

The mental health and psychosocial problems of survivors of torture and genocide in Kurdistan, Northern Iraq: A brief qualitative study

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Abstract

Background: From 1986-9, the Kurdish population of Iraqi Kurdistan was subjected to an intense campaign of military action, and genocide by the central Iraq government. This campaign, referred to as the Anfal, included systematic attacks consisting of aerial bombings, mass deportation, imprisonment, torture, and chemical warfare. It has been estimated that around 200,000 Kurdish people disappeared.

Purpose: To gain a better understanding of current priority mental health and psychosocial problems among Kurdish survivors of the Anfal, and to inform the subsequent design of culturally appropriate and relevant assessment instruments and services to address these problems. The study examined 1) the nature and cause of current problems of survivors of torture and/or civilian attacks and their families, 2) what survivors do to address these problems, and 3) what they felt should be done.

Methods: We used a grounded theory approach. Free list interviews with a convenience sample (n=42) explored the current problems of Kurdish persons affected by torture. Subsequent key in-

formant interviews (n=21) gathered more detailed information on the priority mental health problem areas identified in the free list interviews.

Results: Major mental health problem areas emerging from the free list interviews (and explored in the key informant interviews) included 1) problems directly related to the torture, 2) problems related to the current situation, and 3) problems related to the perception and treatment by others in the community. Problems were similar, but not identical, to Western concepts of depression, anxiety, PTSD and related trauma, and traumatic grief.

Conclusion: Iraqi Kurdish torture survivors in Iraq have many mental health and psychosocial problems found among torture survivors elsewhere. The findings suggest that the problems are a result of the trauma experienced as well as current stressors. Development of mental health assessment tools and interventions should therefore address both previous trauma and current stressors.

Key words: torture, psychology, mental health, Iraq, qualitative research

Introduction

The Kurdish population of Iraqi Kurdistan has been persecuted by successive Iraqi governments since World War II. Persecution intensified when the Ba'ath Party took power in 1968 and again in 1979 when Saddam Hussein became president.¹ Imprisonment and torture were common, particularly of

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relatives and friends of Kurdish fighters (Peshmarga). Persons were detained and tortured for infractions like having a beard, reading forbidden books, complaining of lack of governmental services, etc. During the Iran-Iraq war (1980 – 1988) family members and other civilians were even forced to observe public executions of those resisting military service, with family members forced to pay for the bullets.²

From 1986-9 the Kurdish population was subjected to the 'Anfal', an intensive campaign of military action, torture, and genocide by the Iraq central government. The Anfal included systematic attacks including ground offensives, aerial bombing, systematic destruction of settlements, mass deportation, imprisonment, torture, firing squads, and chemical warfare. Government forces emptied large parts of rural Kurdistan, prohibited the movement of food, people and supplies into those areas, and killed persons and even animals found in those areas.² It's estimated that during the 'Anfal' about 200,000 Kurdish people disappeared. More than 4,000 villages were destroyed including all public places such as schools, mosques, churches and historical places. Of the seven million livestock present in Kurdistan at the beginning of the Anfal, only 50,000 remained after this attack.³ In one famous incident in 1988, 5,000 people in the city of Halabja died in a single day from a chemical weapons attack which came to epitomize the Anfal's ferocity.

There is little published research on the psychological effects of the widespread torture during the Anfal. Dworkin and colleagues⁴ examined the long term mental health effects among Kurdish survivors. They found that female gender, age, and multiple traumas were positively associated with higher post-traumatic stress scores and negatively correlated with social function-

ing.⁴ Through a validation study of the Reporting Questionnaire for Children, Ahmad and colleagues⁵ found that a randomly selected sample of Kurdish children had more mental health problems compared to children in other societies. Other psychological studies have referred to refugees outside Iraq with samples mainly consisting of non-Kurdish Iraqis.^{6,7} Research on adult Iraqi torture refugees has indicated an increased risk for multiple traumas⁶ compared to non-torture refugees,⁸ as well as an increased risk for anxiety, depression and PTSD.⁷ At the same time, however, refugee Iraqi torture survivors were more likely to display resilience, sociocultural adjustment and symptoms of posttraumatic growth compared to non-torture survivors.⁸ In our literature research, which was limited to papers in English, we could not find a single published qualitative study of the mental health and psychosocial problems among Kurdish torture survivors who were still living in Iraq.

Purpose

The aim of this qualitative study was to identify the priority of current mental health needs and psychosocial problems among Kurdish survivors of the Anfal. Our focus was on survivors of torture but also included survivors of the chemical attack on Halabja. The study also examined the nature and causes of the most salient current problems of those who survived the torture and/or civilian attacks and their families, what they do to address these problems and what they feel should be done.

When this study was conducted, mental health services in urban areas were limited to inpatient and outpatient services conducted by psychiatrists. Rural primary health centers across Kurdistan had trained nurses and equivalents who provided general psychoso-

cial support. However, in both urban and rural areas treatment seeking was scarce because of the stigma related to mental health problems. The study's purpose, therefore, was to inform about the subsequent adaptation of specific interventions that could be provided in these settings and likely to be acceptable to local survivors.

Using local qualitative data to inform that intervention selection and adaptation improves the likelihood that selected services are locally appropriate, feasible, and reflect the priorities of the survivors themselves. Using qualitative data to inform that instrument selection and adaptation is intended to address some of the challenges of using Western-based assessment tools. This includes choosing existing instruments and adapting them to match local concepts as much as possible and using language from the qualitative descriptions while translating the instrument. More detailed descriptions of the collection⁹ and use of qualitative data in these ways¹⁰ are provided elsewhere.

Methods

Study Sites

Data collection took place over a two week period in the Spring of 2008 in the cities and immediate surrounds of Suleimaniyah, Halabja, Kalar, Kfri, Rizgari and Rania, in the Suleimaniyah Governate (equivalent to a province). Many participants in Halabja were survivors of the chemical attack and most of them had also been tortured. All remaining participants were torture survivors, those from Suleimaniyah were former Peshmarga while those from the other sites were civilians. All interviewees were members of the Kurdistan Prisoners Association which has 3,675 members in Suleimaniyah Governate alone. In addition to their own experiences, most interviewees reported having lost close relatives and/or friends due

to torture, imprisonment, and murder by the Saddam Hussein government.

Data Collection

We used a grounded theory approach to data collection and analysis. Grounded theory refers to the use of data for discovery and development of hypotheses and models, rather than their confirmation.¹¹ In practice, this means the use of qualitative data collection methods based on broadly stated open ended questions. Twelve trained local interviewers supported by three similarly trained local supervisors conducted interviews using two such qualitative methods: free list interviews and key informant interviews. None of the persons who were trained as mental health workers were key informants. Instead, many of the mental health workers acted as interviewers. The supervisors' role was to assist with logistic issues, help arrange the interviews, and review written notes to assure they were complete and understandable.

Interviews done by interviewers in pairs, with one person conducting the interview and the other acting as recorder. All interviews were conducted in the local Kurdish Sorani dialect and verbatim recorded.

Free List Interviews

The study began with 42 free listing interviews. Free list interviews begin with an open ended question that invites responses in the form of a list.¹² Each response is recorded in the left column of a two column sheet. For each response, the interviewee is asked for a short description and this is recorded in the corresponding row on the right column. The intent of this format is to provide an overview of the topic being discussed. For this study the free list question was: 'what are the problems of torture survivors and their families?' The interviews were conducted

with a convenience sample of individuals chosen because of their knowledge about the problems of torture survivors and their families. Interviewees were identified through social networks or formal organizations of survivors and were themselves torture survivors. Some were identified through community mental health workers.

Consistent with grounded theory, interviewees were asked to list all current problems of persons affected by torture (both survivors and family members), rather than specific categories of problems selected a priori. At the end of the free list interview, the interviewers reviewed the list of problems with the interviewee for potential mental health and psychosocial problems (defined as problems referring to thinking, feelings, or relationships). For each of these problems the interviewee was asked to suggest local residents to whom people would go when they have the identified problem.

Key Informant Interviews

Key informants were local residents recommended as being particularly knowledgeable regarding mental health and psychosocial problems of torture survivors who agreed to participate. Key informants were identified and selected through: a) organizations that represent torture survivors; b) referrals by the free list interviewees; and c) free list interviewees whom interviewers felt were particularly knowledgeable. Professional health care providers (including social workers and counselors) were excluded because of concerns that their responses would be framed in terms of their training rather than the community perspective.

The same pairs of interviewers conducted the key informant interviews. Interviews consisted of naming each of the mental health and psychosocial problems selected from the free lists (see Analysis) and asking

the key informant to tell all they knew about it. Interviewers probed to gather as much information as possible about symptoms/signs and effects of the problem, causes of the problem, and what people did and felt could or should have been done. All key informants were interviewed at least twice unless they refused or it was clear at the first interview that they were not very knowledgeable. Repeated interviews enabled the interviewers to gain additional information not provided in the first interview, either because the key informant had not thought of it then or because the key informant had developed more trust in the interviewers, was more relaxed, and therefore more willing to share information.

As in previous studies¹³ both the free list and key informant interviewees were instructed to respond based on their knowledge and interactions with other torture survivors and not to talk about themselves only. This was done to prioritize reporting of widely held knowledge and beliefs rather than personal opinions, to maintain privacy, and to encourage reporting of things that are sensitive, stigmatizing, or illegal. Where interviewees did talk about themselves, interviewers asked if what was reported was relevant only to them or if they felt or knew that it was shared by others. If the former was true, the statements were not recorded as referring to other individuals and not the interviewee.

The study was approved by the Institutional Review Board at Johns Hopkins University (JHU) School of Public Health.

Analysis

Analysis of both free list and key informant interviews were conducted in the local Kurdish Sorani dialect by the local interviewers, supervisors, and a JHU faculty with a translator. Each free list interviewee was

assigned a simple numeric code. The free list analysis began by transferring all of the problems on all the free list interview records into a single list of all problems. Attached to each problem were the code numbers of all the interviewees who mentioned it. At this stage, two or more interviewees were recorded as having mentioned the same problem if they referred to it using the same language. The resulting list was then reviewed to identify problems that were similar in meaning but had different wording. Where this occurred, the most clearly worded version (based on a consensus among the local interviewers and supervisors) was retained to represent all the versions. The interviewee code numbers for the deleted response were then added to those of the retained version so that all the interviewees who reported the problem were accounted for.

From the resulting composite list a subset of potential mental health and psychosocial problems were selected for further investigation. Selection was done by a group that included the interviewers and supervisors, the NGO partner (Heartland Alliance), and JHU faculty. Selection prioritized problems reported by many interviewees appeared to be severe (based on the descriptions) and could likely be addressed by interventions that were feasible given available resources. On this basis, four problems were selected for further investigation by means of key informant interviews.

For the key informant analysis the interviewers were divided into one team for each selected problem. Each team drew up four blank tables under the subheadings of the probes used in the interviews: symptoms/signs and effects of the problem, causes of the problem, and what people did and felt could or should be done about the problem. Each team reviewed all the key informant

interviews and recorded in the relevant table all statements that referred to their problem along with the codes of the interviewees. As in the free list analysis, if responses had the same meaning but different wording, the wording thought by the team to be the clearest was retained and the interviewee's code numbers for the wording not used were transferred to that of the retained response.

Results

Free Lists

Forty-two persons were interviewed for the free lists. Interviewees were between the ages of 35 and 60 and more than two thirds were male, reflecting the makeup of the organizations that assisted us in finding many of the interviewees.

Appendix Table A is an abbreviated version of the composite free list produced in the analysis, beginning with the most frequently mentioned problems and continuing in descending order, excluding problems identified by less than three interviewees. Although the free list interviewers did not ask for psychological problems only, most responses were psychological and or psychosocial issues. The team reviewing the data felt that the problems reflected three major psychosocial themes: problems directly related to the torture and other violence during the Anfal (waiting for the ideal to return, remembering the past and the mental effects of these memories, forgetfulness, bad dreams, rage), problems related to survivors' current situation (regret over supporting the Peshmarga, distress about their current situation, family and economic problems, and substance abuse), and problems related to the perceptions and treatment by others in the community (feeling abandoned, feeling inferior, discrimination and isolation, breakdown in social relationships, social injustice). Instead of selecting individual

problems for further exploration in the key informant interviews, the team decided to ask about these three themes. This was done to gain a broader view of survivor mental health issues encompassing the effects of both past events and the current situation.

Key Informant Interviews

Twenty-one key informants were interviewed, all between the ages of 35 and 60. The majority of the sample was men. Each informant was asked about the three major problem categories derived from the free list interviews: problems directly due to the torture and related violence, problems due to the current situation, and problems related to how survivors are perceived and treated by the community. Appendix Tables B to E summarize the results of the analyses. All responses are listed according to the number of key informants who mentioned it (in decreasing order).

Appendix Table B summarizes the problems of torture survivors reported by key informants in responses to questions about all three categories of problems. Prominent items include: a) depressed mood and anhedonia b) ruminating on the past, c) intrusive memories of past traumatic events and avoidance of them, d) loneliness and isolation, e) sleep problems, f) general anxiety symptoms, g) perceptions of being mentally ill h) yearning for the deceased, and i) irritability. Both free list and key informants frequently mentioned that torture survivors felt 'looked down upon' and badly treated by others. Waiting for those who were killed to return was frequently mentioned, particularly by interviewees whose male family members had been taken away and whose fates were unknown. Some of these interviewees reported continuing to buy clothes for them, waiting in front of their houses in the evening in hope they appear,

and other similar behaviors. Most survivors, both free list interviewees and key informants, expressed regret over their past sacrifices for the current government, especially given their current situation and current perceived lack of government support.

Key informants were also asked to describe the problems of persons close to the torture survivors, mostly family. Their responses are summarized in Appendix Table C. Many problems are similar to those for the torture survivors and include ruminating about their situation, symptoms of depression, anger, lack of understanding of the survivor, and relationship problems within and outside the family.

Key informants were asked to describe the causes of the various problems they described (See Appendix Table D). In addition to the torture experience many of the problems are blamed on survivors' current situation, especially poverty, lack of compensation, inability to provide for their families, and how survivors are perceived and treated by others. These perceptions appear to contribute to marginalization, distress and depressed mood. Many problems are interconnected: mental problems are described as both causes and results of marginalization. Insomnia and depression are listed as both a result of traumatic events and as a cause of other problems.

