for change. The mobilization of civil society to work for punishment of the officials is of utmost importance. This again requires a creation of awareness in the public and the government on the detrimental effects of torture on health, mental health, human dignity, and the dignity of society itself. Prevention of torture can be implemented through measures at the legislative level, the institutional level, the civil society level, and the citizen level. The following suggestions are not exhaustive but examples of preventive measures.
The legislative level

The existing national laws protecting health, sexual, and reproductive rights, and those prohibiting torture and sexual violence against women should be consistent with international standards. Rape during war is now labelled as torture, and commanders should instruct troops in international laws, strictly forbid sexual violence, and inform about punishment rules. National laws should furthermore include concrete measures for implementation of the prohibitions. All levels of the judicial system can support prevention of torture by taking a strong position on support of laws protecting human rights. National laws, penal laws, codes of military conduct, and other specialized procedures should be revised according to international laws, so that responsibilities taken on after signing the conventions are carried out in reality instead of existing only in the form of papers.

The States that have signed the Convention against Torture and the Convention on the Elimination of All Forms of Discrimination against Women have the responsibility to investigate allegations about gender-based torture and ensure that those who encourage, order, tolerate, or perpetuate such acts shall be held responsible. Country reports delivered to different treaty bodies concerning human rights violations against women can be a tool for governments and civil society to monitor the situation and set objectives for change.

A law should be enacted that forbids physical force in connection with the implementation of population control policies. In this connection there should be clear lines as to what types of behaviour of officials are acceptable/unacceptable. Officials crossing these lines must be prosecuted and removed from their posts. There will be no change in the prevalence of torture if the State does not adopt firm and highly visible policies condemning all forms of sexual violence. Widespread impunity against "the letter of law" is incompatible with the prevention of torture.

States must ensure by their legal system that victims of torture obtain redress and have the right to compensation, including the means for as full rehabilitation as possible. Compensation should be awarded for any economical damage or physical and mental harm, including pain and suffering and emotional distress, costs required for legal or expert assistance, medication, health and mental health services. If the victim dies as a result of torture her dependants should be entitled to compensation.

The institutional level

In cases of sexual violence during armed conflict, peacekeepers should be given necessary training in gender issues before they are sent to troubled areas, since peacekeeping has become an important part of the activities of the UN. In cases of rape by officials in war and times of peace, victims and NGOs should be given the opportunity to trigger investigations and offer emergency services. Prosecutors' offices should be supplied with a strong gender division.

Capacity building programmes in gender sensitivity and knowledge of physical and mental health consequences of torture should be implemented within the military, the police, the penitentiary system, the criminal system, and other law-executing personnel. Gender-sensitive training of judicial and law-enforcement officers and other public officials can change their attitudes and conduct towards women. Rates of rape and other sexual abuse can be brought to a decrease if female personnel participate during the interrogation of female detainees, and females in prisons are guarded by female officers. As sexual violence always raises strong emotions, embarrassment, and subsequent silence, the prosecution, the judiciary and forensic experts should be given training on how to address problems of sexual violence. It is essential for the prosecution of sexual violence that some persons working in the judicial system are trained to work with victims of violence against women. Standard minimum rules for the treatment of prisoners should be implemented in order to prevent abuse of imprisoned females, along with legal remedies for victims, including an individual right to compensation, rehabilitation, and access to social services.

The different bodies of police, prison, and other detention systems can facilitate the investigation of women's complaints of sexual abuse by establishing specific offices and systems for the filing of complaints. Since women can expect reprisals from the offenders, these complaints offices should keep strict confidentiality and ensure protection of witnesses. Pamphlets on how and where to seek assistance when sexually abused could be printed and distributed.

States should provide lawyers to females, since females often have little or no knowledge of the legal system and its possibilities for protection. Conditions in protective custody, e.g. in re-education camps or other kinds of "safe" camps can be improved if the State is assisted by non-governmental organizations that can create alternative shelters less dangerous for women or participate in the monitoring of these detentions. Improving the material conditions of the camps, e.g. fencing off the locations against foreign intruders, increasing security control, better lighting, and locking of bedrooms and washing facilities, can reduce sexual abuse of women and female children.

Research institutions and university settings can be encouraged to investigate the causes of gender violence and effects of violence on health and lost working hours. The relevant institutions on all levels of society can launch public information and educational programmes to change attitudes in the area of gender-based violence.

The civil society level

Spreading awareness of gender-based torture cannot be implemented if civil society itself is not mobilized to endorse the necessity of combating torture. It is therefore important that relevant local governmental offices for women or grass root initiatives are encouraged to take part in research, writing and implementation of laws against human rights violations of women. By providing funds to grass roots initiatives without ideological restrictions the real problems can emerge and be targeted for solutions. Existing women's organizations, governmental and non-governmental, can liaise in order to facilitate the discussion and response to issues of sexual violence. They could produce and disseminate pamphlets, newsletters, bulletins, posters, songs, theatre plays, community meetings, radio and television programmes, and videos on the issue of sexual violence. The objective would be to change negative attitudes towards victims of sexual violence, so women are not afraid to reveal sexual abuse. During the last 25 years, reporting on sexual violence in Denmark has increased considerably with the establishment of a number of supporting remedies. Women have found out that they will be helped and not stigmatized if they step forward.

Women's organizations could liaise with the judicial system in advocacy for enactment of national legislation on prohibition of torture and protection of women against sexual violence. Civil society groups could lobby government officials
to ensure monitoring of police, prison, and custody conditions in order to decrease torture. NGOs should be given the opportunity to trigger investigations on human rights violations without persecution and reprisals for their work.

Cooperation between NGOs and professional organizations in law and health professions can mobilize the latter to investigate the problems and propose solutions.

The individual level
A victim that has suffered sexual abuse should be treated with special consideration in order to avoid retraumatization and stigmatization during legal and administrative procedures. All victims should be ensured medical care, and post-coital examination and contraception should be available to prevent that victims become pregnant. Female medical personnel should conduct the examination, and the victim must be prepared for this examination, which can be retraumatizing, as it can resemble the sexual torture. There is an urgent need for female gynaecologists to meet the needs of sexually abused women. The medical examination should investigate for wounds, injuries, sexually transmitted diseases, and risk of HIV. The State should give access to safe and free abortion to women that have become pregnant because of rape. The cases should be treated with maximum confidentiality, and follow-up should be offered in order to monitor emerging health, social, mental health, and vocational problems. The women should be offered legal assistance if they want to file the abuse. Culture-sensitive counselling should be provided to the woman and her family in order to prevent life-time psychological impairment.

