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Price: USD 35 or DKK 175 per year. On request the Journal is free of charge for health professionals and others with an interest in rehabilitation of torture survivors and prevention of torture.
EDITORIAL

MURKY TURKEY*

Some think that double moral standards are twice as good as morality. In the case of Turkey there is no reason to indulge in jokes: the Turkish Government has for years shown double standards of morality in practising torture and condemning it. In May, however, it expressed a kind of double morality, speaking with two tongues, that probably only descendents of the Byzantines are capable of: it denied the existence of the four centres that are treating torture victims, viz in Istanbul, Izmir, Ankara, and Adana.

Various activities and statements from the Turkish government suggest that it is “up in arms” because of the critical remarks in the US State Department annual report on Human Rights; the report reiterated previous criticism of Turkey because of the systematic use of torture. Now the Turkish authorities are trying to force the doctors who are treating torture victims at the centres to reveal the names of these victims, officially to be able to prosecute their torturers!

Many NGOs in various countries are alarmed at the pressure now being put on doctors, who must stick to the traditional confidentiality concerning the relationship with the patient. Turkey’s arguments – for instance in diplomatic exchange of communiqués with US officials – include a declaration that the centres for torture victims do not exist, because the health authorities have no detailed information on them!

Though proof of torture at Turkish police station is overwhelming – just ask the UN Committee Against Torture (CAT) or the Council of Europe Committee for the Prevention of Torture (CPT) – the Turkish government continuously tries to play it down. It is indeed outrageous that the Turkish Minister of Justice, Mehmet Agar, termed Dr. Inge Genefke’s, RCT’s medical director, condemnation of the Turkish policemen charged with torture as being of a “purely personal nature”!

It must be admitted that Turkey is confronted with heavy problems in the south eastern part of the country: the Kurdistan Workers’ Party (PKK) is waging a guerilla war, and many Turkish soldiers have been killed. But torture is prohibited at all times. A peaceful solution depends on willingness to negotiate with the Kurds, a poor and scattered people with no united leadership. It must also be admitted that Turkish policemen have been charged with torture and murder of prisoners. But again, that does not give the government the right to undermine the centres for torture victims.

Turkey, so keen to be admitted to the European Union, is in fact like the God with two faces, Janus!

H.D.

* In connection with this editorial we refer you to the articles page 52 and page 53.

EXPERIENCES FROM THE SOUTH AFRICAN SYMPOSIUM

This issue of TORTURE, like previous and future issues, will show that the editorial board has benefitted from the stimulating injection of many of the excellent contributions at the VII International Symposium “Caring for Survivors of Torture: Challenges for the Medical and Health Professions”, which took place in Cape Town in November 1995. The symposium was the 7th in a series of international meetings, of which the agendas for the three previous symposia had been set more and more by the host country itself. Furthermore, the symposium in Cape Town had a strong national representation, and also from the African continent in general. This has to a large extent characterized the overall impression of new approaches, new points of view, and new manifestations from the whole African area. The international symposia used to concentrate on torture and its sequelae, and the many positive results from therapeutic interventions. The contributions have to a large extent been presented and formulated by the increasingly large group of therapists of health professionals, not least doctors and psychologists. Their contributions have given concrete information about torture and its sequelae, but have also included considerations about the solution to this misuse of human beings – and furthermore about the necessary structural changes of society, and about changes aiming at ideal conditions to overcome this odious practice. In other words, many contributions naturally dealt with ideas closely connected with the problems of human rights.

One of the main contributions to this issue of TORTURE is the summary with which Leslie London impressed the audience at the closing ceremony of the symposium. He presented the most important conclusions from the ca. 150 contributions of the previous days, describing them with 11 adjectives, of which the last was “inspiring”. The messages from the conference were of essential importance: that technical and administrative skills are insufficient, that the active role of torture survivors in human rights connections gives hope for the future, that the message of vigilance to continue and guarantee human rights must be maintained, and finally that networking and strengthening of international collaboration must continue in the fight to eliminate torture. With respect to South Africa, it was emphasized that the symposium took place at an important time, that it manifested solidarity with the victims of a regime of violence, and that it emphasized, in a political context, that torture is a manifestation of democratic failure.

H.M.
PRESS RELEASE
14 MAY 1996

Present Minister of Justice in Turkey directly responsible for torture

Documents from two international committees demonstrate that police torture was performed while Turkey’s present Minister of Justice in his former post was leader of the police in Ankara.

Before being appointed as Minister of Justice in Turkey, Mr. Mehmet Ağar held several leading posts within the Turkish police. Most recently he was the top leader of the police in Turkey, and before that he was chief of the police in Ankara and then in Istanbul.

Documents from the two international committees, the United Nations Committee Against Torture (CAT) and the European Council Committee for the Prevention of Torture (CPT) have, based on inspection visits in prisons and police stations, concluded that torture is widespread (CPT) and performed systematically (CAT) in Turkey. One of the places visited by both committees was Ankara Police Headquarter, where Mehmet Ağar at that time was the leader.

The committees base their conclusions on the facts found on the visits to Turkey. They came unannounced to prisons and police stations. They interviewed prisoners in private. They examined prisoners medically and found severe sequelae to torture in several cases. The CPT even found torture chambers with torture instruments.

Inge Genefke, Medical Director of the Rehabilitation and Research Centre for Torture Victims in Copenhagen (RCT) says: “Mehmet Ağar is directly responsible for the torture performed in Turkish police stations while he was the leader. He may maintain that he does not know anything about it, but in that case he must be considered as an incompetent leader, not knowing what was going on in the police stations he was responsible for.”

Mehmet Ağar has said that Inge Genefke’s statement on his responsibility for police torture is of “a purely personal nature”. To this Inge Genefke says, that the documents from CAT and CPT alone, fully justify to call Ağar “a super torturer”.

Last week Inge Genefke spoke before the Subcommittee on International Relations and Human Rights Issues of the American Congress. A large part of her time was used to talk about Turkey, where an ongoing trial threatens to stop all work with torture victims in the country. On Friday, 10 May, a lawyer and a doctor, working at the rehabilitation centre in Adana in the southern part of Turkey, went to the first hearing in the trial against them. They are charged with refusing to give information to the authorities about the persons who have been treated at the centre in Adana. The court hearing ended with an adjournment and a new hearing will take place on 5 July.

If the court in Adana forces the doctors and centre leaders to give the names of the persons coming to the centres, a very serious blow will be directed against the medical profession, not only in the centres for torture victims, but the whole medical profession in Turkey. The Turkish authorities argue that they want the names to enable them to make accusations against those who performed torture.

If this professional silence is broken, the torture victims may become endangered and the confidentiality which is the basis of any rehabilitation work with torture victims will be removed. Inge Genefke says: “The persons who may wish to start a trial against their torturers, may do so. Others, who do not want to do so – and there may be many various and good reasons for it – shall of course have a right not to launch a trial, and regardless of that have the right to receive medical treatment,” and she adds that “it is against all the medical professions to demand to have the names of patients. A breach of this professional secrecy is a breach of the fundamental confidence a client should have in his doctor.” (– editorial italics).

Inge Genefke ends by saying: “It strikes me that there is a coincidence in time between the super torturer, Mehmet Ağar’s being appointed Minister of Justice and the demand to seek to break the most central basis of all the medical professions: the protection of professional secrecy.”

Copenhagen, 14 May 1996
New Turkish strategy to eliminate charges of torture

Strong NGO protests against the surprising demands to doctors treating torture victims

Henrik Doeker

Turkey is one of the countries in the world with many centres for the treatment of torture victims. It has a total of four centres. These centres treat their own citizens, and have been doing so since 1990. Numerous reports from Amnesty International, the Helsinki Federation, the Council of Europe, and other organizations have reported the widespread use of torture in Turkey.

It was therefore shocking to all defenders of human rights when in May two Turks, connected with the Human Rights Foundation of Turkey (HRTF), Mustafa Cinkilci, a 37-year-old lawyer, and Tufan Köse, a 34-year-old physician, were accused at the court of the town of Adana. After having tolerated the existence of these centres for six years, the Turkish Ministry of Justice maintains two points:

1. Torture is a crime in Turkey and
2. It is a crime not to report a crime.

Consequently the doctors working at the centres should give pertinent information to the police in order to prosecute torturers.

According to several NGO spokesmen, this initiative, to force doctors to produce names of torture victims, produced "a climate of fear". About twenty US politicians, physicians, and human rights activists wrote letters to the Turkish government protesting against the interference in the confidentiality between doctor and patient, codified in the World Medical Association's 1948 Declaration of Geneva: "I [the physician] will respect the secrets which are confided in me".

Since its establishment in 1990, the Turkish Human Rights Foundation has faced prosecution and harassment, but as to the legality of the centres, no question mark has hitherto been put. The US State Department (Foreign Ministry), in its annual human rights report of the world, stated that torture, excessive use of force, and other serious human rights abuses by the Turkish security forces persisted throughout 1995. According to the State Department, the four centres in Turkey received 713 applications for treatment during 1995.

It is noteworthy that quite a few American congressmen reacted strongly against this recent way of sabotaging the centres. Rather than addressing the problem of widespread torture and seeking its elimination, the government of Turkey has attacked the messenger.

At the opening of the trial in Adana in May, one of the defendants' lawyers, Usu'd Alatas, argued: "The state [Turkey] that does not prevent torture, does not follow up the torture claims stated before the courts or the other official bodies, and does not effectively evaluate the official complaints ... now asks the Human Rights Foundation and its employees the question: 'Why do you not inform the public prosecution regarding torture ... ?'"

Time will show whether Turkey is influenced in any way by foreign disapproval of its continued violations of human rights.

Selected list of publications
received in the IRCT International Documentation Centre


Om a bygge opp der vold har brutt ned : individuaterapeutisk arbeid med mennesker som har vært usatt for politisk vold / Aalesen, Eva; Sveaas, Nora. - In: Tidskrift for Norsk Psykologiforening ; vol. 32, no. 8. - 19950800. - p. 713-718. - Abstract in English.


Making the most of interpreters / McIvor, Ronan J.. - In: The British journal of psychiatry ; vol. 165. - 19940800. - p. 268.


Psychological effects of political repression and impunity in Argentina

Dario Lagos, MD, Psychiatrist* & Diana Kordon, MD Psychiatrist*

Paper presented by Dario Lagos, MD, at "Caring for and empowering Victims of Human Rights Violations. 4th International Conference of Centers, Institutions and Individuals Concerned with the Care of Victims of Organized Violence".

Susana came to our team for help in mid-1994. She was 16, and it was the parents of one of her schoolmates who knew our work and advised her to consult us. Just at that very moment there was a propaganda campaign, promoted by the government, to discourage and question the restitution of children of missing detainees to their rightful families, based on a concrete and much publicized case. This campaign was part of the social inductions intended to legitimize both direct repression and impunity; and also to condone the new episodes of repression taking place in our country.

Susana called for an appointment and came alone to the admission interviews. She was mixed up about her demand and it was not clear whether she was seeking treatment or just help to find her original family. She said that she was the adopted child of Carlos and Luisa (she used their given names), and she had been living with Luisa since she and Carlos separated 5 years ago.

Susana explained that, aged 9, when she was in the 4th grade, she learned for the first time that she had been adopted. "Luisa asked a neighbour to tell me the story".

When she was 11, some women came to her house wearing white kerchiefs on their heads to discuss with Luisa. "Some days later they took a blood test. It was a genetic test and the result was negative, so nobody ever mentioned the question again. Later I understood that those women were Grandmothers of Plaza de Mayo."

Susana felt that all the contradictory versions she had been given about her origin were false. She felt that there was a truth known to her adoptive parents, especially her mother, that was denied to her.

Child of missing parents

Our team decided to interview each parent separately. At the same time there was a meeting with the Grandmothers of Plaza de Mayo, who reported that indeed they had received information about Susana's being a possible child of missing detainees, that the compatibility blood test yielded negative results, and that they had nobody registered who might be Susana's relative. However, the possibility that Susana might be the child of missing detainees had not been ruled out, since not all families had registered in the genetic bank, and the testing technique in use at that time was not very accurate.

As a result of impunity, the only existing registers about children of missing detainees or children born in captivity are those that the Grandmothers of Plaza de Mayo have collected over the years, piecing together fragments of information. Their role is a minor substitute for the State's responsibility to find out and offer all the necessary information to the families of missing detainees.

From the interview with her mother, we learned that Susana lived with her in her apartment. She shared this apartment with Juana, "who is like a sister to me, we grew up together", Juana's husband, who worked as a mason, and Jorge, Juana's youngest child. The fact that the apartment was shared appeared as a way to help to balance the budget.