Key informants were asked how survivors of torture and their families cope with their problems (See Appendix Table E). Unhealthy coping mechanisms were frequently mentioned, such as suicide, alcohol use, and withdrawal. Common healthy coping mechanisms included visiting those impacted by torture, and providing them with work, housing, clinical treatment, and other resources.

Discussion

The aim of this study was to identify and understand the priority current mental health needs and psychosocial problems of Kurdish survivors of the Anfal and their families. Our focus was on survivors of torture; however survivors of the chemical attack on Halabja were also included. The study also examined the nature and causes of the most salient current problems of those who survived the torture and/or civilian attacks and their families, what they do to address these problems and what they feel should be done. Our purpose was to provide information useful for the subsequent design of culturally appropriate assessment instruments and services to address these problems. At the time of the study existing mental health services were limited to psychiatrists working in inpatient and outpatient centers concentrated in urban centers. There were no other mental health professional services. Our NGO partner had previously trained nurses and equivalents working in rural primary health care centers across Kurdistan in non-specific psychosocial support methods. These workers received referrals from other clinic staff but reported that treatment seeking was limited, due to the stigma attached to mental disorders. This study was the first part of a series of activities to identify and adapt specific interventions that could be provided by these workers and likely to be acceptable to local survivors.

We were also interested in how the findings compared with other studies of Kurdish and non-Kurdish torture survivors, and about the relative importance of the torture experience versus current stresses in determining the major mental health problems. However, we found few similar studies of torture survivors. While some qualitative studies have examined local idioms of distress among Iraqi refugees, most

of the participants were Arab Iraqis from outside Kurdistan and included few Kurds.^{14,15} In these studies the most commonly discussed idioms of distress referred to problems of daily living, feelings of insecurity due to disrupted relationships, and uncertainty about one's future. These concerns were different from the three categories of issues that we found among the Kurdish survivors and may reflect the dominance of refugee concerns related to displacement. The idioms described in these studies are also different: respondents in these studies described constant feelings of the "heart being squeezed," which results in sadness, anxiety, irritability, nervousness, and feelings of wanting to be left alone. Others described "constriction in the chest" and "feeling as if being choked." A study that examined Kurdish, Turkish and Assyrian women also found an emphasis on the somatization as symptoms of distress.¹⁵ These idioms did not emerge in our study. This may be because the population was different and/or their experiences were different. However, it may also be our emphasis on the nature of problems rather than their expression, since we recorded few idioms.

In this study, data collection and analysis used a grounded theory approach. However, on reviewing the data we found many of the symptoms of PTSD, depression, anxiety, and traumatic grief¹⁶ similar to mental health outcomes found among other torture survivors outside Kurdistan and Iraq.^{17,18} The major psychosocial problems described by our sample have also been found elsewhere: a qualitative study of South-African torture survivors found similar problems of frustration with their current political context, economic concerns, and feelings of isolation.¹⁷

While symptoms of PTSD, depression,

anxiety, and traumatic grief occurred among our study population, whether they exist as different syndromes, or as part of a single general response (to trauma or to trauma and current stress), cannot be determined. The problem descriptions and the data on causes suggest that past traumatic events are perceived as the main causes of PTSD and traumatic grief whereas depression and anxiety are both the indirect results of past events and responses to the current situation. This is similar to the findings of Schweitzer and colleagues that both pre-migration trauma and post-migration living difficulties predicted trauma symptoms among Burmese refugees but only post-migration living conditions predicted anxiety and depression.¹⁸ Miller and colleagues found that current daily stressors were better predictors of anxiety, depression, and general distress among Afghan women, whereas previous war experiences were better predictors of PTSD.¹⁹ Among Afghani men, daily stressors predicted depression better than previous war experiences.¹⁹

A better conceptual framework than the DSM for describing the psychosocial effects of torture might be that offered by Silove,²⁰ which holds that torture survivors may face a number of traumatic events and subsequent stressors both during and after the torture experience. These continuing stressful events may disrupt five adaptive systems: safety, attachment, justice, existential meaning, and identity.²⁰ Disruption in safety might be the cause of the interviewees' symptoms of PTSD such as intrusive memories, sleep disturbance, and fear of the trauma occurring again while the disruption of attachment may explain interviewees' descriptions of being unable to accept the loss of loved ones and waiting for them to return. Disruption of a sense of justice might cause the frequent mention of anger and rage at being treated

differently and regretting the services they provided for Peshmerga (Kurdish fighters). The loss of existential meaning might cause the sense of alienation in society. Finally, loss or disruption of identity may have produced survivors' sense of isolation and marginalization in society. Overall, this may be a better explanatory model of the effects of trauma among populations exposed to multiple traumas and stresses.

Our data also suggest overlap between the problems of torture survivors and their families: thinking too much about their situation, symptoms of depression, anger, lack of understanding of the survivor, and relationship problems. These similarities may reflect common challenges such as poverty, discrimination and difficult relationships within the family, as well as vicarious traumatization of family members. It is also possible that the interviewees, who were all survivors, were projecting their problems onto family members. However, there were some differences. Torture survivors emphasized survivors' resentment towards the wider society due to discrimination and sacrifices made for the government as well as unfair treatment from others while problems reported among family members focused more on the impact on family relationships, with more frequent mention of family separation, divorce, and lack of awareness of other family members as to the degree of distress survivors were experiencing. This may reflect reality or it may instead reflect the priorities of the survivors when they think about the impacts on their families.

Limitations

This study interviewed torture survivors about the problems of torture survivors and their families. The data was collected from the Suleimaniyah governate only and included some residents from Halabjah who

had experienced chemical weapons attacks. Therefore, while the culture and experience of persons in other parts of Kurdish Iraq is likely similar, it remains uncertain how well the findings apply to other Kurdish regions.

The analysis relied on counts of the number of informants who gave each response. We regarded this as an indicator of the relative importance or salience of each item. However, the open-ended interviewing method, the limited number of interviews (both total numbers and with each interviewee) and our use of convenience and purposive sampling methods greatly limit how much importance can be given to these counts. Cognizant of this, we divided items into those that were mentioned by many people (and therefore of interest) and those mentioned by few. We did not interpret frequencies beyond this simple designation. Results referring to family members were not derived from family members of survivors who had not themselves experienced trauma. Therefore, information on the effects on families represents the survivors' perspective and not those of the members themselves. The approach we used was brief and more limited than other qualitative studies. We did not explore in detail all the mental health problems of survivors but only the more commonly mentioned problems that appeared important and potentially amenable to locally feasible interventions. Our approach purposely avoided asking informants about themselves, but instead framed them as 'spokespersons' for others like themselves. We did this to expand the reach of responses, to focus on the more salient issues, and to make it more likely that respondents would not shy from shameful or stigmatizing responses. Adding personal information at the interview would likely have resulted in informative counter narratives and therefore richer data. However,

obtaining this level of detail was not the purpose of the study, which was to determine the priority and common views of local torture survivors in order to make a choice about which problems to address in an intervention, given that not all problems can be addressed. Information about how some personal views might differ from the common view would be of interest but not relevant to answering this question.

Based on our findings we conclude that torture survivors in Kurdistan have many of the mental health and psychosocial problems found among survivors elsewhere. These include not only symptoms consistent with PTSD, anxiety, and depression, but also traumatic grief and psychosocial issues related to current circumstances including their perceived treatment by society. As a result of this study the study team subsequently adapted assessment instruments for this population that included the Harvard Trauma Questionnaire and the Hopkins Symptom Checklist for Anxiety and Depression, as well as developing instruments to assess traumatic grief and the psychosocial problems described by the survivors. The implications of these findings do not only relate to developing assessment instruments. Similarities between the problems described by Kurdish torture survivors and survivors of torture and severe trauma elsewhere suggest that interventions found to be effective in other populations may also be effective in Kurdistan. These include Prolonged Exposure for trauma symptoms and Cognitive Behavioral Therapy (CBT) for trauma and depression-anxiety. Versions of CBT with elements of exposure therapy are currently being implemented and tested among this population.

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Appendix

Table A: *Problems of torture survivors and their families (n=42 free list interviews/interviewees)*

Response	# of Interviewees
Mentally, every one of us think about why we have become like that (handicapped and mental problems), why our life was taken, and why we could not live as a normal person. This makes us feel sad, depressed, impatient, angry, and introverted all the time.	20
Social injustice, feeling that there is social unfairness. Feeling discrimination, we are not treated equally.	16
Family problems (divorce), economic and housing problems. Many are political detainees who have been tortured. Drinking alcohol has become the cause of divorce and suicide.	10
Thinking and waiting; they are thinking that their relatives or their bones might come back. They have been buying clothes for their children (in the hope that they will return).	7
Class problem, community is divided into two classes: the rich and the poor.	7
(Men) violate women freedom; women are not allowed to go to her father's home without her husband's permission.	6
We have the problem of fear from the community, means we are afraid to say we were political detainees because people look down at us and (for women) immediately ask have you been raped?	6
We are not happy, we see the films of prison are in front of our eyes every time, and we are so sensitive because we have not been cared for. We only remember the problems and they have mental effect on us until now.	6
They (survivors) are not respected as they should be. They have an inferiority complex.	5

Table B: *Problems of torture survivors related to past events, current situation, and how they are treated by others (n=21 key informants)*

Response	# of Interviewees
Thinking about the past	20
Depression	18
Insomnia	17
Misery	15
Loneliness	14
They wish for death	13
They get mental illnesses	13
Nightmares	12
They (tortured people) are different from other people; there is nobody to take care of them or work for the family.	12

They cannot forget the past easily	11
They are treated down (badly)	11
They are irritated	11
Exhaustion; they lived together (before the disaster) but they are separated now	11
Nobody listens to us	10
Isolation	9
Horror and fear; they feel that they will face the disaster again	9
Suicide	9
Crying	8
They are introverted	8
They are waiting; waiting for their relatives (who were killed) to come back	8
Social relationships are abnormal	8
Annoyance	8
Poverty	8
They don't want to be seen by anybody	6
They are not interested in feasts or celebrations (they remind them of the past)	6
Anxiety	6
We are regretful for what we had done (the service we provided for peshmarga)	6
Joblessness	6
They are alive physically but their soul is dead, they wear black until now	5
Dreaming (about the events)	5
They have not been compensated	5

Table C: *Problems of persons close to torture survivors (mostly family) (n=21 key informant interviews)*

Response	# of Interviewees
They are thinking a lot of this bad situation	13
They are not provided with needs of life	10
People are depressed	9
People have got insomnia	9
People are angry	8
People are hopeless	8
There is no awareness (they are not well-educated) among people and family	8
People think about suicide	5
Women are isolated from the community	5

Table D: *Causes of some of the problems of torture survivors and their families (n= 21 key informants)*

Causes of the problems	# of interviewees
<i>Causes of feeling isolated/marginalized</i>	
Due to unfairness and the carelessness of people we have been subjected to torture, isolation, annoyance, divorce, and sadness.	14
Because we are treated poorly we feel annoyed, isolated, and cannot get married.	10
Due to the lack of changes in our life, annoyance, physical pain and handicap, we think about suicide, we wish we were dead and we feel inferiority complex.	9
Because we cannot provide our children's requirements we have been faced with isolation and impatience and we feel instability.	7
<i>Cause of family problems</i>	
Income shortage becomes the cause of divorce, tiredness, inferiority, jealousy.	4
We feel affection gap due to loss of our relatives and thinking about the past.	3
<i>Causes of insomnia</i>	
Due to thinking a lot, anxiety, and losing our properties we have insomnia mental illness and desperation.	15
<i>Causes of feeling sad or depressed</i>	
We wish we were dead because we have not been compensated	9
Due to lack of changes in our life, annoyance, physical pain and handicap, we think about suicide, we wish we were dead and we feel inferiority complex.	9
Because of thinking about death of our husbands, brothers, and relatives we feel sad. It is common among Anfallen (killed) people.	6
<i>Causes of ruminating/poor thinking</i>	
Due to nightmares they cannot forget the past and they are uncomfortable.	4
Due to depression they move their hands, think a lot and get amnesia	3
<i>Causes of anxiety and irritability</i>	
Due to unfairness and carelessness of people we have been subjected to torture, isolation, annoyance, divorce, and sadness.	14
Because we are treated poorly, we feel annoyed and isolated and we cannot get married.	10
Because we cannot provide our children's requirements we have been faced with isolation and impatience and we feel instability.	7
<i>Other</i>	
Due to bad economic condition, their illnesses cannot be treated	6
Love is meaningless (there is no real love relationship) due to educational discrimination.	3

Table E: *What torture survivors and their families do about their problems (n=21 key informants)*

What people do about the problem	# of interviewees
Resort to suicide	11
These kinds of people should be visited	5
Resort to alcohol	3
They want to stay in their own houses	3
They speak aloud and shout to be helped	3
They need to work in order to forget the past	3
To open a psychiatric hospital for treating psychological problems	3
To provide them with housing or some areas to build their own houses	3

Long-term trajectories of PTSD or resilience in former East German political prisoners

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Abstract

Studies on the long-term consequences of traumatization found different diagnostic trajectories: chronic, recovered, delayed and resilient. This distinction, however, was never studied in victims of torture or severe political persecution. We aimed to verify the trajectory classes of PTSD empirically and to analyze potential predictors of such trajectories. Former political prisoners from East Germany, first interviewed in 1995, were re-assessed fourteen years later. In 1995, retrospective symptom reports dating back to shortly after the prisoners' release dates were assessed. Predictors of the four different trajectories were divided into pre-trauma, peri-trauma, and post-trauma factors. As a result, the four long-term trajectories were validated in the current sample with the following percentages: chronic (36%), resilient (27%), recovered (26%) and delayed (11%) trajectories. Trajectories were mainly distinguished by pre- and post-traumatic factors, e.g. pre-trauma education or post-trauma disclosure opportunities. We conclude that the four long-term trajectories of trauma sequelae deserve more attention to adequately

deal with survivors of severe persecution. Furthermore, the specific predictors of long-term trajectory deserve more attention for re-integration or in rehabilitation.