We must constantly fight against traditional rejection and attachment of social stigma to tortured women. They are entitled to begin a new life. Rehabilitation of torture victims can be long-termed and difficult. However, by rehabilitating the tortured person back to society and to a useful life by supporting her own coping and fight for survival, we nullify the attempts of the torturer to destroy her and take a firm stand against the maleviolence.

Note
Family and home have in many societies been considered as a "castle" where the State should intervene as little as possible. The walls of the castle can hide harmony as well as murderous violence and maltreatment of women and children, whose voices are not heard. The prevalence of wife beating in European countries varies between 20-25%. About 50% of all women who are killed each year in Europe die at the hands of their partner, who has previously been violent toward them. The highest domestic homicide figure we know currently in Europe is from 1997, when more than 15,000 women in Russia were killed by their husbands or ex-husbands. As most of the world's women primarily live their lives in or around their home, it is, according to recent human rights theory, in the long run untenable to overlook the human rights violations and discrimination happening in the private sphere.

References
31. Hague E. Rape, power and masculinity: the construction of gen-


Acknowledgement
The author would like to thank the IRCT Documentation Centre for help in providing background materials for this article.
Selected list of publications
received in the IRCT International Documentation Centre


The impact of torture on post-traumatic stress symptoms in war-affected Tamil refugees and immigrants / Silove, Derrick ; Steel, Zachary ; McGorry, Patrick ; Miles, Vanessa ; Drohby, Juliette. - In: Comprehensive psychiatry ; vol. 43, no. 1. - 2002-02-02. - p. 49-55.


Selected list of publications

received at the IRCT International Documentation Centre


Justice by the international criminal tribunal for the former Yugoslavia / IvoKic, Sanja Kutsjak. - In: Stanford journal of international law ; vol. 37, no. 2. - 2001-00-00. - p. 255-346.


Understanding terror-induced trauma / Fischman, Yael. - Los Angeles : Program for Torture Victims, 2001-11-00. - p. 1-7. - Dialogus: a free e-mail newsletter - furthering the dialogue to better serve survivors of torture ; vol. 6, no. 1.


TORTURE Volume 12, Number 1 2002
An act of force: male rape victims

Carole Hardy, BA *

Introduction
This article was intended as a survey of the literature on male rape in institutional settings and in the context of organized violence, but very little information is circulating on male rape by other men within this context. The sources found relate mainly to prisons, but can be applied, in our opinion, to organized violence as well. This text is a review of the literature found during a search carried out from October 1997 to June 1998, including the literature which I could consult in university libraries or on the Internet (please see list of further literature below). The objective of this article is to inform and to shed light on a disturbing reality that no one wants to see. Why choose this topic? The subject is rarely treated, is little known, and is often kept secret by the victims due to a cultural taboo. However, despite the fact that it is never or only rarely discussed, it is much more frequent than is commonly thought, whether occurring in the context of organized violence or not.

We will start by defining rape and organized violence. We will approach rape in a broader context, i.e. the context of homosexuality, by looking at it in various cultural and historical contexts. In spite of a lack of documents concerning male rape within the context of organized violence (various institutions like the army, the school, and the prison), we will discuss its occurrence in prison settings and approach it as a form of torture. We will describe the consequences of rape, which include, inter alia, the symptoms of post-traumatic stress disorder (PTSD). Some objectives of therapy will be presented and we will conclude by commenting on the very specific phenomenon of non-disclosure in the case of the male rape.

Definitions
Rape is a form of sexual aggression, defined as “any physically violent behavior towards a person which aims at imposing sex acts against her will or to physically wounding her at the genital level” (author’s translation). In this elaboration of the definition of rape, only women are construed as victims. A woman deceived by violent men, stronger than she – a subjected, frail, or subjugated woman. Rape is thus related to an image of weakness, of femininity, and reserved legally to female victims only.

A distinction is drawn by McCaul et al. between rape specifically assigned to women, i.e. rape as a sex act (erotic), and rape as a violent act. Is this truly a valid distinction?

Rape as a violent act is not necessarily an erotic sex act; it aims at domination, control. J. Levi and M. Baruffolati cite Thornhill, Thornhill and Dizinno: “From the socio-biological perspective, female rape is considered a strategy of reproduction by males unable to succeed in the competition to acquire the resources and crucial status necessary in order to obtain a partner and to breed” (author’s translation). As for male sexual assault, it would thus represent the rape of a man solely as a violent act. Wilbert Rideau and Billy Sinclair, who studied rape in prisons, consider the sexual act as an ultimate symbol of humiliation of another man, forcing him to assume the female role. The act redefines the male rape victim as a “woman” and forces him to assume the role of being the property of his subjugator. He becomes a slave in the fullest sense of the term. In anal rape, the aggressor’s goal is to establish and maintain a hierarchy of control reflecting those found in settings where the authority is institutionalized (e.g. jail or prison, the army, etc.).

The September 1998 issue of the newspaper Quartier Libre concerning the Rwanda genocide proposes another and much broader definition of sexual aggression. According to the International Criminal Tribunal for Rwanda, the concept of sexual violence, which includes rape, is not limited to the physical contacts, but rather includes any constraining act based on fear, such as threats or intimidation. Within the framework of organized violence, the court declared that acts of sexual violence rise to the level of genocide if they are made with the intention of eliminating a population from a certain ethnic group, religion, or origin.

In the United States, Andrew Karmen points out that the rape of a man is a taboo subject, rarely discussed, and that the laws of certain states do not account for this possibility, defining rape strictly as a crime perpetrated against females. Until recently, English law did not include sexual aggression with penetration in the case of a man. Since 1994, any anal or vaginal penetration is now regarded as a rape. M. King and E. Woollett observe that the “Sexual Offences Act” modified this law, which did not include penetrative sexual assault on a man, for any penetration, anal or vaginal, regardless of the person’s sex. There were a significant number of cases, and an organization, “SURVIVORS”, was founded in London to help and advise male victims of sexual assault. In the same article it is interesting to note that 77% of the raped men did not seek help after the rape, which reflects the lack of recognition of the existence of male rape by the public, and a significant phenomenon of non-disclosure by the victims. We will re-examine the situation below.

What is understood by organized violence? According to Saralee Kane, it is “the purposeful and systematic use of terror and brutality to control individuals, groups and communities. Through the use of overwhelming force, it causes fear and helplessness among its victims. Its methods include severe pain and suffering, killing, intimidating, threatening and in some cases destroying a community, ethnic group or po-
Male rape in various cultures in history

Male rape has existed since time immemorial, and its meaning has varied throughout time. Among the primitive populations, the opinion was that a sexually penetrated man, even by force, lost his manhood and hence could no longer be a warrior.