She showed great concern regarding her daughter's rebellious behaviour. She explained how hard she had worked to support her daughter's education, that she had promised the girl a trip to Europe (Susana studies and speaks German) as a reward when she graduated from high school. She was not opposed to possible treatment of her daughter by our team and gave a version full of contradictions about the circumstances of the adoption. Since our professionals do not state either moral or critical sanctions, she remained open to our therapeutic approach.

The father's explanation

At the interview with the father, he said: "Susana lived with me for a time because she had problems with her mother, but it wasn't a good experience; she was 6 months with me, but she dealt with everything in a secretive way, refusing to communicate openly, and this was harmful to my present wife and her daughters. After 26 years working for the same company, they fired me when I was 46." He tried his hand at a grocery store, but it failed and his work is now driving a small truck. "I love Susana a lot, she's always in my mind and I'm sorry I can't help her as she deserves. I don't know how to handle these things. I'm like my father in that."

When asked about Susana's origins, he answered: "I have never noticed a real concern about her origin in her, it is just her rebel attitude. As a matter of fact, there was this friend of my wife's family, a military man, who brought her, saying that she had been born to a woman detainee. Later he told me himself that she had been born from an extra-marital affair he had had. I don't want to investigate, I am not involved in politics. I have a family and I'd rather they were not mixed up in politics."

We concluded that he was not averse to collaborating with us in possible psychological treatment for Susana, but that he was trying to shun other responsibilities with his passive attitude.

Beginning of therapy

We decided to recommend that Susana start individual therapy and to create conditions that might have led to a simultaneous mother-daughter approach, leaving open the question about investigating her origin.
Susana came to the interviews as a teenager, projecting with her body and eyes a feeling of helplessness and even weakness, until she started talking. Then her intelligence, her lively attitude and her sensibility became evident (she won a scholarship for her high school education, competing with hundreds of candidates). She quickly showed great capacity for reflection, for associating ideas and emotions. She was attentive to our remarks and interpretations, and eager to understand the meaning of her behaviour and feelings.

Throughout the interviews it became obvious that she had established from the start a relationship of support with our institution. At first she presented herself as "an innocent victim" of family abuse. "Luisa is always very aggressive, she doesn't care about me or the house, she is obnoxious, Carlos just runs away."

When confronted with this attitude, she smiled understandingly, but kept trying to turn us into accomplices, to stand her ground.

She usually came about half an hour early to all the diagnostic interviews and treatment appointments, and never missed one in four months. She obstinately avoided calling Carlos and Luisa father and mother "because they don't deserve it".

She has a tender relationship with Carlos. She said: "We got along well when I was a child, but he has always been submissive to strong women; his present wife is just like Luisa ... He loves me, but he can't confront them ... He gives them everything," she added with a smile that could not conceal her hostility and rivalry with "the women".

She tends to protect Carlos. She sometimes lends him money, but then gets angry when he will not live up to her expectations. She charges him with being unable to give her "a presence" in his present family.

Although confronting the typical conflicts of adolescence as regards the parental figures and the peculiarities of the oedipal constellation, there is an evident situation of real abandonment. On several occasions after their separation, Carlos and Luisa had tried to find somebody else to take her. These feelings, so common in adolescents who find themselves in a situation of economic inequality, are reinforced in this case because she feels "different", and that is perceived as a handicap.

Susana wants to be the child of missing detainees. In her situation of helplessness, to be the child of missing detainees would mean, from her subjectivity, a niche of external recognition that she feels she lacks at the moment. Faced with the possibility of having been rejected by her biological parents, and the reality of an unstructured foster family that shows little care for her, the wish to be a child of missing detainees implies the supposition that her biological parents did want her, but were forcefully separated from her.

Her intellectual eagerness, though stimulated by the neighbour who has played an important supportive role in her life, Susana also attributes without much explanation, in a magical way, to that other lost family that disappeared.

In a short period of time she has become involved with new groups of belonging among her peers, and in her therapy is working on her ambivalent bonds with her adopted parents.

She has begun to do odd jobs and is making projects for the future, such as defining her vocation and finding a job to obtain some economic independence. She has opened a certain internal space for sexuality and has apparently given up her concern with investigating her origin systematically and immediately.

**Impunity's influence**

Susana's case is an example of the way in which impunity affects diverse social areas, such as the institution of adoption. Some years ago we reported on how some institutions dedicated to adoption suggested that, in order to spare the children the ordeal of the stories of disappearances, they should not be told the truth about their origins, opposing the social consensus at the time that it was necessary to address them truthfully.

The issue of adoption has always been controversial in our country because it is rooted in social and class problems; in this case it is compounded because there is the chance that there may be a family out there "waiting", which they cannot reach.

Susana has "nobody seeking her". But because of impunity and concealment of information from the authorities, it is impossible to ascertain that her origin is not indeed linked to political repression.

Her case, like many others, instills suspicion. Is it possible that the adopted parents were accomplices in some illegal handling of the adoption during the repression period? Susana is the adopted child of Carlos and Luisa, but she cannot recognize them as her adoptive parents though she loves them, because at the core of their relationship there is a lie.

Are these parents depriving her of information she is entitled to? Or have they also been unwilling partners in a tragedy that involves them without their being aware of it?

At about the same time as Susana came to us for help, the son of a person who had been a political prisoner for more than 8 years told his therapist that his girlfriend was adopted, and that they both supposed she may the child of missing detainees. Fiction? Illusion? Reality? The problem is that these social contexts will not allow a road to be opened to them truthfully.

*The enigma remains open while everybody knows that the secret is kept somewhere and that it could be reached if only the necessary steps were taken.*

**The lesson of Susana's case**

Susana's case is paradigmatic of others we have had, in which our team faces a number of problems affecting the decisions regarding the admission of adolescent clients:

a. Though in this case permission was obtained from the parents to undertake psychological treatment, we might
b. There is an ethical issue as well in the question whether a therapeutic team should collaborate or even participate in the search for the possible original identity of these teenagers, especially when the adoptive parents are adverse to it.

c. In most cases, uncertainty reinforces uncertainty without any chance of an immediate solution. That being the case, can or should these adolescents be admitted as patients affected by human rights violations?

An unexpected symptom in the long term is that, because of lack of justice and disclosure of the true facts, the existence of more than 400 missing children, denounced and claimed, puts in question as well the identity of thousands of adopted children and throws suspicion on thousands of adoptive parents.

Susana came to us in search of her origins. As long as she finds a place where she is recognized and settled, where she feels respected in her wishes and needs and finds a working environment to understand the meaning of her life, she seems able to take her time to start, perhaps by herself, maybe later on, a search she looks forward to but that is also frightening.

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**Damages for gross violations of international human rights**

*US courts’ cases and a proposed international convention for the redress of human rights violations*

Richard B. Lillich, Professor of Law*

Cases involving international human rights issues began to be litigated with increasing frequency in US courts during the 1970s. However, it was not until the landmark decision of *Filartiga v. Peña-Irala* in 1980 that the question of obtaining damages from the perpetrators of gross human rights violations first arose.

That case produced a judgment of USD 10 million against the defendant, a Paraguayan police inspector; judgments in six other cases decided during the past dozen years have ranged in amount from USD 2 million to USD 60 million. While at present payment seems certain in only one instance, the unlikelihood of immediate enforcement of judgments has not deterred plaintiffs; suits alleging USD 139 and USD 120 million damages, for instance, are pending in the United States against, respectively, General Hector A. Gramajo, former Guatemalan defence minister, and General Prosper Avril, former Haitian president.

In *Filartiga*, which sparked much of the subsequent human rights litigation in the United States, two Paraguayan plaintiffs brought an action against another citizen of that country for the torture and death of their son and brother. The plaintiffs made their claim under the Alien Tort Statute, a federal law dating back to the Judiciary Act of 1789, which provides that “the district courts shall have original jurisdiction of any civil action by an alien for a tort only, committed in violation of the law of nations or a treaty of the United States”. Because the United States at the time the action was commenced had not ratified a treaty prohibiting torture upon which the plaintiffs could rely, jurisdiction under the statute necessarily turned upon whether torture violated “the law of nations”, i.e. customary international law.

While the US district court ruled that torture of a Paraguayan by a Paraguayan in Paraguay did not violate customary international law, the US court of appeals reversed, holding that “an act of torture committed by a state official against one held in detention violates established norms of the international law of human rights, and hence the law of nations”. The court emphasized that “official torture is now prohibited by the law of nations. The prohibition is clear and unambiguous, and admits of no distinction between treatment of aliens and citizens”. This federal jurisdiction over the cause of action existed under the Alien Tort Statute.

The court said:

The international law of damages has developed chiefly in the resolution of claims by one state on behalf of its nationals against the other state, and the failure to assess exemplary damages as such against a respondent government may be explained by the absence of malice or *mala fide* on the part of an impersonal government. Hence *Peña* and not Paraguay is the defendant. There is no question of punishing a sovereign state or of attempting to hold the people of that state liable for a governmental act in which they played no part ...

Where the defendant is an individual, the same diplomatic considerations that prompt reluctance to impose punitive damages are not present. The Supreme Court in *dicta* has recognized that punishment is an appropriate objective under the law of nations, saying in *The Marianna Flora*, 24 U.S. (11 Wheat.) 1, 41, 6 L.Ed. 405 (1826), that “an attack from revenge and malignity, from gross abuse of power, and a settled purpose of mischief ... may be punished by all the penalties which the law of nations can properly administer”.

For these reasons the court regarded it “essential and proper to grant the remedy of punitive damages in order to give ef-

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fect to the manifest objectives of the international prohibition against torture".

In determining the amount of punitive damages, the court considered a variety of factors, including the nature of the acts for which damages were being assessed. “Chief among the considerations the court must weigh,” it stated, is the fact that this case concerns not a local tort but a wrong as to which the world has seen fit to speak. Punitive damages are designed not merely to teach a defendant not to repeat his conduct but to deter others from following his example... To accomplish that purpose this court must make clear the depth of the international revulsion against torture and measure the award in accordance with the enormity of the offence. Thereby the judgment may perhaps have some deterrent effect.

Finding no judicial precedents to guide it, the court looked to jury verdicts for punitive damages in the United States and, more pertinently, to the punitive award of USD 2 million in Leational v. Republic of Chile to support its conclusion that "an award of punitive damages of no less than USD 5 million to each plaintiff is appropriate to reflect adherence to the world community's proscription of torture and to attempt to deter its practice".

With rare exceptions, US court cases after Filartiga have failed to address, much less clarify, the choice of law problems. In Port v. Suárez-Mason, for instance, where plaintiffs demanded damages for official torture, prolonged arbitrary detention, summary execution, causing a disappearance, and cruel, inhuman and degrading treatment, the district court sought to determine whether they had stated cognizable "international tort" claims. The awards of compensatory damages for pain and suffering and punitive damages were not specifically linked, however, to international, US, or Argentine law. In Trujano v. Marcos, on the other hand, where the torture and death of the deceased was held to be "a tort in violation of the laws of nations", the district court explicitly grounded its award of damages upon various articles of the Philippine Civil Code. Finally, in Martius-Baca v. Suárez-Mason the district court, after initially stating that the "plaintiff's claims arise under international law and California law", ultimately seemed to base damages solely upon international law:

International law principles, as incorporated in United States common law, provide the proper rules for calculating the damages... International law requires that an injured plaintiff must be compensated for all actual losses. Federal common law remedies likewise provide compensation for losses resulting from a defendant's wrongdoing. Accordingly, plaintiff should be awarded all pecuniary and non pecuniary damages, including pain and suffering and loss of employment, resulting from his torture and prolonged arbitrary detention. An award of punitive damages is also proper in order to punish and deter such acts and thereby further international human rights. Humans must be deterred from inflicting such cruel punishment on fellow humans.

Nevertheless, its conclusions of law found that both compensatory and punitive damages were "proper under the law of nations, the statutory and common law of the United States and the common law of California ...")

Surveying these three disparate judicial opinions, one can only endorse the observation of two commentators that the choice of law in Alien Tort Statute is "something of a wild card". Yet several important trends emerge from all this rich chaos:

1. Human rights victims and their estates now are being awarded damages by US courts under the Alien Tort Statute (and occasionally under the Foreign Sovereign Immunities Act) for gross violations of their human rights. While the statute only permits aliens to sue, the recently enacted Torture Victim Protection Act now permits US citizens as well as aliens to bring suit against individuals who have engaged in torture or extrajudicial killing.

2. In addition to human rights victims and their estate, other plaintiffs in Alien Tort Statute cases have included husbands and wives, fathers and sons, mothers and sisters, and widows. Thus, regardless of what law the US court may have applied (US, foreign, or international), close relatives of human rights victims have been allowed to assert claims based upon their own as well as the victims' injuries.