Key words: Torture, PTSD, psychological resilience, East Germany

Background

Severe political persecution as in imprisonment is a prototype of a traumatic stress that has often been shown as a cause of posttraumatic stress disorder (PTSD) during adult lifespan.¹⁻³ Studies on former political prisoners from East Germany (or the former German Democratic Republic: GDR) tried to contribute to this knowledge. During GDR's 40 years of existence, more than 200,000 persons were imprisoned for political reasons or random suppression to prevent political opposition (e.g. detention at workplaces after minor critical comments). Historians have argued for distinguishing between eras which have presented with differing prison conditions: the Stalin era (until 1953), with common use of all forms of physical torture as well as high mortality rates; the Ulbricht era (until 1971), with physical and increasing psychological torture utilization; and the Honecker era (until 1989), with primary psychological torture (e.g., threatened death or disappearance of

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the individual or close family members), but also physical torture like sleep deprivation or floodlight exposition.⁴

Recently, increasing numbers of longitudinal studies have investigated the long-term course of PTSD from different origins. However, as yet, no studies have focused on political prisoners or torture victims. This general psychotraumatological research has shown that the simple belief of a chronically sustained course of PTSD being the norm — if not treated successfully by therapy or the occurrence of a spontaneous remission — must be revised. Specifically, evidence shows changes to the course of PTSD over time in the form of delayed^{5,6} or fluctuating symptoms over extended years or decades.⁷⁻⁹ Bonanno¹⁰ proposed a classification of post-traumatic trajectories which distinguishes between chronic, recovered, delayed and resilient courses. This classification system is now widely accepted in PTSD research but rarely recognized in a wider audience of clinicians or other professionals in trauma rehabilitation.¹¹⁻¹³

In addition, this empirically-based typology allows for systematic investigation on the predictors of these course specifiers. One question is if current circumstances of the individual are more predictive of course classes than the pre-traumatic (e.g., age, gender, education, previous trauma) or peri-traumatic influences (e.g., trauma severity, subjective suffering).^{7,12} Solomon and Dekel⁷ demonstrated in ex-prisoners of war that current stress and symptoms predict the course pattern over 30 years. Dickstein et al¹² demonstrated in a sample of peacekeeping soldiers in conflict areas, that current stress and depression turned out to be the main predictors of delayed PTSD. These study findings match the results of comprehensive meta-analyses which have demonstrated post-traumatic contexts of the trauma

survivors, like current social support, are the strongest predictors of the severity of PTSD.¹⁴ Our own previous work with ex-political prisoners and other victims of man-made violence led us to postulate that social-interpersonal post-traumatic factors such as the opportunity to disclose and the willingness to forgive are of particular importance for the prediction of progression of PTSD.¹⁵

Most longitudinal studies of traumatized individuals are based on retrospective data of immediate psychological consequences within days, weeks or months following the end of their traumatic experience (e.g., political imprisonment). For example, Port, Engdahl and Frazier¹⁶ conducted a "retro- and prospective longitudinal study" of prisoners of war in which World War II veterans were assessed retrospectively shortly after repatriation and then again in the 1990s in order to assess their current state and identify the predictors of long-delayed symptom onset. The use of retrospective accounts is methodologically questionable by the possibility of memory biases — however, they are commonly used out of necessity.¹⁷

The current investigation uses longitudinal prospective and retrospective data from a sample of former East German political prisoners.^{18,19} Main findings of the 1990s studies concerned the incidence of PTSD and other psychological conditions, as well as the role of trauma severity and initial reactions after detention. This constitutes the retrospective part. In the late 2000s, we were able to re-invite and interview the former sample again. This constitutes the prospective part of the study. This group of non-treatment seeking civil-rights activists assessed over a period of approximately 15 years after the fall of the Berlin Wall can be considered particularly valuable because of its uniqueness in the post-communist

Europe. The main focus of the current investigation is to empirically attain different long-term trajectories spanning retrospectively over approximately 25 years, and prospectively over another 15 years. Finally, we analyze the influence of selected pre-, peri-, and post-traumatic factors on these long-term trajectories to gain toeholds for more specific support or intervention for the survivors.

Method

Sample and Procedure

The sample of former East German political prisoners was first interviewed in 1995 (termed Time 1: T1),¹⁸ on average 24 years ($M=23.6$, $SD=10.7$) after their release from prison, and was also invited to participate in a follow-up in 2008, on average 37 years after their release from prison (termed Time 2: T2). Interviews took place either in the research department of a university hospital in Dresden or, in the case of immobility, in participants' hometowns. Ethics Review Board approval was granted from the University of Zurich.

Of the 146 participants in the 1995 assessment, 25 were deceased in 2008, 17 declined further participation mainly due to

health impairments, 11 could not be located and seven provided only written assessments. Thus, there are 86 participants in the current study, i.e., the participation rate was 71% of the 121 surviving participants. In 2008, the participants' ages ranged from 40 to 85 years with a mean of 64.4 years.

Features of the sample at T1 and T2 are displayed in Table 1. In order to check if dropouts at T2 changed sample characteristics all data were entered into a logistic regression model (continuous variables z-transformed). Higher age was associated with dropout ($OR=2.04$, 95%; $CI=1.15-3.62$) as well as lower education ($OR=.36$, 95%; $CI=.14-.89$). Other sample characteristics did not vary significantly across the two measurement points.

The most recent assessment time-point T2 in 2008 revealed that 32.6% of the sample met criteria of PTSD and, in addition, 25.6% had partial PTSD ('partial' is used interchangeably with 'subsyndromal'²⁰). Fourteen years earlier, at T1, 29.1% of the current sample met criteria of PTSD and 24.4% those of partial PTSD. Retrospective diagnoses for T0 (shortly after release) showed prevalence rates of 61.6% for PTSD and 20.9% for partial PTSD.

Table 1. *Characteristics of the former political prisoners sample*

	Sample at T1 (N=146)	Sample at T2 (n=86)
Age at time 1 in years: Mean (SD)	53.6 (11.9)	51.3 (10.3)
Gender: Male participants	125 (85.6%)	72 (83.7%)
Educational degree at time 1		
Lower than secondary school	110 (74.3%)	60 (69.0%)
Secondary school or higher degree	36 (25.7%)	26 (31.0%)
Interval in years between prison release and time 1: Mean (SD)	24.5 (11.3)	23.6 (10.7)
Duration of imprisonment in months: Mean (SD)	36.3 (37.2)	30.0 (29.2)

Measures

PTSD and other psychiatric diagnoses were assessed at T1 and T2 by clinically experienced experts according to respective DSM-IV criteria in 1995 and 2008 with the structured “Diagnostic Interview for Psychological Symptoms”.²¹ A retrospective PTSD diagnosis for the time after release (termed Time 0: T0) was assessed at T1 with the instruction: “Was this [symptom] present sometime in your first year after release from prison. If yes, for how long?” Symptom endorsements lead to diagnostic status assignment according to the DSM-IV algorithm for PTSD.

Comorbid disorders at T1 and T2 were assigned based on assessments by the same clinical interview. The clinical interview captures all affective, anxiety or somatoform disorders and a general diagnosis of substance use disorder.²² In order to determine the number of comorbid disorders, the total number of DSM-diagnoses was summed accordingly (range 0 to 12).

Resilience was operationalized as being the lack of, or having only a few, PTSD symptoms, but was not measured by any psychological construct or assessment.

Predictors of trajectory classes

The pre-traumatic variable Historic Era was structured based on the previously reported classification¹⁸ (see short description in the background part above): 1st imprisonment era from 1949-1953 (worst living and legal conditions for political prisoners, physical and psychological torture), 2nd imprisonment era from 1954-1970 (intermediate conditions, physical and psychological torture), 3rd imprisonment era from 1971-1989 (somewhat improved conditions due to the Helsinki accord process; mainly psychological forms of torture). Age at traumatization was divided into developmen-

tally meaningful age groups: Youth (14-18 years); young adults (19-34 years), middle-aged adults (35-50 years).

Peri-traumatic variables were taken from the 1995 assessment by the persecution and maltreatment variables Trauma Severity and Initial Reactions¹⁸ and were supplemented by Release Environment (to West Germany, i.e. predominant friendly reception; to East Germany, i.e. predominant adversarial reception).¹⁹ Trauma severity values ranged from 0 to 6 with acceptable reliability. Initial Stress ranged from 0 to 10.

Post-traumatic variables: Treatment Received was assessed at T2 by asking participants if they had ever engaged in treatment for the symptoms they endorsed in the clinical interview after their release from prison. The response categories were as follows: pharmacotherapy, psychotherapy or other therapies (e.g. alternative medicine). The Treatment Received variable, the summation of the types of treatment received, was rated on a scale from 0 to 3. For the socio-interpersonal variables, previously validated measures with appropriate psychometric characteristics were used. The Social Support Scale (SSS),²³ is a standard instrument that assesses perceived instrumental and emotional support. Its values range from 0 (none) to 15 (utmost). The Disclosure Tendencies Questionnaire (DTS),²⁴ measures aspects of a person's intention to disclose traumatic experiences and consists of 3 subscales: reluctance to talk (13 items) assesses resistance to tell others about the trauma; urge to talk (11 items) assesses the victims' need to disclose the traumatic experiences; and emotional reactions during disclosure (10 items) assesses affective states while disclosing the trauma. Its sum score values range from -30 (never) to 30 (most often). Attitudes Towards Forgiveness Scale (ATF),²⁵ consists of 6

items that assessed the extent to which participants viewed forgiveness as a virtue or desirable characteristic regardless of the extent to which they themselves actually practice forgiveness. Its values range from 1 (never) to 7 (often).

All scales used during this study were tested and reported Cronbach alpha's between 0.71 to 0.94 indicating a moderate-excellent reliability.

Statistical analysis

The main analysis applies "Latent Class Growth Modelling" (LCGM), a recently developed statistical tool for comprehensive data analyses.²⁶ This method was chosen to explore possible subpopulations with specific trajectories within the study sample.²⁶ It simultaneously evaluates all measurement points submitted to the analysis, and produces fit statistics that allow testing for multiple class solutions. An individual's assignment to a particular sub-class was modelled by a categorical latent class variable with the specific growth curve within each class by latent variables (parameters: intercept, slope and quadratic term). Variances and co-variances of intercept, slope and the quadratic term were fixed at zero for the sake of model identification.

Accordingly, starting with a single trajectory class solution (e.g., total sample), increasing numbers of classes were tested until the model fit statistics indicated best fitting solution. For that purpose, the relative fit of different models was evaluated by the Lo-Mendell-Rubin adjusted likelihood ratio test (LMR-A²⁷), the sample-size-adjusted Bayesian information criterion (BIC-A), and the Aikake information criterion (AIC²⁸). A model is preferable over another model with the next lower number of classes when the LMR-A is significant while a non-significant LMR-A value indicates that the solution

includes too many classes, arguing for a solution with fewer classes. Other parameters being equal, models with lower BIC-A and AIC values are preferred. Finally, the entropy of each class solution was assessed, with higher entropy values indicating better fit than lower ones. The model selection, however, should not only be based on the fit of competing models but should also consider aspects of parsimony and theoretical assumptions. Specific parameters and fit indices of the different class solutions are described in the Appendix Table A. For the purpose of model identification, PTSD diagnoses status was subdivided into three categories: 0 = no PTSD, 1 = partial PTSD, and 2 = full PTSD with partial PTSD given to participants meeting the criterion for re-experiencing and either the criteria for avoidance or hyperarousal. The clinical justification for using "partial PTSD" status has been given by various authors; e.g., Schützwohl and Maercker²² showed the concept of partial PTSD to be appropriate to differentiate higher distress compared to non-PTSD survivors.

Once the best fitting solution and the corresponding number of trajectory classes had been selected, we used class membership as the categorical dependent variable in a series of logistic regression models. Due to the relatively small number of members in some classes the influence of potential predictors on class membership was analyzed univariately with the respective trajectory class against all others. As described, potential predictor variables were grouped into pre-, peri- and posttraumatic variables. For controlling of multicollinearity we initially calculated intercorrelations of all predictor variables (see Table D in Appendix).

Results

Trajectories and their prevalences

Comparing model fit between a two-class, three-class, four-class, and five-class model, the four-latent class solution was selected. The Chi-Square statistics (14.71, $df=10$, $p=.14$) indicated a good replication of the data. Due to slightly higher Entropy (.84 versus .79) the five-class model would have to be numerically preferred over the four-class solution but, however, it was not superior to the four-class solution (LMR-A=9.20, $p=.07$). Therefore, the four-trajectory classes solution was the best fit after an overall view on parameters (see Appendix Table A). An examination of latent class probabilities for the most likely latent class membership for a 4-class solution showed a clear separation between the trajectory classes (see Appendix Table B). Related estimated probabilities indicated similar courses (see Appendix Table C).

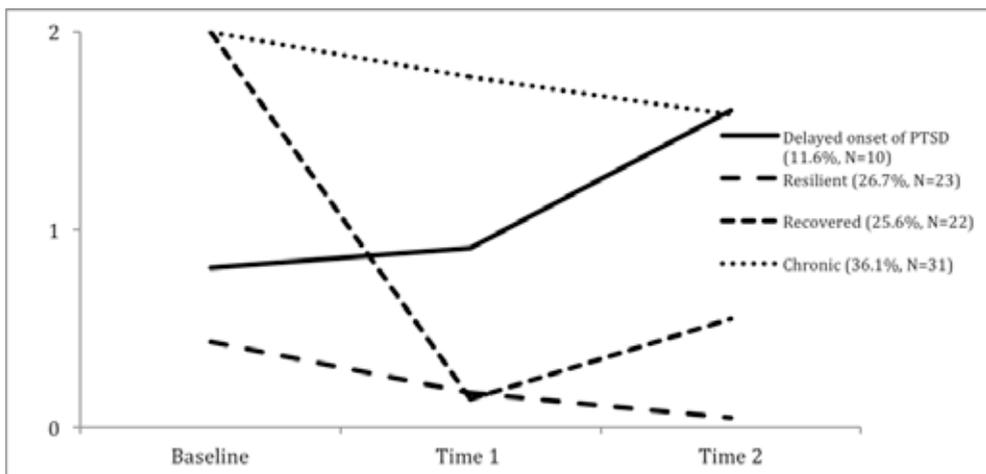
These four classes were labelled as follows and consisted of N persons: class 1=delayed onset of PTSD (N=10), class 2=resilient (N=23), class 3=recovered (N=22), and class 4=chronic (N=31). A

graphical illustration of these PTSD trajectories is given in Figure 1. As shown in Figure 1, the chronic class begins at high values with a slight decline across time and the resilient class parallels this development at a low level. The recovered class begins at the highest levels, declines sharply at T1 and slightly re-ascends but does not reach the full level of partial PTSD. The delayed class starts at moderate level of partial PTSD and increases in particular between T1 and T2.