Among the Greeks, all sexual intercourse was considered in terms of power, predominance, or subordination; as a man could dominate his wife in the heterosexual relationship, he could dominate another man or a boy in a homosexual relationship. Homosexuality constituted a recognized behavior practiced by many and considered normal among the upper classes.

In the Roman culture, the homosexual act in itself was not condemned, but the social status implied by an active or passive role was very significant. There was the passive "captive", made up of slaves, foreigners, and prostitutes and used as sexual objects without constraint by the "actives", which corresponded to the people in power. The relationship was seen differently depending on whether the person had a passive or active role. If a passive person attacked an active one, he was punished. Concerning adultery, the woman could be liable for rape for her act. The prevailing liberal attitudes with respect to sex, the lack of distinction between homosexuality and heterosexuality, and the preoccupation with status and passivity changed with the arrival of Christianity.

In China during the Tang Dynasty (618-907), homosexuality was considered normal among the actors, and the younger ones were to expect to provide services of a sexual nature to the masters.

In some societies, the rape of a male enemy was regarded as a prerogative of the victory, and served to indicate total defeat. To illustrate this type of domination and authority we have the example of Lawrence of Arabia who, captured by the Turks, was raped during the First World War by Hajim At Deraa. Lawrence of Arabia never recovered. Among Iranians, group rape was also regarded as the ultimate form of punishment for a man who broke into a harem.

Since the first centuries of the Christian era, theologians had condemned homosexual relations as they did any sex act stripped of procreative purpose. The homosexual acted against the divine intention and thus defied God. In the course of the Middle Ages, during the twelfth and thirteenth century, homosexuality, heretofore considered a sin, would become a crime. Religion had a strong influence on social mores and condemned sexual attitudes dedicated to pleasure. Jewish and Christian societies would condemn homosexuality as a sin throughout history, and science would define it as abnormal behavior. It is only recently that rape has come out of the shadows and the victim regarded as anything other than culpable and disgraceful.

Rape in institutions

The prisons

In the 1950's in the USA, homosexual rape was encouraged by prison officials in order to control the prisoners. "Officials use it [rape] to divert prison aggression, destroy potential leaders, and intimidate prisoners into becoming informers," according to D. Tucker. 8 "Rape in prison is rarely a sexual act, but one of violence, politics and an acting out of power roles." 9 The act in itself aims to subdue the other in order to dominate. "Sex and power go hand in hand in prison." 3

Sexual assault between prisoners is the prevailing practice. In the prisoner subculture, we find a perception of passivity reminiscent of that of the ancient Romans. W. Rideau and B. Sinclair report that a victim of sexual violence is not seen as a victim but as a weaker human being who invites exploitation. The following quotations are related to rape among prisoners but could also relate to other contexts. "Rape of males in confinement differs from male rape in the community in that it is generally open, is accepted if not condoned by the prisoner subculture, usually involves repeated patterns of sexual assault following the initial rape, is far more likely to be interracial, and serves a social function in converting heterosexual young prisoners into sexual slaves to be acquired by more powerful men." 9 According to Stephen Donaldson, "victims are more likely to be young, small, non-violent, first offenders, middle-class, [...] homosexual, not gang-affiliated, not part of the ethnic group dominating in that jail, without major fighting experience, and held in big-city jails." 9

According to a study carried out in 1994 in Nebraska, 22% (or 101) of the prisoners (n=452 men) reported that they were pressed or forced to have sexual contacts against their will. The survey was answered by 71% of the 101 prisoners. Of these, 38% were victimized 2 to 5 times, 14% were victimized 11 times or more. 9

The post-traumatic stress disorder (PTSD)

The trauma

During the rape, the victim feels intense fear, often tied up with a fear of losing his life. He feels powerless before his aggressor. Realizing what has happened, he suddenly feels dishonoured and "demasculated". The victim feels shame and guilt, especially if, as sometimes happens, he has an erection, a fact that confuses him. But these feelings can bring on a terrible identity crisis with regard to his sexual orientation. The book "Male rape", edited by Anthony M. Scacco Jr., 10 describes very well what these wounded men live through.

Men's trauma is equivalent to that of female victims of rape; that is a feeling of anger, helplessness, fear for their security, their health, and psychological shock. But men may face other problems such as those of identity, sexual orientation, as well as a greater difficulty in revealing the facts and a lack of resources and help. In many instances, the victims develop post-traumatic stress disorder.

Rape traumatic syndrome in prison

In Overview for Jail/Prison Administrators and Staff Manual, 11 the authors use the term rape traumatic syndrome. They describe the following symptoms as specific to prisoners:

1. Total loss of control over one's own body, resulting in feelings of utter vulnerability and powerlessness. Control and power become the keys to the problems of rape survivors, especially to those for whom helplessness is incompatible with masculinity.

20
2. The victim can feel that his gender identity has been demolished. This results from very widespread attitudes relating to sexual penetration and defeat in personal combat. In the case of prisoners, the confusion of identity is exacerbated by the daily behaviour of other prisoners who are aware of the victimization and remind the survivor of his supposed "loss of manhood".

3. Confusion of sexual orientation can appear among heterosexuals. Peers often spread the unfounded belief that the victim's sexual orientation is compromised or even transformed. This erroneous perception can lead to suicide.

Three phases are defined:

• First stage
The person tends to be withdrawn, to deny or to disbelieve the experience, to be upset. The person fears another sexual assault. Nightmares and sleep disturbances are common. Shame, a feeling of humiliation, and embarrassment are characteristic. The ability to concentrate may be lost and disassociation becomes frequent.

• Second stage
Several symptoms are typical: feelings of worthlessness, self-contempt, self-blame for the victimization, a sense of being a failure, severe depression, anxiety, extreme insecurity, an urge to escape, compulsive movements and behaviours, disturbances in the sexual functioning, ambivalence towards females, the fear of being, or going, crazy. The victim's personal boundaries are confused and his relationships become chaotic and conflicting. These symptoms can persist during the following stages.

This stage denotes the suppression of feelings, combined with an attempt to "carry on like normal". A prisoner who is involved in ongoing sexual exploitation, who must continually compromise to avoid group rapes, requires a mechanical compliance with the sexual demands of the perpetrator and a strong dependency with regard to this new "owner". In such a situation, the survivor is torn between two compelling but contradictory impulses. On the one hand he feels a profound revulsion against his situation, against which the urge to rebel is very strong, and on the other hand he learns to survive by submitting, by keeping silent, and by giving satisfaction to his "boss". The titanic conflict between these two drives provokes major psychological disruption, eliciting self-destructiveness, physical diseases, and other apparently irrational behaviours.

