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The Baltic states have experienced immense suffering and deprivation during the 50 years which have included political systems under Hitler, Stalin and communism with Gestapo imprisonments, Stalinist years with terror and deportations, exiling to gulags, acts of torture and outrages committed by the Soviet Army and recently the OMON forces.

The establishment of the Rehabilitation centres, now a fact in two of the Baltic states and with the knowledge of the impending formalization of a treatment unit in the third of these countries, signifies a confrontation with the past. The establishment of the centres has a far deeper meaning than just to offer assistance to the victims of torture – as needed as they are. The presence of the centres symbolizes the search for justice, the victory of the oppressed countries and the advent of a democratic form of government on the ruins of 50 years of occupation.

In this issue of Torture (page 124) we present the centre in Riga, the Latvia Medical Rehabilitation Centre for Torture Victims and Their Families (SMRC) as they plan to extend their activities as soon as they were able to move into their own new premises. Which is exactly what happened – with the opening ceremony on the 18th November, Latvia’s national day.

On the 12th May the Estonian Centre of Medical Rehabilitation for Victims of Torture (MRT), situated in the university town of Tartu, held its official opening ceremony. In a few months the centre in Vilnius, Lithuania will follow suit, although rehabilitation activities are already established there.

The need for them is obvious. As it was mentioned in Torture 3/94 in the interview with the founders of the Lithuanian Centre for Torture and Repression Survivors, there is a need among the soldiers of the ex-Soviet Army especially among those who had to serve in Afghanistan where physical torture was widespread. Soldiers from the Baltic republics were called fascists and treated accordingly. Enlistment in the army was extensive, approximately 80% in the years up to 1989. About 1,000 Lithuanians died during Soviet military service in the later years. A further 1,000 or more were mutilated during military service. About 350,000 Lithuanians were deported, usually to Siberia where they either died or were tortured in the gulags. At the same time their families in Lithuania suffered great deprivation and oppression just because they were related to deportees.

The Ribbentrop-Molotov agreement of 1939 had important consequences for the Latvian population as it was used as a pretext for mass deportations. During the first wave of deportations, which lasted up to 1941, more than 7,000 Latvians were arrested. Over 900 of them were tortured, shot and secretly buried. The rest ended up in Soviet prisons and gulags. In June 1941 a further 15,000 were deported to the northern and asian regions of the Soviet Union. These people were usually intellectuals and/or members of those groups in which national feeling and democracy were most apparent. During the German occupation 15,000 men were called up as “volunteers”, and 90,000 were either killed or sent to Germany. Right after the liberation by the Soviet Army, 70,000 Latvians were either shot or deported. In 1949 a further 50,000 people, mostly from the country, were again deported to make room for others from the Soviet Union. As a result of these outrages the following groups in Latvia as well as in the two other Baltic countries are in need of rehabilitation efforts: a) those who have survived the physical and psychological torture perpetrated by the Soviet regime and in the gulag camps; b) those who have served being starved out, gulags and German concentration camps; c) Lithuanian soldiers who have been subjected to torture during their military service.

In Estonia excesses and deportations along with their consequences – interrogations, killings and “visits” in the gulags – became part of the system during the German occupation, under Stalin’s regime and later, the outrages during the compulsory and oppressive military service. One result of the repressive system was psychological crises which resulted in, among other things, suicides and suicide attempts. Dr. Heino Noor from MRT in Tartu has studied this situation in 4,000 cases of suicide. It can be established that the frequency of suicide in Estonia during the Soviet regime was very high, even higher than that of immigrants in Europe – a group which usually has a higher rate than among the background population. Torture leaves considerable wounds, also among the families and society. Dr. Noor further states that if we used the additional scale of stresses of the diagnostic system DSM III-R, we would see that the strains that have influenced country-residing Estonians fall into the “severe” and “catastrophic” categories.

There is now hope for the beginning of a new era in these countries.

While the ultimate objective must imply a complete eradication of torture in this world, such a goal is unfortunately not part of any immediate solution. In the meantime we must develop a method of helping those who have suffered and endured the most – those who have been exposed the most to degrading, destructive and spirit-breaking punishment i.e. government-sanctioned torture.

The successive openings of the three rehabilitation centres represents signals of nearing the ultimate objective.

H.M.
Torture has long roots in Chinese history

A survey of the many cruel torture methods of ancient China and the devices of punishment of prisoners

By
Benfu Li, Professor*
Peicheng Hu, Associate Professor*

In the 21st century BC, at the beginning of the Xia Dynasty, torture moved from customary to official law. Though China became a modern society after the Opium War in 1840 AD, and the methods of punishment changed a lot, torture still existed.

The instruments of punishment in ancient China

A. THE DEVICES FOR RESTRICTING PRISONERS

According to the official rules, there were different types of torture instruments:

1. **Niu**, or **Ku**, was a wooden instrument for binding both hands of a prisoner
2. **Xiao**, or **Luxiao (Zhi)**, and **Hexiao (Jia)** were made of wood. Xiao was for binding both feet of a prisoner. Jia, the weight of which was 75 kg in the Ming Dynasty, was put on the neck of the prisoner. If both the prisoner's hands were fixed on the Jia, it could be called **Guo Niu** (fig. 1)

![Fig. 1. The “Jia” was put on the prisoner’s neck. If the hands were also attached, it was called “Guo Niu”.

3. **Qian**, for binding the prisoner's neck, was made of iron
4. **Lock** was a chain of rings, of iron, for putting round the prisoner's neck. If the feet were chained by the lock, it was called **Liao** (fig. 2)

![Fig. 2. “Liao”: The feet of the prisoner were chained by the “Lock” (a chain of rings of iron).

B. INSTRUMENTS OF TORTURE

The official instruments of torture were as follows:

1. **Bian**, looking like a long rope, was made of cowhide
2. **Tai**, made of small twigs of the chaste tree
3. **Zhan g**, made of large twigs of the chaste tree
4. **Xun**, made of sticks from the chaste tree.

There were many other unofficial instruments of punishment for confining prisoners, such as:

1. **Box Bed**, into which the prisoner was put. The head and feet were tightly fixed, so that no movement was possible. The top of the box was covered by a wooden lid (fig. 3)
2. **Standing Coop**. If the prisoner in it was tall, his body had to be bent. If he was short, he would be hung by his neck. If his body was suitable, a large stone was put on the lid (fig. 4)
3. **Prisoner’s Van**, a wooden van on wheels. Only one prisoner was put in, standing or kneeling. The prisoner's head was above the top of the van.

![Fig. 3. “Box Bed”: The head and feet were tightly fixed and the box was covered by a wooden lid.

There were many unofficial instruments of torture, including:

1. **Zachi**, small pieces of wood or bamboo that were put between the fingers. Binding with rope compressed the fingers (fig. 5)
2. **Jiaqun**, a wooden device for squeezing the legs together (fig. 6)

![Fig. 4. “The Standing Coop”.

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Physical punishment in Ancient Chinese times

1. **Moxing**, or **Qunxing**: carving the prisoner's face or body with a knife, and putting ink in the wounds. The black colour never disappeared
2. **Guaxing**, cutting off the prisoner's nose
3. **Binxing**, cutting off the prisoner's knee bone so that he could not walk. Binxing later became **Yuexing**, in which the feet were cut off
4. **Gongxing**, also called **Zhaoxing** or **Fuxing**. The male penis was cut off, or, in the female, severe genital mutilation.

Other methods of torture included:
1. Putting mud into the ear
2. Squeezing the head, as in a vice
3. Breaking the ribs
4. Suspension by the hair and blowing smoke into the eyes (fig. 7)
5. Starvation, and prevention of sleep by knocking and swinging
6. Suspension by hands and feet fixed on a stick
7. Forcing the prisoner to kneel and hold the **Jia**, with the tile on the top
8. The prisoner kneeling, his arms were bent backwards and legs fastened, while a warder jumped over him (fig. 8)
9. Forced to sit on a bed of nails
10. Suspension by the back
11. Tendons subjected to extreme heat
12. Nailing the fingers
13. Filling the nose with water
14. Beating the face
15. Forced to kneel on a hot iron chain
16. Beating on ears and nose

The Emperor began to abolish corporal punishment in the **Han** Dynasty. Four lesser forms of torture were used up to the **Sui** Dynasty, as follows:
1. **Taixing**, beating by Tai (see above)
2. **Zhangxing**, beating by Zhang (see above)
3. **Tuxing**, depriving prisoners of freedom and forcing to do hard physical work
4. **Liu**xing, forcing prisoners into wild areas in unspeakable living conditions.

Capital punishment in Ancient China

In the early stage of Ancient China, the death penalty was carried out in different ways:
1. **Hai**, the victim was pulped into a sort of human jam
2. **Fu**, the victim was sliced into small pieces of meat, which eventually dried
3. **Heng**, the prisoner was boiled or fried to death in a large pan
4. **Huan**, the prisoner was tied to five horses, which were forced to run in different directions.

Other types of death penalty included burning alive, cutting out the heart, cutting out the entrails alive, drowning in a river, burying alive, shooting, being eaten by wild animals, breaking the skull, suspension by the head, being cut in two at the waist, being humiliated, then killed, beheading in public.

In the **Sui** Dynasty, death by **Huan** and suspension by the head were abolished from the penal codes. Hanging and Cutting were then the main official penal methods.

1. **Hanging**, either by rope or by silk
2. **Cutting**, either by using a scythe to cut the waist, or beheading with a knife.

Moreover, the families of prisoners who received the death penalty were always involved. Many Dynasties had rules by which prisoners’ relatives were punished. In the **Qin** and **Han** Dynasties, three groups of relatives (father, mother, and wife) should die after the prisoner’s death. In the **Sui** Dynasty, nine groups of relatives should also die; ten groups in the **Ming** Dynasty.

The penal code in modern times

At the end of the **Qing** Dynasty (the last federal dynasty), the old penal codes
were replaced by modern torture. But ideas to abolish torture as such stem from the liberation of China. According to the Thoughts of Chairman Mao Zedong, any inhumanitarian treatment is forbidden. After the foundation of the People’s Republic of China, in order to remodel prisoners into new persons, there were many changes in the prisons. Prisoners were provided with much better living conditions and work environment. Their rights are now protected, including:

- the right of appeal and defence, no torture or physical punishment, no maltreatment or humiliation. Private property should be inviolable. Prisoners have the right to propose rational ideas for management, education, work, life, and hygiene. If the warders violate prison rules, e.g. by torturing and maltreating prisoners, engaging in corruption and bribery, bending the law for the benefit of relatives and fraudulent practices, the prisoners have the right to file charges against them in court.