Predictors of PTSD trajectories

As displayed in Appendix Table D none of the correlations across predictor classes exceeded $r=.52$. Thus, a regression analyses appeared appropriate. Significant associations between predictors were marked by an asterisk. Accordingly, from the pre-traumatic variables, higher education was significantly related to fewer chronic trajectories and more delayed trajectories. Latest historical era(s) of imprisonment was associated with

Figure 1. Trajectory classes of long-term trauma aftermath by Latent Class Growth Modelling



Note: Level of PTSD: 0 = no PTSD, 1 = partial PTSD, and 2 = full PTSD

fewer recovered trajectories. From peri-traumatic variables, trauma severity directly predicted the chronic trajectory. Release environment (East vs. West Germany) predicted delayed trajectory with a higher ratio for belonging to the delayed class when released to West Germany.

Table 2 shows the results of a series of logistic regressions. The four respective trajectory classes (chronic, recovered, delayed, and resilient) were predicted by four

pre-traumatic, four peri-traumatic and seven post-traumatic predictors (particular class against combined other classes). Some predictor variables failed to reach significance for any of the class predictions (e.g., age group at traumatization, gender, trauma duration, release environment [East vs. West Germany]).

When comparing the three predictor factor groups (pre, peri and post), post-traumatic variables were found most predictive

Table 2. Predictors of the four trajectory classes (ORs and 95% CIs given in brackets; respective trajectories are tested against combined other classes)

Predictors	Trajectory classes			
	Chronic	Recovered	Delayed	Resilient
pre-traumatic				
Age group at traumatization	.82 (.42-1.59)	.71 (.33-1.50)	1.76 (.69-4.49)	1.27 (.63-2.54)
Gender (female : male)	2.00 (.63-6.36)	.43 (.09-2.11)	1.33 (.25-7.07)	.71 (.18-2.81)
Higher educational level	.55 (.38-.80)*	1.18 (.85-1.63)	1.61 (1.01-2.58)*	1.21 (.87-1.67)
Historical era	1.96 (.91-4.23)	.38 (.16-.88)*	1.32 (.44-3.96)	1.03 (.47-2.27)
peri-traumatic				
Trauma severity	1.41 (1.07-1.87)*	.78 (.57-1.06)	1.10 (.70-1.73)	.82 (.61-1.09)
Initial stress reaction	1.22 (.94-1.59)	.96 (.76-1.21)	1.26 (.76-2.07)	.81 (.64-1.02)
Trauma duration	.99 (.98-1.01)	1.00 (.98-1.02)	1.01 (.99-1.03)	1.00 (.99-1.02)
Release environment	1.30 (.49-3.46)	.53 (.17-1.65)	2.4 (.63-9.21)	.77 (.24-2.46)
post-traumatic				
T1 No. of comorb. Disor.	2.17 (1.39-3.38)*	.55 (.32-.94)*	1.17 (.70-1.95)	.61 (.37-.98)*
T2 No. of comorb. Disor.	2.53 (1.51-4.26)*	.68 (.40-1.16)	1.39 (.83-2.32)	.12 (.03-.41)*
Treatment received	2.90 (1.65-5.09)*	.48 (.24-.95)*	1.12 (.54-2.31)	.45 (.23-.90)*
T1 Social support	.83 (.68-1.01)	1.14 (.91-1.42)	1.09 (.81-1.48)	1.05 (.85-1.30)
T2 Social support	.45 (.27-.76)*	2.98 (1.30-6.85)*	1.11 (.54-2.29)	1.15 (.68-1.95)
T2 Disclosure tendencies	1.01 (.98-1.04)	1.01 (.98-1.04)	.98 (.89-1.08)	.24 (.11-.53)*
T2 Forgiveness	.97 (.60-1.57)	1.15 (.67-1.97)	.50 (.24-1.04)	1.34 (.78-2.31)

*) significant prediction, falling below or exceeding 1.0 confidence interval. Odds ratios below 1.0 indicate that this predictor contributed to decreased class membership (e.g., advanced/latest historical era predicted less membership of the recovered class); and ORs above 1.0 indicate that this predictor contributed to increased class membership (e.g., higher co-morbid conditions contributed to chronic class membership).

for all trajectory classes of PTSD. The number of co-morbid 12-months diagnoses at both times (T1 and T2) was strongly related to chronic trajectory. Furthermore, higher numbers of co-morbid disorders decrease the probability of belonging to resilient or recovered trajectories. In the chronic trajectory, there were, on average, 2.8 (SD=1.1) comorbid disorders of which the most common were specific phobias (37%), agoraphobia without panic (24%) and major depressive disorder, recurrent (16%). On the other hand, in the recovered trajectory there were .65 (SD=.20) comorbid disorders at T1 and .45 (SD=.15) at T2. Treatment received predicted positively for chronic trajectory membership and negatively for recovered or resilient trajectory membership. Higher social support at T2 predicted fewer cases of chronic trajectories and more cases of recovered trajectories. Furthermore, dysfunctional disclosure tendencies were related to lower probability for resilient trajectory.

From peri-traumatic factors, trauma severity directly predicted the chronic trajectory, i.e. trauma experienced more stressfully predicted it belonging to a chronic course.

Discussion

This study had two aims, which will be discussed subsequently. Underlying the current study was the assumption that former political prisoners of a dictatorship, as in the case of the prior East German Democratic Republic, are a sample case to study the effects of long-term traumatic stress or torture.¹⁻³ The current study implemented a combined prospective and retrospective methodology spanning more than 35 years on average, which has also been adopted in other psychiatric studies.^{16,29}

For the first research question which concerned the existence of long-time trajec-

tries, we investigated a recent typology of four trajectory classes: chronic, resilient, recovered, and delayed. Using Latent Class Growth Modelling (LCGM), these four classes were empirically found to be the best and most parsimonious solution. The most common class was the chronic course (36%), followed by the resilient (27%) and recovered (26%) as well as the delayed (12%) course classes. Thus, our study extends other findings in survivors of different trauma which, however, identified these classes across comparably shorter periods of time (i.e., one to one-and-a-half years) following the traumatic injury,¹¹ urban disasters,¹³ cancer diagnosis³⁰ as well as in peacekeeping soldiers.¹²

When one compares the current results to previous findings with other survivor groups,^{30,31} two differences appear: First, the recovered class showed a slight re-increase of PTSD symptoms, however, in the end, remained within the subsyndromal level. Given the specific age range of the sample of 64 years on average this finding can potentially be viewed as a typical pattern for elderly individuals who sometimes report the return of re-experiencing and other symptoms.¹⁶ Second, the delayed class did not start with absence of symptoms but within the subsyndromal level and then became highly symptomatic, as described as a possibility for this course pattern by previous research.⁵

In more general terms, the current study provided further evidence that the course of PTSD does not remain stable over long periods of time.^{8,9,16,32,33} Solomon³³ described this pattern as waxing and waning of PTSD symptoms. In the present study, more than a third (38%) of the traumatized changed their diagnostic group assignment. Concordantly, other studies have demonstrated between 21-50% change in PTSD samples.^{8,32}

The second research question looked for reasons behind this instability over the time

course. We analysed predictors of the four trajectory classes in terms of pre-, peri- and post-traumatic factors. Previous studies^{7,12} showed single predictors of these three classes (e.g., trauma severity, current comorbidity and current PTSD level) in a more unsystematic manner. Previous research has shown that factors that impact current life of the survivors, which we called 'post-traumatic' because they operated after the trauma, are the most common predictors of course followed by the pre-traumatic factors. In the sample of former political prisoners that we investigated, the post-traumatic variables, such as the amount of psychopathological load (co-morbid disorders, treatment utilization), as well as socio-interpersonal phenomena (social support, disclosure tendencies), also stood out as the most effective group of predictors as in previous research.

Regarding specific trajectories:

- The chronic course was characterized by less education, higher trauma dose, higher extent of co-morbid disorders, lower current social support, as well as receiving more therapeutic support. The latter finding indicates that those with more problems went to therapy, which probably related to their higher severity of traumatic experiences.
- The delayed course was characterized by only higher education. Higher education and intelligence have, so far, been viewed as protective factors for PTSD.¹⁴ However, no longitudinal studies have investigated these factors and, therefore, the possibility of long-term conversion into a risk factor remains open. It is possible that with increasing age, the association between higher education and various life-span developmental factors interact (e.g., tendency to review one's own life,

develop embitterment³⁴).

- The resilient trajectory had no pre- or peri-traumatic predictors, but four post-traumatic factors contributed: fewer comorbid disorders at T1 and T2, lower treatment utilization (i.e., probably because they exhibited lower symptoms from the outset), as well as reduced urge to currently disclose about the trauma. The latter interpersonal factor 'urge to disclose' to family and friends proved to be a sensitive predictor.¹⁵ It can be viewed as an approximate measure that a person is able to integrate the memory of the trauma into his or her life-story.
- The recovered class was marked by fewer intermediate comorbid disorders and higher current social support. In addition, for the recovered group, an earlier historic context of traumatization during Stalinism (1950s) was also found to be a predictor. This may appear paradoxically since the imprisonment conditions were extremely hard including starvation and all sorts of torture.

To date, the influence of historic-cultural contexts has only rarely been investigated within the context of PTSD and torture. It remains open how these specific predictors are effective.¹⁵ In the current study, the paradox effect may be explained by higher mortality of the most severely traumatized earlier prisoner cohorts, i.e. only the psychologically resilient persons of that era may have survived until today. Other historical-cultural contexts, unfortunately, remained out of the focus of the present study, i.e. contextual factors such as the discussions about the Stasi documentation and opening of registers, and questions regarding accountability of former state officials. These may have affected post-traumatic coping or completion at the side of the

survivors. The psychological variable of readiness for forgiving, which had been investigated in the present study, did not show any effect. Further research should focus on a more context-sensitive assessment of this phenomenon and its underlying processes.

Finally, the methodological limitations of the current study will be discussed. The study implemented a mixed retro- and prospective methodology. As known, memory-biases result in less reliable results, which in this study can refer to the assessment point of T0 (anchor: “during the first year following the end of imprisonment”). However, as other true prospective studies over 20-40 years^{8,9} have demonstrated on converging results, we do not assume that this source of error is substantial. The use of the elaborated Latent Class Growth Modeling analyses provided some unique opportunities. However, some restrictions have to be acknowledged: The sample size was relatively small with regard to the fact that this method is usually based on large samples.

In addition, the current study did not utilize PTSD scores with full Likert scale ranges but instead just the three levels of full PTSD, partial PTSD and no PTSD in order to empirically create classes using LCGM. Despite these constraints, we consider the possibility to study our sample of victims of political persecution as a unique chance to shed more light on this under-investigated topic. We were able to re-assess more than 70% of the initial sample 14 years after baseline interview. Thus, in the light of a deeper understanding and insight into long-term outcomes of traumatization or torture, the value of the data greatly outweighs some methodological concerns.

Another limitation was that some of the predictors of the differentiation of trajectory classes were only assessed at the last time point, as these indicators were not available

in 1995. A further limitation which must be noted is the possible sample biases due to sample attrition from T1 to T2, which increased the proportion of older individuals with lower education. All results, therefore, must be interpreted with some caution for specificity biases of the particular sample.

Overall, the current study shows that a third of the participants changed their health status or diagnostic trajectory. This should be given more attention for diagnostic, legal, restitution, therapeutic, or rehabilitative purposes, especially for survivors of political persecution or torture. One of the many lessons learned from former political prisoners from East Germany is that, to attain the recovery or resilient trajectory, one is better off to use family or social support and to talk as frank and open as possible about what he or she went through.

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Appendix

Table A. *Parameters of four subsequential Latent Class Growth Models*

	2 classes	3 classes	4 classes	5 classes
Estimated parameters	8	12	16	20
Chi2 (df, p-value)	34.18 (18, .01)	23.66 (14, .05)	14.71 (10, .14)	12.57 (6, .05)
Log-Likelihood	-242.58	-238.18	-233.61	-231.79
LMR-A (value, p-value)	40.35 (.054)	8.34 (.064)	10.58 (.045)	9.20 (.074)
adjusted BIC	495.56	491.95	488.01	489.57
AIC	501.16	500.36	499.22	503.59
Entropy	0.67	0.67	0.79	0.84

Table B. *Average Latent Class Probabilities for Most Likely Latent Class Membership (Row) by Latent Class (Column)*

	Delayed	Resilient	Recovered	Chronic
Class 1	0.981	0.019	0	0
Class 2	0.041	0.959	0	0
Class 3	0.060	0.066	0.837	0.036
Class 4	0.081	0.001	0.031	0.886

Table C. *Mean posterior probabilities of class-membership of 4 class solution*

	Baseline	Time 1	Time 2
Class 1	0.258	0.152	0.590
Class 2	0.062	0.015	0.002
Class 3	1	0.014	0.061
Class 4	1	0.811	0.627

Table D. Testing for multicollinearity for predictor analysis: Associations among pre-, peri-, and post-traumatic predictor variables

	Mean	SD	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
Pre-traumatic																	
1. Age group at traumatization [youth, young & mid adulthood]	--	--	-														
2. Gender [m=1, f=2]	--	--	.17	-													
3. Higher educat level [no=0, yes=1]	--	--	.21*	-.03	-												
4. Historical era [1st to 3rd]	--	--	.27**	.30**	.03	-											
Peri-traumatic																	
5. Trauma severity	4.67	1.97	-.05	-.14	-.15	-.11	-										
6. Initial stress reaction	8.30	2.14	-.18	.05	.03	-.04	.10	-									
7. Duration of trauma [months]	30.02	29.21	-.04	-.26*	-.03	-.51***	.52***	-.05	-								
8. Release environment [East=1, West=2]	--	--	.33**	.24*	.13	.33**	.07	.04	-.02	-							
Post-traumatic																	
9. T1 No. of comorbid disorders	1.21	1.28	.06	.35**	-.14	.11	.12	.31**	.04	.11	-						
10. T2 No. of comorbid disorders	.88	1.11	.03	.39**	-.21	.13	.19	.25*	-.01	.12	.43***	-					
11. Treatment received [0 to 3]	.72	.89	-.02	.35**	-.15	.13	.21	.32**	-.04	.00	.41***	.51***	-				
12. T1 Social support	11.15	2.33	-.10	.06	.10	-.28**	.05	-.08	.16	-.03	-.21	-.20	-.24*	-			
13. T2 Social support	11.87	2.56	-.20	-.06	.03	-.26*	-.17	-.09	.05	-.08	-.46***	-.37***	-.33**	.68***	-		
14. T2 Disclosure tendencies	4.36	14.72	.08	.16	-.09	.05	-.07	.06	-.08	.06	.20	.12	-.01	-.06	-.25*	-	
15. T2 Forgiveness	4.13	.93	.00	-.10	.05	-.04	.01	-.04	.02	-.05	-.07	-.32**	-.12	.18	.28**	-.31*	-

Note: numbers printed in Italics are based on Spearman rank correlations; * p ≤ .05. ** p ≤ .01. *** p ≤ .001

Access denied: Institutional barriers to justice for victims of torture in Egypt

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Abstract

This research explores the question - how do practices in key justice institutions affect the incidence and success of prosecutions of torture perpetrators in Egypt? The research question is grounded in the theory that torture prosecutions are crucial to ending the practice of torture, and based on the judgment that the number of prosecutions of torture perpetrators in Egypt is very small compared to the widespread practice of torture. This research observes practices in three main justice institutions: the Department of Public Prosecutions, the Department of Forensic Medicine and the criminal courts. Based on international and local literature, but also on interviews conducted with lawyers, forensic doctors and human rights activists, the research observes the practices most common to the three institutions, while analyzing their impact on the incidence and success of prosecutions. The research finds that different practices, backed by Egyptian legislation, and endorsed by poor institutional capabilities, violate the international standards for investigations, and affect the incidence and outcome of prosecutions.