• Third stage
This stage comes after release. The ex-prisoner feels aggressiveness toward any form of authority, presents disturbed sexual fantasies, phobias, self-destructive behaviour and re-victimization, life-style disorganization, criminal and antisocial activity. He uses illicit drugs and his social life is disrupted. It can take years for the ex-prisoner to find his balance.

Rape as a part of torture
The various symptoms enumerated above are found in many different studies. Within the context of torture, rape is often only a component part of a set of atrocities. Stuart Turner14 explains the specific psychological effects of sexual aggression within the context of torture. The purpose of torture is to control a person, group, or community. Sexual aggression constitutes an important part of this process, because it epitomizes authority for the aggressor and submission and humiliation for the assaulted. Stuart Turner12 relates a study done in 1986, in which 40 methods of torture were recorded in a prison in El Salvador. Six of them included sexual assault.

Sexual trauma is often so painful that even in memory it becomes unbearable. During therapy, the wound being very intimate, several sessions may be required to arrive at disclosure. During recounts of torture, the sexual aggression is the only one that manifests symptoms of avoidance. This could be explained by the distress of the victim when one tries to recall the aggression. In most of the reports done by survivors of torture, the information about the sexual torture or sexual problems is not included. The history of the sexual trauma is omitted in half of the cases. Avoidance behaviours affect the therapist as well as the victim. Thus, it is very important to consider the possibility of a sexual aggression if there is evidence of a sexual dysfunction, and a meticulous evaluation of this possibility is always required.

Causing profound shame and feelings of guilt, sexual torture leaves the person passive in private and socio-political life and thus effectively furthers the goals of violence and repression. Turner14 talks about a second victimization during a lawsuit in the courts, where wounds will be reopened. The emergence of such profound psychological themes as the fear of castration and sexual ambivalence can have devastating effects after sexual aggression. HIV/AIDS is a disturbing element and a source of concern for the victim. These ambivalent attitudes are difficult barriers for the individual who needs to speak about what has happened to him.

• Sexual problems
Having been tortured or having been a sexual victim, sexual problems are common, notably a decrease of the libido and, for men, problems with the erection. The release mechanism could be the high level of tension that brings about sexual dysfunction. Sexual activity with a partner can reactivate the memory of the trauma by association. Explanation and the appropriate comforting can be powerful therapeutic approaches.

• The depression
After any sort of extreme trauma, there are associated losses (health, work, friends, family). After one or more of these losses, there is a depressive reaction. Five of the following symptoms should have been present for a duration of at least two weeks and have represented a change with regard to the previous functioning; at least one of these must be either a depressive mood, or a loss of interest or pleasure:

- Depressed mood most of the day
- Markedly diminished interest or pleasure in all activities
- Eating disorders
- Insomnia or hypersomnia
- Psychomotor agitation or retardation
- Fatigue or loss of energy
- Feelings of worthlessness or excessive or inappropriate guilt
- Diminished ability to think or concentrate, or indecisiveness
- Recurrent thoughts of death (not just fear of dying)
According to Turner, the essential element in the facilitation of the emotional process is the rehearsal of the emotional reaction. The therapist should be quiet, patient, and allow the person to take his time to arrive at the traumatizing event. Sessions of two or three hours may often be necessary.

The therapy
Various objectives can be pursued in psychotherapy for people suffering from post-traumatic stress disorder, caused by general traumas, not just sexual ones.

Reassure [the client], informing about the symptomatology (because it is not well-known and may be worrying and disheartening). This increases the tolerance of a normal pain in these circumstances and helps to reduce the risk of depression.

Allow [the client] to express what was experienced during the event, what one saw, thought, and felt. It is not easy to express a past experience that was so intense and it is often necessary to have the occasion to speak about it repeatedly to manage to share the experience.

- By retelling the story of the event, the person re-exposes himself, in thoughts, to the traumatic event, which brings about a normalization and desensitization that may reduce the “re-living” of the traumatic experience (flashbacks, nightmares, etc.);

- According to certain hypotheses, the re-experience of traumatic events may have an integrating function at the cognitive level (i.e., understanding). It is as if certain questions remained unanswered, and the act of speaking about the experience may help to resolving them, thus facilitating the gradual decrease of painful memories;

- Recounting the event to somebody who is interested in understanding his thoughts and reactions allows him to better understand the nature and the logic of the symptoms of post-traumatic stress, which are above all adaptive reactions. This facilitates a gradual abating of the symptoms.

- Help the victim to “digest” the event, that is to accept that it happened (or at least to address the fact that it is happening). Help him to integrate this experience at the level of faith, of vision of life, perception of self and others, as well as personal and social values (priorities, things which he finds important), and to question certain unsuitable ideas which may have developed.

- Teach the victim coping skills, such as relaxation techniques, techniques for the control of hyperventilation (a physical form of anxiety), strategies for managing feelings such as anxiety, depression, sense of guilt, anger (these include, among others, observation of the thoughts, images, and scenarios which activate and amplify these feelings), conflict-resolution strategies, and communication (in order to reduce the domestic difficulties), etc.

- If necessary, help the victim to overcome the fears which he has developed, in order to help him to decrease the avoidance behaviours which damage his functioning in different domains.

- Prevent ineffective coping behaviours such as alcohol, drug, and medicine abuse, and deterioration of the interpersonal relations. [author’s translation].

All these myths, accepted as truth by society, make the disclosure of the rape difficult. According to the National Victim Center, the major reason for non-disclosure is the fear of being perceived as homosexual. As male rape is taboo, society pretends that the subject does not exist. In the popular belief, the fact that a man is raped implies a weakness, that he is not a true male; that as the aggressor is a homosexual, the raped will become homosexual as well. “It is because of these attitudes, which surround male rape with an aura of total humiliation for the victim, that it is rare for a male rape victim (especially past the early teens) to acknowledge his victimization even to his family or friend, much less to the police.” For these reasons, the rate of non-disclosure is so high (77%). On the one hand, the victim does not want to recognize himself as such, out of shame, and fear. On the other hand, the population does not want to recognize the reality. When the fear of the shame is defeated, and there is denunciation, it is strongly recommended that a doctor is consulted for an examination and testing for sexually transmitted diseases such as HIV. The symptoms do not appear immediately, and prevention is preferable to treatment.

Non-disclosure
In order to allow an understanding of this conspiracy of silence we will look at all the myths and realities concerning male rape, as enumerated in the 5th International Conference on Incest and Related Problems held in Biel, Switzerland in 1991 and adapted by Male Survivor. The myths are listed below:

- Boys and men can’t be victims
- Most sexual abuse of boys is perpetrated by homosexual males
- If a boy experiences sexual arousal or orgasm from abuse, this means he was a willing participant or enjoyed it
- Boys are less traumatized by the abuse experience than girls
- Boys abused by males are, or will become, homosexual
- The “Vampire Syndrome”, i.e. boys who are sexually abused, like the victims of Count Dracula, go on to “bite” or sexually abuse others.