Because of the influence of the traditional ideas and customs from the time of the feudalist and fascist torture, and because legislation has not been put into practice, a few members of the judicature have violated the law by beating and cursing the prisoners. Any kind of torture or physical punishment is forbidden today under Chinese law. Article 189 of the Penal Code states: “If the judicature working personnel violate the law on imprisonment and use physical punishment and maltreatment of prisoners, they will be sentenced to up to three years’ imprisonment. In very serious cases, the person will be given from three to ten years’ imprisonment”. Article 136 of the Penal Code states: “Extortion of a confession is forbidden”.

In summary, efforts to wipe out torture are being made in present day China. Living conditions and medical treatment of prisoners have been improved.

References

China today – as seen by Western human rights organizations

By Henrik Docker

Torture and ill-treatment are still frequently reported from China’s “shelter and investigation detention centres” - despite prohibition in the constitution (article 38) and several laws. Most common, according to Amnesty International, are severe beating, use of electric batons and shackles, deprivation of sleep and food, and exposure to extremes of cold and heat.

Ten people are known to have died after torture since 1992. Prison conditions are often harsh; there is lack of sanitation, hygiene, and medical care, and nutrition is poor. Suspects are held for long periods in arbitrary administrative detention without judicial supervision. Chinese law gives prisoners no safety, and few citizens dare or know how to complain against abuses after release.

In 1991, the Chinese Government investigated 407 cases of confession by torture, and in 1990 and 1991, 24 prison wardens and guards were sentenced to imprisonment. Private organizations (so-called NGOs), however, registered many more cases of confession by torture. They do not believe the assurances of the Government, that all torture cases are “rigorously” investigated, as it had told the UN Committee against Torture.

In the rare circumstances when investigations and trials are performed, only light sentences such as education and training are given, and they are not published. The Procurator General of the Supreme People’s Procuratorate, Mr. Zhang Sigin, however, has warned against failure to enforce the law (as reported by the Chinese news agency Xinhua on 30 May 1993).

Shortage of personnel, or low living standards of cadres, are given as excuses. Corporal punishment is not considered to be a form of torture. It is not mentioned in the section of the law which describes “crimes of infringing upon the right of the person and the democratic rights of citizens”, but is put instead under “crimes of dereliction of duty by state officials”.

The UN Special Rapporteur on Torture sent letters to the Chinese Government in September 1992 and August 1993, summing up a number of individual cases. According to information given to him, torture had become routine at police stations, in detention centres, labour camps and prisons. The subjects were often held there for weeks or months without trial.

The Beijing Government, in a letter of 22 October 1992, denied that torture was routine, ascertaining that it was forbidden by law. Breaches were investigated, and work on a compensation act to possible victims was going on. It has later been announced that it will take effect from January 1, 1995. In a broader context, it must be borne in mind that the Chinese People’s Republic revealed its opinion on Human Rights for the first time in a white paper as late as 1991, and that yearly statements have followed since then, including the ones at the UN Human Rights Conference in Vienna in 1993.

It should, however, also be recalled that China stuck to the concept of Human Rights as international, but with respect for the national political, economic, and social systems, as well as regional and national particularities embedded in the historical, cultural, and religious background of each country. It thereby precluded any justification for criticizing its Human Rights policy, let alone interfering with it. The US partly condemned this policy by extending China’s status of most favoured nation with respect to trade with the US in 1994.
Compensation suits as an instrument in the rehabilitation of tortured persons

By
Neve Gordon*

We all know that the process of rehabilitation for a tortured person must deal with more than mere psychotherapy and medical treatment - it must also include consideration of his existential situation: the relationship with his family, his social and occupational environment, and the political realm in which he resides. I believe that most people will also agree that by continuously addressing the practice of torture in the court system we have some impact on stopping its use. Taking both of these factors into account, we at the Association of Israeli-Palestinian Physicians for Human Rights (PHR) found that compensation suits can be used as an effective tool in the struggle against the practice of torture in Israel and that they can simultaneously be an organic element in the rehabilitative process of the individual that has endured torture.

PHR has recently taken part in the filing of two suits against the State of Israel and the General Secret Service (Shabak), claiming compensation for damages caused as a result of torture. To the best of our knowledge these are the first and only two compensation suits pertaining to torture that have ever been submitted to the Israeli court. We believe that the act in which a torture survivor sues those responsible for the torture which was inflicted upon him is in fact a struggle for justice. I hope that the following paper will convince you of its significance.

The Israeli legal system

The military courts aside, the Israeli judicial system can be roughly divided into two spheres: civil and criminal law. In a case involving allegations of torture, one can choose between criminal proceedings or the filing of a compensation suit according to civil law. It must be noted that these legal actions do not contradict each other and can be utilized simultaneously. In order to understand the advantages of submitting a compensation suit I will give a brief outline of both the civil and the criminal procedures.

Criminal proceedings

According to Israeli criminal law, a person who has been tortured can choose between two courses of action: to file a complaint to the police or to file a direct criminal complaint to the court. Once a complaint is filed and the police have concluded the investigation, the material is passed either to the Attorney General or to the Police Attorney. If there is adequate implicating evidence and it is found to be in the “public interest”, an indictment is submitted to the court and the proceedings begin. If the State Attorney decides against filing an indictment, either for reasons of insufficient evidence or its not being in the public interest, then the complainant has the right to appeal to the Government Legal Advisor. In any case, the complainant always has the option to submit a direct criminal complaint to the court. However, even if a direct criminal complaint has been submitted to the court, the Attorney General, according to the law, has the right at any time in the proceedings to take the case from the hands of the complainant and assume the role of the prosecutor. Thus, even in a direct criminal complaint, the complainant does not have control over the proceedings. Another aspect of criminal proceedings which is relevant to our topic is the fact that the accusations in such proceedings must be against specific people, for example a certain Shabak interrogator, and not against the State or its institutions.

Filing a complaint to the police regarding a criminal offence is the right of every person, even if he or she is not directly connected with the offence. Thus, for example, PHR can file a complaint to the police describing the torture inflicted on Mr. Omar Jaber, and, as stated in clause 59 of the criminal law, the police are compelled to open an investigation.

Investigation of torture allegations

PHR has sent numerous complaints of torture to the Ministry of Police demanding an investigation. However, the Israeli police do not investigate the Shabak, but rather pass the complaint to the Attorney General, who in turn passes it to the Shabak’s department of internal investigations. This procedure is in open contradiction to Israeli law, which states very clearly that it is the responsibility of the police to investigate all criminal offences. Furthermore, when a body is allowed to investigate its own actions, it distorts all correct procedures. Nevertheless, the norm determines the proceedings and the horrible fact is that the Shabak is allowed to investigate itself.

The Shabak’s department of internal investigations investigates the complaint and returns it to the Attorney General. We have no knowledge of what the investigation constitutes, nor can we know if the material gathered during the investigation is actually passed to the Attorney General. All we know is that the complainant, in many cases PHR, receives a lacunary answer from the Attorney General, usually stating that the events described have been investigated, and that the Shabak officer acted in accordance with regulations.

Civil suits

In cases involving permanent or temporal, physical or mental damage caused by torture, a compensation suit can be filed. The acts relevant to torture for which one can be sued are assault, mistreatment, and negligence. It should be noted that torture, as a legal term, does not appear in Israeli law. Unlike the criminal suit, the civil suit can be directed against both the interrogators and the State or its institutions, as the employer or sender of the suspect.

In cases where the employer is found to be negligent, it can then be convicted. Whereas in instances of assault the State is responsible only if it ratifies the assault. In such cases the employee is still responsible. For example, in its answer to our suit pertaining to Hassan Zbeidi, the State responded that “the interrogators did not assault Mr. Zbeidi, and if they did, we, the State, do not ratify the act since we do not permit assault”. Therefore, the tendency when submitting a civil suit is to avoid basing...
it solely upon accusations of Government sanctioned assault, since all the State needs to claim is that it does not sanction the assault. In the case of Mr. Zbeidi, for instance, where we do not know the names of the interrogators, we chose to establish our accusations on State negligence. The legal distinction between negligence and assault is that an assault is considered intentional while negligence is not.

We would seldom choose mistaken imprisonment as the fundamental accusation on which to base a civil compensation suit, because the detainee is usually held in accordance with the law or in accordance with some kind of military regulation. Only if the lawyer finds a technical fault in the legality of the imprisonment would it be worthwhile to emphasize the accusation of mistaken imprisonment.

Nevertheless, we choose to accuse the defendant of assault, mistaken imprisonment, and even the practice of torture, but, of all the acts against which we are suing, it is negligence that gives us the best chance of winning. Israeli law defines negligence as the deviation from reasonable behavioural norms. When suing for negligence in cases where torture was practised, we are essentially stating that the Shabak interrogator did not act in the manner an interrogator should act.

Mere awareness of his control over the situation helps the person who had been tortured to emerge from the status of victim and regain his dignity. Conversely, lack of control over the proceedings can reinforce the feeling of being a victim. More than that, the deep frustration that so often accompanies legal struggles of this kind increases the possibility of a regression in the condition of the tortured. The opportunity to stop and withdraw from the proceedings is very important to the tortured, and should be emphasized to him along the way.

Furthermore, there is a metaphorical substitution of the roles of those involved, which at times helps the tortured person to overcome some of his fears and anxieties – the interrogator and his employer become the defendant, they have to answer to the court, and they become the ones with something to lose. Most important, they are no longer omnipotent, they are no longer in full control of the situation, they are vulnerable, and the tortured person sees them in this condition. He also knows that he is the one responsible for their uncomfortable situation.

2. The opportunity to compromise

The opportunity to compromise expresses the control which the complainant has in civil suits, and also lays bare another essential difference in the proceedings themselves.

Civil suits are much more open to compromise than criminal suits. During the proceedings of compensation suits, it often becomes clear that the question of guilt is actually the question of quality and quantity of guilt. How much guilt the defendant is willing to take upon himself (if any) is reached through an agreement between the two sides. In civil suits the tortured person takes part in the negotiations and decides whether to agree to the suggested compromise. It is not only the feeling of control over the negotiations and the decision that is significant to the tortured, but also the fact that he must cope with the concept of agreement. The possibility to compromise and reach an agreement is a well-known indicator of maturity.