3. Where US courts have found gross human rights violations to have occurred, they have ordered compensatory damages, inter alia, for pain and suffering (both physical and mental), past and future medical expenses, lost income (past, present, and future), loss of consortium, and various other expenses, costs, and attorney's fees.

4. In at least four cases—Filartiga, Porti, Rapaport, and Martinez-Baca—US courts have awarded punitive damages.

The net effect of these developments has been to provide relief, at least notionally, to human rights victims and their close relatives; to serve as a deterrent against both the recurrence of gross human rights violations and their perpetrators' seeking asylum, refuge, or residence in the United States; and to contribute in a meaningful, public way to the progressive development and application of international human rights law.

The courts of a single state, of course, cannot provide even a partial solution to the problem of providing redress to victims of gross human rights violations. Other states should be encouraged to enact legislation, far more expansive than the Alien Tort Statute or the new Torture Victim Protection Act, to enable their courts to provide similar redress against human rights violators found within their jurisdiction. An International Convention for the Redress of Human Rights Violations that would obligate states' parties to enact legislation along these lines would be a promising first step.

Such a convention could define just what gross human rights violations were actionable, provide a common choice of law approach for courts to follow, establish general norms governing the allowance of compensatory and, especially, punitive damages, and provide for the enforcement of judgments against human rights violators wherever they might reside. While US courts to date have taken the lead in the limited area of providing remedies to aliens whose human rights have been violated, it is high time to expand and universalize the protection that domestic courts are capable of providing. During this process, it is to be hoped that US courts will continue to serve as experimental laboratories for the development of what has become a promising means of redress for victims of gross human rights violations.

Humanizing interrogations

S.P. Makkar, Major General (Retired) *

According to Article 2 of the United Nations Convention Against Torture (CAT), no circumstances WHATSOEVER (including the interrogation under war conditions of a spy from the other party, when his information could save a lot of lives) may be invoked as a justification for torture. The Convention is crystal clear on that point.

Moreover, torture is an extremely poor interrogation method: the tortured person is going to confess everything, maybe even the truth, but what is the truth among all the confessions?

Besides being humiliating and cruel to the victim, as well as to the torturer, torture is thus also a most ineffective interrogation method.

In the prevention of torture, it is important to underline this last point. The torturers (police, military, etc.) will ask: “Yes, but what is the alternative?”

S.P. Makkar’s article is very informative indeed on this point. The scenario is probably one of the worst possible: the Indo-Pakistani wars about Kashmir. The article describes in a very convincing manner how humane interrogation methods, even under these circumstances, lead to more valid results than torture.

Major General S.P. Makkar has now retired and is working for the Indian Medical Association in its efforts against torture.

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There are some fundamental human rights whose violation will be condemned unequivocally by all the major cultures of the world. Abuses such as torture, rape, racism, anti-semitism, arbitrary detention, ethnic cleansing, and politically motivated disappearances are not tolerated by any faith or culture that respects humanity.

India attained independence from British rule through a non-violent struggle. The peaceful means adopted included non-cooperation, sit-in strikes, silent marches, boycott of foreign goods, non-payment of taxes, etc. This approach was based on the Gandhian philosophy of total non-violence and peaceful protests by the masses at large. This philosophy demanded sacrifices in the form of enduring violence without any sort of retaliatory action, lodging protests through self-denial means such as hunger strikes, observing silence for days and weeks together, giving up the use of salt for a period, using only locally and indigenously woven cotton clothes, etc. For the world to become civilized in the true sense, the teachings of great men, such as the Buddha and Dalai Lama, become very relevant. The nations of the world have to learn to alleviate the sufferings of others through compassion and sympathy.

Background
No one is born a criminal. At birth, he or she does not know what a lie or falsehood is – the child is a bundle of innocence. It is the society, the injustice, and the environment that make us tell lies and at times force us to leave the path of truthfulness and purity. It is the government in power, the state administrative mechanism, incorrect interpretation or application of laws, denial of speedy justice, exploitative interpretation of religious and holy books, false beliefs and the like that turn us from good to bad human beings.

Rather than reform these bad persons, the societies and governments in different cultures deliver harsh and inhuman forms of punishment, including the death sentence. But have we been able to rid the world of all the criminals or bad persons? The answer is obviously an emphatic “No”. In fact, we now have more and more people the world over who turn to crime for petty personal gain.

Human behaviour
It is well known that no human being is perfect in behaviour or infallible, and everyone has something to hide in his own secret self. We all make mistakes, sometimes even blunders, but so long as these do not harm or hurt another human being, they can be accepted as part of normal human behaviour. But when they are intended deliberately to hurt or damage another person, they should be unacceptable – and the Society and State must take upon themselves the responsibility for a reformatory process.

Every human being can be made to see reason with logic, a sincere and sympathetic approach through a process of spiritual and informal social education to strengthen his or her morality and a will to withstand the allurements of cheating or easy gains through bad actions or deeds, through the fear of God’s wrath and virtues of truth prevailing over evil in all circumstances. This process of teaching/learning must be able to inculcate a desire for attaining some level of satisfaction and a degree of compassion for fellow human beings. Bad thoughts must be thinned out or eliminated from one’s mind, and good thoughts cultured and nurtured through the process of auto-suggestion and introspection.

The world scene
During the Second World War, there were scientists who made the “Atomic Bomb”, which took so many innocent lives and left millions ailing and traumatized even today. They should have been tried for this heinous crime against humanity instead of being glorified. Even today, when we know the disastrous and catastrophic effects of these weapons of mass destruction, the so-called developed countries and civili-
lized nations continue to improve their destructive content/yield and stockpile these weapons and dangle them like a Sword of Damocles over the heads of innocent humanity the world over.

Though living in fearsome times and somewhat traumatized, some bright rays of hope are visible; some bright spots when we find people with a sense of commitment towards the well-being of humanity and a concern for fellow humans being acclaimed and honoured for their dedicated work. The recently announced bestowal of the “1995 Nobel Peace Award” on the anti-nuclear campaigner Joseph Rotblat and the Pugwash Conference on science and world affairs, which he chairs, reflects the true sentiments and feelings of the peace-loving people around the globe.

Practice of torture and conventions

Human beings the world over are victims of violence and torture, which is state sponsored in dictatorships and autocracies, while in democracies it is widely practised by state organs and agencies such as the police and paramilitary and other forces either to obtain information or confessions or to break the will and personality of the people. The world bodies, e.g. the United Nations (UN), have agreed on some conventions and declarations that prohibit torture under any circumstances and decry inhuman and degrading treatment, yet we continue to see torture being inflicted as an easy way out to achieve the purpose of the perpetrators.

The constitution of India and most civilized countries guarantees a “Right to Life.” Our culture and heritage enshrines the essence of human dignity and a compassion for fellow beings, but our law enforcement and security agencies violate these provisions and norms ad lib. Why? Why are we shaming the Father of the Nation, Mahatma Gandhi, through these violations and unjustified and inhuman practices?

I have often heard that hardened criminals, history-sheeters, suspects under investigation in police custody, judicial lock-up or in jails, terrorists, insurgents, prisoners of war, spies and the like do not reveal the truth or information without being beaten, tortured, subjected to third degree punishment and/or humiliation. In addition, many people put forward the argument that suspects, criminals, terrorists, or insurgents need no sympathy but deserve the harshest punishment or treatment. They favour a tit-for-tat policy in such cases. They fail to realize that such a stance or policy has always been counterproductive.

The ways of interrogation

If you want the suspect in custody to tell you the truth, there are ways of getting it out of him without inflicting physical or mental torture on him. You have to awaken his basic human consciousness, his religious instincts and beliefs, remind him of his loved near and dear ones, and many similar things, through a cleverly engineered scheme. Of course, the process will take time, but at the end you would have achieved two things, not just one – first, you would have got the whole truth out of him, and second, you would have enabled the suspect to regain his normal strength to follow the path of righteousness.

On the other hand, how will you know that beating and torturing will force the person to reveal the whole truth? To prove my point, I cite here a real life example experienced in the course of my long career in the military intelligence. Just before the commencement of the Indo-Pakistan war in 1965, when I was posted at Jammu, a Pakistani spy (disguised as a saint) was caught from one of the temples on the outskirts of the town. This suspect was interrogated in the police interrogation centre by a joint team of different agencies and was subjected to different techniques such as deprivation, sleeplessness, falanga, and so on, yet he would not give his true story. Clever as he was, he would tell different interrogators different stories. One day when I made a sympathetic approach, he told me that he had given 10-15% of the truth to every interrogator and it was now up to us to add up and get the true picture about him. After my session with him, I spent the rest of the day going through all that had been recorded over the past 5 days. In one place, he had stated that he had been married two years earlier to a girl from a village in the Srinagar Valley (Kashmir) and he had received the news that a son had been born. He had not seen the little boy (nearly a year old) as he himself had been in Pakistan for a year and a half. In the next day’s session, I casually asked him if he was keen to see his young son and wife, and he was somewhat taken aback as he could not collect that he had volunteered this information to another interrogator. I could guess his weakness and capitalized on it, telling him that a meeting could be arranged if he was keen. He fell for the bait and in the process gave me his actual name and address in the Srinagar Valley, and also that of his wife. Therefore, it was a simple exercise to make him tell his entire life history, including his admission of indulging in espionage on behalf of his masters in Pakistan. I thus achieved the task without even touching this person, whereas the others had employed severe forms of interrogation.

I have always advocated that it is better to keep talking to the suspect, listening to him, asking him questions about his life, his native place, his relations and friends, and so on. At the same time, an independent inquiry in his native place, talking to his relations, family and friends, looking into old police and other investigation agency records and the like, to know his past and background – which at times can reveal astonishing facts. When the suspect is confronted with these revelations, or when they are made use of to cash in on his weaknesses, the suspect seems to fall on his face at your feet because he or she realizes that you know more about him than he does himself. He will simply give up any resistance to telling the truth and narrate the whole episode that you need to hear. Here again, I will cite another live example; the situation was in the late 1980s. I was again posted in Jammu and Kashmir State (JK). The suspect was an Indian Army Sikh soldier as part of a group of four who had deserted their unit along with personal arms on the Line of Control in J&K and gone over to Pakistan-occupied Kashmir (POK). Their intention was to re-enter Indian Punjab with Pakistani help and form a group of their own, posing as terrorists but actually to become financially rich through acts of abduction and collecting ransoms. After these 4 persons had re-entered Punjab and were apprehended, we were interested to know the full scheme of things that had led to their motivation for desertion and the ring leaders in the unit who had master-minded the whole show. All 4 had been in separate lock-ups and therefore could not know what each one was being asked or was saying. The interrogators, after exchanging notes of 3 days of sessions, selected one of the suspects for further grilling. In spite of using various methods and techniques, they could make no headway. However, in the meantime, looking through his personal record in the unit and ground investigations in his village, it was revealed that a couple of years
earlier, while this person was on leave, he had been lured by Pakistani intelligence network and agreed to work for them. As luck would have it, he was caught near the border along with his escort/guides by the Indian border guards and handed over to his unit. His commanding officer, without realizing the gravity of the offence, let him off lightly. When this person was confronted with these facts and appraised of the consequences and possible death penalty awaiting him, he started to sing like a parrot and revealed the details of the whole plot that led to the arrest of some senior people from his unit and the unfolding of the entire plot. The person had realized the futility of holding back the truth when it became clear to him that we knew more about him than he would wish to remember. There was thus no need to exert any pressure on him through either physical or mental torture. The simple technique of making the person talk and a thorough investigation into his background and personality traits can solve the puzzle much more easily and more humanely than any torture method.

Promises of better facilities in custody, lighter punishment on conviction, a sympathetic approach and extending help to the family of the person involved are better and more civilized ways of interrogating and obtaining the truth.

The custodian of the suspect and the interrogators must realize that the person in their custody is on his own, unbalanced from the moment he has been apprehended because of various uncertainties clouding his mind. He is uncertain of his future in the long term perspective and also uncertain of the immediate consequences - the fear of the unknown bringing his rational thinking process/faculties to a standstill. The person in custody realizes your power in inflicting pain and mental suffering on him, and he is vulnerable to any demands you make on him. Therefore, getting the information or making him tell the truth without any form of torture or violations of his body is not such a difficult task. With your superior position and authority, higher intellect, better understanding of normal human behaviour/psychology, you can feel the pulse of the suspect, looking into his face and eyes, you can always make him surrender before you like a small child. Even holding a small threat (conveyed verbally and acted properly) is acceptable with certain persons who are trying to be difficult.