The client’s feelings of shame and disgust are important indicators for understanding the severity of the distress at having to reveal the sexual traumatization. One of the psychological processes occurring during torture is that the victim feels responsible for his own pain. Sexual traumatization can be associated with a profound personal sense of guilt, makes him anticipate the criticism of others. One of the main therapeutic goals is to establish that the aggression was motivated by an external reason and is not a responsibility of the patient.

The psychologist confronted with this problem should be aware that certain variables are going to have an influence on the relationship with the patient. The therapist’s origin, age, and sex can be important elements, which may or may not favour a positive outcome of therapy. The patient may prefer a psychologist who is not of the same ethnic origin as he, to avoid the taboos and the prejudices of that culture; he may prefer a woman or a man to recover a masculinity which seems to have escaped him. The psychologist should establish a good therapeutic alliance and not fall into the trap of unreflectingly returning to the trauma, but should rather make sure that the patient feels that he is being listened to.
Conclusion

During the investigation phase, the lack of documentation as well as research made on this subject was evident. Is this absence of literature representative of the reality? Male rape victims typically conceal the shameful event, hiding their suffering from their closest friends and relations, who, unable or unwilling to believe that such an event is possible, collude with them in this concealment. This makes it impossible to "exorcise" the pain and suffering through sharing with the victims' loved ones. They are thus cut off from one of the most important resources for healing. Is society (that means us!) ready to listen, to accept these stories? Thanks to the inability or unwillingness to believe that such an event is possible, collude "exo rci se"

The non-disclosure reflects the desire for revenge, and also the experience of impotence and the loss of masculinity in front of another man. We hope that this article will contribute to unveiling our myths, increasing knowledge and understanding of this wound, and encourage disclosure in order to exorcise this evil and, thus, render justice.

References


Further literature


Acknowledgement

I would like to thank Dr. Angélica Marin-Lira for making this RIVO project possible, and for her advice. I also thank Dr. Cécile Marotte for the corrections and specific comments and David Woodbury for translating the article.
Selected list of publications
received in the IRCT International Documentation Centre


Child abuse in the Philippines: an integrated literature review and annotated bibliography / Protacio-Marcelino, Elizabeth ; Cruz, Maria Teresa C. de la ; Balanon, Faye A.G. ; Camacho, Agnes Zenaida V.; Yacat, Jay A. - Quezon City: PLAN International Philippines; UP CIDS, 2000-00-00. - 323 p. : ill. - ISBN: 971-742-036-X.

Torture of children in situations of armed conflict: the Philippine experience / Protacio-Marcelino, Elizabeth ; Cruz, Maria Teresa C. de la ; Balanon, Faye A.G. ; Camacho, Agnes Zenaida V. ; Yacat, Jay A. - Quezon City: PLAN International Philippines; UP CIDS, 2000-00-00. - 24 p. : ill. - ISBN: 971-742-036-X.


Policy or panic? the flight of ethnic Albanians from Kosovo, March-May 1999 / Ball, Patrick ; American Association for the Advancement of Science (AAAS) Science and Human Rights program. - Washington, DC: AAAS, 2000-00-00. - 88 p.: maps.


The tortured body as part of the psychotherapeutic dialogue

Libby Tata Arcel, Associate Professor, Clinical Psychologist*; Senior Health Consultant to the IRCT**

Introduction
This article will argue for the necessity of two things:

• We need research on the suffering body of tortured people with well-defined theoretical concepts and measures.
• We need to include the body of the torture survivor much more actively in the psychotherapeutic relationship, with a variety of body-oriented techniques. To this end, a more body-oriented training of psychotherapists in the field of torture is needed.

Examples of somato-psychotherapeutic approaches in the field of torture working with disorders in bodily experience will be introduced below.

The lack of research on the body-image of tortured people
The psycho-biological response to severe trauma and sexual torture includes body-image disturbances in various degrees, as is well-known to clinicians working with survivors of torture. The survivor of torture and sexual torture presents an image of his/her body as tense, heavy, painful, crippled, ugly, shameful, and alienated, with a changed perception of the body's boundaries.

One would imagine that the subject of the disturbed body-image would have been investigated systematically in torture research with the help of the existing Body-Self questionnaires. However, a literature search carried out in medical and psychological databases in November 2001, for studies on the "body image" of tortured/sexually tortured people and otherwise traumatized people, showed many references to the relationship between body-image and sexual abuse in childhood and other kinds of traumata, but no references to its relationship to torture/sexual torture traumata.

This leaves a large number of urgent questions unanswered:

• Are there different degrees of body-image disturbances in tortured people?

• Is there a relationship between body-image disturbance and specific torture methods and torture experiences?
• Is there a relationship between body-image and specific defence mechanisms?
• Is there a relationship between the degree of body-image disturbance and personality type and coping?
• What is the relationship between body-image disturbance and long-term psychological and sexual functioning?
• Are there differences between sexually tortured men and women in connection with body-image disturbances?
• What is the relationship between neurological damages and body-image?

For the present these and many other questions are all open questions because of a lack of research with a consistent body-image concept. The above-mentioned is only one example of the lack of well-defined concepts in research on the sexually tortured body.

The concept of body-image
Body-image is defined by Gallagher1 as a mental construct, or representation, or a set of beliefs about the body. I perceive, remember, imagine, conceptualize, study, love, and hate my own body as an intentional object. The body-image can include, according to Gallagher, at least three aspects:

• The subject's personal experience of his/her body
• The subject's conceptual understanding of the body in general (including mythical and/or scientific knowledge)
• The subject's emotional attitude toward his/her own body.

Although there is terminological and conceptual confusion regarding the definitions of body image, body scheme, body percept, body-self, etc., most psychological studies define body image as a conscious mental representation, differentiating it from body scheme. The latter is defined as a subconscious system produced by various neurological processes that play a role in monitoring and governing posture and movement. In the body image the body is experienced as an owned body, one that belongs to the experiencing subject. In contrast, the body scheme functions as a subpersonal, unowned way.