Criminal proceedings do not allow the same room for compromise, often determining the procedure by an either/or verdict – guilty or innocent. Even when there is some kind of settlement in criminal suits, it is negotiated between the State and the defendant, while the complainant does not really have a say in the agreement. Our experience has taught us that in cases where security officers are involved, settlements between the prosecutor and defendant are done in bad faith – the defendant gets off lightly – which only reinforces the tortured persons perception of being in a dead end situation.

Compromises usually shorten the legal process and provide some kind of tangible result within a reasonable period of time. It is not enough that justice be done – it must be done quickly. Although it is clear that compensation cannot provide the tortured with full justice, it does create a feeling of accomplishment and can contribute to his rehabilitation. By contrast, when a legal suit is dragged through the court for years it leads to a general feeling of frustration which prevents the wounds from healing.

3. The degree of proof

To win a conviction in a criminal suit, the prosecutor must convince the court that the defendant is guilty beyond all reasonable doubt. The probability of guilt in a criminal case must therefore be very high. In a civil suit, the degree of proof is the extent of balance in the probability of guilt; namely, that it is more probable that the events happened than that they did not happen.

It is clear that the lower probability of guilt needed in compensation suits objectively raises the chances of winning the suit. The concept of success, particularly in the struggle against the torturer, is very important, due to its close relation to justice. A major step in the healing process is that the great injustice which has been inflicted upon the tortured person be corrected. Success in a suit leaves the tortured with the feeling that some measure of justice has been served – not only served but witnessed before the court. This feeling can help him to achieve reconciliation with himself and his milieu.

4. Suing the State

Suing the State broadens the effects of civil suits and often provides the opportunity to raise matters of principle that cannot be addressed in criminal cases. The incentive for raising accusations against the State can range from a desire to attain a larger amount of money, to promoting the political struggle against the practice of torture. PHR thinks that all of these motives are worthy, but we try to emphasize the significance of the political struggle to the

Civil suits versus criminal proceedings

The advantages of civil suits over criminal proceedings can be analysed on two different levels: from a legal or a rehabilitative perspective. Interestingly, there is a close correlation between the two.

1. Control over the proceedings

The proceedings of a civil suit are controlled by the person who was harmed, in this case the tortured, while in criminal proceedings, the State Attorney has the prerogative to take over the case at any time. Let me reiterate; in the civil suit the tortured is the initiator of the suit, he is responsible for directing the strategy of the proceedings, and even has the power to withdraw from the suit. By contrast, control over the proceedings in a criminal case is usually in the hands of the State Attorney, and even in cases where a direct complaint is submitted to the Court, it can be taken from the hands of the tortured at any point.

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tortured person. By raising accusations against the State, the suit has a larger impact on the struggle against torture. By becoming part of this struggle, the tortured person often transcends the sphere of personal responsibility and enters the public realm. We feel that this political responsibility is a significant step in the rehabilitation process, because through it the tortured person feels that he is a member of society, and not in a position of isolation.

5. Disclosure of documents
In civil suits each party must disclose all of the documents in its possession, while in criminal suits only the prosecution is required to disclose its documents. Furthermore, in criminal suits the State as prosecutor is not obligated to reveal the documents it gathered to the tortured person or complainant. All of the criminal complaints pertaining to the use of torture by Shabak personnel that were sent by PHR to the Attorney General were dismissed under the claims that the evidence was not conclusive or that the allegations were found false. Never during our six years of activity have we seen any documentation pertaining to an investigation of our complaints. Furthermore, more than once the tortured person for whom we filed a complaint was threatened by Shabak personnel to the point at which he signed an affidavit denying any allegations of torture.

When suing the Shabak or any Secret Police, there is usually limited proof of torture other than the permanent injury to the victim. If there is no permanent injury as a result of the torture and there is no documentation indicating that torture was used, then the proceedings will be based on the Shabak’s word against the tortured person’s word – a situation providing little chance of success. As already stated, both sides are obligated to disclose their documents in a civil suit. The prosecutor is able to get his hands on documents from the Shabak and perhaps find papers that will support the tortured person’s claim. In Zbeidi’s case we received significant information from the disclosed documents. We learned from his medical report of 9 September 1992 that he was examined on arrest and found well by a prison medic; that on 15 October he was transferred to the emergency room in Tel Hashomer Hospital by the prison doctor; and that on 28 October he was released in a catatonic state by a reserve doctor at Farah prison. Only due to the civil suit were we able to receive the medical reports from the time of his detention and learn that Mr. Zbeidi was arrested in good medical condition and released in a catatonic state.

The disclosure of documents not only benefits the legal sphere, but also has significance for the rehabilitation process. As light is shed on the truth, the tortured person’s version of his suffering is strengthened. The feeling that his word no longer stands alone against the institutions of the State – that what he endured was at least partially documented and has become common knowledge – strengthens his self-esteem.

6. Compensation
The struggle to receive compensation is a positive process for the tortured person to engage in, although I think it is often accompanied by adverse side effects. One such side effect is the motivation for a tortured person not to become healthy until the end of the proceedings. This is a complex situation in which it is in the tortured person’s interest to maintain his sickness or disability in order to substantiate his victimization, and in that manner win the struggle against the torturer. In this sense, the possibility of compensation can at times impede the transition from victim to survivor, which is essential for rehabilitation. For this reason, a compromise which can result in a quicker settlement is further advantageous.

The monetary compensation gained is important for different reasons. Primarily, it symbolizes the victory of the tortured over the torturer, playing an important therapeutic part in the rehabilitation process. Additionally, by gaining compensation, the tortured person partially loses the feeling of dependency.

When a survivor of torture receives compensation for his suffering, it not only helps his personal situation, but is significant for the State in which he was tortured. I believe that once Israel pays compensation to a tortured person, the State will begin a self-rehabilitating process. Indeed, once money is passed to several tortured persons, Israel will be admitting that it has tortured, that it is responsible for the torture, and that it is responsible for the rehabilitation of the victim. It will take responsibility for article 14 of the UN Convention against torture, which it ratified in 1991. The article states that:

"Each State Party shall ensure in its legal system that the victim of an act of torture obtains redress and has an enforceable right to fair and adequate compensation including the means for as full rehabilitation as possible..."".

In conclusion, when one compares criminal proceedings with civil suits, it seems clear that within the Israeli legal context compensation suits are a useful tool to fight torture and can become an organic part of the process of rehabilitation. I believe that they might well be the best tool we have for bringing about some measure of justice in the case of persons who have been made to suffer torture. I will suggest to those of you who live under a similar legal system to adopt the use of compensation suits as a means of struggle.

Notes
1. Israeli law differentiates between three categories of offence – "sin", "offence", and "crime" – for which a person can be sentenced for up to 6 months to more than three years imprisonment, respectively. In cases of criminal complaints that do not fall under the category of "crime" (more than 3 years' imprisonment), the police have the right not to open an investigation on the basis of its not being in the public interest. Since allegations of torture fall under the "crime" category, the police are compelled to open an investigation.
2. It should be noted that, in the past, Shabak interrogators have been convicted and even sentenced to imprisonment. These were very few; there are no statistical data on their actual number, but nevertheless the irrational fact that none of the complaints sent by PHR led to a conviction teaches us much about the process on inquiry.
3. Israeli civil law, clause 7, states that a civil servant cannot be convicted if he or she acted in accordance with the regulations. The employee’s belief that his action was in accordance with regulations is sufficient for him not to be convicted. The employer, in our case the State, cannot be convicted if the act was in accordance with the law and in cases of specific injustice, i.e. the employer cannot be convicted when an employee acts in contradiction to regulations.
4. This approach is not politically correct, since what we are in fact stating is that we know that Shabak does not regularly beat people during interrogation, but in this specific case the interrogator did not follow the regulations and for that reason he caused injury. In other words, the Shabak interrogator left marks on the interrogatee, and therefore he is guilty.
5. The probability of guilt in a criminal
case ranges between 90 and 100%, while it is only 51% in a compensation suit.

6. In both criminal and civil proceedings, the State executes a “Defence Ministry Immunity” on any document that bears the slightest smell of the secret service. The court cannot accept any document that has been defined as immune by the Minister of Defence, even if the prosecutor already has the document. Defence Ministry immunization can be fought in the Supreme Court. The court will be asked to determine whether the interests of security supersede those of justice.

7. As an Israeli, I feel that this is a process which Israel must pass through for the torture practised in its prisons by State employees to be stopped. Furthermore, I believe that success in hundreds of compensation suits can help to stop torture, not so much because of the shame it will bring upon the country (Israel is seldom ashamed), but for purely capitalistic reasons: it will become too expensive for the State to practise torture.


9. Advantages of criminal suits: A. According to Israeli law, a criminal conviction that cannot be appealed in a higher court is binding for the civil suit. If, for example, a person is found guilty of assault and his case has been discussed in the highest court, then the facts concerning the case are binding and need not be proven in the civil suit. Thus, one often waits for the criminal proceedings to end before filing a civil suit. It should be noted that, due to the different requirement concerning the degree of proof between the two proceedings, the verdict in the criminal proceeding is binding for the civil suit only if the defendant is found guilty, and not if he is found innocent. B. Criminal proceedings do not cost money – the State is the prosecutor and pays the bill. In civil suits the cost of an attorney must be covered by the complainant; however, lawyers are often willing to work on a percentage basis. Another expense which the complainant must cover is the bill for medical opinions. This alone can reach a few thousand dollars for each tortured person.

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Committee Against Torture

Israel

Conclusions and Recommendations

1. The Committee considered the initial report of Israel at its 183rd and 184th meetings on 25 April 1994 (CAT/C/SR.183, 184 and 184/Add.2) and has adopted the following conclusions and recommendations.

A. Introduction

2. Israel ratified the Convention on 3 October 1991 and made reservations on Articles 20 and 30. It also did not make the declarations to accept the provisions of Articles 21 and 22 of the Convention.

3. The initial report was filed in a timely fashion and was well-supported by the oral presentation of the delegation which was both focused and informative.

B. Positive Aspects

4. The Committee notes the way in which public debate is allowed in Israel on such sensitive matters as ill-treatment of detainees, both in Israel and the Occupied Territories.

5. The Committee is pleased to acknowledge the way in which the Israeli Medical Association reacted to prevent its members from participating in ill-treatment of detainees by filling in the “medical fitness forms”.