Once again I will cite here a practical situation that happened after the 1971 India-Pakistan war. One of the Pakistani colonels whom I interrogated refused to divulge any information other than his number, rank, and name, as per provisions of the Geneva Conventions. In the course of my sessions with him, spaced over a few days, I could read that he was a very proud officer, professionally competent, belonging to a high-status cultured family and who had a bright future in the military career. Without employing any physical or mental torture, I drew up a plan and stage managed an act of threatening him to suffer the consequences of an unnatural act, to which he so simply succumbed. All I did was to call him in the morning as usual, while I had four burly looking Sikh soldiers ready to strip him naked and do something more to him. When he came in I told him that this was going to be my last session with him and since he had refused to cooperate because of my gentlemanly and decent behaviour, he had left with me with no choice other than to employ foul means, which I had never done till then. I then told those four soldiers to strip him naked and do whatever they desired, which I would not care to watch. As these soldiers (already rehearsed) advanced in their unusual threatening gait and expressions and I got up to leave, this colonel fell down on his knees and most humbly requested me to stop them and send them away; he would tell me everything that I had been waiting to learn from him. Thus, having got my act through, I made him sit on the chair opposite my table and told the soldiers to wait outside. The colonel then requested me to give him a pen and some paper and sat writing down the whole lot of information (which I was keen to know) over the next few hours. It was just a threat of humiliation that worked - without any other means being employed. I simply made use of his unbalanced state of mind and all the circumstances which were favourable to me - and it worked. It usually does. So why be inhuman when you can achieve your purpose in a more human way?

Conclusion

With my teaching and coaching experience, as well as practical application of my methods highlighted above, I am convinced that people in custody can be made to talk and reveal the truth without any application of physical or psychological torture. It is just that one has to exercise patience and put in a lot more effort in some cases to get to the bottom of the matter.

It has also been my experience that a sympathetic approach can yield better results in most cases, even though it may mean a slogging match and a time-consuming process. But is it not better than torturing the suspect and lowering yourself to the level of a barbarian, as well as criminalizing yourself in the process?

According to Indian beliefs, you are rewarded for your good things and you suffer for your bad deeds during your life span. By torturing others, what you are achieving therefore is only the wrath of God upon yourself. My advice is - don’t do it. It is not wise. Your mind will remain troubled and your conscience will keep pricking you painfully.

For the purpose of obtaining information, you can make the suspect do so voluntarily. Get to know his weakness, feel his raw nerve (everyone has them), use a verbal threat with demonstrative content and intent, and you are bound to get results - while remaining within the limits of world conventions, codes of behaviour, ethics, and declarations.

Even use of exploitative techniques, keeping in mind normal weaknesses of human beings like use of wealth, wine and women in the case of male prisoners, and threats to harm their children in the case of female prisoners, may be resorted to, if sympathetic and other civilized forms of approach/technique fail to get at the truth or much needed information. Such a threat cannot be termed torture and hence is within the accepted categories in exceptional cases.

REMEMBER:

“Torture not, for you never know
Who you are hurting.
God has his own ways
of squaring things.
And when that happens
You cry alone.”
Survivors of torture often have a combination of social, psychological, and medical problems which require a multi-disciplinary approach involving medical, legal, social, and psychological help. Among these problems, traumatic stress reactions are particularly important because they can cause severe psychosocial disability that can last decades, or even a lifetime if left untreated. Psychological treatments available for torture survivors include psychodynamic approaches, "insight therapy", "testimony" method, cognitive therapy, and cognitive-behavioural treatment. Lack of controlled studies makes it difficult to judge the efficacy of these treatments in torture survivors. Most reports of effective treatment do not provide a sufficiently detailed description of the method; many appear to be a mixture of various psychotherapeutic elements and not based on a consistent theory.

Behaviour therapy is based on the principle that prolonged imaginal or live exposure to an anxiety-evoking situation reduces anxiety. Controlled studies have demonstrated the efficacy of behavioural treatments in combat-related post-traumatic stress disorder (PTSD). Imaginal exposure was effective in 4 PTSD patients who had suffered other types of traumas. In a more recent controlled treatment study of PTSD secondary to various types of trauma, an average of 10 sessions of cognitive-behavioural treatment achieved significant improvement in over 85% of the patients (Marks et al, unpublished data). There is thus evidence that cognitive-behavioural treatment is effective in PTSD secondary to a wide range of traumas.

Cognitive-behavioural treatment may also be useful in the treatment of torture survivors. Although there are no controlled studies of this treatment in torture survivors, preliminary evidence from case studies suggests that it may be effective in reducing torture-related traumatic stress responses. In this article we present further evidence on the efficacy of cognitive-behavioural treatment in torture-related PTSD, based on a case study of a torture survivor treated at the Istanbul Centre for Behaviour Research and Therapy (ICBRT) in Turkey. Some details of the case have been modified to avoid identification of the patient.

Case history
A 25-year-old, single, female patient was detained and tortured by the police for 20 days in the early 1990s to obtain information about politically involved relatives and a confession incriminating various people. Her torture involved verbal abuse, blindfolding, beating, stripping naked and hanging, electrical shocks to fingers and nipples, cold showers, sexual advances, several incidents of rape, insertion of a baton into the anus, submersion into water, forced ingestion of salty water, being led to believe she was going up stairs when blindfolded, threats of torture and death to family, exposure to bright light, and threats of further torture.

Her main symptoms included generalised anxiety, distress and crying when reminded of torture, startle reactions, nightmares related to torture events, fear and avoidance of various activities and situations which reminded her of the torture, sleep disturbance (initial insomnia and avoidance of sleep), memory and concentration impairment, irritability, hypervigilance, anger outbursts, depressed mood, loss of interest in things, and hopelessness about the future. She was unable to leave her home unaccompanied and avoided various situations such as crowded streets, meetings, public transport, and sight of tall, dark men with a drooping moustache for fear of being re-arrested and tortured. Her symptoms were exacerbated in 1994 after the arrest and detention of a close friend.

On psychiatric examination, she was anxious, dysphoric, but not depressed. There was no evidence of psychotic or affective disorder or abnormality in attention, orientation, and memory functions. She had extensive fear and avoidance of various situations which caused significant social impairment. A diagnosis of posttraumatic stress disorder (PTSD) was established. She was offered and accepted a course of cognitive-behavioural treatment.

Assessments were carried out at weeks 0 (pre-treatment), 8, 16 (post-treatment), and 24 (2-month follow-up). Psychiatric status was assessed using the Structured Clinical Interview and Diagnosis (SCID). The Clinician-Administered PTSD Scale (CAPS) was used for assessment of PTSD. Other measures included self-ratings of main problems: fear and avoidance (0-10 scale from 0=no fear/distress/avoidance to 10=extreme fear/distress/avoidance) (weeks 0, 16, and 24), General Health Questionnaire (GHQ), Hamilton Anxiety Scale (HAS), Hamilton Depression Rating (HDR), and Beck Depression Inventory (BDI). The standardized Turkish-language version of BD and GHQ were used. Week 16 scores on these measures were unavailable due to missing data.

Treatment
The patient was first given an explanation of the nature of her symptoms, their connection with her torture experience, and why and how the treatment would help her. She thought she had "surrendered" to the torturers by succumbing to the fear and terror they had caused in her life. The treatment rationale therefore included: "You do not have to surrender to your fears (and therefore to your torturers). We will help you to overcome your fears. When you stop avoiding various si-
tualizations and activities in the way we will describe to you, you will no longer be fearful. You will then see that it is you who have the final say and not the torturers."

Treatment was given in 16 sessions in all, twice weekly for weeks 1-4, once weekly for weeks 5-8, and once every two weeks for weeks 9-16. She was first asked to list all the activities and situations she feared and avoided, grading them in a hierarchical fashion, from the least to the most distressing. Twenty-three avoided activities or situations were identified, broadly falling into three groups:

1. **Home activities** (staying home alone, sleeping in the dark, watching certain movies, drinking tea, reading newspapers, going up stairs alone),
2. **Social or interpersonal activities** (talking and making appointments on the phone, talking about sex, talking about her past experiences, carrying someone else’s telephone number on her, signing a paper, meeting friends, going to social meetings),
3. **Outdoor activities** (going out alone, getting in a car on her own, going to a post office, going to a coffee house, walking near the street, walking by a police officer, hearing the sound of a police wireless radio, coming across tall men with a moustache, going near white Ford cars). These were all situations or activities that either reminded her of various aspects of her torture experience or evoked intense fear or distress because of a perceived threat of re-arrest and torture. For example, she avoided white Ford cars because she was taken to the police station in a white Ford car. She avoided drinking tea because she had been served tea during a break when she was being interrogated.

She was then given “exposure tasks” which involved engaging in these activities and staying in anxiety-evoking situations until her anxiety or distress subsided. These tasks or treatment targets were determined in **consensus** with the patient and at no time was she urged into a task against her will. During the last two months of treatment she selected the tasks herself and carried them out. She kept a diary regularly, recording treatment details such as the description of the task, time, place, duration, anxiety ratings and her thoughts before, during, and after the session. She was also encouraged to prepare a written text on her torture experience and read as much as possible books or articles on torture, as part of her imaginal exposure exercises.

The first treatment session was carried out with the help of the therapist (TA). Exposure tasks included walking on the street, not avoiding people who she thought might be the police or watching her, walking by a police officer in uniform, and going near Ford cars. The session was terminated when there was substantial reduction in her fear.

Cognitive therapy involved helping the patient to identify and monitor faulty thinking patterns, their relationship to fear and avoidance, challenging incorrect beliefs and replacing them with adaptive ones, and ultimately testing out beliefs in real situations. For example, in connection with her belief “All white Ford cars are owned by the police; all policemen will recognize and arrest me”, she was asked to make a list of all owners of white Ford cars she knew and indicate their profession. It was pointed out to her that her list of 28 people did not include a single police officer. She was then asked to make an estimate of the percentage, among all white Ford cars, of those owned by the police, the percentage of the police officers who were likely to recognize her on the street, and how many of those police officers who would recognize her would arrest her there and then, if she went out on the street. Finally, she was asked to test out her belief by not avoiding white Ford cars.

The patient’s other beliefs included “Every word I say on the phone is being recorded by the police”; “If I walk close to the street a car may stop by and take me away”; “I may be followed if I make an appointment over the phone”; “Someone on the street will grab me by the arm and take me away”; “I am definitely going to be arrested today”; “I am now going to be stopped by that big man”; “The police will now raid the house and take me away”; “I will have nightmares if I sleep”; and “I will fall if I go up the stairs on my own”. She was asked to carry out exposure sessions relating to each belief until her anxiety subsided and her belief was disconfirmed.

**Results**

The fear/distress/avoidance related to the treatment targets was rated by the patient on a scale of 0-10 (0 = none, 10 = extreme) at weeks 0, 16, and 2-month follow-up (FU).

Figure 1 shows the average ratings in relation to home, social, and outdoor activities.

All 23 target ratings showed substantial reduction of fear

![Figure 1. Treatment targets.](image-url)
and avoidance by the end of treatment. In addition, further improvement was noted at 2-month FU.

The CAPS ratings are presented in Figure 2. Substantial improvement was noted in PTSD symptoms by the end of treatment, with significant reduction both in frequency and intensity of symptoms. Again, improvement in PTSD continued during follow-up.

The GHQ scores are shown in Figure 3. Somatic symptoms, anxiety, and impairment in social functioning showed an increase during treatment (week 8), returning to normal levels at 2-month FU. The increase in anxiety was in part due to the fact that the patient was no longer avoiding the anxiety-evoking situations or activities.

Other clinical ratings followed a similar pattern as the GHQ. The HAS and HDR scores (weeks 0, 8, 16, 24) were 11, 13, 4, 3 and 6, 11, 4, and 4, respectively. The BDI scores (weeks 0, 8, and 24) were 3, 19, and 7, respectively.

The patient met the DSM-IV criteria for PTSD (SCID and CAPS ratings) at baseline but not at post-treatment and FU (CAPS rating only). The CAPS severity rating for PTSD was 3 (severe symptoms, limited functioning even with effort) at baseline and 1 (slight/mild symptoms, little functional impairment) at both post-treatment and 2-month FU. The CAPS rating for global improvement at post-treatment and 2-month FU was 1 (very much improvement).

Our clinical observations were consistent with the ratings. The patient became socially more functional, resumed her social activities and hobbies, and even became a spokesperson for a group defending the rights of political ex-prisoners. The manuscript on her torture experience ended as follows: "I hated myself because I had surrendered to the torturers. Although I had resisted them in detention, this does not mean much to me because I subsequently did everything they told me to do [referring to her fear, avoidance, and withdrawn state]. I am not completely recovered now but I am certainly much better. I am trying not to relive what I did, but in my own way and not in the way they wanted me to."