Recent psychological studies give evidence that changes in body scheme lead also to changes in body images. Changes in for example posture, physical ability, disease, or temporary changes such as pregnancy, have an effect on the perceptual, cognitive, and emotional aspects of body image. For example, degeneration in bodily functions and changes in mobility lead to a decrease in the sense of body integrity and a decrease in the sense of strong body boundaries.2-4

I agree with Raphael-Leff, who claims that we do not have only one image of our body, that different imaginative bodies

*Torture Volume 12, Number 1 2002
may coexist and that these body-images fluctuate continuously in relation to internal and external events. Internal and external, conscious and unconscious, and past and present events modify our ongoing body-images in a continuous stream of stable and less stable experiences. At times we hardly notice changes in our bodily experiences in daily life, and at other times dramatic bodily experiences, as adolescence, pregnancy, serious illness, severe trauma, and torture trauma, dramatically change our self-perception.

Self-perception includes bodily experience and normally self-images and body-images cohere to form a sense of self-identity, providing a relatively stable internal frame of reference, continuous over time, space, and state. Traumatic bodily experiences may disturb the stability of body-images as well as self-images and disjoin the coherence of self-identity.

Alterations in self-identity (expressed by the survivor as "I am not the same person anymore") and altered bodily experience are not surprising to anybody working with survivors of torture. Clinical findings confirm a lowered sense of body integrity and feelings of vulnerability of body boundaries in survivors. Sylvia Karcher, a psychotherapist from the Treatment Center for Torture Victims in Berlin, has encountered the following disorders in bodily experience and bodily perception of torture survivors:

**Disorders in bodily experience:** Patients no longer feel at home with their body, reject it, feel unattractive, deformed, and show a lack of mobility and energy, depressed mood, and depressed physical posture. Their quiet voices and insecurity when presenting themselves to others reflects their feelings of alienation to their body.

**Loss of bodily perception:** Survivors can no longer sense certain parts of their body such as their hands, feet, or their entire body. They become "frozen" and no longer have any sense of the boundaries of their body.

**Feelings of fragmentation in bodily experience:** Traumatic experiences can cause the survivor to feel that parts of the body are split off. The connections between head, arms, legs, and the rest of body are no longer perceived. There is no emotional connection, so bodily feelings are fragmented.

**Body image disorder:** Most of these patients have symptoms of dissociation, which can range from disorders in feeling and perception all the way to an experience of depersonalization. These disorders can find a visible expression in the creating of body pictures in drawings or representing the body with objects like stones, marbles, balls, or sticks.

Another important aspect of bodily experience in tortured people is their continuous preoccupation with their body and its symptoms, predominantly pain. In a normal, conscious state of mind, our awareness of bodily sensation is limited and our attention is focused on social and situational issues and turned away from the body. We must make a distinction between awareness of the body and attention on the body. We can be aware of the body without directing attention to it. Pain leads tortured people not only to constantly be aware of their body but also to direct considerable attention towards their body, turning away from social and situational issues.

**Links between different disciplinary approaches in research on the tortured body are weak or missing**

Psychobiological and psychotherapeutical research investigates bodily symptoms in tortured people, but the different disciplinary approaches are not linked and have little interest in each other's results. On one side the psychobiological literature—heavily influenced by the psychiatric diagnosis of post-traumatic stress disorder (PTSD)—concentrates on the identification of physiological/psychological symptoms. We have today a rather good knowledge of the symptomatology of the regurgitated body. Investigation after investigation of torture survivors (and among those sexually tortured people) shows the same results regarding symptoms. At the same time, these investigations emphasize the fact that a PTSD diagnosis is not adequate in grasping the traumatization of a tortured person. This does not prevent the next investigator from testing all over again the next group of torture survivors with the same PTSD measures. Qualitative but operationalized concepts such as ego-strength, resilience, coping, and body-image are not existent in this research. In this tradition, the preoccupation of the tortured person with the body, pains, and symptoms without a clear organic cause is known as somatization or "somatoform disorders", i.e. one more psychiatric diagnosis.

In the area of the psychotherapeutic literature, the tortured/sexually tortured body is also in focus. However, here physical symptoms without known cause are explained not in physiological terms but in vague, symbolic ways. Often, the concepts used are not defined and the authors assume that the mere expression of the concepts is self-explanatory, not needing any further elaboration. Psychiatric diagnoses and sometimes even categorization are avoided with the excuse that each patient is a unique case. Examples of the symbolic language in therapeutic texts are terms like "the splintered body", "body-mind split", "the damaged body", "loss of unity of body and soul", and other powerful metaphors, the meaning of which all therapists immediately recognize. However, there are numerous theoretical ambiguities concerning all these concepts. Evidently, the deeply disturbing experience of torture involves us in the destiny of these people in a way that professional detachment and objectivity is at stake. Torture leads us to use dramatic terms in order to give only a pale description that mirrors the consequences of the unspeakable acts. But are our metaphors in psychotherapy and the deep involvement trapping us to stay in the dramatic language, preventing us to further differentiate our knowledge? In attempting not to stigmatize the clients by the psychiatric diagnoses, are we with this dramatic language not stigmatizing them even more?

What do we really mean by a "splintered body", a "damaged body", or "loss of unity of body and soul"? The body of the survivor is there in front of us, in its physicality: It talks, it rides the bus, it walks, and it may even go to work and make love. It cooks, it strives to heal itself, it survived - so what do we really aim at by referring to it as a "damaged body"? How is "the loss of unity" manifesting itself, and how can we help the survivor to unite body and mind if we do not define this loss more carefully in the first place? Even decomposed psychotics have some form of unity between body and soul, so how can we declare that non-psychotic tortured people "lose" the unity? I am not contesting the physiological, psychological, and existential reality of the disturbed body image. I do not contest either that metaphorical language can have a heuristic value in qualitative research. I contest only the fact that very few of us have been keen to define these metaphors and link them to physiological and psychological theory and research. A counter argument would be that there is so much implicit knowledge residing in therapists who have worked with tortured people for many years, and it would be impossible to explicate and systematize all
The division of body and mind in rehabilitation services

I am of course not claiming that the body of the tortured/sexually tortured survivor is ignored in rehabilitation. Centres in countries with few mental health resources often rely entirely on somatic doctors, who provide the most necessary medical treatment. Other treatment centres, especially in Europe and North America, ensure by routine that mental health practitioners and psychotherapists cooperate with somatic doctors and physiotherapists in order to offer the survivors a care that corresponds to the needs of their body. Roughly speaking, the mental health practitioners and psychotherapists aim to heal the mind through the “talking cure” and the somatic doctors and physiotherapists aim to heal the body with the available medications, psychotherapy, massage, and other body-oriented techniques.