6. The Committee is pleased to note that the General Security Service and police are no longer responsible for reviewing complaints of ill-treatment of detainees by their own members, and that such function is now the responsibility of a special unit of the Ministry of Justice. The Committee is also pleased to note that Israel has prosecuted interrogators who have breached domestic standards of conduct and disciplined others.

C. Subjects of Concern

7. There is real concern that no legal steps have been taken to domestically implement the Convention against Torture. Thus the Convention does not form part of the domestic law of Israel and its provisions cannot be invoked in Israeli courts.

8. The Committee regrets the clear failure to implement the definition of torture as contained in Article 1 of the Convention.

9. It is a matter of deep concern that Israeli law pertaining to the defences of “superior interests” and “necessity” are in clear breach of that country’s obligations under Article 2 of the Convention.

10. The Landau Commission Report, permitting as it does “moderate physical pressure” as a lawful mode of interrogation, is completely unacceptable to this Committee:

(a) As for the most part creating conditions leading to the risk of torture or cruel, or inhuman or degrading treatment or punishment;

(b) By retaining in secret the crucial standards of interrogation to be applied in any case. Such secrecy being a further condition leading inevitably to some cases of ill-treatment contrary to the Convention against Torture.

11. The Committee is greatly concerned at the large number of heavily documented cases of ill-treatment in custody that appear to amount to breaches of the Convention including several cases resulting in death that have been drawn to the attention of the Committee and the world by such reputable non-governmental organizations as Amnesty International, Al Haq (the local branch of the International Commission of Jurists) and others.

D. Recommendations

12. The Committee recommends:

a) that all the provisions of the Convention against Torture be incorporated by statute into the domestic law of Israel;

b) that interrogation procedures be published in full so that they are both transparent and seen to be consistent with the standards of the Convention;

c) that a vigorous programme of education and re-education of the General Security Service, the Israel Defence Forces, police and medical profession be undertaken to acquaint them with their obligations under the Convention;

d) that an immediate end be put to current interrogation practices that are in breach of Israel’s obligations under the Convention;

e) that all victims of such practices should be granted access to appropriate rehabilitation and compensation measures;

13. Finally, the Committee expresses its wish to cooperate with Israel and it is sure that its recommendations will be properly taken into consideration.
Criterion-related validity of screening for exposure to torture

By

Edith Montgomery, MSc, Chief Psychologist
Anders Foldspang, MD, DMSc, PhD, Associated Professor

Abstract

Using an in-depth psychological assessment as reference, the aim of the study was to validate adult Middle Eastern refugees' own testimonies of their possible previous exposure to torture. The study group comprised 31 male and 43 female refugees, who accepted participation in a structured interview with closed questions and a following blinded in-depth psychological interview. According to the psychological interview, 30% (55% of males, 12% of females) had been exposed to torture. The sensitivity and the specificity of the structured interview in identifying previous torture was 82% and 92%, respectively, without significant differences concerning the refugee's gender. It is concluded that refugees' own testimonies of torture appear fairly valid. This enables anamnestic torture prevalence estimation in refugee groups, based on pre-structured interview techniques.

Introduction

Since the mid-1970s, Amnesty International (AI) has carried out missions around the world with the purpose of documenting alleged torture. According to AI, government sanctioned torture took place in 69 countries in 1993. Refugees from such countries often apply for asylum in Europe, the US and Canada. Immigration authorities and health workers thus are faced with the challenge of assessing whether torture actually took place, and what health consequences it may have caused in the individual.

Evidence of individual health effects of torture has been produced by AI missions, and, furthermore, the relationship between physical trauma, rather specific patterns of mental problems, and torture is documented in several research reports. At health examination, somatic signs of torture are usually missing in torture survivors, whereas mental sequelae appear evident, severe and long-lasting. In general, objective evidence of the torture itself is inaccessible, and thus the torture survivor's own description of torture and its consistency with physical and, especially, mental findings usually constitute the available basis for judging the validity of the refugee's statement.

A method for documenting alleged torture, developed by medical doctors associated with AI and other human rights organisations, involves the combined information on state of health prior to the arrest, details of torture methods employed, initial and present mental and physical reactions to torture, and clinical findings at examination. Validity assessment of alleged exposure to torture is then based on the nature of the individual components of the patient's history, the findings at medical and psychological examination, and their mutual consistency.

The time and resource consumption limits this method to the individual case, but it may, however, form the basis for the validation of more extensive tools of observation. A questionnaire applicable in population settings has been developed by Mollica et al but, although the health components of this scale have been validated, the torture aspect has not yet been so.

In accordance with the crucial role of mental consequences, the aim of the present study was to validate adult Middle Eastern refugees' testimonies of their own exposure to torture, using an in-depth psychological assessment as a reference.

Table 1. Exposure to torture during previous imprisonment, as reported in structured interview, by prevalence (\%) of torture* and gender in 74 adult Middle Eastern refugees, Denmark, 1992-1993.

<table>
<thead>
<tr>
<th>Gender</th>
<th>Reported exposure***</th>
<th>Total no.</th>
<th>Tortured(%)</th>
<th>Agreement (%)</th>
<th>Sensitivity (%)</th>
<th>Specificity (%)</th>
<th>Positive test (%)</th>
<th>Negative test (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>no</td>
<td>14</td>
<td>2</td>
<td>14.3</td>
<td>45.01</td>
<td>87.1</td>
<td>88.2</td>
<td>85.7</td>
</tr>
<tr>
<td></td>
<td>yes</td>
<td>17</td>
<td>15</td>
<td>88.2</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Female</td>
<td>no</td>
<td>38</td>
<td>2</td>
<td>5.3</td>
<td>27.01</td>
<td>90.7</td>
<td>60.0</td>
<td>94.7</td>
</tr>
<tr>
<td></td>
<td>yes</td>
<td>5</td>
<td>3</td>
<td>60.0</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Both</td>
<td>no</td>
<td>52</td>
<td>4</td>
<td>7.7</td>
<td>54.01</td>
<td>89.2</td>
<td>81.8</td>
<td>92.3</td>
</tr>
<tr>
<td></td>
<td>yes</td>
<td>22</td>
<td>18</td>
<td>81.8</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*) As assessed by psychological interview.
*** As reported in structured interview.
*** Odds ratio, indicates the relative risk of having been tortured compared to refugees who do not report exposure.

By

1) p<0.01. 2) p<0.00005. 3) p<0.00001. 

Methods

The present study group constitutes part of the study population of a project on Middle Eastern refugee children in Denmark. The group comprises 74 adult asylum seeking refugees from the Middle East, 31 men and 43 women, from 46 families (28 were married couples) with children 3-15 years old, who were systematically sampled when arriving consecutively in the main refugee reception centre, Copenhagen, during May 15-June 15, 1992 and September 1, 1992-January 15, 1993. The parents participated in a structured interview (SI) with closed questions on their children's health and history of exile, exposure to human rights violation (HRV), and any parental imprisonment and torture. Nineteen more families were eligible, but because of transferral to refugee centres in other Danish regions, they were not accessible following the SI. Such transferral was decided by the Danish immigration authorities without regard to the present study. No eligible refugee refused participation.

The SI was conducted by a Danish nurse with the aid of a professional Arab, Farsi, Kurdish or Russian spoken interpreter. In 72 cases the SI was answered by the person in question, whereas, in two cases (one male and one female refugee), the questions focusing on torture were answered by the spouse. The child health part of the SI was, if possible, carried out with both parents, whereas an individual interview was preferred as concerned.
adult imprisonment and torture. However, 25 women and 26 men wanted to stay together also during that specific part of the SI.

In order to delimit torture from other HRV, the SI focussed on violence occurring solely during detainment or imprisonment; it included questions on exposure to nine frequent types of deliberate violence (table 2), whereafter the refugee was asked, whether torture had taken place.

A clinical reference was produced by the conduct of a blinded, semi-structured in-depth interview (PI) by one of the authors (EM), who is a trained psychologist with several years of therapeutic experience on sequelae of torture. The PI lasted one to two hours. All married couples wanted to be interviewed together. Eighteen refugees were individually interviewed.

The assessment following interview was based on the principles developed by the AI medical group5,7,10, however emphasizing the mental aspects (sleep disturbances with frequent nightmares, chronic anxiety, depression, memory defects, loss of concentration and change of self-perception4,13) and not including a physical examination. The torture definition applied complies with that of the Tokyo Declaration15, which states that torture is:

"... the deliberate, systematic or wanton infliction of physical or mental suffering by one or more persons acting alone or on the orders of any authority, to force another person to yield information, to make a confession or for any other reason".

A detailed case-description was made directly following the interview. In cases where detainment was reported, the description was presented anonymously to an expert4), blinded to the author’s a priori judgment. Final PI assessment of exposure to torture was made after mutual discussions. In three cases the two assessments disagreed, which resulted in a final classification stating “not-tortured” in one case and “tortured” in two cases.

The statistical analysis applies χ²-tests, Fisher’s exact test, Spearman’s rank correlation coefficient rs, and logistic regression16. In the present context, odds ratio (OR) indicates the relative probability of having been tortured, as assessed by the PI, conditional on a confirming answer to a specific SI question. Logistic regression models were reduced by use of forward selection. Sensitivity is defined as the proportion (%) of cases of torture survivors, as identified by SI, among persons assessed as torture survivors by the PI. Specificity (%) is the proportion of persons not exposed to torture, among those who were not tortured according to the PI. The predictive values of positive and negative SI “tests” are the proportions (%) of “true” verdicts among test positive and test negative persons, respectively.

The consequent predictive values were 81.8% and 92.3% as concerns a positive and a negative SI statement, respectively.

Correlations between specific exposures
Table 2 shows significant correlation coefficients between exposure to specific forms of deliberate violence. All exposures were associated with more than half of the rest of methods. Beating, suspension and threats all were associated with any of the other exposures.

Predictors for PI assessment
SI reported beating, hunger or thirst, cold, threats, and witnessing torture were significantly associated with the PI torture assessment (table 3). No woman had been exposed to electrical torture, suffocation, burns or suspension. Among women, having witnessed torture and exposure to other ill-treatment were not-associated with the PI assessment (two reports on each).