Key words: Torture, Forensic Sciences, Criminal Justice, Egypt

Introduction

This research deals with the issue of criminal

prosecutions of torture perpetrators in Egypt. In particular, it tackles the following question: how do practices in key justice institutions affect the incidence and success of prosecutions of torture perpetrators in Egypt?

The research question is grounded in the theory that prosecutions for torture perpetrators help in the prevention of torture. Human Rights practitioners state that “impunity for perpetrators remains the biggest obstacle to the prevention of torture and to fair and adequate reparations”.¹ Egyptian Human Rights lawyer Seif Al-Islam communicated this notion remembering the considerable impact of the successful prosecution of the case *Abul Numrus* on another similar case of torture in the same town in Egypt.

The research question is also rooted in the obvious lack of successful prosecutions of torture perpetrators in Egypt. While there is an evident absence of statistics, NGO literature as well as experts in the field assure that the greater number of cases do not reach court. Examining the numbers of prosecutions, Redress states in a report on Egypt “most cases do not result in a trial, let alone the conviction and punishment of alleged Perpetrators”.² In the absence of official statistics, lawyers dealing with cases of torture give estimates based on the cases of

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torture they file daily with the prosecutor. One lawyer, Maha Youssef, assured that only about one in every 30 cases of torture that she and her colleagues file at the prosecutor's office ever reach court. Therefore, Youssef regarded reaching court a victory in its own right, notwithstanding the success of the prosecution. Abulnaser, also an expert lawyer in torture cases, reflecting on his experience, estimated that the number of cases reaching court does not exceed 1%. Thus, a very little number of cases ever reach court, let alone end up in successful prosecutions.

That being the case, this research attempts to understand what practices in key justice institutions are responsible for this lack of accountability and how their occurrence affect the incidence of prosecutions, and, if at all, their success.

Methodological Overview

This research was carried out in the period from March 2011 to August 2011, and the relevant fieldwork was conducted in Cairo, Egypt in July 2011. In terms of primary data, the research relies on interviews conducted with key informants with access to relevant information. Eight interviews were conducted: five interviews with lawyers specialized in torture cases, two interviews with psychiatrists and medical experts from El Nadim Center for Rehabilitation of Victims of Violence and one interview conducted with a forensic doctor, current Chief Medical Examiner and former head of the Department of Forensic Medicine.

The research does not include testimonies from victims of torture. Psychiatrists and lawyers in the field advised me to refrain from interviewing victims of torture, because the risk of re-traumatizing them is not met by an added value to the research.

The limited parameters of this research have necessitated the exclusion of some

important aspects. The following are some of the aspects that were excluded, although admittedly their inclusion could have added to the research. Torture is very prevalent in state security premises, and yet this research makes only passing mention of prosecutions of torturers from the state security. This can be justified by the fact that there have been no prosecutions for torture perpetrators from the state security apparatus until June 2012 when the Alexandria Criminal Court in a historic ruling sentenced four state security officers to life imprisonment (in absentia) and a fifth state security officer to 15 years in prison. That being the case, it could have been an addition to the research to understand why the Sayed Bilal was a success compared to all the previous cases of torture allegations in state security premises, and to understand from there what victims of state security torture can do to reach justice.

More significantly, this research has excluded judges and prosecutors from the interviews, again due to the limited parameters of this research. Admittedly, their perspective could have clarified several issues. For instance, as will be shown later, interviewing judges and prosecutors would have given great insights on the alleged personal relationships that connect them with the police and on how this affects their duty to investigate and prosecute.

Conceptual Framework: Legislation, Practice and Prosecutions

Observing the path of justice for victims of state-sponsored crimes, Aldana-Pindell³ recognizes a set of practices that preside over investigations and prosecutions in many countries. Undue delays, victim intimidation, amnesty provisions and corruption of evidence are the major practices observed by her.³ All of them, she argues, are in violation of the state duty to effectively investigate and

prosecute, but are also in violation of the victim's right to remedy and prosecutions. Lawyer Seif Al-Islam⁴ relates four typical scenarios of how the prosecutors handle torture allegations. The first scenario is referring the case to the court, a scenario that is rather unlikely. The second is prolonging the investigations for months and years, for no announced reason. This is a likely scenario, by which it becomes almost impossible to obtain evidence and witness testimony. The third scenario is keeping the files without further examining the allegation, a legal procedure that keeps the allegation in a limbo. The latter procedure is legally justified by the Egyptian Code of Criminal Procedure^a and is commonly connected to the lack of evidence or information. The fourth and last scenario is for the prosecutor to refuse the allegation based on lack of evidence or facts. Prosecutors' decisions cannot be appealed. Once a case is refused or kept in limbo, the victim is helpless and has no legal solution.⁴

Legislation on Torture and Definitions

Egypt signed the United Nations Convention Against Torture and Other Cruel Inhuman or Degrading Treatment or Punishment (UNCAT) in June 1986.⁵ Yet, Egypt has not signed the Optional Protocol of the Convention Against Torture (OPCAT), and has not made a declaration under Article 22 of the torture convention in order to recognize the competencies of the Committee Against Torture. According to the Egyptian Constitution, treaties "shall have the force of law after their conclusion, ratification and publication according to the established procedure".⁶ This means that the UNCAT should have the force of law in Egyptian courts. Nevertheless, the Convention, not only is not used, but is also violated by the lacking Egyptian legislation.

The most notable lacking of the national violation on torture is in its definition of torture, which certainly falls short of the international definition of the convention. Article 126 of Egypt's penal code narrowly defines torture as an act exercised by a public employee or official against an accused person with the aim of extracting information.^b While the government promised the Human Rights Council in its 2009 Universal Periodic Review (UPR) submission to amend the definition of torture in the national law, the definition remains unchanged until this day.⁷ The Egyptian legislation and penal code fail to fully criminalize torture by keeping the definition of torture very limited. According to Seif Al-Islam, the narrow definition of torture is one of the major barriers to justice for victims of torture in Egypt. The most important aspect of this narrowness is the condition in Egyptian law that the torture be carried out to extract confessions. Human Rights Watch⁸, in a lengthy report about torture in Egypt, presents a long, non-exhaustive list of reasons why torture is practiced in Egypt. Extracting confessions is just one reason, among many. In this way, as Seif Al-Islam points out, the same criminal acts committed

a) Egypt's Code of Criminal Procedure, Article 209 (extract): "If the Department of Public Prosecutions found, after investigation, no grounds for the establishment of a criminal lawsuit, it issues an order to that extent and releases the suspect in custody, unless not in custody for some other reason. Issuing the order that a criminal lawsuit is without grounds is only the function of the attorney general or his representative. And it must include the grounds it was based on."

b) Egypt's Penal Code, Article 126: "Any civil servant or public employee who orders or carries out the torture of an accused person in order to extract a confession from that person shall be subject to a penalty of rigorous imprisonment or a term of from 3 to 10 years' imprisonment. If the victim dies, the penalty shall be the one prescribed for intentional homicide."

in the lack of the willingness to extract information cannot amount to torture under Egyptian law. El Nadim's report "Doctors against Torture"⁹ reiterates the same problem, while adding that crimes not amounting to torture are treated as "degrading treatment", a crime under the Egyptian penal code that carries with it a maximum sentence of one year or a maximum compensation of EGP 200 (about GBP 20).

The definition of torture in Egyptian legislation is lacking in another aspect, namely in the nature of the torturer. Seif Al-Islam⁴ explains this problem, stating that the Egyptian penal code recognizes only two categories of torture perpetrators: the torturer and anyone who assisted or incited the torturer. Seif Al-Islam recognizes how this narrow definition of the torture perpetrator in the Egyptian penal code falls short of the UNCAT and its wider definition of the different actors who can commit the crime of torture.⁵ Also, the acts that constitute torture in the Egyptian legislation are

very limited compared to the acts described in the UNCAT. For instance, mental and psychological traumatizations are not mentioned in the Egyptian Criminal Code, and thus are not considered as a type of torture.^{4,5}

Another problematic aspect of the law is the "absolute prosecutorial discretion"⁷ granted by the Code of Criminal Procedure, which makes the prosecutor the sole decider of whether a case is referred to the criminal court or not.^c This absolute prosecutorial discretion is even supported by the Code of Criminal Procedure, which prohibits appeals of the prosecutorial decision.^d

Last, the Egyptian legislation is lacking in the penalties it prescribes for torture perpetrators. While the sentence for torture perpetrators ranges between 3 and 10 years in prison according to article 126 of the Penal Code, the narrow definition of torture makes many cases of what is internationally recognized as torture be referred to court as cases of cruel or humiliating treatment under Egyptian legislation. The sentence of the latter is a maximum one-year imprisonment or a fine of EGP 200.^e

c) Egypt's Code of Criminal Procedure, Article 232, listing the circumstances when the plaintiff cannot start a lawsuit directly in court reads as follows: "If the lawsuit is directed against a public official or a state employee for a crime committed while carrying out their duty or because of carrying out this duty".

d) Egypt's Code of Criminal Procedure, Article 210: "The plaintiff in the civil rights can challenge the order of the Attorney General that there is no grounds for the criminal case, unless if it was issued in the charge against a state official or a public employee for a crime committed during the performance of his duties or because of it."

e) Egypt's Code of Criminal Procedure, Article 209 (extract): "Any civil servant or public employee and any public service provider who deliberately resorts, in the course of duty, to cruel treatment in order to humiliate or cause physical pain to another person shall be subject to a penalty of up to one year's imprisonment or a fine of up to 200 Egyptian pounds."

Epidemic Practice: Systematic and Widespread
In their 2009 submission to the UPR, Human Rights Watch described torture in Egypt as an "epidemic", and a crime "affecting large numbers of ordinary citizens".¹⁰ Nowak and McArthur¹¹ refer in their commentary on the torture convention to the Committee Against Torture's visit to Egypt. While the Egyptian government refused to grant the Committee the consent to a visit, the Committee continued with its procedure and inquiry anyway and concluded, "that systematic torture was indeed practiced by security forces in Egypt".¹¹ The Special Rapporteur on Torture, the World Organization Against Torture and Amnesty

International shared this conclusion.¹¹

In an interview with Seif Al-Islam, the Hisham Mubarak Law Center lawyer explained why torture seems to be systematic in Egypt. “The state makes the torture tools available to its officers, the state insists on not changing the [narrow] definition of torture, the state has not announced its intention to end the practice of torture”. Seif Al-Islam explains that maintaining the emergency law itself and the long period of incommunicado detention that it allows, reflects the systematic nature of torture.

Prosecutions and Conflicting Interests: Impunity for Torture

Criminal prosecutions of torture perpetrators is largely viewed as an effective remedy and reparation in their own right; Redress states “the right to reparation also entails the obligation of States to afford effective remedies for victims to obtain reparation, including access to justice.”¹¹ The Special Rapporteur on the right to restitution, compensation and rehabilitation, Mr. Bassiouni, connects the victim’s right to know the truth with their right to hold perpetrators of torture accountable.¹ Referring to the cases of *Ristic v Yugoslavia* and *Nikolic v. Serbia and Montenegro*, Nowak and McArthur illustrate that criminal proceedings are crucial for the establishment of civil proceeding and the right to remedy.¹¹ The Committee Against Torture noted in reference to the first case, “In the absence of proper criminal investigation, it is not possible to determine whether the rights to compensation of the alleged victim or his family have been violated”.¹¹ In the second case, the Committee noted, “the absence of criminal proceedings deprived him of the possibility of filing a civil suit for compensation”.¹¹ Having said that, the Committee makes it clear that the initiation of civil

procedures should not depend on the existence and success of the criminal process, although the latter provides the former with evidence necessary for establishing the truth and the right to remedy.¹¹

In her article on access to justice for victims of state-sponsored crimes, Aldana-Pindell³ takes a human rights approach to prosecutions. Carrying out prosecutions and criminal investigations for torturers is not only a state duty, it is also a human right. Her starting point is that effective prosecutions are an integral part of the victim’s right to remedy. Therefore, what she calls “victims’ rights to prosecutions”³ need to become the aim of criminal justice reforms worldwide. Different contexts dictate different reform needs, but the right to prosecutions stands unchanged. The author argues that effective prosecutions are in themselves a victim’s remedy and discusses the different practices that lead to the state’s failure to carry out its duty to investigate. On the flip-side, the article places impunity for state-sponsored crimes as “one of the most persistent human rights violations”.³

In its national UPR submission to the Human Rights Council, the Egyptian government states that the Department of Public Prosecutions “investigates every complaint it receives about torture or cruel treatment”.¹² Here, the government report offers some figures: in 2008, 38 cases of torture and cruel treatment were referred to the criminal court. In 2009, nine cases of cruel treatment were referred to court. Interestingly, these figures neither mention the number of prosecutions in each case, nor show the original amount of allegations filed with the prosecutor.