It is, however, a known fact that survivors with suffering bodies are initially sceptical about psychotherapy and cannot understand what “talking” can do for their ailing bodies. This scepticism is reinforced by cultural prejudices against mental health practitioners and the fear of being stigmatized as crazy. Therapeutic relationships are terminated prematurely, or never begin, because of the patient’s unwillingness to rely on professionals who do not give him relief from what pains his/her the most, namely his/her body. Consulting the somatic doctors, who in the absence of illness cannot provide any concrete treatment, does not help the patients either. Many patients leave treatment with the firm belief that nobody can help them. Often the patients are “blamed” for not understanding the necessity of psychotherapy for their bodily symptoms.

I believe that we in psychotherapy have focused on the body as a mental container of unprocessed emotions rather than as a totality of body-self-identity experiences. A forceful hypothesis in our clinical area is that once the emotions are worked through, then the body will heal. In this way the bodily symptoms become “second class” symptoms, while treatment of the psychological symptoms is claimed to be the “royal” way of healing. We have hardly at all attended the physicality of the suffering body as part of the therapeutic relationship. As a rule, touching the client, walking with him, and exercising movements while discussing with him/her what the body has to narrate has not been part of psychotherapy. (Of course, any touching of the sexually tortured survivor has to proceed very gently and needs the consent of the person at all times.)

Especially in psychodynamic psychotherapy there has been a professional taboo against staying too long with the physical body, and touching the body outside conventional touching (i.e. shaking hands) is absolutely forbidden. Instead we refer the ailing body to physiotherapists and somatic doctors. The methods of these disciplines are important and can complement psychotherapy. But psychotherapy must be enriched by specific body-oriented techniques, involving the body actively and working with disturbances in body-image.

According to Goodwin & Attias,7 therapeutic dialogue about the body and paying attention to basic bodily sensa-

tions re-establishes in therapy the “holding” functions of the mother in infancy. This is not easy for psychotherapists, since the body-self has virtually been excluded from the teaching of theory as well as techniques of psychotherapy. Bodily phenomena are so volatile and unconscious that trauma therapists should provide many opportunities for recognizing and expressing them. Talking directly about the body combats depersonalization, clarifies traumatic regression, and challenges fears that the body is too damaged to be included in the recovery process.7 This approach will also give us a possibility to study more closely and more systematically the body-disturbances in torture survivors.

Recent serious attempts to formulate somatopsychotherapeutic models with derived research results include, amongst others, the work from The Berlin Center for Treatment of Torture Victims described in the book “At the side of Torture Survivors”8 and the work from the Medical Foundation for the Care of Victims of Torture in London in “Mind and body: the treatment of the sequelae of torture using a combined somatic and psychological approach”.9 Finally, a group of psychologists and psychiatrists who have worked with sexual abuse describe their methods of working with the body in psychotherapy in the book “Splintered reflections”.7(1) All three worked with victims of violence and torture who had the underlying conviction that there was something fundamentally wrong with their body. Their symptoms ranged from pain in the head, neck, back, joints, and extremities to pseudo-neurological problems. In many instances these ailments completely undermined their capacity to function. All three works aim to reconnect bodily and psychic experience and restore the functioning of the body, which will ultimately result in a better life for the survivor.

Note

(1) I am sure they are not the only ones in the field but I have chosen to recommend these three.

References

<table>
<thead>
<tr>
<th>Title</th>
<th>Author(s)</th>
<th>Publisher/Details</th>
</tr>
</thead>
</table>
Medicine and human rights


If declarations, conventions, manuals, and reports could eradicate torture, they would have done so a long time ago. After World War II, the industrialized countries have produced heaps of human rights literature, mostly written by experts in international law and human rights theory and focusing on legal and political issues.

An Internet search with “Google” for the word “torture” will result in 2,450,000 “hits”. This number will increase by more than 100,000 every month. In IRCT’s database, 5,147 documents are indexed under the keyword “torture”. A Medline search for “torture” under the Medical Subject Heading will result in 811 references. In spite of this, torture is still practised in 115 countries. However, in only one country does the government openly approve of and even recommends the use of torture: Israel – so much so that admittedly the current Israeli Ambassador to Denmark, Carmi Gilon, is personally responsible for hundreds of cases of torture and abuse of Palestinian detainees while he was head of the General Security Service.

Documents alone will not do the job.

Eradication of torture begins with documentation of torture

Globalization has increased the flow of asylum seekers from all corners of the world. Every practising medical doctor in Europe and the USA will meet torture survivors, and these doctors are often the first to diagnose physical and psychological sequelae of torture. However, most doctors still do not have sufficient knowledge of how to diagnose, document, treat, and publicise the effects of torture.

Among many other important human rights publications, three books by the British Medical Association (BMA) deserve special mention. The first two, from 1986 and 1992, dealt exclusively with the medical aspects of torture, particularly torture in prisons and other institutions. Now, 10 years later, the BMA has published an enlarged 561-page edition (unfortunately no photographs) titled The Medical Profession and Human Rights.

In the meantime the world has changed: we saw the beginning of the end of impunity when Pinochet was arrested in the United Kingdom (as requested by Spain) and when Belgium brought charges against Ariel Sharon. We saw wars in the Middle East and in former Yugoslavia with thousands of war crimes. Genocide in Africa, Chechnya, and Kosova. Repression of Falun Gong and trafficking in organs extracted after executions in China. And medical doctors have participated in the further development of nuclear and biological weapons of mass destruction (WMD).

But we also saw Desmond Tutu’s excellent Truth and Reconciliation Committee in South Africa, where surviving relatives and victims got peace of mind when guilt was placed, pleaded, repented, and pardoned.

International Criminal Tribunals have been established in The Hague, the Netherlands, and in Arusha, Tanzania, and international specialists in forensic pathology and anthropology have examined and documented mass graves in several countries.

These occurrences make new demands on medical doctors’ knowledge of human rights violations. Doctors must learn how to diagnose, treat and document (in impartial reports) the after-effects of torture and ill treatment.

The latest BMA publication meets this increasing demand for knowledge. These 20 chapters are highly recommended to anyone who acknowledges the need to live up to the new challenges of today. It is heavy reading in more than one sense, but as a reference book it is indispensable. Throughout the book, the authors recommend that doctors consult colleagues and advocates who are concerned with human rights issues, with the aim of forming networks based on the Internet.

In the foreword of Medicine Betrayed (1992) Lord Avebury wrote: “As in all other human rights problems, so it is with the participation of doctors in torture and other inhuman treatment: much useful work has been done on standards, but far too little on enforcement.” Unfortunately, this statement still holds true. But this book provides help.

After the 11 September 2001, however, the world has changed radically once again, and we may envisage the fourth BMA book, which should also be freely accessible on the Internet.