In a multiple logistic regression, exposure to beatings and threats were sufficient significant predictors for PI assessment (OR 50.1, P<0.001, and OR

<table>
<thead>
<tr>
<th>Electricity</th>
<th>.35*)</th>
<th>.28*)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Suffocation</td>
<td>.52*)</td>
<td>.71*)</td>
</tr>
<tr>
<td>Suspicion</td>
<td>.28*)</td>
<td>.54*)</td>
</tr>
<tr>
<td>Hunger or thirst</td>
<td>.28*)</td>
<td>.54*)</td>
</tr>
<tr>
<td>Cold</td>
<td>.28*)</td>
<td>.54*)</td>
</tr>
<tr>
<td>Threats</td>
<td>.29*)</td>
<td>.54*)</td>
</tr>
<tr>
<td>Witnessing torture</td>
<td>.29*)</td>
<td>.54*)</td>
</tr>
</tbody>
</table>

Table 2. Significant correlation coefficients*) between specific deliberate violent exposures during previous imprisonment, as reported in structured interview, in 74 adult Middle Eastern refugees, Denmark, 1992-1993.

<table>
<thead>
<tr>
<th>Violent type</th>
<th>Not exposed**</th>
<th>Exposed***</th>
</tr>
</thead>
<tbody>
<tr>
<td>Beatsings</td>
<td>55</td>
<td>19</td>
</tr>
<tr>
<td>Electricity</td>
<td>71</td>
<td>3</td>
</tr>
<tr>
<td>Suffocation</td>
<td>72</td>
<td>2</td>
</tr>
<tr>
<td>Burns</td>
<td>72</td>
<td>2</td>
</tr>
<tr>
<td>Suspension</td>
<td>68</td>
<td>6</td>
</tr>
<tr>
<td>Hunger or thirst</td>
<td>55</td>
<td>19</td>
</tr>
<tr>
<td>Cold</td>
<td>63</td>
<td>11</td>
</tr>
<tr>
<td>Threats</td>
<td>56</td>
<td>8</td>
</tr>
<tr>
<td>Witnessing torture</td>
<td>61</td>
<td>13</td>
</tr>
<tr>
<td>Other ill-treatments</td>
<td>63</td>
<td>11</td>
</tr>
</tbody>
</table>

* As assessed by psychological interview. ** As reported in structured interview. *** Odds ratio, indicates the relative risk of having been tortured compared to refugees who do not report exposure. 1) p<0.0002. 2) p<0.00002. 3) p<0.00001.
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27.4, P<0.025, respectively). As compared to the overall SI report on torture, combining beating and threats into a common indicator of torture resulted in re-classification of three refugees and thus in moderate improvement of the test parameters (table 4).

Predictors for own SI assessment
There were close associations between exposure to specific forms of deliberate violence and self-assessed torture exposure. One female refugee, who reported exposure to hunger or thirst, threats, and other ill-treatments, did not consider herself tortured but was classified as tortured based on the PI.

Cases
The distinction between torture and other acts of deliberate violence, applied in the PI, is illustrated in the case stories below:

Case 1. A Kurdish man from Iraq was arrested and detained three times within six months. In total, he spent four months in prison. He was not arrested because of political reasons, and, as he could buy extra services, e.g. food, his conditions in prison were different from those of political prisoners. He was, however, a witness to the torture of other prisoners. He was able to describe, for example, how he during a whole night heard two men being tortured and afterwards saw them left bleeding by the toilet, unable to move, for several days. During interrogation he was threatened to be arrested again, if he, after having been released, told about the conditions in the prison. By then he was very scared of being tortured himself. After his release, he had nightmares about the torture he witnessed, and he felt he was a different person compared to before his imprisonment. He thinks a lot about what he saw, although he tries not to do so. He becomes affected, when he speaks about prison-conditions (looks away, pauses), but is able to continue. By the SI, he considered himself tortured, but he was not considered tortured by PI assessment.

Case 2. A Palestinian man from Kuwait. Following the Gulf war, he was several times detained for interrogation during a single day. During interrogation he was kicked, spat at, and verbally humiliated, and his interrogators threatened to abduct his children. Simultaneously, the family was harassed and threatened by the police. A 15-year old son was abducted, held for three days, tortured, and left outside the family’s home, unconscious and with burns from electrical torture. During detainment, the son was questioned about his father’s political involvement. Also an older son was detained, interrogated, and beaten. During the interview the refugee talked almost compulsively about the condition of the rest of the family and the political situation in the country, but he avoided talking about himself and left the examiner with the impression, that this was his strategy of keeping his feelings at distance. He seemed emotionally unstable during the interview, and he admitted that he “felt as if he lived with a volcano inside himself, which could break out any time”. He did not, however, consider himself tortured, as he compared his own experience and health condition to that of his youngest son. Contrasting this, he was considered tortured by PI assessment.

Case 3. A Palestinian woman from Lebanon whose husband was liquidated by his own political organization in a refugee camp in Lebanon. The family had been harassed by the organization, since the husband had refused to participate in killing operations. He had warned her of the possibility that he could be killed, and had asked her to escape immediately with the children, should it happen. When she was told that he had died, she followed his advice and left immediately without any chance of saying goodbye to the family. At examination, she was afraid of reprisals from the organization. She was emotionally unstable, anxious, and sad. She did not consider herself tortured by the SI, neither was she considered tortured by the PI.

Case 4. An Iraqi man who had been imprisoned three times because of political activities. He had been beaten all over, suspended by the arms, exposed to cold showers and electricity under the tongue. He has suffered from mental and physical symptoms since his first torture experience almost 30 years ago, but the symptoms have increased over time. He has difficulties falling and staying asleep and has frequent nightmares about the torture. He suffers from anxiety attacks, palpitation and a feeling of suffocation, often triggered by the sight of policemen in uniform or by certain sounds. He has difficulties concentrating and remembering, and he often looses track of conversation. He has neck pains. During the interview, he at first avoids talking about torture and gives short and unspecific answers, like “it was not nice to be in prison”. He often looks away, but at the same time he experiences talking to the psychologist as a relief. By the SI, he considers himself tortured, and he is also considered tortured by PI assessment.

Table 4. Exposure to beatings and/or threats during previous imprisonment, as reported in structured interview, by prevalence (% of torture*) in 74 adult Middle Eastern refugees, Denmark, 1992-1993.

<table>
<thead>
<tr>
<th>Reported exposure**</th>
<th>Total</th>
<th>Tortured*</th>
<th>Agreement (%)</th>
<th>Sensitivity (%)</th>
<th>Specificity (%)</th>
<th>Predictive value</th>
</tr>
</thead>
<tbody>
<tr>
<td>No. . . . .</td>
<td>53</td>
<td>3</td>
<td>5.7</td>
<td>158.3</td>
<td>93.2</td>
<td>86.4</td>
</tr>
<tr>
<td>Yes. . . .</td>
<td>21</td>
<td>19</td>
<td>90.5</td>
<td>90.5</td>
<td>94.3</td>
<td></td>
</tr>
</tbody>
</table>

*) As assessed by psychological interview.
**) As reported in structured interview.
*** Odds ratio, indicates the relative risk of having been tortured compared to refugees who do not report exposure.

1) p<0.00001.

Discussion
Published studies of the prevalence of torture survivors are few. Moreover, the prevalence will expectedly change from time to time and over culture and political environment. In a multi-ethnic group of 187 medically examined refugees arrived in Sweden, Nordström & Persson recently estimated 25% to have been previously exposed to torture. Based on information from twelve Western treatment centres, Baker estimated a prevalence of 5-30% in multi-ethnic refugee groups. The present prevalence of about 30% is in agreement with these estimates. The gender difference has not been documented previously as concerns unselected refugee populations, but most patients referred for treatment at rehabilitation centres are men.

Much psychological and medical scientific research (e.g. occupational epidemiology) more or less has to be based on retrospective anamnestic information. This inevitably produces problems of validity, because concurrent objective observation, independent of the individual study participant, is not possible. Expert assessment of the anamnestic record is a frequently used technique to assess and strengthen validity in such situations.

Among refugees, actual evidence of torture is usually lacking; if identified and interrogated, torturers will deny their act; witnesses have died or are not present. In the present study, an in-depth psychological assessment was applied to produce the criterion for deciding whether the refugee had actually been exposed to torture or not. Naturally, such assessment cannot possibly function as, e.g., a legal proof in the individual case. However, today’s torture aims at changing the victim’s personality profoundly; later on, the produced mental changes may persistently handicap the victim. Based on the internal consistency between the victim’s history and such, often profound,
mental change, psychological observation may be used as a procedure to assess the probability that a testimony is true.

It could be argued that refugees could be "acting", based on their knowledge of torture methods and mental reactions after torture. However, it is a clinical experience that could be "acting", based on their knowledge of torture methods and mental reactions after torture. How could be observed by a skilled professional. This makes unveiled "acting" less probable. As it may cause reactions of some similarity, exposure to other deliberate violence may to some extent confound such observations.

We have identified no previously published study on the validity of the testimony of exposure to torture. Reliability studies have shown that torture survivors may change their stories if interviewed more than once, primarily as a result of improved memory, i.e. more events are remembered. According to Mollica & Caspi-Yavin, such anamnestic change may be due to 1) emotional arousal with associated hyperbole or defensiveness for some individuals in reporting the torture events; 2) impaired memory secondary to psychiatric and neurological impairments; 3) culturally prescribed sanctions that allow the trauma experience to be revealed only in highly confidential settings; 4) coping mechanisms that use denial and the avoidance of memories or situations associated with the trauma. In the present context, change of memory may have produced an under-estimation of the prevalence of torture, as assessed by the SI as well as by the PI. Memory improvement has not necessarily affected the precision of the SI, as both interviews were made within a few weeks. If the SI as such did initiate memory improvement, this would contribute to the number of false negatives by the SI, i.e. to an underestimation of the SI sensitivity as compared to PI assessment and thus to a decrease of the predictive value of a positive SI statement.

The delimitation between exposure that could be considered as torture and what would be termed "ill-treatment" without being torture is not clear. Differences as concerns the refugee’s and the examiner’s torture concepts may lead to false positives as well as false negatives. Due to the anxiety-loaded atmosphere of imprisonment (e.g. case no. 1), any ill-treatment may be subjectively experienced as torture. Conversely, actual torture may be denied based on comparisons with the experience of other prisoners (e.g. case no. 2). Moreover, we found good agreement between exposure to specific types of deliberate violence and the refugee’s own assessment of being tortured, as well as between the comprehensive SI assessment of torture and the PI verdict.