**Comment**

This case study highlights several important points about the treatment of survivors of torture. First, it provides further evidence that cognitive-behavioral treatment may be effective in treating torture survivors. Furthermore, in our case study improvement was achieved in a relatively short time (two
months) and maintained at the two-month follow-up. This is consistent with the substantial evidence showing that behavioural treatment achieves lasting improvement in various anxiety disorders\textsuperscript{13} as well as PTSD (Marks et al, in preparation).

Some of the patient’s relatives were still in prison and, although she was not involved in any political activity, she still faced the possibility of re-arrest and torture because of her association with her relatives. Thus, the decision to treat was made after an estimation of the real possibility of re-arrest. She was neither a political activist nor sought by the police. As the police already had her address, they could find her at any time they wanted, regardless of whether she stayed at home or went out. Her avoidance of outdoor activities thus stemmed from excessive (phobic) fears and not from an entirely realistic appraisal of the probability of re-arrest. The phobic nature of her problem was also confirmed by the fact that she avoided many situations (e.g. drinking tea, reading newspapers, etc.) which did not represent any real threat or danger.

The patient had an increase in her anxiety and PTSD symptoms during the early phase of treatment. An increased arousal and exacerbation of symptoms is often observed during the early stages of behavioural treatment, as a result of exposure to distressing stimuli\textsuperscript{11}. This was discussed with the patient before treatment and she expressed willingness and determination to go through this phase. Increased anxiety has also been observed in phobic patients\textsuperscript{29} and sexual assault survivors\textsuperscript{30} treated by imaginal exposure. Agriphobics treated by exposure often experience an initial increase in their panics, which is then followed by lasting improvement\textsuperscript{31}. It is important to note that such effects of behavioural treatment are not harmful\textsuperscript{32,33,34}; they are often transient and subside with continuation of treatment.

The increase in the patient’s symptoms early in treatment was also partly due to a close friend being arrested, tortured, and imprisoned after the start of exposure treatment. This event acted as a reminder of past torture and also reinforced her perceptions of threat to her safety. A similar reinforcement occurred after the completion of treatment, when she heard from a friend in prison that the police had been asking questions about her. She did not, however, experience a worsening in her symptoms. This illustrates the fact that once habituation to excessive fear and distress occurs and sense of control is regained, improvement may be maintained even in the face of continued threat to safety.

This case study may have implications for treatment of trauma survivors in a social environment characterised by continuing political repression or “ongoing traumatic stress”. Our patient responded well to the treatment despite perceived and, to a certain extent, real threat of re-arrest and torture. This suggests that cognitive-behavioural treatment may be useful in ongoing- as well as post-traumatic stress situations. It is important to note here that the point of exposure treatment is not to eliminate all fear and anxiety, a certain amount of which is adaptive and protective. The aim is to reduce “excessive” or phobic anxiety which may cause extreme social disability and further complications such as depression.

The treatment in our case study had three components: in vivo or live exposure, imaginal exposure (talking and writing about past torture experience, and reading publications on torture), and cognitive restructuring. It is unclear which component helped the patient most and whether they had a differential effect on symptoms. The relative effectiveness of cognitive and behavioural treatment in PTSD and their mechanism of action are not yet determined and await further research.

Cognitive-behavioural treatment shares common elements with many treatment approaches that are widely used in the treatment of torture survivors (see Başoğlu\textsuperscript{11} for a detailed review). For example, rehabilitation programmes such as that used at the Rehabilitation Centre for Torture Victims in Copenhagen, among many others, contain many live exposure elements (medical procedures and investigations, interactions with authority figures, physiotherapy sessions involving semi-nakedness, physical contact with others, being in water, contact with various tools, etc.) which would normally be incorporated into a behavioural treatment programme. These procedures often evoke intense anxiety in torture survivors\textsuperscript{35} but subsequently lead to a lasting reduction in fear responses and improvement in general psychological status (Genecke, personal communication). Similarly, cognitive therapy involves restructuring maladaptive and anxiety-evoking thoughts and beliefs concerning the traumatic experience in much the same way as described by Genecke and Sommer\textsuperscript{36}. It is quite possible that improvement resulting from these rehabilitation programmes arises mainly from their behavioural and cognitive components. This possibility could be confirmed through controlled research studies, which could lead to more refined, effective, and cost-effective rehabilitation programmes based on sound theory.

In our case study we asked our patient to prepare a written document on her torture experiences and to read the text over and over again. The purpose was to achieve anxiety/distress reduction through imaginal exposure to trauma memories. Imaginal exposure is part of behavioural treatment, based on the same principle as in vivo exposure, that prolonged exposure to fear-evoking stimuli leads to a reduction in anxiety (habituation). This is clearly very similar to “testimony technique”\textsuperscript{8,9} used by some workers in the field. It is quite possible that the testimony technique, although often not construed as a behavioural treatment by its users, exerts its therapeutic effect through habituation to trauma memories (see Başoğlu\textsuperscript{11} for a more detailed review of the similarities between the two approaches).

The cognitive-behavioural approach is also highly consistent with the notion of “empowerment of victims” in the rehabilitation of torture survivors. In a discussion of the mechanisms of traumatisation in torture survivors\textsuperscript{37} and a previous report of findings from an empirical study of torture survivors\textsuperscript{37}, we concluded that the traumatic effects of torture may be mediated through removal of sense of control from the victim, and, therefore, treatment efforts need to be geared towards restoring sense of control. Perhaps it is restoration of sense of control in the survivor that is the critical therapeutic ingredient of “empowerment”. A sense of loss of control and feelings of helplessness were clearly a problem for our patient, who viewed her problems as a form of surrender or submission to the will of the torturers who wanted her “to stay out of sight”. As is implied in her own account of her progress, cognitive-behavioural treatment helped her to regain sense of control by helping her to overcome her fears and resume normal social activity.

In a previous report\textsuperscript{37} we had suggested that the “core” PTSD symptoms (e.g. reexperiencing symptoms) may represent the conditioning effects of torture. Our patient’s fear and avoidance of various “safe” activities or situations such as
these conditioning effects. Furthermore, her response to treatment illustrates the fact that such fears can be lastingly reduced through exposure treatment. This case also supports our earlier point that PTSD symptoms can persist for many years, even in the presence of strong social support, and may thus need specific psychotherapeutic interventions such as behavioural treatment.

In conclusion, cognitive-behavioural treatment is a promising approach in the rehabilitation of torture survivors and deserves more systematic study. It is not incompatible with existing treatment approaches in the field and possibly shares common elements with most psychotherapies. Identifying the therapeutic ingredients of a treatment may help refine existing rehabilitation programmes, enhance the effectiveness, and save valuable time and resources by eliminating their redundant components. A brief psychotherapy with demonstrated effectiveness can then be made available to a greater number of torture survivors and the knowledge disseminated to parts of the world where it is most needed.

References

Conference Review

The VII International Symposium “Caring for Survivors of Torture: Challenges for the Medical and Health Professions”

Leslie London, MD*

It is my daunting task to reflect on the proceedings, and to try to draw together the incredibly rich and diverse discussions we have had. I hope the verbal picture I present to you has resonance with the images and ideas you take away from Cape Town when you leave.

The first overall observation I want to make is how extraordinary this conference has been in its scope, in how far one can travel in the space of three and a half days. Many adjectives come to my mind in trying to capture the discussions and presentations at this conference, some favourable, a few not so favourable. Sublime, stimulating, challenging, frustrating, perhaps boring, sometimes ironic, warm and touching, sometimes horrifying and often draining, but above all, inspiring. Inspiring in reminding us of our commitment to the social movement to put an end to torture.

One speaker posed the question in her presentation - why do we do this work? She answered it very simply - to defend life and liberty and put an end to suffering. I think that sums up very clearly why we are here.

What was the experience brought to this conference?

- Close to 300 delegates from approximately 60 countries and approx. 160 speakers.
- Over 70 torture centres and NGOs from all six continents
- Representatives from at least five medical associations and a multitude of NGOs.
- Lawyers, nurses, physiotherapists, doctors, psychologists, psychiatrists, survivors and activists.
- Even a professional from the National Security Forces reflects the depth of experience brought to this conference.

We approached a multitude of critical issues in addressing the prevention and treatment of torture.

I have attempted to tease out the key issues and themes raised in the conference. In doing so, I feel as if I have to build a monument out of 190 uniquely shaped marbles of diverse material, colours and textures, while trying to ensure that the final product reflects an essence of what went on at the symposium. Forgive me if I have missed an issue you see as critical, but I trust you will grant me an iota of artistic licence in the endeavour.

Programme Issues

The first broad area I want to explore is what I have called Programme Issues.

For those of us going back to our countries wishing to initiate or expand programmes, and for those of us wishing to reflect on our current programmes, what are the critical issues that emerged in the conference deliberations?

The first issue is the importance of intersectional and multidisciplinary approaches for the effective prevention and treatment of torture. We saw this raised in many presentations across the continents in different forms.

- How important legal, economic, and social measures are for both prevention and treatment.
- How forensic medicine mechanisms fail because of the lack of an effective legal system and how strategies to address these need critical collaboration from human rights lawyers and activists, social scientists, etc.
- How many Centres make use of diverse healing skills – physiotherapy, occupational therapy, herbal medicines, doctors’ services, naturopathy as well as psychotherapeutic and medical interventions.
- And how valuable the team approach is, particularly in programmes for child survivors.

A second critical issue relates to difficulties in definitions of survivors and perpetrators because this profoundly affects the nature of the programmes we run, as well as the nature of the therapeutic interventions for clients and groups.

We heard presentations of situations where perpetrators can become the new victims and where survivors became perpetrators. How does one treat the survivor in this context, when other survivors see them as perpetrators, and how can one treat both in the same environment without adequate resources to prevent certain conflict? These issues profoundly affect the therapeutic relationship and the goals that programmes can achieve. They also affect the nature and context of rehabilitation for perpetrators/victims. Perpetrators need to be rehabilitated, like child abusers.

We have heard of the restoration of former perpetrators to public acclaim and the profound effect this has on survivors and their isolation, particularly in Eastern and Central Europe.

* Lecturer, University of Cape Town
Member of the Board, the Trauma Centre, Cape Town

From the opening ceremony.
And what is the definition of first degree and second degree victim in a context where a second degree victim, a family member seeking out a detained husband, herself becomes the first degree victim under abusive systems?

Related to this is the issue of violence. For many delegates the definition of political and non-political violence is not clear in a setting where violence is endemic and the boundaries between state, vigilante and gang-institutions are blurred.

Also what about the small people, the forgotten survivors, those who are not high profile?

These all raise important questions for us to consider in our work. Who are the people our programmes are directed at, and how do we know we are reaching the right people, particularly where social ostracism and isolation and community apathy to mental health issues compound the effects of repression.

A third issue around programmes is a question of sustainability.

Notwithstanding the vital role of international support, what mechanisms are there for ensuring that programmes, particularly in developing countries, are able to achieve long-term continuity and sustainability, and be integrated into local human rights initiatives?

What mechanisms need to be thought through in planning to ensure the long-term viability and sustainability of programmes?

A few presentations illustrated attempts to do just that, through the training of local professional staff, or community resources in self-assistance, particularly women in this context.

And clearly for community-based programmes, the critical importance of community consultation, involvement in planning and development programmes. This is not only important for services and interventions, but for the many documentation initiatives described where careful attention to developing equal relationships to local residents improves the success of these missions.

Advocacy

The second broad area is that of Advocacy.

Firstly advocacy for documentation and exposure, and we heard a number of illustrations of how such initiatives are successfully focusing international attention on human rights abuses, such as in Kashmir and Tibet. This work is vital and needs to continue. But in order for this work to expand and be effective, and be undertaken by local health professionals, the message was clear that local health professionals need to be organised in effective organisations so that they can lobby for changes in the law, and demand in-depth investigations.

Secondly, the realisation that greater public awareness is one of the most important strategies for combatting torture was clear in this conference, and from this flows the need to advocate for a free and critical press.

Thirdly, if we are to advocate, we need to use resolution and codes, forcing governments to adhere to international standards contained in resolutions that States have signed and, where they fail, to call on the UN to take decisive action against member states.

Further strategies suggested were to entrench ethical codes in law - this was particularly suited to situations where there are no/few experts and there is a lack of peer support for health professionals.

At the same time, Wendy Orr's experience warned us to guard against sole reliance on paper declarations when faced with practical problems.

Fourthly, advocacy means fighting for rights with and for survivors, the most vulnerable, particularly female victims of war-rape, torture, children in prisons, and pressing for penal reform and alternatives for non-high risk offenders.