Human Rights Watch⁷ offers some recent numbers in this respect, ascertaining that only seven officers were sentenced by court in cases of torture between 2006 and 2010,

while “no SSI [State Security Investigations] officer has ever been convicted for torture”. Therefore, Human Rights Watch establishes “Mubarak’s government implicitly condones police abuse by failing to ensure that law enforcement officials accused of torture are investigated and criminally prosecuted, leaving victims without a remedy”.⁷ All this has led Human Rights Watch, in its 2009 UPR submission to the Human Rights Council, to state that “the lack of effective public accountability and transparency has led to a culture of impunity”.¹⁰

Aziz, from El Nadim Center for Rehabilitation of Victims of Violence, confirms, “NGOs working in the field of human rights have documented thousands of torture cases in police stations, prisons and state security headquarters”.¹³ That being said, seven prosecutions for torture perpetrators over the period from 2006–2010 seems to be an extremely small number.

This impunity for torturers can be explained by the conflicting interest of the justice authorities in Egypt. Foley¹⁴ views the conflict of interest in accessing justice as follows: “Torture is typically perpetrated by the same state officials who are responsible for upholding and enforcing the law”, and this indeed is an overarching obstacle for successful prosecutions for torturers in Egypt and elsewhere. Redress,¹ in a study of torture in thirty countries, including Egypt, observes that in many countries the permission of the authorities has to be obtained before any investigations can be started. The report establishes that “bodies, which lack independence, often initiate these processes” of criminal investigations and prosecutions.¹ Observing the possible scenarios for accessing criminal justice in Egypt, Seif Al-Islam observes that a direct path to justice does not exist for victims of torture in Egypt. Any access to justice has to be pre-approved by

the authorities, especially the public prosecutors, because the Egyptian law does not allow private prosecutions against public officials.⁴

This discretion in criminal accountability is also discussed by Aldana-Pindell.³ She focuses on the barriers that state officials create, being also the perpetrators of crimes, including weakened, partial judges and prosecutors. Those barriers consist of practices and procedures, whether supported by the state laws or in violation of it.³ Aldana-Pindell emphasizes the role that prosecutors play in the criminal justice system and in prosecutions. She contends that prosecutorial powers need to be limited and impartial. According to her, in the absence of a direct path to justice, the victims need to have the right to appeal the prosecutorial decision.³

Similarly, Foley¹⁴ gives judges and prosecutors a major role in combating torture. According to Foley, judges and prosecutors have a twofold role: being the shield of prevention and the sword of punishment. For prevention, he points to the role of the judiciary and the prosecutors in monitoring places of detention and not allowing convictions to be based on evidence obtained from torture.¹⁴ The sword of punishment consists in ensuring effective investigations and prosecutions for torture perpetrators. Similar to Aldana-Pindell,³ Foley recognizes the discretion judges and prosecutors enjoy in deciding each case: “The discretion that judges and prosecutors will enjoy in carrying out their functions will partly depend on what legal system they are operating under” and on whether the criminal justice system is inquisitorial or adversarial.¹⁴

The recommendation voiced in this respect, is for judges and prosecutors to promptly and impartially investigate any allegation of torture or ill treatment. Foley

states that judges have to investigate any allegations of torture, especially in cases where a defendant's confessions were collected through the use of torture. In addition, article 13 of the UNCAT calls for the right of every individual allegation of torture to be promptly and impartially examined by the relevant authorities.⁵

However, the conflict of interest in Egypt goes beyond what's described by international literature. What Al Nadim Center's report on public prosecutions in Egypt suggests is that the public prosecutor's conflict of interest is beyond what Redress frames, "those responsible for torture are often those responsible for proceedings".¹⁵ The conflict of interest lies at the heart of the prosecutor's office and at the very nature of what public prosecution is about. The theoretical conflict is around the role of the *niyaba* and whether it is part of the judicial, or part of the executive, authority. Because the prosecutor's office has the role of investigation, it is part of the judiciary and has judicial functions. Simultaneously, the Prosecutor's office has the authority of accusation, which gives it executive powers.¹⁵ The Center's report concludes that the prosecutors abandon their judicial powers in favor of their executive powers. Seif Al-Islam articulates the same conflict and equally accuses the public prosecutors of favoring their executive powers over their investigatory and judicial powers.⁴

Research Findings: Understanding Different Practices and their Impact

Interviews conducted with lawyers, activists, medical experts and psychiatrists illustrated observable patterns of practice. These patterns include a wide range of practices and procedures that are backed by the laws and regulations, but also some illegal practices. The thematic organization of the

practices encountered in different institutions was the result of an observable repetitiveness. In fact, the major output of this research lies in examining the resulting observable pattern of practices that persists across the examined justice institutions.

The major inquiry of this research concerned the practices encountered in the different key justice institutions on the path to criminal justice for victims of torture. Doctors were particularly asked about their experience with victims of torture as well as their encounters with the Department of Public Prosecutions and the court. Psychiatrists had a lot to share about the mental state of victims during the process and the intimidation the latter face while seeking justice. Lawyers had a large input especially on practical and legal impediments they faced representing victims of torture in different justice institutions.

Notably, all lawyers interviewed for this research spent significantly more time complaining about the Department of Public Prosecutions than they did about any other institution. This could be explained by the fact that an exceptionally small number of cases ever reach court, making most of the lawyers' time and effort spent at the Prosecutors' office. But it also highlights the sentiment that most interviewees articulated, namely that certain practices within the Department of Public Prosecutions were the main barrier to justice for victims of torture.

Personal Discretion

The legal framework governing the path to criminal justice for victims of torture makes this path at the discretion of one main justice institution: the Department of Public Prosecutions, so-called *niyaba*. This legal procedure is governed by the Egyptian Code of Criminal Procedure, which does not allow for direct lawsuits against state officials or

state agents.^c In this way, the prosecutor becomes the gateway for criminal investigations and prosecutions of torture perpetrators. The interviews reveal the nature of this.

The interviews exposed two important facts in this respect: firstly, that the path to justice depends on the personal discretion of the officials. And secondly, that the personal discretion goes beyond the prosecutors, to include judges and forensic doctors as well.

When asked about the path to justice, lawyer Seif Al-Islam envisioned two broad scenarios: one where the prosecutor is responsive and is willing to start a genuine investigation and the other, more common scenario, is when the prosecutor is “not sympathetic”. In the latter scenario, only sham investigations take place. Similarly, lawyer Taher Abulnasr states that the behavior of the Department of Public Prosecutions is “a man behaving, not the law”. Abulnasr explains that this is the case because of the vagueness of the Egyptian codes, and the large discretion given to the prosecutors, especially in collecting evidence and referring the cases to courts. The large discretion articulated in the Egyptian Code of Criminal Procedure grants prosecutors exceptional powers, where prosecutors can choose whether to investigate a case or not, whether to collect the relevant evidence or not, and when to do so, and whether to take a case seriously or keep it in limbo. Prosecutorial decisions in the case of the crime of torture cannot be appealed.^d In this way, whether the investigations will go further or not depends on the “goodwill of the prosecutor”, says Abulnasr. Maha Youssef, another lawyer from El Nadim Center, also sees that “the personality of the prosecutor makes a difference, it shouldn’t be this way”. In addition, she articulates that the same applies to the courts, where “it depends on the person of the judge”. Interestingly,

Youssef connects this discretion to the nature of criminal cases in Egypt. “Criminal law is a law of certainty, the judge has to be convinced with the evidence presented to him, therefore criminal law in particular gives the judge the authority of estimation”. In that way, the personal discretion in court becomes a consequence of the laws that give the judges and the prosecutors alike wide and vague authorities, confirms Youssef.

The case is not much different in the Department of Forensic Medicine. Admittedly, the decision of the department is not as independent or discretionary as the decisions of the prosecution and the judiciary. For one thing, as Youssef explains, the department’s reports are used as indirect evidence, which means that the judge or prosecutor “can choose to use [the report] or not”. Nevertheless, the content of the report and the type of medical investigations carried out depends on the person of the Chief Medical Examiner. Dr. Foudah states that the role that the Chief Medical Examiner plays in the process heavily “depends on the conscience of the chief medical examiner”.

The interviews provided insights into what factors could affect the personal discretion of the prosecutors, judges or medical examiners. What the interviewees referred to as the “conscience”, the “goodwill” or the “willingness” could be listed as factors affecting the personal discretion of the relevant decision makers in the different institutions. However, there are legal and power structures that enable and affect this personal choice.

The Law of Discretion

The legal structure can be summed up as the large authority given to the judges and prosecutors in particular, and the special protection that the law provides to state officials. The interviews revealed a deeper

perspective on the inadequacy of legislation. “That the person makes a difference is a problem with the legislation”, explained Youssef. Citing the Penal Code in article 17,^f Youssef observed that the laws give great powers to the judges in deciding the penalty of the torturer or any criminal for that matter. Following that article means that the judge can legally reduce the sentence of any criminal by two degrees of penalty in the name of compassion with the criminal, something that the judges “almost always use with state officials”. The justification of using the compassion clause, explained Youssef, is completely up to the judges. Judges usually justify using the compassion clause by referring to the torturer’s young age, or career prospects and future. Bearing in mind the already lenient sentences for state officials committing torture, as listed in article 126 of the Penal Code, the compassion clause makes the penalty go from “three to ten years in prison”^b to a mere suspended one year.

The large authorities given to judges are equaled by other authorities granted to the prosecutors, again under the umbrella of the law. The most disturbing among these authorities is what Seif Al-Islam referred to as “the freezer”, a procedure by which the investigation is frozen at the Prosecutor’s office, or what Seif Al-Islam defined as “the decision of no-decision”. This practice is a consequence of the prosecutors’ large authorities granted in the code of criminal procedure, specifically in Article 209, which grants the prosecutors a right to loosely declare “the establishment of a criminal lawsuit to be groundless”^a and to stop the investigation on that basis. The law allows this procedure without regulating the instances it can be used for, in this way it can be used for “any reason”. In addition, the prosecutorial discretion is not met with any

appeal rights: as Seif Al-Islam⁴ points out, the code of criminal procedure allows only the civil plaintiff to appeal the prosecutorial decisions in general, but in cases concerning state officials no one is allowed to appeal the prosecutorial decision. Abulnahr complains about the code of criminal procedure and the large conflicting authorities it grants to the prosecutors: “authorities of accusation, investigation and final decisions, it is as if this law was specifically tailored to serve them”. This prompts him to carry on, saying that “the number of cases that reach court do not exceed 1% of all allegations of torture”, explaining that the *niyaba* “creates a barrier between the victim and his access to court”.

“It’s all Political” - Seif Al-Islam

In addition to the inadequacy of the laws and the wide authorities that the legislation grants to the decision makers in torture allegations, certain power structures that are defined by the Egyptian political context affect the incidence and success of prosecutions. As Seif Al-Islam points out, logistically, the prosecutors’ supplies and facilities come from the police stations. For instance, “the prosecutor, even if sympathetic and responsive, has no means of transportation other than the ones provided by the police station, which means that the police know ahead of time that a prosecutor is on his way to investigate and have time to cover for any irregularities.” In addition, as the literature

f) Egypt’s Penal Code, Article 17: “It is allowed in criminal cases to alter the sentences, if compassion was required by the circumstances of the case, as follows: The death penalty can be switched to life in prison with hard labor or imprisonment with hard labor. The Sentence of life in prison with hard labor can be switched to imprisonment with hard labor or imprisonment, which may not be less than six months. Sentence of imprisonment may be reduced but may not be reduced for a sentence of less than three months.”

has shown, the prosecutor relies on evidence that will be obtained from the police station, where the crime took place. In other words, the prosecutors depend in their investigations on the accused for evidence, a fact seriously compromising the impartiality of the investigations.

The personal relationships between the authorities in Egypt are another decisive factor Seif Al-Islam talks about the closeness between prosecutors and policemen, especially in smaller villages and towns. Abulnasr adds to this that the links persist even beyond smaller villages and towns. The “complicity between the three authorities”, which becomes visible in the common interests of police officers and public prosecutors, is one thing that Abulnasr articulates. In this respect, he observes an interesting fact that partly explains this common interest: because many of the prosecutors and judges are graduates from the police academy, their strong ties to the police and other police officers persist and interfere in executing their tasks as prosecutors or judges. “The friendships they develop at the police academy makes them always ready to return favors to their friends at the police”, Abulnasr explained. Seif Al-Islam also states that judges have an ideal picture of public officials, and therefore are more

likely to believe a policeman than victims complaining of torture. Youssef refers to the close ties, both on the personal and professional level, between policemen and prosecutors from the same circuits, and therefore calls for the establishment of what she calls “an executive judicial branch”, which should be completely independent of the police, unlike the prosecutors.

The political context has another implication that concerns the State Security Investigations. While torture is widespread in the State Security premises,^g there have been no prosecutions for torture perpetrators committing torture in the State Security premises, until very recently. Seif Al-Islam, who has been working on torture cases for many years, observed that he never had a case of torture in state security premises reach court, because “state security officers are protected and they know it”. Furthermore, Seif Al-Islam related cases when state security officers attacked the prosecutors, thus showing that the “state security apparatus is above everyone”. Legally, Seif Al-Islam explained, there is no difference between torture in police stations and in state security premises. But torture investigations relating to the state security always “die at the prosecutor’s office” and disappear. Perhaps the power and status of the state security officers play a large role in the lack of prosecutions: not only do state security officers exercise their powers on the prosecutors, but they also have unlimited control over the subjects in detention. State security officers can keep the tortured subjects in detention until their wounds heal, and can threaten their lives if they talk about the torture they faced at the hands of the state security apparatus.

g) The State Security Investigations Service (Arabic: Mabahith Amn-Addawla) is Egypt’s main Security apparatus, and is a branch of the Egyptian Ministry of Interior. It played a main role in controlling Egypt’s opposition groups, specially the Islamists. The Committee Against Torture in 2002, reported on acts of torture and ill treatment in the state security premises. Available from: <http://www.unhchr.ch/tbs/doc.nsf/%28Symbol%29/CAT.C.CR.29.4.En?Opendocument>. Following the Egyptian Revolution, in March 2011, the State Security Apparatus was dissolved and later reestablished under the name “The National Security Apparatus” (Arabic: Mabahith al-Amn Alwatany).

Evidentiary Barriers: Delays, Laws and Procedures

When asked about the most lacking of the three main international standards of investigation: effective, adequate and prompt, Youssef listed the lack of promptness as the number one problem, while maintaining that all three standards are very much missing in the criminal investigations of torture in Egypt.