Probably because of torture being constituted by deliberate mental and physical violence characterized by certain intentional aspects, in our data there seems to exist a rather universal, trans-cultural agreement on what is and what is not torture. Moreover, the torture concept seems to be rather identical in lay people and in professionals of the health services. This forms the basis for using structured interview techniques when estimating the frequency of previous torture.

Conclusion

Applying an in-depth psychological assessment as a criterion producing procedure, Middle Eastern refugees' testimonies as concerns exposure to torture were of acceptable validity. Moreover, good consistency was found between specific exposures and both the refugee's own testimony of torture and the professional assessment. Based on the present findings, information from structured interviews thus seems to be capable of producing fairly valid estimates of the prevalence of torture survivors in refugee populations arriving in Western countries.

Acknowledgement

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Psychiatric and educational work with displaced persons and refugees in Croatia

By
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V. Fošnegovič Šmalč*
L. Tata Arcel*
D. Remeta*

Introduction
The large number of displaced persons and refugees in Croatia has created the following problems for all categories of experts: How to help such a great number of people suffering from trauma? What is the best help or treatment? How to coordinate activities directed towards different categories of displaced persons and refugees in a newly arisen situation? How to evaluate the effects of therapeutic interventions?

An area covering 33% of Croatian territory has been occupied, and the populations of these territories have been exiled from their homes into the free part of Croatia, and, to a lesser extent, into other countries of Europe and the world. Very often without the possibility of taking even the most basic necessities from their homes. Our exiles often say: “They did not even let us take our photos with us.”

Met with such a large number of exiles (190,816), the Croatian authorities have accommodated them by using all the available premises, such as hotels, flats, and collective centres (former settlements for construction workers). Croatia has also tried to give maximum aid in situations when even the free territories (where displaced persons were accommodated) were being attacked and destroyed. Therefore it was not rare that displaced persons who had fled into the free part of Croatia for protection from war zones were killed or seriously wounded and disabled in territories that became war zones after their accommodation.

During a period of more than 3 years, since Croatia was attacked, some of the displaced persons have emigrated to third countries in search of better life conditions, some have found employment in Croatia and have thus created possibilities of renting an apartment for their families, and some have remained in collective centres, mostly old and helpless people, single parent families, usually mothers with children whose husbands had been killed or imprisoned, as well as socially poorly adapted and integrated people.

The next wave of traumatized people came to Croatia after the aggressor’s attack on Bosnia and Herzegovina. A number of them are passing through Croatia waiting for departure for a third country, while others do not want to leave because they are waiting for information about their closest relatives who remained somewhere in Bosnia and Herzegovina. At present there are 190,816 displaced persons and 179,809 refugees in Croatia.

We would like in this paper to describe some similarities and differences in the emotional state of the two groups, and to mention briefly the kind of psychosocial support and treatment that we offer to them in the frame of the IRCT project, BOSWOFAM.

Emotional state of displaced persons
When we analyse the emotional state and behaviour of displaced persons (people who were driven from their homes more than 3 years ago), we notice changes ranging from the early phase of hope for a quick return to their homes, and mourning over abandoned homes, disappeared or killed friends and relatives, to the current phase of resignation, followed by anger against all those whom they hold responsible for the impossibility of return.

Along with these changes of behaviour and emotional state caused by the primary traumatization, they have additional problems, stemming from conflicting relationships among the displaced persons themselves, as well as from conflicts between the displaced persons and the local population where they are accommodated, and between the displaced persons and the authorities.

In these interactions there are a large number of displaced persons who develop chronic PTSD or other forms of psychological disorder, but who are less and less ready to accept help. Being Croats, but belonging to the category of displaced persons with unresolved social status and cumulative frustrations, makes them feel like “second class citizens” and creates in them discontent, resistance, and distrust towards the helpers. We need therefore a long time to gain their trust so that they will allow us to support them to develop more constructive survival strategies.

Our methods, in the collective centres where we work, are adapted to the target groups. We offer social support to the elderly who have remained alone and only live with the dream of returning home to their families. We organize group counselling for mothers and wives who are frustrated because they cannot provide for their families things they used to provide, e.g. a home and warmth. That makes them feel insecure, lonely, and depressed. Under these conditions group conflicts in the camps become more frequent and we as psychiatrists and psychologists have an important function as persons who can analyse the situation more “rationally” for them and act as mediators.

In weekly group counselling we help them to regain their balance through expressing their feelings and by organizing activities that are known to them and that give them safety and structure. Especially endangered groups in the camps are children and adolescents who are wounded, or who do not have the support of the family because their father was killed or is missing and their mother is depressed, or there are financial difficulties. Many of these youngsters need help from a psychiatrist due to a number of psychological problems. In these cases we offer individual therapy, educational activities so that they become better adapted in their school, and recreational activities that help them to stabilize their psychological condition.
For the adults who suffer from severe mental problems such as depression, alcoholism, and aboulia (inability to make decisions), we offer individual psychotherapy and pharmacotherapy. The psychological support helps the people gradually to regain their psychological balance and to adapt better to their temporary way of life.

**Emotional state of refugees from Bosnia-Herzegovina**

The mental condition of the refugees from Bosnia-Herzegovina is not only subject to the influence of the traumas they have been through escaping from the enemy, but also to those of uncertainty of life in another country. Their behaviour oscillates according to the political relationship of the country they are in and the country they belong to, and ranges from worries and fears to gratitude and insecurity. Their life in the camps proceeds in a continuous analysis of the political relationship between Bosnia-Herzegovina and Croatia through which they estimate the help we offer to them. At times of bad political relationship between the two countries they are closed and sceptical towards us or even feel fear, and at times of good relationship (e.g. after the Confederation of the two countries) they feel safe and trustful.

The refugee families are mostly single parent families with fathers and husbands somewhere in Bosnia and Herzegovina, or killed or disappeared. Most of them are staying in private accommodation (about 75%). The rest stay in collective centres that are financed by Arabs who provide food for them and pay electricity and water, but in return they expect them to accept customs and behaviour suitable for the country they come from (the way of dressing, religious customs, learning of Arabic, etc.). In some instances they follow these rules of their own free will and in others because they feel compelled to in order to receive the help.

The children, in the first period after they fled from Bosnia, usually stayed within the camp circle; they did not visit children living in that town, and they joined schools only on our insistence. In the first period they used to return home from school without delay.

Now, especially after the educational activities of our project, all the children living in the camps we work in are enrolled in school, most with success. The children’s and women’s behaviour reveals uncertainty and fear about the future, and they accept all offered activities so as not to provoke the negative reaction of the people around them.

It is not only the refugees who have to adapt themselves to us; we also have to adapt ourselves to them. Psychosocial help proceeds in accordance with their customs. The members of our team sit on the floor together with the refugees in the group counselling with the women from rural areas. Any kind of privacy or private talks with single refugees is impossible, because immediately on our arrival in the camp everyone gathers around, talks and offers food, not to mention coffee.

Children sit outside the circle and listen carefully to what is being discussed in the group with their mothers. It is very difficult to have individual talks, and if they are necessary, such persons are invited to our small counselling centre where the member of the team works. Their mutual communication is more immediate and open, and avoids separation of family members, which is positive, but at the same time negative for psychological support, counselling, and therapy for the severely traumatized people. We used the same methods of work with refugees as with displaced persons, but in both groups we tried to adapt the kind of therapy to their social situation, taking into consideration specific qualities of their earlier way of function.

**Conclusion**

In conclusion we would like to point out that, working in the camps with displaced persons and refugees, we were faced in the course of time with the following problems: in the very beginning we worked with persons who were in the phase of acute trauma, but allowed glimpses of hope for near return and a better tomorrow. Later, part of the population (usually mentally healthier and more able) moved from the camps, either to other countries or to private apartments, leaving a more negatively selected population in the camps. Besides, refugees become more and more disappointed, they feel deserted and in a way cheated, which is due mainly to the unfavourable political and social situation and the continuation of war in Bosnia.

 Couples are separated from each other for two or three years, which results in an increased number of divorces. Some children are going around in the streets because their parents did not send them to school, expecting to return home soon. At the same time, passive mothers become a bad model of educator.

In those and such situations therapists must impose creative and educational methods of work which are specific for particular segments of highly and long-lasting traumatized populations of displaced persons and refugees.

**References**


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Croatia

Head of project, Libby T. Arcel, will in a future issue of Torture give a description of BOSWOFAM’s total project as a psychosocial treatment programme for Bosnian refugees in Zagreb, Croatia, implemented by IRCT and funded by the European Union.
Project report: therapeutic effects of music on torture survivors and refugees

By
Pervaiz Akhtar, Musician*

Abstract
This pilot project is the first ever effort to employ South Asian music systematically as a therapeutic tool for the rehabilitation of torture survivors, refugees, and sufferers from the exile syndrome, originating from the same geographical region.

Five volunteers participated in music therapy sessions for 6 months at RAHAT (Rehabilitation and Health Aid Centre for Torture Victims, Islamabad, Pakistan). A control group of torture survivors of similar gender, age, and nationality was also formed. Music therapy had a positive effect on the participants.

Methodology

MULTI-DISCIPLINARY TEAM
The team, consisting of a physician, a physiotherapist, a psychologist, a social worker, and myself as a musician, was given the task of carrying out the project by the Medical Director of RAHAT. To share the professional skill evaluation meetings were held monthly. A record of each individual participant was maintained.

PREPARING THE TEAM FOR MUSIC THERAPY
The members of the team took part in six music therapy sessions to enable them to experience for themselves what they would be looking for in the participants when they later observed and scored them.

THE PARTICIPANTS
In consultation with the team, five volunteers, 2 males and 3 females aged 24-36 years, were randomly selected and formed group X (Table 1).

An equal number of males and females of the same age group comprised a control group Y (Table 2).

Group X received the music therapy, whereas both X and Y kept receiving the usual medical care at RAHAT.

INTRODUCTORY SESSION
In order to learn about negative associations related with certain music, and thus to avoid any re-experience, the participants were interviewed with respect to their knowledge and interest in music, favourite artists, whether a vocalist or an instrumentalist, particular instrument and genre of music. Their earlier music experience was taken into account. To avoid bias, the interviews were conducted by a person who was otherwise not related to the project.