And we also need to consider as advocacy attempts to lobby for programmes that are not seen by international funders as so important - for instance psychological programmes for refugees, often seen as a "luxury". Our advocacy needs to re-define narrow concepts of medical and service needs.

Professional and non-governmental organisations

Related to this is the third area - the critical role of organisations, professional and NGOs, local and international, in combating torture.

We can see from the vast array of participants here from NGO centres how central that work is as a support for health professionals, in support of many struggling Centres.

And how health professional organisations are critically important, both as support, but sometimes as obstacles to the prevention of torture.

That relationship between Human Rights NGOs and Health Professional Organisations needs to be strengthened to ensure both support for health professionals at risk, and health professionals as targets, as well as for implementing preventative and treatment strategies. In this the international community is vitally important.

What are these various preventive strategies? Well, we have spoken of training, of support for "at risk" health professionals and of systems: for independent channels of reporting and systems to ensure censure and discipline of complicity.

The challenge is how to effect the reform of existing systems while ensuring the exposure of complicity and accountability of those involved. This is a tension that pervades particularly society's reconstructing themselves. "luxury".

Medical complicity and forensic medicine

Medical complicity in torture was a consistent theme through the conference. It was widely reported in documents from many countries and ranged from deeds of omission to deeds of commission. But whether there really is a boundary was explored in a lively panel discussion from which it was evident that no real distinction could be made.
In this context, forensic practices are critical to safeguarding against torture. What was evident was how discredited medico-legal systems become if legal systems are not founded on principles of justice. Therefore, we urgently need legal reform involving multisectoral approaches. We saw this illustrated in presentations from North Africa and from the local experience of Wendy Orr, who warned that reliance on official channels often becomes a justification for inaction unless the medico-legal system functions effectively.

Many specific issues to the forensic system were discussed; the need to separate the forensic system from Prison/Police control, i.e. to bring the forensic system under forensic specialists. Moreover the need to separate prisoners' health care from forensic responsibilities was also highlighted. But above all, the need for forensic services to be open to scrutiny was emphasised. If forensic skills are to be effectively applied, training in forensic issues becomes important, as does the need to raise the status of forensic issues and human rights in medical training.

**Training**

The conference consistently identified training as a critical preventive strategy, and a number of target groups were identified: particularly nurses, but also psychologists, physiotherapists and medical students. In addition, training is also needed for legal, police and prison personnel. Further, some presentations illustrated how training could also be directed to non-professionals, e.g. parents and teachers, as in Peru.

Training needs to include ethical codes, prevention, avoiding involvement in torture practices, as well as diagnostic skills, e.g. dealing with Falanga, dealing with stress-related physiological/endocrine derangements, and training in new models of intervention, especially using the team approach.

It is critically important to make health professionals sensitive to their calling. This involves questions of selection of health professionals, as well as changing the training so that a culture of caring is reintroduced. Furthermore, ongoing training is required to give support to doctors “at risk”, not only for undergraduates.

Training is also critical in promoting vigilance. For example, in countries where change of governments has led us to believe that torture is a thing of the past, there has been a shift of abuses from political to non-political prisoners, as has been the case in South Africa.

Training will not succeed unless it occurs within attempts to develop a culture of human rights, and vice versa: training is a critical element needed to establish a culture of human rights.

International support in training is vital. Countries where the environment is less repressive can act with more freedom and give support to those working in extremely difficult circumstances.

**Flashpoints**

We had a number of sessions dealing with flashpoints. They were often gruesome and exhausting, but they illustrate the extent of the challenge facing us.

But also critical is the realisation that we are sitting on many potential flashpoints that have neither reached the world media, nor our collective consciousness as representatives from the global community of human rights workers fighting torture.

As an example I draw your attention to the poor attendance of conference delegates at sessions focusing on Eastern and Central Europe, where vital issues of torture and service needs were discussed, but attracted little attention. In a part of the world where denial of torture is still rife, we need to take note ourselves of places where abuses remain hidden.

The lesson is that we shall not wait till, for example, the Russian Federation becomes a flashpoint greeting us on CNN or in our morning newspapers, or till it becomes a special session at the VIIIth International Symposium on Torture.

**New models of intervention**

Terry Dowdall drew our attention in the opening to the need to develop new models of intervention if we are to address torture effectively.

This conference has confirmed a growing awareness of the need to expand the treatment model beyond the office, to shift to community-oriented approaches, and to address the critical cross-culture issues that shape the experience and effects of torture, as well as the interventions needed.

Some of the newer approaches challenge us as caregivers to think critically about our discourse, about our ways of understanding the torture experience and the intervention, and how this may be helpful or unhelpful for the clients with whom we work. We need to think critically about ourselves both as therapists, professionals in the caregiving relationship, and as actors in a political context, which gives rise to the torture.

Torture is, after all, about the breaking of minds and bodies by the exertion of unmitigated power. It is fitting that this conference explores how the therapeutic intervention can find ways to avoid reinforcing that disempowerment in the treatment of torture survivors.

Another key aspect of new models, illustrated particularly well in some of the Palestinian presentations, but also consistent in many others, is the impact of cultural stereotypes on the experience of torture survivors. Where the culture of machismo suppresses an acknowledgement of suffering, this cultural silencing is a critical obstacle to negotiate in the therapeutic intervention.

And the impact of cultural stereotypes at the societal level is mirrored at the level of the client. The rehabilitation of the individual and the rehabilitation of society are conjoined, and it is these lessons that need to be addressed in the processes of National Reconstruction and Reconciliation, such as we face in South Africa with the Truth and Reconciliation Commission.

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*Desmond M. Tutu, Archbishop of Cape Town, addresses the participants during the opening ceremony.*
Women and torture
Only one session of the conference dealt with torture of women, particularly war-rape as a method of torture. This focus of our work needs to be expanded to address the growing extent of these abuses, particularly in the setting of repressive laws outlawing abortion.
Yet we also had presentations that identified the critical strengths of women in rehabilitation programmes, e.g. in self-assistance interventions amongst refugees, or as key players in intervention based on family approaches.
These presentations serve to remind us that in fact not only for women but for all torture survivors, rehabilitation of survivors involves restoring their strengths and their integrity, and drawing on their skills and capacities, in ways in which we all too often forget are there.

Innovations and gaps
In his opening comments Terry Dowdall referred to the need to develop new models. A number of innovative strategies came out of this conference, and I have identified but a few.
On the diagnostic side, we heard of the possibilities of using clinical nurses in forensic work, and of the refinement and development of physical methods for the diagnosis of electrical torture.
On the treatment side we heard of innovative methods for pain reduction in torture survivors using cognitive pain reduction therapy. The conference also highlighted the need to understand the particular subjective experience in, for example, cultural, psychodynamic or discourse terms, and to get away from external diagnostic categories to develop more useful approaches for intervention. The conference also highlighted novel ways to involve survivors as counsellors amongst survivors, and refugee counsellors amongst the refugee community.
In terms of prevention, novel strategies appeared around the teaching of human rights teaching to non-professionals, to citizens and particularly in civil society.
What gaps did the conference identify, and again forgive me if I leave out some.
Firstly, substance abuse among torture survivors is a neglected area in our understanding. Secondly, the rehabilitation of former combatants is a problem across the world, particularly in Southern Africa and in the Baltic countries. Thirdly, more attention needs to be given to women and torture. Fourthly, research needs to focus on the effects on infants of torture survivors - so called transgeneration effects.

Impunity
This is both extremely complex and was discussed in the last sessions of the conference making it difficult to synthesize the debates. However, for South Africa, at this point, it is a critical issue and the discussions of the panel made it clear that impunity can be both an obstacle and a hindrance to healing. On a cerebral level, it is evident we can avoid the juristic traps of other countries' experiences. But in the discussions it was clear that the question of impunity has enormous emotional power. We are posed with the dilemma of balancing a long-term vision of reconstruction with "a natural desire for justice". This has enormous implications for client healing, complicated in South Africa by questions of race. Nonetheless, one of the clear recommendations to emerge from these discussions was that the South African government should give concrete support to the development of other initiatives like the Trauma Centre in other regions, to facilitate the achievement of reconciliation through the mechanisms of the Commission.

Messages from the conference
What were the messages that emerged from the conference? Firstly, a point illustrated most eloquently by our colleagues from South America was that in this work, techniques alone are not enough. Compassion, empathy and love are critical to our work in prevention, treatment and rehabilitation.
Secondly, the active role of survivors in shaping human rights programmes gives hope for the future. We saw this in examples such as the appointment of a former torture survivor health professional to be police advisor by a new government, and from studies where survivors shape the programmes and demonstrate the empowerment of survivors.
At the same time, a message of vigilance was clear. Just because the government has changed it doesn't necessarily mean that human rights will be guaranteed. We have seen too often the cycle of one authoritarian system being replaced with another. We hope in South Africa to obviate this through mechanisms such as the Truth and Reconciliation process.

Concluding comments
We have all found gems in amongst the many papers. These have not been the same for any two delegates, but that is the nature of a conference. What is most important is that we can take this gem away. However, more important is the role of

Participants listening attentively during the closing ceremony.

During the closing ceremony. From the left: Ole Espersen, President, IRCT, Minister of Justice Dullah Omar and Leslie London, TCVVT.
networking, which is the most critical function of this gathering and which, it is hoped, will lead to growing international collaboration to eliminate torture and its effects.

This conference occurs at a significant historical time. We have the formation of the Truth Commission in South Africa, and we are witness to world reaction against repression in Nigeria. The context of torture is the lack of democracy, and it is a political context that cannot be wished away.

Many delegates illustrated this in the need to show solidarity with victims/survivors of human rights abuses as part of the intervention process (for example, Brazil), being there with and for the survivors in showing solidarity with them. Other presenters described the need to work with the political context in the rehabilitation relationship. The importance of class and political issues in provider-client relationships, was echoed across the globe from Cape Town to Honduras, from Nepal to South America.

But the political context is critical, particularly because the struggle for democracy and human rights is core to addressing torture abuses. We have seen in the conference that torture has been reported from all corners of the globe. I think it fitting for this gathering to express clearly our commitment to eradicate torture in all its forms and to our unwavering solidarity with human rights activists and health professionals around the world, fighting for attainment of democracy and the conditions that will make torture impossible. In particular I would like delegates to (1) note the struggle of the Bhutanese refugees to achieve human dignity and human rights, (2) express our solidarity with Bosnian women who are war victims, survivors of war-rape and other atrocities, and to support their struggle for reparation, and (3) to applaud our colleagues in Nigeria whose courage in the face of a tyrannical and ruthless regime is an example to many, particularly to us in South Africa who know well what it is like to bring messages of peace and justice in a country of repression and bloodshed.

With that message, I would like to end.

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Community based rehabilitation program for torture survivors in the refugee camps in Nepal / Adhikary, Krishna. - In: Journal of Nepal Medical Association; vol. 33. - 19950000. - p. 53-64.

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The physical after-effects of torture / Forrest, Duncan. - In: Forensic science international ; vol. 76. - 19951130. - p. 77-84.


Physicians and torture : knowledge, attitude and practice / Pagadian-Lopez, June ; Aguilar, Angola Sison ; Castro, Mary Christine ; Eleazar, Joel G. ; McDonald, Angus ; Schweickart, Anita P. ; Quezon City : University of the Philippines Press, 19950000. - 43 p. : ill. - Peace, conflict resolution and human rights occasional papers ; no. 95-5. - ISBN: 971-8797-84-x.

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Israel slow to prohibit torture

The Israeli Parliament has postponed the draft amendment to a new penal code supposed to include prohibition of torture

Henrik Dacher

The United Nations Committee Against Torture (CAT) has gained few results from a two-year long dialogue with the Israeli Government with the purpose of changing the draft amendment to the existing penal code of Israel. This amendment seemed to exclude pain and suffering inflicted on people under interrogation or as part of lawful punishment.

Elsewhere in the world it is seen that human rights and justice stand to loose when they so to speak compete with peace (compare the peace process in ex-Jugoslavia). It is, however, no excuse for countries that have ratified the UN convention against torture of 1984. But Israel will apparently not bow to international pressure to fulfil its international commitments.

The Israeli Parliament has, however, postponed the tabling of the draft amendment to the Israeli Penal Code of 1977 to November 1996, thereby showing its appreciation of international protests against severe treatment of detainees and prisoners. Pierre Sané, Secretary General of Amnesty International, gave assurance in February that his organization will continue its pressure on Israel to eradicate the morally reprehensible practice of torture.