When asked about the biggest problem in the path to justice, Abulnaser replied that the path is full of problems, but if he had to pick one very problematic practice, it would be that “the Department of Public Prosecutions is relaxed”. Abulnaser explained this state of relaxation relating the “intended delays in processing the case” and the “habitual delays” in referring the victims to the Department of Forensic Medicine.

The politics of delay are indeed a major factor in killing the evidence, because cases can habitually take one or two years to be investigated by the prosecutor. Procedurally, the shortest period a victim of torture can be brought before the forensic medical expert is 48 hours, but it usually takes a month, according to Abulnaser. All of this causes the physical signs of torture to disappear, thereby killing the evidence.

Obtaining evidence is problematic in other ways. Human Rights Watch⁷ sums up the evidentiary barriers in cases of torture in Egypt by explaining that impartial investigations are impossible, where the police unit responsible for torture is expected to be responsible to gather the evidence for the prosecutor. The burden of evidence falls on the victim almost entirely, and here it becomes clear how the law helps protect crimes conducted by state officials. “It is illogical to ask a normal person to bring evidence incriminating an abnormal person, and this in particular makes obtaining evidence almost impossible”, says Abulnaser

explaining how the victim and his lawyer are expected to find the evidence to convince the prosecutor to refer the investigation to the court. This stands in clear contrast to the burden of evidence procedures in other normal assaults or battery, where a victim does not need to present particular evidence against a specific assailant.

The hardness of obtaining evidence prompted Youssef and others to observe that, “reaching court is considered a victory of its own, notwithstanding the outcome of the court proceedings.” Abulnaser believes that about 1% of investigations at the Department of Public Prosecutions ever reach court, while Youssef maintains that about 1 in 30 cases reach court. The actual numbers remain unavailable.

In cases of torture, the forensic department’s report becomes essential to the investigations. Even as the forensic examination is delayed, the report remains important evidence to the occurrence of torture. Dr. Foudah, former Chief Medical Examiner and current head of the Department of Forensic Medicine, spoke about the role the department plays in criminal investigations of cases of torture. “The Forensic Medicine Report is an important part of the investigations”, he explained, while explaining that the role of the department is to examine the “story” narrated by the prosecutor in his warrant. In other words, the forensic medicine department follows the prosecutors’ instructions and acts as an expert’s opinion serving the prosecutors’ investigations. This becomes important to this research’s analysis in a very significant way: the forensic medicine department is actually not independent in its examination and in writing its reports, it follows the story that the prosecutors narrate. Dr. Foudah explains the problem with the department’s independence stating: “Here, you answer the

questions you get, you cannot donate answers you weren't asked for". In this respect, a psychological report can only be released if the prosecutor request one. And this remains a "restriction on the powers of forensic medicine" in Egypt. Still, if the prosecutors' warrant does not have enough information, the department can ask for the case files, which include all investigations conducted by the prosecutor.

One last point to be factored into the problems concerning evidence is the weight of the forensic evidence report. According to Youssef, the forensic evidence report is only used as supporting indirect evidence (Arabic: qareenah) and does not have the weight of evidence (Arabic: daleel). Both the prosecutors and the judges cannot decide whether to take the evidence in the report or not.

Victimization and Re-victimization

Victim intimidation is one major aspect of the path to justice that the literature review undertook. Delays and the "response of institutions" have been viewed as "secondary victimization".¹⁶ When I asked my interviewees whether the process of seeking justice re-victimizes the victims, I received some very interesting replies. While I expected everyone to consider the process a form of re-victimization, I never expected some of the reasons that they related to this re-victimization. I expected the reasons to be in line with the international literature, which can be summed up into victim intimidation and systematic delays; however there were other reasons in addition to these.

Witness and victim intimidation exist and can seriously disrupt the process. When asked about witness or victim protection, Abulnaser points that witness protection exists, but in so far as it protects the witnesses from criminals. However, there is no protection from the officers or the authori-

ties, which are supposed to be protecting the witnesses and victims in the first place. Dr. Suzan, a psychiatrist dealing with victims of torture, observed how the way her patients are treated in the prosecutor's office and in court affects their psychological state and becomes apparent in their treatment sessions. Interestingly, she explained how she and other psychiatrists accompany victims of torture to the investigations to help protect them from intimidation or re-traumatization: "The doctor treating the victim is the one person holding most of the victim's trust". In an interview with Human Rights Watch,⁷ Maha Youssef stated that "most people" whose cases El Nadim Center encounters, "are too afraid to submit complaints because they fear for their safety". Human Rights Watch⁷ adds to this that the police often pressure families of victims of torture into "out-of-court settlements", which are informally condoned by the prosecutors, who are not legally allowed to authorize reconciliations in criminal cases.

Remarkably, victim intimidation is not the only type of intimidation in Egypt. The intimidation extends to activists working on cases of torture, to psychiatrists treating victims of torture, to lawyers representing victims of torture and even to the Chief Medical Examiner, a state official himself. Dr. Suzan and Dr. Aida shortly referred to intimidating phone calls, threats, police visits to the center and other forms of harassments that they faced during their work at El Nadim Center. Similarly, Dr. Foudah related the problems and challenges he faced as Chief Medical Examiner, especially the pressures he faced from the State Security and the State Intelligence. The pressures went from threatening phone calls to attempts to kill and imprison him. "You have to be careful, smart and polite", Dr. Foudah stated, explaining how he dealt with chal-

lenging cases such as the Ayman Nour and Khaled Said cases. In the latter case and others, Dr. Foudah's way of dealing with the pressures of his position was to "use reports from different experts and doctors and cite them, so as to disperse the responsibility" for sensitive reports, which could trigger negative reactions from the authorities.

However, victim intimidation and the previously mentioned delays were not the only response of many interviewees. Rather, many talked about the psychological state of the victims and the lack of training and experience of the courts and prosecutors. Dr. Aida Seif-Aldawla observed the noticeable "lack of trained prosecutors and judges to deal with cases of trauma and loss of perception". Lawyer Seif Al-Islam agreed with Seif-Aldawla and listed this lack of training to deal with cases of trauma as one main aspect of re-victimization: "the untrained prosecutor and untrained judge deals with loss of perception as inconsistency in the victim's narrative and thus as a lie". This also relates to the politicization of torture cases, where Seif Al-Islam explained judges' tendency to believe the policemen, not the victims. The same practice is present with the prosecutors, whose connections to the policemen make them reject the victims' stories. In sum, this form of re-victimization is one where the victim is not being believed and instead, is "dealt with as a criminal". "The refusal to recognize their experience" is what the United Nations Criminal Justice Information Network calls "criminal victimization".¹⁶

Further Analysis: The International Standards

The international standards for conducting investigations into allegations of torture are promptness, impartiality and effectiveness. These three standards have not only been

reiterated by the UNCAT, but also by non-binding declarations and UN principles. The UNCAT in Article 13 sets the state obligation to "prompt and impartial investigations" in examining allegations of torture.⁵ The United Nations Principles on the Effective Investigation and Documentation of Torture assert similar standards for investigations.¹⁷ While these standards do not give rise to state responsibility per se, they have impact on determining the international consensus and the standard rules of investigations that states should follow. The principles on effective investigations clearly communicate the three standards of prompt, impartial and effective. The principles are particularly helpful because they give substance to the three vaguely worded international standards. For instance, the principles explain what it means to be prompt, why promptness is important and what falls short of prompt and expeditious. The Istanbul Protocol is another very useful source on detailing the international standards and what they imply by citing relevant cases from around the world.¹⁸ Nowak and McArthur's commentary on the torture convention, which interprets the text of the convention in light of state practice, court cases and also the travaux préparatoires is another great source explaining the international standards on investigations.¹¹ Nowak and McArthur, citing exemplar cases, state "experience shows that a prompt, independent and impartial examination of torture allegations, as guaranteed by Article 13, is crucial for establishing the truth and thereby, paving the ground for the victim's claim to a remedy and reparation". Last, but not least, court decisions from around the world are another indication of what the international standards are and how they can be translated into practice. Most relevant were the Inter-American court's decisions,

especially Velásquez-Rodríguez v Honduras.¹⁹

An important finding resulting from measuring the practice in Egypt against international standards is the importance of public opinion and the media in ensuring the realization of promptness, impartiality and effectiveness. Dr. Fayad states that NGOs in Egypt have strong ties to the media, not only to get to the cases and assist victims, but also to get to the public opinion and force a genuine investigation of the case. This is perhaps most obvious in the popular case of Khaled Said, and afterwards in the June 2012 case of Sayed Bilal, when the Alexandria Public prosecutor had referred five state security officers in October 2011 to the Alexandria criminal court on allegations of torturing Sayed Bilal, an Islamist detained since January 2011, to death.²⁰ According to many sources, including Human Rights Watch, the Khaled Said case “set off demonstrations across the country” and therefore was one crucial driving force for the Egyptian 25th of January revolution.^h While the prosecutor had initially closed the investigations into the allegation of torture that Khaled Said family’s brought forward to the office of prosecution, the “escalating public protests” forced the prosecutor to reopen the case.⁷ Two policemen have been accused of using excessive force which killed the 28-year-old Alexandrian Said.²¹ While human rights activists and Said’s family remain unsatisfied by the lenient sentencing of the police officer, and by the fact that the crime exercised against Said and leading to his death was not found to be the capital

crime of “torture”,²² Khaled Said’s case remains exceptional, because of the crucial role that media coverage and public outrage played in forcing the Public Prosecutor to reopen the investigation and refer it to court”.⁷ The exceptionalism of Said’s case has made it subject to international attention as well, not only from the international media, but also from international forensic experts who issued a report stating their critical evaluation of the forensic report issued for Khaled Said in June 2010.²³

Promptness: Politics of Delay

Promptness, being an essential element of investigations, is habitually betrayed in Egyptian investigations of torture allegations. Redress traces in their report the rationale for prompt investigations: this can be summed up as conducting investigations before the traces of torture disappear.²⁴ In its handbook for public officials, Redress, citing the Inter-American Court, adds to the rationale stating that promptness does not merely relate to how soon the investigation is opened, but also to “how quickly it is completed”.²⁵ Systematic delays are a very common practice in Egypt, especially at the Department of Public Prosecutions. The interviews reached similar findings. Lawyer Abulnaser complained of “intended delays”, explaining, “delays at the prosecutor’s office are complicity between the three authorities”.

Impartiality: A Question of Conscience and Goodwill

There are several practices that hinder impartial investigations. The literature review discussed the conflict of interest of the prosecutors, between their authorities of accusation and investigation. The findings of the research also concluded that evidentiary barriers stand on the way to justice for

h) The Facebook group “We Are All Khaled Said” (<https://www.facebook.com/ElShaheed>) played a major role in calling and mobilizing for the mass protests and demonstrations of 25 January.

victims of torture. This is most obvious with the police unit, where torture took place, being responsible for gathering the evidence, thus hindering impartial investigations.⁷

Making justice a matter of a person's goodwill is certainly in conflict with all standards of impartiality, objectivity and neutrality. Redress draws the difference between independence and impartiality, explaining that impartiality means being free from "undue bias" while independence means not having close links to the perpetrators.²⁴ Nevertheless, the same report concludes, "the two concepts are closely linked, as the lack of independence is commonly seen to result in partiality".²⁴ Based on the findings of the research, I decided to keep the two concepts linked and treat the lack of independence as resulting in partiality. Having said that, partiality in Egypt has two main sources that are exposed by the findings of this research: first, the personalization of justice, which makes starting investigations into allegations of torture and prosecuting torturers depend on the personal choice of the prosecutor or the judge. Secondly, partiality is also rooted in the lack of independence, which becomes very obvious in the personal and professional ties and relationships that connect the prosecutors with the judges and the policemen, the latter usually being the torture perpetrators. Therefore, one recommendation that this research identifies is that torture cases be investigated by independent prosecutors with no connection to the police academy and with no relationship to the accused officers.

The UN Principles on Effective Investigations lay out the importance of impartiality through independence, stating that investigators "shall be independent of the suspected perpetrators and the agency they serve" and therefore shall be impartial.¹⁷ In addition,

the principles note the importance of the independence and impartiality of medical experts, another problem that the interviewees articulated in this research. Because medical experts play a crucial role in cases of torture, their independence and impartiality is crucial to the investigations. In Egypt, however, as this research shows, medical experts lack independence and impartiality. The Department of Forensic Medicine, a branch of the Ministry of Justice, follows the orders of the prosecutors and only examines and investigates what the prosecutor orders to be examined and investigated. This, as former Chief Medical Examiner Dr. Foudah states, "seriously compromises the independence of the department".

Effectiveness: Just Not Qualified

The standard of effectiveness is, in my opinion, the most inclusive of the three standards. For an investigation to be effective, it has to be expeditious, but it also has to be impartially and independently conducted. The Committee Against Torture has stated that effectiveness also refers to the fact that "investigations must seek to ascertain the facts and establish the identity of any alleged perpetrators".²⁵ Foley, in his manual for judges and prosecutors, emphasizes not only the need for impartial and independent experts, but also "competent and qualified" experts.¹⁴ The findings of this research reveal a lack of qualification and competencies of persons and institutions at different stages of the path to criminal justice. I organized these into two parts: the lack of training and the lack of institutional capabilities.

The interviews uncovered a disturbing lack of training on the side of prosecutors and judges in dealing with victims of torture and listening to traumatized witnesses and victims. Seif Al-Islam particularly focused on

this issue relating his experience as a lawyer in cases of torture. He ascertains that some prosecutors are willing to genuinely investigate, while others are not willing to do so. Nevertheless, he establishes that all “investigators are not experienced in dealing with victims of torture” and deal therefore with any inconsistencies of the story as an unreliable statement of someone who’s lying or making up a narrative. “Prosecutors are used to dealing with suspects but not used to dealing with victims of torture”, explains Seif Al-Islam, adding that victims, even if not explicitly intimidated, are not given the confidence they need to narrate their story. Foley details how interviews conducted with victims of torture should be sensitively conducted and stresses the need for establishing a “climate of confidence”.¹⁴ The UN Declaration of Basic Principles of Justice for Victims of Crime and Abuse of Power states “Victims should be treated with compassion and respect for their dignity”, this is then translated into practical recommendations, such as providing all proper assistance to victims during the process and listening to their concerns and viewpoints.²⁶

Part of being effective, according to Redress, is for authorities to have a “proper attitude towards victims and alleged perpetrators”.²⁵ Because of the close ties between the authorities and the perpetrators, authorities in Egypt do not have a proper attitude towards the perpetrators. Due to the tendency reiterated by many interviewees in this research, to treat victims of torture either as suspects or in the least as normal, not traumatized persons, the proper attitude of the authorities towards the victims is missing. This proper, balanced attitude of the investigators is lacking in Egypt, thus compromising the effectiveness of the investigations.