Music therapy

MOVITATION
In order to motivate the participants, the following criteria were emphasized:

Aspiration to take part and share the experience

Rejection of the false notions related to music, e.g. listening to music is a luxury, it is a pastime of the rich

Preparedness to feel free and open-up, to share this experience

Listening the proper way of listening to and absorbing the music was explained, since mere hearing would not suffice.

SETTING TARGETS
We defined what we wanted to alleviate. Stressors, psychosomatic symptoms, and functional level were chosen to be used as parameters of effect.

PARAMETERS
To assess the effectiveness of music therapy, certain tests and measurements were taken. The Hopkins Symptom Checklist 25, Vietnamese Version, was applied to measure anxiety and depression. The participants were assessed before and after therapy.

Blood pressure, pulse rate, and respiratory rate were noted before and after each session.

The dose of medication was gradually decreased.

The psychologist witnessed the sessions at suitable intervals, noting the behavioral patterns and responses of the participants.

During a short chat at the end of a session, participants described their re-

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Table 1. Group X.

<table>
<thead>
<tr>
<th>Participant</th>
<th>Symptoms</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>Lower back pain, poor appetite</td>
</tr>
<tr>
<td>B</td>
<td>Weakness, loneliness, fearfulness</td>
</tr>
<tr>
<td>C</td>
<td>Nervousness, restlessness, sleep disorder</td>
</tr>
<tr>
<td>D</td>
<td>Suicidal tendency</td>
</tr>
<tr>
<td>E</td>
<td>Stress gastritis</td>
</tr>
</tbody>
</table>

* Lost contact with her husband.

Table 2. Group Y.

<table>
<thead>
<tr>
<th>Participant</th>
<th>Symptoms</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Lethargy, anxiety, depression</td>
</tr>
<tr>
<td>2.</td>
<td>Tension, depression, restlessness</td>
</tr>
<tr>
<td>3.</td>
<td>Headaches, feelings of worthlessness</td>
</tr>
<tr>
<td>4.</td>
<td>Poor appetite, fearfulness</td>
</tr>
<tr>
<td>5.</td>
<td>Faintness, dizziness, slowed down</td>
</tr>
</tbody>
</table>

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TORTURE Volume 4, Number 4 1994
pective experiences; an audio transcription was made of this conversation. Only a few sessions were videotaped, owing to reservations of the participants.

MINI CONCERTS
To experience music collectively, concerts were arranged with vocal and instrumental artists, coupled with traditional small and cozy sittings of live music, called *Mehfil-e-Mousique*.

ACTIVE PARTICIPATION
Participants who wished to play and sing were encouraged to do so; easy melodies were composed to sing together. Two female participants played the harmonium. *Ghazal* was the musical genre that was usually best liked. Participants used to take session recordings with them to listen to the music at home.

GROUP THERAPY
Music therapy was offered in the form of group therapy and individually, depending on the participant’s mental condition, temperament, sensory responses, behavioral patterns, and taste of music.

MUSIC THERAPY SESSIONS
Music therapy was offered on alternate days, the exposure to the music being 30-45 minutes. RAHAT provided a comfortable room for the sessions.

To help to relax the small muscles in and around the ears, for better hearing, the participants applied gentle facial self-massage, including certain acu-pressure points suggested by the physiotherapist. Participants would often massage each other. To minimize the visual stimuli, lighting in the room was dimmed. Tea/cold drinks were offered to reduce the effect of the extreme heat.

The three females were organized as a group, while the males received the therapy individually due to their job schedules. One of the females later joined an English language course, so she also received individual therapy.

There was time before a session to share views among the participants; this also helped to assess their mood and feelings, and played a part in the choice of music for the day. A suitable *Rag* was selected for free improvisation.

It was suggested that the participants might lie on the floor while listening to the music. In a sitting position, one still confronts the opposite person/object, even when the eyes are closed, and this makes it difficult to concentrate on oneself; there is the risk of the therapist becoming the focus of attention, instead of the music. Lying down, one can better concentrate on oneself; the body is in a better receiving position for the flow of communication.

The music

**IMPROVISATION**

The *rag* that was selected at the beginning for free improvisation by the musician began from a low pitch and rhythm. The improvisation offered simple and small movements up and down on the middle register in an “Alap” form, i.e. AAA, EHH, 000 sounds, excluding lyrics/poetry. No dramatic shift was presented; it was constant, easy and low volume music at a moderate tempo. A tension and resolution pattern was used to build up to a climax point, and resolution was adopted. Both tonal and rhythmic cadences were created at the suitable passage. However, the pitch, time, and volume were the key modes. Special care was taken of the sound quality. Rhythm is the pivotal point in Asian music. A constant rhythmic and tonal pattern was offered, resulting in a corresponding rhythmic respiration in the participants.

**INSTRUMENTS USED**

- **Sitar**
  a stringed instrument with a long neck and movable frets
- **Tanpura**
  a four-stringed lute to keep the drone
- **Tabla**
  a percussion instrument consisting of a pair of drums
- **Dholak**
  a percussion instrument of drums
- **Harmonium**
  a portable instrument, like the reed-organ
- **Bansuri**
  a bamboo flute.

**RAGS USED**

A *Rag* carries very special properties and thus creates a special mood; an example is *Rag Mian Ki Malhar*, which is related to the rainy season. The playing of this *rag* left a very cooling and tranquilizing effect during the *Barsat* (the rainy season from the middle of July to September). Deep tones are characteristic of this *rag*.

Evening *rags*, e.g. Kafi, Bhim Plasi, Sham Kalyan, Kedara, and *Mian ki Malhar* were used.

**Observations and results**

A medical check-up of both groups was carried out periodically. As the music therapy progressed and the participants felt better, the physician gradually reduced the dosage of medicines that were being given for musculo-skeletal pains and psychological problems. The health conditions of the participants became stabilized and their pressure became normal. A marked change in their behaviour was seen; most engaged in various activities such as learning a new language, playing football, etc. They became more open and communicative, and would help other torture survivors.

Group X showed better progress than group Y in recovering from the traumatic experience of the past.

The team met at regular intervals for evaluation, and necessary adjustments were accordingly made.

Tables 3 and 4 demonstrate comparative scoring with the Hopkins Symptom Checklist, pre- and post-therapy:

**Conclusion**

With regard to position/posture, the lying position was not obligatory since it is a matter of personal ease and liking. The male participants opted for the lying posture, but the females received therapy sitting with their eyes closed. After three weeks, the female participants would stretch their legs and lean back against the wall; gradually they also opted for the lying position, covering themselves with a sheet of cloth.

The message was to cure and treat oneself with one’s own latent powers that are aroused by the musical vibrations.

It was the considered opinion of the “Team” that music from South Asia was a definite, good and valid therapeutic tool, to be inducted in the rehabilitation methods, in line with other therapies.

The deep soothing effects of the *rags* used during the discourse of the project helped a great deal to alleviate the sufferings due to torture, political repression, and subsequent refugee stage.
Table 3. Group X.

<table>
<thead>
<tr>
<th>Participant</th>
<th>Pre Anxiety</th>
<th>Pre Depression</th>
<th>Pre Total</th>
<th>Post Anxiety</th>
<th>Post Depression</th>
<th>Post Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>3.19</td>
<td>2.25</td>
<td>2.50</td>
<td>1.65</td>
<td>1.20</td>
<td>1.55</td>
</tr>
<tr>
<td>B</td>
<td>2.31</td>
<td>2.32</td>
<td>2.60</td>
<td>1.98</td>
<td>1.80</td>
<td>2.10</td>
</tr>
<tr>
<td>C</td>
<td>2.64</td>
<td>2.10</td>
<td>2.60</td>
<td>2.97</td>
<td>1.80</td>
<td>2.55</td>
</tr>
<tr>
<td>D</td>
<td>3.52</td>
<td>3.82</td>
<td>4.15</td>
<td>3.19</td>
<td>3.15</td>
<td>3.55</td>
</tr>
<tr>
<td>E</td>
<td>3.08</td>
<td>1.72</td>
<td>2.55</td>
<td>1.32</td>
<td>1.12</td>
<td>1.35</td>
</tr>
</tbody>
</table>

Persons with scores of 1.75 or more for anxiety and/or depression and/or a score of 1.75 in total are considered symptomatic.

Table 4. Group Y.

<table>
<thead>
<tr>
<th>Participant</th>
<th>Pre Anxiety</th>
<th>Pre Depression</th>
<th>Pre Total</th>
<th>Post Anxiety</th>
<th>Post Depression</th>
<th>Post Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2.20</td>
<td>2.47</td>
<td>2.65</td>
<td>2.64</td>
<td>2.85</td>
<td>3.10</td>
</tr>
<tr>
<td>2</td>
<td>2.20</td>
<td>2.40</td>
<td>2.60</td>
<td>2.86</td>
<td>3.37</td>
<td>3.55</td>
</tr>
<tr>
<td>3</td>
<td>1.98</td>
<td>2.17</td>
<td>2.35</td>
<td>2.42</td>
<td>3.00</td>
<td>3.10</td>
</tr>
<tr>
<td>4</td>
<td>2.09</td>
<td>1.80</td>
<td>2.15</td>
<td>1.87</td>
<td>1.87</td>
<td>2.10</td>
</tr>
<tr>
<td>5</td>
<td>1.98</td>
<td>1.95</td>
<td>2.20</td>
<td>1.54</td>
<td>1.80</td>
<td>1.90</td>
</tr>
</tbody>
</table>

Persons with scores of 1.75 or more for anxiety and/or depression and/or a score of 1.75 in total are considered symptomatic.

Selected list of publications received in the IRCT International Documentation Centre

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During the Mehfil-e-Mousique and mini concerts, the participants felt very comfortable and confident; they took pride in presenting their culture, and one could see a glow of joy on their faces.

It is not possible to do justice to such a vast subject in a short span of time. There is a lot to explore, but the above pilot study should stimulate a thoroughgoing and full-fledged research.

Acknowledgements

My thanks to IRCT and RAHAT for economic and material help. I am grateful to the people who worked with me and contributed to the project, especially the "Team" of professionals at RAHAT. I thank Dr. Suresh I. S. Rattan, Arhus University, for offering valuable feedback. I am greatly indebted to Dr. Marianne Juhler for very kindly accepting to be my supervisor in the first place, and for guiding me all the way.