The Israeli Parliament, and the Israeli Government, must be admitted, have their hands full with the peace process with the Palestinians, suffering many set-backs after acts of terror. But the democratic process should keep its impact as well. Amnesty was alarmed in January when Israel's High Court of Justice allowed interrogators to use physical force against a Palestinian suspected of involvement in a bombing incident last year that killed 21 Israelis.

CAT has not been especially happy about the draft. After an exchange of viewpoints since 1994, the Israeli Government accepted inclusion of the definition of torture as given in the UN Convention. On the other hand it made an explicit exception for “procedure and punishment according to law”.

The Israeli Law states that torture (in section 277a of the Penal Code) means “severe pain or suffering whether physical or mental, except for pain and suffering inherent in interrogation procedures or punishment, according to law”.

As the Danish member of CAT, Professor Bent Sørensen, puts it: Israel is doing exactly the opposite of what the international community demands: namely, to reject the outcome of the report of the Landau Commission of 1987. The Commission, named after its chairman, retired Supreme Court Justice, David Landau, permitted “moderate physical pressure” as a lawful mode of interrogation. Professor Heim Gordon, Ben Gurion University, founder of the Gaza team for human rights, commented on the methods of Israeli interrogators in the following way: “The methods of torture [used against Palestinians] sanctioned by Justice Landau and concealed from the Israeli public are not at all moderate. Question: at what voltage does an electric current applied to one’s testicles stop being ‘moderate physical pressure?’”

In the book Torture – Human Rights, medical ethics and the case of Israel*, he further reminds us that the Landau Commission was appalled that for decades members of the Security Service had lied in court about the methods they used to extract confessions from suspects. This did not, however, lead them to demand that justice should be done and that the liars or the instigators of this policy should be put on trial.

According to another contributor, Dr. Stanley Cohen, Professor of Criminology at the Hebrew University, at least 6,000 detainees a year for many years experienced what could be termed “low-intensity torture” by the Israeli authorities. In 1992 the International Committee of the Red Cross condemned the Israeli treatment of Palestinian prisoners. But to no avail.

CAT is strongly dissatisfied with the Israeli reactions to its criticism. Israel has maintained that the Intifada, the terrorism and attacks by individual Palestinians against Israeli citizens, should necessarily be answered by torture.

According to CAT, an order from a superior officer or a public authority may not be invoked as a justification for torture. But in Israel a soldier using torture, let us say on a Palestinian, is not punished. It must not be forgotten that pain or suffering arising from lawful sanctions are not included in the UN prohibition of torture – according to Article 1 of the Convention.

One may wonder why the Convention was burdened with such an escape clause. It was simply a necessary compromise. Without it there would have been no convention in 1984! The international community thus had to comply with the traditional punishment of thieves (amputation of hands) in Arab countries.

A recent law for the secret service of Israel (Shin Beth) caused anger internationally because it legalized the use of physical pressure on suspected terrorists. Even if it is only allowed in “extreme cases”. The Israeli human rights organization, B’tselem, said that, in passing the law, Israel would be the only country in the world that openly sanctioned the use of torture under interrogation.

The well-known forms of torture used by the security service include hooping, sleep deprivation, and violent shaking of detainees. In January 1996, a Ministerial Committee for Security Service extended permission to use physical pressure for another 3 months.

*Edited by Neve Gordon and Ruchama Marton for The Association of Israeli-Palestinian Physicians for Human Rights 1995. It enumerated about 20 different methods of torture, of which beating, exposure to extreme cold, and prolonged periods of standing are the most common. The book will be reviewed in Torture 4/96.

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Medical Rehabilitation Centre for Torture Victims, Ioannina, Greece

A report on six months’ clinical work

Nikos Bilanakis, MD, Psychiatrist*

The Rehabilitation Centre for Torture Victims in Ioannina, Greece, was founded in November 1994; it started functioning in April 1995. It is the second centre of its kind in Greece, after the one in Athens. Our Centre's goals are similar to those of most rehabilitation centres for torture victims, e.g.:

- rehabilitation (physical and psychological) for the health of torture victims and their family members
- training of administrative, police, military, and medical personnel concerning torture, its consequences, and the conventions that are attached to it
- conduct of relevant scientific research
- making the general population aware of the existence of torture and violations of human rights, no matter where they occur or whoever perpetrates them.

The foundation of our Centre was judged necessary because of our close proximity to our neighbour Albania (Ioannina is only 60 kms from the border), a country with a particularly terrible past with respect to violations of human rights, and with very poor potential for development in the range of health treatment of torture victims.

The tragic socioeconomic situation in which Albania finds itself after the overthrow of its 50-year-long totalitarian state has forced thousands of its citizens to seek their fortune in other countries. The legal and, mainly, illegal population of Albanians in Greece is estimated at 500,000. This deluge has become even larger because of the massive immigration to Greece of Albanian citizens who are in fact ethnic Greeks, mostly from southern Albania. Claiming their rights as part of the Greek nation, they usually succeed in gaining better living standards in Greece.

The main body of our Centre's clients comprise such people, who are already resident in Greece, as well as others who live in Albania and visit Greece on a temporary basis.

We present some data in our centre's six-month history that are relevant to the clinical work.

Patients and methods

From 1 April to 30 October 1995, the Centre has examined and provided medico-pharmacological treatment to 26 clients, all Albanian citizens but ethnic Greeks. Five of them were excluded from this report, either because their case history records had not been filled in correctly or because they had been lost.

On arrival at the Centre, each patient is welcomed by the social worker, who fills in the social case history record and takes a history of the torture. The client is then referred to the Centre's physician, who carries out a thorough clinical examination, correlating the results with the history of torture. If the physician considers it necessary, the clients are referred to other specialist doctors for further examination (and there already exists a network of doctors who cooperate voluntarily), or they are provided with suitable pharmaceutical treatment.

In addition, the psychiatrist examines the client, using specific tests and questionnaires. We mostly use the HTQ, the Hamilton Depression Scale, the Hamilton Anxiety Scale, and the DHQ. The clients are referred for psychotherapy according to the psychiatrist's assessment. The cases that require psychotropic drugs are very rare.

Furthermore, a nursing file is completed, including social and supplementary questions and an analysis of the patient's progress. At the weekly meetings of the centre's therapeutic team, the current cases are discussed and decisions taken with respect to future management.

The MRCT-centre in Ioannina, Greece, is situated close to the Albanian border.
Results
Fifteen of the 21 clients were men, and 6 women. Their average age was 53 years, 19 were married. With respect to primary education, 5 stated that they had completed 4-6 years, and 10 stated 7-12 years; 5 claimed higher education.

Fifteen people stated that Albania was their permanent residence, while 6 declared Greece, although they are Albanian citizens. Nine were referred to us by other doctors, 5 came to us after seeing our Centre's advertisement in newspapers, two were referred by other relevant Public Services, while the remaining 5 were introduced by previous clients.

All 21 said that at least one other member of their family had been tortured, maltreated, or exiled by the former Albanian authorities. According to our research, our clients' average age at the time of arrest or imprisonment was 24 years, ranging from 1 year to 42 years. The one year old lived in exile with his family until 1990, when the Communist state was overthrown. At that time he was 42 years old. He has since lived in Greece, but has often wished to return to Albania, though his home does not exist any more.

The average duration of imprisonment or exile was 10 years (range 3 months to more than 40 years). The average interval since release was 22 years (range 5 to 49 years).

Table 1 lists the torture methods that had been used on our clients. Fourteen of the 21 required treatment; 12 had mainly psychological symptoms, 2 mainly physical. The psychological diagnoses were PTSD (6), anxiety disorder NOS (2), severe depression (1), and brief reactive psychosis (1).

Discussion
The fact that most of these clients live in Albania and visit Greece temporarily has caused problems in our work at the centre because of the lack of systematic observations and lack of time to finish the clinical and paraclinical examinations. The large number of clients who have not completed their therapy can easily be explained on the grounds of the enormous cost of a return journey from Albania to Greece, together with the visa problem and their own poor financial state. Our decision to give financial support to cover travel expenses has not brought the expected improvement in the therapeutic procedure.

It was the clients whose problems were only or mainly psychological who most frequently cut short the psychotherapy offered to them. Of the 12 to whom it was offered, only 3 followed it, and then only for 2-3 sessions each. It seems that this form of treatment was not considered good enough for them to continue. On the other hand, the clients with physical disorders attended for treatment regularly and punctually.

It is important to note that these clients had not only been exposed to torture. They had lived their whole lives, especially during the 50 years of totalitarianism, under constant conditions of trauma. They were constantly discriminated against with respect to education, housing, and career; ar-

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<th>Table 1. Types of torture.</th>
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<td>1. Isolation</td>
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<td>2. Imprisonment in a cell with floor covered by 10-12 cm of water</td>
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<td>3. Imprisonment in tent under the sun on which water was poured</td>
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<td>4. Threats to relatives' lives</td>
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<td>5. Threats to their own lives</td>
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<td>6. Public humiliation</td>
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<td>7. Witnessing other people being tortured</td>
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<td>8. Witnessing killings</td>
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<td>9. Witnessing corpse desecration</td>
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<td>10. Brain washing</td>
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<td>11. Refusal of medical treatment</td>
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<td>12. Russian handcuffs</td>
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<td>13. Constant standing</td>
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<td>14. Non-systematic beating</td>
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<td>15. Whipping</td>
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<td>16. Falanga</td>
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<td>17. Splashing gallons of water on the face</td>
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<td>18. Electric shocks</td>
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<td>19. Suspension by the hands</td>
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<td>20. Insertion of needles in the soles of the feet</td>
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<td>21. Deprivation of food and water</td>
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<td>22. Excess amounts of salt in the food</td>
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<td>23. Use of medicine to cause insomnia</td>
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Rests, fear, and poverty were inseparable characteristics of their lives before and after the torture. These conditions can be attributed not only to the tyrannical structure of the former state but also to the fact that these people were considered to be part of the Greek minority of Albania, despite this being recognized by international conventions.

As far as the torture itself is concerned, the methods used in Albania were less professional than those in other countries; there was little use of technical means. It was as if the torture methods were spontaneously invented and administered according to the whims of the torturers, e.g. splashing gallons of water in the prisoner's face, keeping the prisoner in a tent in the full sun and pouring water onto it to increase the discomfort.

Summary and conclusion
This short report describes some of the clinical work the Centre has performed during its first 6 months. The findings, including response to treatment, are given with respect to 21 clients who were Albanian citizens but ethnic Greeks. Fourteen presented with mainly psychological problems, a rate corresponding with international experience. It was remarkable that symptoms existed after a lapse of over 20 years since exposure.

It is too early in the life of the Centre to make generalizations from the few clients about the total number of Albanian torture survivors. We are planning a more rigid research protocol in our future work.
Cases of torture from Burma

Case histories of Rohingya refugees from Burma who were treated in Rabita Hospital, Bangladesh

Rahim Ullah, Superintendent Medical Officer and Surgeon*

The following four case histories are taken from among 864 Rohingya patients who were admitted to Rabita Hospital during 1992. 38 of them had been tortured by the Burmese army. Only complicated cases of injury came to Rabita Hospital because it was serving as a referral hospital for 19 refugee camps.

Case 1
MR, male aged 3½ years, was admitted on 9 February. His mother stated that Burmese soldiers arrested her husband and took him away for forced labour in an army camp. She was later raped by several soldiers, one after the other. During these violations, her son began to cry and ran to his mother. The soldiers were irritated by this and threw the child into a fire. The boy was burnt on the right side of his body, for which he was treated accordingly. On discharge from hospital, there was a large scar mainly affecting the right axillary fold and restricting movement of the arm. His mother was asked to bring him for follow up after two months, but she did not return.

Case 2
AR, adult male, was caught by the Burmese army for forced labour. Being half starved for a fortnight, he became so weak that he was unable to carry the heavy loads. As punishment he was brutally beaten on the right leg, with fracture of the tibia and fibula.

Case 3
SM, male aged 45, was admitted on 9 March 1992 with a head wound and multiple lacerations on the palm and fingers of both hands. He stated that, while he was being taken by a group of soldiers to a place near the border with Bangladesh, they saw some people gathered together to slaughter a cow. The soldiers sent SM to demand half the cow for the soldiers. When the demand was refused by the owner of the cow, the soldiers fired blanks and took the whole cow. SM was beaten with their rifle butts on different parts of his head and body.

Case 4
SB, female aged 25, was admitted on 22 September with severe depression. She stated that, in the absence of her husband, her home was raided. She was breastfeeding one child, and another was beside her. Both were shot and killed by the raiders, who then raped her.