The second factor uncovered by the

findings of this research is the capabilities of the institutions. While the Department of Public Prosecutions and the court are lacking in many technical capabilities that affects the quality of their work, the most dangerous shortfall, according to the research findings, is the lack of capabilities of the Department of Forensic Medicine. The UN Principles on the Effective Investigations translate effectiveness into practical recommendations for justice institutions. Notably, one article of the declaration undertakes the medical expert report and what it should include at a minimum in order for the medical examination to be effective. Interestingly here, the declaration lists the psychological impact report as one of its main minimum standards of medical examination.¹⁷ Foley elaborates on the importance of the psychological examination by explaining, “torture usually does not leave physical traces”; therefore he recommends “sophisticated medical techniques” for the establishment of effective investigations.¹⁴ With that said, the findings of this research, especially those relating to the capabilities of the Department of Forensic Medicine, can be analyzed as serious impediments to the effectiveness of investigations.

Dr. Foudah articulates the same notion mentioned by Foley,¹⁴ namely the importance of the psychological impact of torture. Referring to cases of torture he encountered as a forensic expert, Dr. Foudah states “physical torture is not as common as psychological torture”, explaining how the most common techniques of torture in Egypt are those that leave long-lasting psychological impact without physical traces. This fact makes the psychological impact of torture key to understanding and proving the occurrence of torture. That being said, the Department of Public Prosecutions lacks the mental health expertise. In other words,

there is no mental health section of the department, making the referral to outside psychiatrists an exceptional measure only taken when ordered by the prosecutors.

Medical experts at El Nadim Center recognize the importance of the psychological impact of torture on the victims as well. Dr. Fayad explains how activist psychiatrists and other medical experts write parallel reports and submit these through the lawyers of the victims to the prosecutors and judges. In the popular case of “Bany Mazar”, explains Dr. Fayad, the parallel psychological report written by experts marked a turning point in the investigations. Similarly, Dr. Foudah recognizes the importance of these expert reports (also referred to as parallel or shadow reports) in courts. Dr. Foudah himself was responsible for an international expert report written on the case of Khaled Said, showing to the court how the official report cannot be accurate, due to technical mistakes in it. Similarly, Dr. Seif-Aldawla explains how private forensic medical experts cooperate with activists on either creating expert reports or making comments to the existing official reports. Dr. Seif-Aldawla concludes however, that the problem remains the same with these reports, albeit some success, with the medical report, whether official or parallel, being used as indirect evidence, not binding on the prosecutors or judges.

This section evaluated some of the practices common to justice institutions in Egypt against the international standards for investigations and prosecutions. The personalization of justice was evaluated against the standard of impartiality, while the personal relationships between the investigators and the alleged perpetrators were measured against the standard of independence. The poor training of authorities, the lack of qualifications in dealing with victims

of violence and the deficient institutional capabilities especially in the forensic medicine department seriously compromise the standards of effective investigations. Analyzing the practices and how they fall short of international standards is key to understanding how they affect the incidence of prosecutions and how they can be held responsible for the lack of successful prosecutions. By falling short of standards of promptness, effectiveness and impartiality, investigations of torture in Egypt mostly do not reach court, and when they do, prosecutions are at the personal discretion of judges. Last, but not least, the practices do not stand on their own, they are backed by and rooted in powerful structures, whether the legislation or the institutional capabilities.

Conclusion

This research dealt with the impact of certain practices in justice institutions on the incidence and success of prosecutions of torture perpetrators in Egypt. The main contention of this research is that many practices that deny justice are backed by the lack of institutional capabilities and inadequate legislation on criminal procedure, which gives prosecutors and judges large authorities and makes investigations and prosecutions depend on the “conscience” of the official in charge. The research examined different practices, which included systematic delays, lenient sentencing, victim and witness intimidation and evidentiary barriers, and observed how these practices affect the investigation of torture allegations, referrals to the courts and Court prosecutions and sentencing of perpetrators. The research then took these practices further, understanding firstly what supports them and secondly, how they violate the international standards for investigations and prosecutions. The research concludes that the legislation, especially that

on criminal procedure, extends great authorities to persons, and thus makes justice a matter of choice, seriously compromising the impartiality of the investigations and prosecutions. In addition, the poor capabilities and training of judges, prosecutors and medical experts, stand behind the lack of effective investigations. Lastly, the common presence of systematic delays compromise the third and final standard of investigations, that of promptness.

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Bad Vibrations: The History of the Idea of Music as a Cause of Disease

Ashgate 2012, ISBN: 978-1-4094-2642-4, by Dr. James Kennaway

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Bad Vibrations is a very exciting, well written and intelligent survey with a focus on the dark side of music. The good side is already well known as to how music may stimulate, give pleasure and enrichment and act as therapy. Music is also supposed to have pain relieving benefits used in the dentist chair or during minor operations. Besides, we have heard about the ancient history how Orpheus with his song could soften the wild animals and impress even the Gods and we have learnt from our own time about the Mozart effect as a stimulus, listening to Mozart may cure a variety of disorders. But in *Bad Vibrations*, James Kennaway outlines and argues from the history of music and his research from scientific literature how music and listening to music has been used, misused or interpreted in a pathological way. We can see examples from Nazi Germany and the Cold War period of music as brainwashing and recently as a weapon in modern warfare and most worryingly used as an instrument of torture.

The book demonstrates the opinion in the 18th century about the pathological aspects that music could generate. Oversti-

mulation roused by music was conceived to inflict illnesses and especially in the nervous system and foremost in women. The glass harmonica was regarded as a dangerous stimulator for tension in the nerves and as such, connected to Franz Mesmers invention and his use of “animal magnetism”, was supposed to exert a magical influence compared with hypnosis or even hysteria. A whole chapter is dedicated to Richard Wagner and the atmosphere of elicit erotism associated to his work, claiming by research from that time, late 19th century, that the sexual power of Wagner’s music could for instance be seen as a medical condition leading to homosexuality. Further, that music of the same standing as Wagner’s could cause noxious effects for the nervous system and psychic reactions, a point of view that may be seen in association with the contemporary development of neurology and psychiatry as new medical disciplines. Psychiatry, especially, gave reason to music as a presumed provoking factor for neurasthenia. Misogynistic and moral condemnation was an important medical and social partner in the frequent discussions of music’s dangerous sensuality.

Kennaway’s presentation was on a hypothetic level for the first three of five chapters which described music’s presumed noxious effect for illness or immorality. *Bad Vibrations* deals with the last 80 years in

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terms of the alleged fears of how listening to “wrong” music could lead to some states to pursue their citizens. He shows that the medical and critical debate gave the political rationale for persecution of music, musicians and musical institutions in Nazi Germany and the Soviet Union. The propagators of Nazi ideology adopted the concept of deterioration (*entarted* in German) to defame atonal music, jazz and above all, works by Jewish composers and musicians. The concept of *entarted* became fixed to a new norm, the ideal of a music dictated by laws of racial origin. Therefore, in Nazi Germany and the communist dictatorships, the fear of music’s foreign influence meant that musical hygiene had become state policy, leading as a consequence to thousands being silenced, exiled, sent to concentration camps or into Gulags, or murdered. Race has in medical opinion in America played a major role as a presumed damaging effect to the nervous system by the coming of Afro-American ragtime and jazz, leading to the undermining of health. The last chapters of *Bad Vibrations* show the further acceleration of the misuse of music for mind control and as a weapon. Examples are given from the Cold War, the Korean War and as an interrogation technique and as such, even more overt since 9/11. Music as well as white noise has been used as sensory and sleep deprivation with the purpose to intimidate prisoners, which is a clear violation of the United Nations Convention Against Torture §1.1.

James Kennaway is an historian of medicine with a joint appointment in Philosophy, Medicine and Health at Durham University. He specializes in the relationship between music, aesthetics and the body, with research interests in the history of physical and mental illness. His broad knowledge to this subspecialty of medical literature is considerable and in-depth and reveals

grotesque ideas and ideologies. It is an impressive fieldwork he presents to unveil this shady side and delusion of music. As an historian, he remains objective to this controversial subject, but elsewhere he has emphasized that while morality about music could for the most part be dismissed as nonsense, music has nevertheless been shown to “be seriously bad for our health after all”.

Bad Vibrations is well supported by notes, references, bibliography (48 pages) and addresses for further study with equal benefit for readers with interests in psychology, medicine, music and human rights.

Trauma, Torture, and Dissociation

Karnac Books 2011, ISBN: 1780498454, by Aida Alayarian

James L. Griffith, MD*

Trauma, Torture, and Dissociation shows how psychoanalysis, or psychoanalytically-oriented psychodynamic psychotherapy, can help a severely-traumatized person to regain a sense of being human, as someone who can feel, imagine, and open oneself to re-engagement with other people and the world. This is a topic worth addressing since psychoanalysis and psychoanalytically-oriented psychotherapy have been largely dismissed by the trauma treatment community as ineffective or at risk for re-traumatizing a trauma survivor by attempting to work through traumatic memories without tools to prevent hyperarousal. The author begins with a thorough review of literature on resilience and relevant psychoanalytic theory, the use of dissociation to preserve a coherent sense of self, the internal psychic space of object relations, and mourning losses. Subsequent chapters similarly review psychological trauma (Chapter 3), posttraumatic stress disorder (Chapter 4), the concept of resilience (Chapter 5), and dissociation (Chapter 6). These literature reviews are provided to buttress her theses but are also useful for psychotherapists unfamiliar with the evolution of psychoanalytic

theory, as with her lucid contrast of Freud and Janet in their views of dissociation.

The author proposes that traumatized people employ healthy and unhealthy forms of dissociation to manage threats and distress. The former conveys resilience and the latter vulnerability. A psychotherapist can work with the interplay of four constructs to help a traumatized person to build resilience: the listening other, psychic space, a sense of self, and healthy dissociation. A resilient person can manage traumatic experience by using volition to dissociate successfully as and when necessary in order to manage everyday life. Vulnerable individuals can become more resilient when a psychotherapist steps into a role of listening other, which helps expand psychic space, strengthens a sense of self, and heightens capacities for healthy dissociation. The primary purpose of psychoanalytic intervention is to enhance resilience, not to treat psychopathology. The mission of her book is thus not to introduce innovative clinical methods or techniques so much as to re-orient psychoanalysis towards resilience as its clinical focus.

A strength of the book is its transcribed vignettes that illustrate how empathic listening, understanding, and witnessing can mobilize healing without placing a primary focus on symptom management. However, this person-centered, non-pathological focus is also a limitation in that it draws psychoanalytic theory and methods into sharp relief but blurs clinical distinctions about different

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traumatic experiences that are widely regarded as important. Trauma and torture lack conceptual clarity in their definitions so that it is left uncertain how torture, or different types of torture, are to be distinguished from other forms of traumatic stress, such as childhood abuse or neglect. Normal stress responses are not distinguished clearly from posttraumatic symptoms that merit designation as psychiatric illness. Differences in clinical approaches for perpetrator, bystander, or victim traumatization are not addressed. The author's convincing clinical vignettes demonstrate psychotherapeutic responses to trauma-survivors that are specifically nuanced, and tailored to the person's individuality. However, her theoretical presentation of healthy/unhealthy dissociation, psychic space, and listening is in broad strokes that seem not to capture adequately the complexity of her own clinical work. A novice psychotherapist would find it difficult to learn how to become a "listening other" from the description in the text.

It is unfortunate that the author does not more thoroughly connect her ideas and constructs to other, non-psychoanalytic clinical and research literatures. Trauma treatment is increasingly defined by mature research programs in neuroscience, cognitive psychology, and social psychology, and it is difficult to evaluate innovations in therapeutics without cross-referencing these broader literatures. For example, the author does not situate her discussion of "healthy dissociation" in the context of a rapidly unfolding understanding of brain processes underpinning dissociation, or the cognitive psychology of hypnotizability (normal dissociation) as a nearly universal trait among all children that declines with aging to only a fifth of adults, or the research-driven debate as to whether normal dissociation and pathological dissociation exist on a continuum or repre-

sents fundamentally different psychological processes. Within social psychiatry, there have been extensive descriptions of volitional re-direction of attention and cognitive re-framing as methods for human rights perpetrators to avoid emotional distress while torturing or killing. Robert Jay Lifton described "doubling" as the cognitive strategy Nazi doctors used to avoid dissonance between their day jobs as death camp killers and their off-work roles as parents, spouses, and law-abiding citizens. Do "doubling" and the author's description of "healthy dissociation" differ? These shortcomings do not negate the possible usefulness of psychoanalysis for trauma and torture survivors, but they render the author's proposals less accessible for non-psychoanalysts and leave the book too much an internal discussion within psychoanalysis.

What the author does accomplish is passionate advocacy for latent self-healing within trauma and torturesurvivors that needs only the responsive presence of a listening other to be activated. Her focus is upon strengthening the person and helping a traumatized individual to recover a worthy life. The message that trauma therapy should focus upon integrity of the person, not solely upon symptom management, is worth bringing to our discipline.

What does it provide to patients that others do not?

Aida Alayarian, MD, PhD*

Sir,

I wish to add a few comments to the article “Prospective one-year treatment outcomes of tortured refugees: a psychiatric approach” by J David Kinzie et al., published in the latest issue of *TORTURE*.

The article covers a worthwhile subject in need of attention. The theme is significant with regards to refugee community health and the development of resiliency in torture survivors. As the authors argue, research on effective treatment for refugee torture survivors is not exhaustive; therefore, the importance of such examination is warranted and critical in terms of improving the well-being of individuals and communities.

The appeal of the paper for a multi-faceted approach to the treatment of tortured refugees emphasizes the need for innovative clinical approaches that press

beyond the conventional practices of mental health diagnosis and psychopharmacology. However, the paper does not adequately address the uniqueness of their particular treatment program. In other words, the question remaining to be answered — that would serve the credibility of the argument — is what does the treatment program in consideration provide patients that others do not? Why is this effective (or not)?

In my opinion, the readers of *TORTURE* would have benefitted if the treatment program had been considered in relation to others who have attempted a multidisciplinary approach (for instance, Carlson JM, Mortensen EL, Kastrup M., no. 14 in the article’s reference list) as well as from a detailed description of the development of the program and its empirical or theoretical basis.

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