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Latvia Medical Rehabilitation Centre for Torture Victims and Their Families (SMRC)

By Anita Apsite, Psychiatrist, Medical Director*

The clients
The target population for the activities of the Latvia Medical Rehabilitation Centre for Torture Victims and Their Families is large. It comprises the following groups of torture survivors:

1. victims of mass deportations from Latvia organized by the Soviet government in 1941, 1944-1945, 1949
2. political prisoners of the Soviet regime
3. members of the Latvian independence movement who were arrested and tortured by Soviet military organizations after the proclamation of Latvian independence
4. victims of organized violence in the Soviet Army against soldiers of Latvian nationality.

The above mentioned people did not receive qualified medical help in state medical institutions during the years of Soviet occupation of Latvia, since they were considered to be criminals (victims of deportations and political prisoners); the very fact of torture in the Soviet Army was denied. Today the idea of organizing a medical programme for persons who were persecuted for their political beliefs has been rejected by the government because of lack of financial resources. Nevertheless, Latvia experiences urgent need in a medical rehabilitation centre which was set up to specialize in the health care of torture victims and their families.

Objectives
SMRC is a comparatively new organization. Although it has functioned since September 1993, the organization of work on very limited financial resources causes great difficulty. It is therefore an absolute necessity at present for us to differentiate between urgent objectives that are based on realistic possibilities, and objectives at large, as well as plans for the future.

Urgent objectives:
1. to give medical, psychological, nursing, and social help to the torture survivors in Latvia
2. in order to be able to give such help, it is necessary for us to study concrete cases of psychological and somatic consequences of torture, which are often aggravated by age pathology, long periods of stress, and often unfavourable living conditions.

Objectives at large:
These are to mobilize public opinion against torture, inhuman and degrading treatment of any person, irrespective of his or her age, sex, ideology, political affiliation, nationality, or any other reason. We consider that a very important...
factor which could help to turn this project into reality is a scientific research project. We plan to initiate such a project, the conclusions of which would reveal the correlation between the past repressions and the state of health of the clients and their family members, as well as help to work out practical recommendations for differential therapy and comprehensive help to different groups of torture survivors.

Research
The aims of the research are:
1. to determine the influence of the traumatic events on the personal fate and way of life of the patient
2. to reveal the psychological personal features which facilitated survival during the repressive and post-repressive period in conditions of social alienation
3. to work out, on the basis of the collected data, the best method for treatment of various forms and degrees of post traumatic stress syndrome.

Staff and functions
The present capacity of the Centre is limited to the treatment of 40 clients daily. This is because the 7 staff members work on a voluntary basis. The staff consists of the medical director (psychiatrist), a psychologist, physician, 2 nurses, secretary, and accountant. It is hoped to enlarge the staff when the grant for 1994 is received.

The main functions of the Centre are:
1. medical examination of the client; laboratory and functional tests
2. medical consultations
3. assessment of psychological and psychic mental disorders
4. psychotherapeutic help and psychological support.

Training and education
A task for the near future is to organize a training seminar for social workers from Social Care centres. This is necessary because:
- no qualified social workers have been trained during the previous years. The seminar will help people who are engaged in this kind of work to gain some insight into problems connected with torture victims and their families
- such a seminar will help to spread information about the activities of our centre. Social workers will be able to forward information to those clients who need medical or psychological help.

In the nearest future we plan to do our utmost to raise the level of qualification of our employees. Since no really successful practical work is possible without a theoretical basis and background, we consider that attendance is very important at conferences, seminars, training courses, etc. that deal with problems that are urgent for us.

Cooperation
The Government is unable to support the work of our centre because of the financially complicated situation in our country. We have more contacts with non-governmental organizations. Our cooperation consists of exchange of information and mutual help. The local organizations with which we have the closest ties are:

- Latvia Physicians' Association
- Latvia Persecuted Persons' Association
- Latvia Persecuted Fighters for Freedom Committee
- Latvia National Soldiers' Association.

We keep in touch with similar centres in Lithuania and Estonia, as well as with the Rehabilitation and Research Centre for Torture Victims in Denmark.

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A. K. 153-A

The entrance of the new centre. Henrik Marcussen (RCT/IRCT, Copenhagen, Denmark) between Anita Apsite and Vita Paparinska (SMRC).
Seminar on “Doctors, Ethics and Torture” in Beijing

Professor Erik Holst, President of RCT, and Inge Genefke, Medical Director of RCT, paid a visit to the Chinese People’s Republic in November 1994, lecturing at a seminar called “Doctors, Ethics and Torture” at the Beijing Medical University.

They were accompanied by Dr. June Lopez, Director of “Programme on Psychosocial Trauma” of the University of the Philippines, Member of the IRCT Council, and Dr. Bhogendra Sharma, Medical Director of the Centre for the Victims of Torture (CVICT) in Kathmandu, Nepal, candidate for membership of the IRCT Council, both of whom also lectured at the seminar.

Two important events in May 1995

The Fourth European Conference of the European Society for Traumatic Stress Studies (IV-ECOTS) will take place in Paris from 7-11 May 1995.

According to the preliminary programme, there will be plenary and key note lectures, parallel sessions, and plenary symposia focused on PTSD and nosography, Civilian populations exposed to war and human rights violations, and Prevention policy and international laws. For further details please see TORTURE 3/1994.

A pre-conference meeting on torture entitled Legal, Social, Medical or Psychological Help for Victims of Torture? will take place on 7 May 1995. This conference will give the opportunity to celebrate the 10th Anniversary of AVRE (Association pour les Victimes de la Répression en Exil). The centre is working indefatigably with social and rehabilitation work in France for victims of human rights violations in various countries, including the Maghreb countries, and its personnel are also visiting and working in countries where repression has been, or sometimes still is, active.

Paperback edition

Counselling and Therapy with Refugees which was reviewed in Torture vol. 3 no. 1 is now out in a paperback edition from the Wiley publishing company. The price given is £14.95, $23.95 for this paperback edition.

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<table>
<thead>
<tr>
<th>Selected list of publications</th>
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</thead>
<tbody>
<tr>
<td>Assessment and treatment of torture victims: a critical review / Alolidi, Federico A. - In: The journal of nervous and mental disease ; vol. 179, no. 1. - 19911010. - p. 4-11.</td>
</tr>
<tr>
<td>Psychosocial needs of torture survivors / Silove, Derick ; Turn, Ruth ; Bowles, Robin ; Reid, Janice. - In: Australian and New Zealand journal of psychiatry ; vol. 24, no. 4. - 19911220. - p. 481-490. - ISSN: 0004-8674</td>
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<tr>
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<td>The official torturer: a learning model for obedience to the authority of violence / Haritos-Fatouros, Mika. - In: Journal of applied social psychology ; vol. 18, no. 13. - 19880000. - p. 1107-1120.</td>
</tr>
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<td>It is time to react / Dutta, Gouri Pada. - In: Journal of the Indian Medical Association ; vol. 84, no. 2. - 19860200. - p. 61-63. - ISSN: 0019-5847</td>
</tr>
<tr>
<td>Women and children as victims of war / Gottlieb, Barbara. - In: Response to the victimization of women and children ; vol. 8, no. 2. - 19850000. - p. 19-21</td>
</tr>
<tr>
<td>Alle bør undervises / Thomsen, Karen Strunby. - In: Sygeplejersken ; vol. 94, no. 28. - 19940713. - p. 10-13 : ill. - ISSN: 0106-8350</td>
</tr>
<tr>
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</tr>
<tr>
<td>Frigivna bosniska krigsfångar: stor risk för post-traumatisms symptom / Björn, Åke ; Eriksson, Thomas. - In: Läkartidningen ; vol. 90, no. 24. - 19930000. - p. 2305-2308. - ISSN: 0023-7205</td>
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<td>Efter torturen / Astrup, Merete. - In: Job og børn ; no. 12. - 19940615. - p. 7-9 : ill.</td>
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<td>Israeliska läkares tortyr av palestinier måste upphöra / Sundström, Judit ; Olofsson, Gunnar. - In: Läkartidningen ; vol. 90, no. 39. - 19930929. - p. 3500. - ISSN: 0023-7205</td>
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CALL FOR PAPERS

VII International Symposium

CARING FOR SURVIVORS OF TORTURE
Challenges for the Medical and Health Professions

Cape Town, South Africa
15-17 November 1995

The conference is organised by the International Rehabilitation Council for Torture Victims (Copenhagen) and the Trauma Centre for Victims of Violence and Torture (Cape Town). The plenary sessions, workshops, panel discussions, and seminars will focus on the following topics:

1. Diagnosis and treatment of physical sequelae of torture.
2. Diagnosis and treatment of psychological sequelae of torture.
3. Family and community approaches to the provision of health services for torture survivors.
4. International action towards the rehabilitation of torture survivors.
5. Experiences of health workers with torture and rehabilitation in African countries.
6. Experiences of health workers with torture and rehabilitation in the rest of the world.
8. Torture, ethics, and the health professions.
10. The social psychology of state-sponsored violence: do we treat perpetrators?

Abstracts should be sent before 15 March 1995 to either:

International Rehabilitation Council for Torture Victims (IRCT)
Borgergade 13
P.O. Box 2107
DK-1014 Copenhagen
Denmark
Tel: (45) 33-76-0600
Fax: (45) 33-76-0500

or

The Trauma Centre for Victims of Violence and Torture
Cowley House
126 Chapel Street
Cape Town 8001
South Africa
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Fax: (27) 21 462-3143

If you wish to submit an abstract in a language other than English, please enclose an English translation and indicate in which languages the paper could be delivered.

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Tel: +44-(0)865 270723
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Zagreb, Croatia
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Further Information:
IRCT/RCT Zagreb Head Office
Petrinja 28
41 000 Zagreb
Tel/fax: +385 41 277 641

**RCT**
The Rehabilitation and Research Centre for Torture Victims is an independent, humanitarian, non-political organization established in 1982 to help victims of torture and to contribute to the prevention of torture. Its main objectives are to rehabilitate persons who have been subjected to torture, to rehabilitate their families, to instruct Danish health professionals in the examination and treatment of persons who have been subjected to torture, and to carry on research into the nature, the extent and the consequences of torture.

**IRCT**
The International Rehabilitation Council for Torture Victims is a private non-profit foundation, created in 1986 by the RCT. The objectives of the foundation are, on an international basis, to support research into all aspects of torture, to support education and training of health professionals and of other relevant personnel in the medical, social, legal and ethical aspects of torture, and to serve as an international clearing house for information about torture activities.