Olav M. Vedel, MD
Secretary, Physicians for Human Rights Denmark
Volshojvej 12
8240 Risskov
Denmark
The Tampere Declaration

On 28-30 November 2001, the International Conference of the World Organisation Against Torture (OMCT) on Children, Torture and Other Forms of Violence was held in Tampere, Finland.

The main objectives for the conference were to promote the need for a specific UN mechanism to address violence against children and to give recommendations to the UN on the upcoming in-depth international study on violence against children.

The Tampere Declaration was adopted on 30 November and will be presented to the United Nations and UN-related bodies and States to bring the problem of violence against children to the attention of the international community.

The full text of the Declaration can be viewed at www.irct.org.

To our Danish readers

IRCT’s brochure »Giv livet en håndværkning« beskriver, hvordan man gennem testamentariske dispositioner kan støtte IRCT’s arbejde.

Forhenværende nationalbankdirektør Erik Hoffmeyer skriver i sit forord, at IRCT’s ønske om at lindre og afhjælpe ofrenes smerte er en indsats, der fortjenner al mulig støtte.

IRCT har igennem årene modtaget støtte fra bl.a. EU, FN, den danske regering samt enkelte danske og udenlandske fonde. Denne støtte har i høj grad været orienteret mod specifikke projekter samt koordinering af IRCT’s internationale arbejde.

Det har imidlertid medført, at det har været svært for IRCT at opbygge en reservekapital, som ville kunne finansiere et internationalt kriseberedskab. Dette er et højt prioriteteret ønske, men kræver, at der tilgår yderligere midler til organisationen.

Interesserede kan få tilsendt brochuren ved henvendelse til Gitte Sørensen på tlf.: 33 76 06 20 eller pr. e-mail: gitte_sorensen@irct.org.

Professor Bent Sørensen’s Travel Grants

Professor Bent Sørensen’s* Travel Grants in Support of Medical Doctors’ and other Health Professionals’ Participation in International Activities to Combat Torture and its Consequences were established under the RCT at the occasion of former president of RCT (1984-90) Bent Sørensen’s 70th birthday, March 8, 1994.

A number of travel grants are available to enable medical doctors and other health professionals from all parts of the world to participate in international activities aiming at combating the practice of torture and providing appropriate care and assistance to victims of torture.

These travel grants will be awarded to cover the cost of participation in scientific or professional meetings as well as in fact finding missions and study trips relating to torture and its consequences. Travel grants may also be awarded to allow participation in relevant education and training activities either as faculty or student.

The grants will be awarded by a review committee appointed by the board of the RCT and will be based on written applications. The applications should contain:

1. Purpose
2. Budget
3. C.V.

and should be sent to:

Professor Bent Sørensen’s Travel Grants
Rehabilitation and Research Centre for Torture Victims
Borgergade 13
DK-1300 Copenhagen K
Denmark

*[Bent Sørensen, Professor, MD, DMSc, former President of RCT, former Vice-Chairman of the UN Committee Against Torture (CAT) and former Member of the Council of Europe’s Committee for the Prevention of Torture (CPT).]
IRCT ANNUAL REPORT 2001

Order a free copy

Please send one free copy of the IRCT Annual Report 2001 to:

Name

Address

This order form should be sent to:
IRCT • Borgergade 13 • P.O. Box 9049 • DK-1022 Copenhagen K • Denmark
Tel: +45 33 76 06 00 • Fax: +45 33 76 05 00 • E-mail: irct@irct.org • http://www.irct.org

---

Moratorium

As the readers have probably noticed, the publication of issues 1 and 2 2002 have been delayed until the second half of 2002. These two issues will also be the last issues of TORTURE to be published this year. The reason for this deviation from the ordinary publication schedule of four annual issues is that the publisher is undertaking an evaluation of the journal with a view to improving the contents and focus of the journal. It has therefore been necessary to introduce a moratorium for the remainder of 2002 in order to have time to decide upon and implement the necessary changes.
FORTHCOMING CONFERENCES AND SEMINARS

Copenhagen, Denmark
25-26 January 2003

Chronic Pain – a challenge to the health care system and society
4rd International Copenhagen Symposium on Chronic Pain

Further information:
Bennett Destination Partners
(Att. Hanne Nehmar)
Bredgade 28
DK-1260 Copenhagen K
Denmark
Phone: +45 3345 4510
Fax: +45 3345 4515
E-mail: bdp@bdp.dk

Berlin, Germany
22-25 May 2003

VIII European Conference on Traumatic Stress

First announcement

Further information:
VIII ECOTS Berlin 2003
CPO Hanser Service GmbH
P.O. Box 33 03 16
D-14173 Berlin
Germany
Phone: +49-30-300 66 90
Fax +49-30-305 73 91
Email: berlin@cpo-hanser.de
http://www.trauma-conference-berlin.de

Oxford, United Kingdom
7-25 July 2003

Refugee Studies Centre – International Summer School in Forced Migration

The Refugee Studies Centre at the University of Oxford will hold its annual three-week residential summer school during July 2003. The programme is designed for upper and middle managers of intergovernmental organisations, non-governmental organisations and government organisations and researchers involved with assistance and policy-making for refugees and other forced migrants.

Further information:
The International Summer School Administrator
Refugee Studies Centre
Queen Elizabeth House
University of Oxford
21 St Giles
Oxford, OX1 3LA
United Kingdom
Tel: +44 (0) 1865 270723
Fax: +44 (0) 1865 270721

Prague, Czech Republic
2-6 September 2003

Pain in Europe IV

4th Congress of the European Federation of IASP Chapters (EFIC)

First announcement

Further information:
Congress Business Travel, Ltd (CBT)
Steponska 6/535
120 00 Prague 2
Czech Republic
Phone: +420-2-2494 2575, 2494 2579
Fax: +420-2-2494 2550
E-mail: pain2003@cbtrave.cz
www.pain2003.cz

The IRCT is a private non-profit foundation, that was created in 1985 by The Rehabilitation and Research Centre for Torture Victims (RCT), Copenhagen.

The objectives of the foundation is on an international basis to promote the provision of specialized treatment and rehabilitation services for victims of torture and to contribute to the prevention of torture globally.

To further these goals the IRCT seeks on an international basis

• to develop and maintain an advocacy programme that accumulates, processes, and disseminates information about torture as well as the consequences and the rehabilitation of torture

• to operate a documentation centre about torture and related topics
• to establish international funding for rehabilitation services and programmes for the prevention of torture
• to promote education and training of relevant professions in the medical as well as social, legal, and ethical aspects of torture
• to encourage the establishment and maintenance of rehabilitation services
• to establish and expand institutional relations in the international effort to abolish the practice of torture, and
• to support all other activities that may contribute to the prevention of torture.