*Rabita Hospital
Cox’s Bazar
Bangladesh
Shervin Why suffer from grief?
Price: USD 12
The boy Shervin tried to flee to another country together with his family, but was imprisoned for a year and a half. Later on they succeeded in fleeing to Scandinavia, when he was 11 years old. In school the other children asked him why he did not go back to his own country. He could not speak the new language well enough to explain to them why it was impossible and he felt very sad. He was mainly thinking about how he could explain what had happened to him, and therefore he and his teacher used his lessons to write about his experiences. When Shervin and his teacher had reached as far as they could, Shervin continued to write his story together with his psychologist and an interpreter at the place where the whole family went for help.

Lone Jacobsen, Peter Vestl
Torture survivors – a new group of patients
Price: USD 10
The book, which was first published in Danish in 1987, came into existence on the basis of the experiences made during the last 10 years at the Rehabilitation and Research Centre for Torture Victims in Copenhagen. It describes the conditions resulting from torture, the rehabilitation, and nursing care which it is today possible to offer the afflicted group of torture victims. It is now available in English, Arabic, Spanish and French. The Danish version is no longer available.

Libby Tata Arcel, Vera Fohnegović-Šmale, Dragica Kozarić-Kovacic, Ana Marusić
Psycho-Social Help to War Victims: Women Refugees and Their Families from Bosnia and Herzegovina and Croatia. Also available in a Serbo-Croatian version: Psihosocijalna pomoć žrtvama rata: žene izbjeglice i njihove obitelji iz Bosne i Hercegovine i Hrvatske. Price: USD 15
This book describes field experience of a professional team implementing a multidisciplinary programme of psycho-social support and treatment of Bosnian/Croatian refugee/displaced women and their families in Croatia, burdened by war. The articles are focused on methods in organising emergency psychology and psychiatry for refugees in countries in armed conflict. The working methods are illustrated with numerous cases and stories from the real life in refugee settlements and private accommodation, presenting problems and solutions. It also presents a collection of instruments for the diagnosis and therapy assessment of psychological symptoms in war victims.

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- Torture survivors – a new group of patients (Arabic version)
- Psycho-Social Help to War Victims: Women Refugees and Their Families from Bosnia and Herzegovina and Croatia (English version)
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Monitoring the Health and Rehabilitation of Torture Survivors
Price: USD 8
A system for stringent registration of torture, its effects, and their treatment is needed. RCT in Copenhagen, Denmark, has developed a monitoring system based on ICD trauma classification and DSM-III-R post-traumatic stress classification. The system is designed to record and compare the effects of treatment/treatments, to allow international/international exchange, and to aid management priority in decisions on resource allocation. It is the hope that it could also be an important part of preventive work against torture.

Psychotherapy with Torture Survivors
Price: USD 10
This book is written by three medical doctors, two psychiatrists and a neurologist, who have examined and treated hundreds of torture survivors. The book describes torture methods which RCT clients have survived, the psychological after-effects of these methods in the survivors, and the psychotherapy offered by RCT. Also included are two case stories, and the personal reflections of two former clients. It is the hope of the authors that their book will be a practical contribution to the international literature on the rehabilitation and psychotherapy with the torture survivors.

Treatment of war victims in the Middle East
Price: USD 13
The book is based on the authors' experiences of assisting to establish and manage a centre for war victims in Kuwait during the period 1991-1994. This work was initiated by IRCT and continued by the authors, who are consultants at IRCT. The objective was: to write a handbook on how to establish a large scale centre for treatment of war victims in the Middle East region, with guidelines for the training and education of the centre staff, as well as research and documentation. These aspects are developed upon in seven chapters in both general and more specific terms. Included are supplements giving examples of assessment procedures and documentation.

Physiotherapy for Torture Survivors – a Basic Introduction
Price: USD 15
After several years of experience in treating torture survivors, the physiotherapists at RCT are the editors of a book based on presentations at international seminars on the treatment of this very specific group of clients. There are introductory chapters on methods of physical torture and their sequelae, on the interdisciplinary treatment model at RCT, and on the physiotherapist’s ethical considerations. Other chapters deal with physiological pain mechanisms used in physiotherapy, the whiplash syndrome, and "Falanga", the very specific torture method of beating the soles of the feet and with its sequelae and treatment.

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TORTURE Volume 6, Number 3 1996
BOOK REVIEWS

Human Rights in a period of transition

The book consists of several personal contributions from the Norwegian Nobel Institute’s conference in 1988, celebrating the 40th anniversary of the World Declaration of Human Rights. The publication of these numerous, and for many very important contributions was delayed for 3-4 years because of the fall of the Berlin Wall, i.e. it is more like a second edition.

Many of the contributions have been re-edited, or have had additions, in order not to appear out of date before being published. However, this slightly confusing situation only reflects the enormous development that took place from 1988 to 1992. The publication itself, and the problems involved, is an indication of a transition that, with respect to human rights, has in the main been positive.

But the book is still a testimony of the antagonism between East and West that existed in the late 1980s, and perhaps still exists. This is particularly obvious in the contribution by Asbjørn Eide in the part of the conference that dealt with national sovereignty and international efforts to practice human rights — seen in relation to Vladimir Kartashchen’s response to Asbjørn Eide’s contribution.

The book has particular interest now because of its references to the concepts, held by many, according to which human rights are or ought to be characterized by cultural or religious relativism. Are human rights in African or Islamic countries different from human rights in Western countries? This is still being claimed to some extent despite the fact that the World Declaration, according to its name and purpose, should be universal. Can it be true that the African Charter concerning the rights of individuals and peoples does not directly prohibit torture? This seems to be so when one reads the article by Etienne-Richard Mbaya.

Viewpoints characterized by relativism are also obvious in the contribution by Juan Linz: Different types of political regimes.

The author argues that, in situations in which dictatorships seem difficult to replace, one should not argue for the total abolition of the dictatorship, since this might increase terrorism, but on the contrary argue for a control and respect of certain basic human rights, for instance with respect to ex post facto laws concerning punishment. Should we thus accept that criticism of governments (which is very common, and of course legal in our own country) should be punishable only in dictatorships, since dictatorships see to it that laws concerning punishment and sanctions are clearly defined and approved in advance?

I mention this since it was recently of importance for IRCT to get our council member, Dr. Eyad El Sarraj, released*; he had been imprisoned by President Arafat’s regime just because he had criticized the government.

The book contains a great amount of valuable information, and many thought-provoking articles. At the same time, it is a testimony of a period of transition for both democracies and human rights.

Ole Espersen, Professor, LL.D
President, IRCT
Copenhagen
Denmark

The impact of information

The basis of the work of human rights organizations is information. Countless reports and information material are produced documenting human rights violations. The reports are aimed to reach different audiences: the perpetrator government, observer governments, international organizations, the mass media, and the general public. But what happens when the report is written? How is it distributed and, more important, how is it and the information it presents received by the different audiences? Is the disturbing information denied and forgotten, or is it acknowledged, leading to actions that aim to reduce or abolish the human right violations? These are the questions Stanley Cohen sets forth to answer.

The result is a highly informative publication, giving insights and overviews, providing some conclusions, and listing crucial questions that are still unanswered.

Considering the vast amount of time and energy human rights organizations use on the compilation of information on violations, the energy and resources they use on dissemination and evaluation of the effects of the information published are little, states Cohen. Using this as a point of departure, he tries to bring some balance by analysing the way human rights reports and related information material (press releases, campaign material, etc.) are structured and how they are received by the different audiences. He bases his study on text analysis of information material and interviews with about 80 workers in human rights organizations, aid and development organizations, and mass media organizations.

Information activities in human rights organizations are based on what he calls an unstated commitment to the power of knowledge. If only people knew about this and that problem, much would be better. Then they would act properly. But in the real world it is not so. The information is often denied by the different audiences, first of all by the perpetrators and governments. Cohen finds that the official denial takes three forms: literal (nothing happened), interpretive (what happened is really something else), and implicative (what happened is justified). A counter-offensive reaction is also part of the register of government reaction, for example by casting doubt on the reliability of a report. Cohen points to the limitations of conventional human rights reports. There is no guarantee that they will not be denied by the perpetrator governments. In order better to achieve the political changes they aim for, there should be improvement in the way intellectual and moral principles behind human rights norms are explained, and the style, format, and genre of the reports should be reexamined. Maybe other forms of presenting

*Torture Volume 6, Number 3 1996
human rights violations, for example using audio-visual reports, would have more impact?

Concerning the broad audiences, the mass media are of great importance for giving information about human rights violations. The media are generators and sources of information, as well as carriers of the information generated by human rights organizations. In spite of the importance of the media, Cohen finds that human rights organizations have poor knowledge about the precise effects of actions that are aimed at the media. For example, organizations very seldom make systematic evaluations of mass media presentations on human rights issues. The criteria for evaluating immediate or long-term effects of media actions (e.g., campaigns) are not well defined, and when evaluations are eventually made, they are too vague and subjective to make general conclusions. One obvious conclusion is that more resources should be used in the dissemination phase of this information. Cohen is not thinking of printing more reports but instead of finding ways to adapt information more efficiently to the way the media work. He presents some basic guidelines about how this adaption to the media regime can be made. The need for research regarding the selection, impact, and effect of human rights stories in the media is another recommendation he makes. Furthermore, he recommends that it would be an advantage if human rights organizations could coordinate with aid, disaster relief, and other organizations on communications issues.

In the following chapter Cohen focuses on the direct communication of human rights information to the general public. As with the mass media, human rights organizations do not have a tradition for evaluating the impact of the communication to this audience. Taking Amnesty International as a case, and using text analysis of letters used in direct mail campaigns, newspaper ads, inserts, etc., he describes in a detailed and systematic way the means and techniques used to get the message through. The most interesting part of this analysis concerns the strategies Amnesty International uses to overcome the forms of denial that are found among the general public, and how AI tries to stimulate actions with respect to the information in question.

In the concluding chapter the author poses two questions: What reactions do human rights organizations expect from the information they present? How successful have these organizations been in reaching the public and what are the limits for expanding the public? Although drafting some answers to these questions, his aim is more to start a debate on these issues, pointing towards the need for standards to evaluate human rights information work, and a means versus aims discussion for reaching a broader public.

Stanley Cohen's publication is highly informative. Some might also find it provocative regarding the debate and questions raised about the information work of human rights organizations. It is one of the very first comprehensive studies on this subject. Being innovative on the other hand means that the line of thought does not always stand out clearly. Digressions from the main line and the constant raising of new discussion points make it a demanding publication to read. The reader requires time, attention, and dedication. But it is worthwhile.

Finn Rasmussen, MA
Information Officer
IRCT
Copenhagen
Denmark

FROM THE MEDICAL LITERATURE

United Nations and human rights

Twice a year the United Nations publish a Chart of ratifications of the international human rights instruments. The chart gives an overview of the international instruments that each member state has ratified, e.g. on economic, social and cultural rights, civil and political rights, racial discrimination, apartheid, genocide, torture, women's rights, children's rights, refugees, slavery, migrant workers, etc. The chart can be obtained from the United Nations in Geneva or New York.

Physicians and torture

The study Physicians and torture: knowledge, attitude and practice by June Pagaduan-Lopez and others, which was described in TORTURE, vol 6, no. 1, has been published in the Peace, Conflict Resolution and Human Rights Occasional Papers Series by the Center for Integrative and Development Studies, University of the Philippines and the U.P. Press. The publication can be obtained from UPCIDS, Program on Psychosocial Trauma, University of the Philippines, PCED Hostel, Diliman, 1101 Quezon City, The Philippines.

Paperback edition

Torture and victimology


The book contains 28 of the presentations at the international symposium. There is a great variety of the different aspects of victimology, ranging from victimization through the mass media, drugs and victimization, aggression and violence against personnel in the public transport system. Torture victims are included for the first time.
NEWS IN BRIEF

New Executive Director of Physicians for Human Rights, US

After three years as PHR's executive director, Eric Stover has become director of the Human Rights Program at the University of California, Berkeley. Dr. Stover will continue as consultant on forensic and other projects. The position as executive director of PHR has been taken up by Dr. Leonard S. Rubenstein. Dr. Rubenstein has been director of the Judge David L. Bazelon Center for Mental Health Law in Washington DC, for six years.

The German Medical Association nominates Human Rights Commissioner

Six years ago, the "Behandlungszentrum für Folteropfer" [Centre for Treatment of Torture Victims] in Berlin wrote an article in the German Medical Journal which claimed that the German Medical Association kept too low a profile in questions concerning human rights, and that the Association ought to have a Human Rights Commissioner. This led to several articles from various contributors, including Amnesty doctors, and the result was that Dr. Torsten Lucas was appointed Human Rights Commissioner in the Berlin Medical Association at the beginning of 1996. Since then, other Medical Associations across the country have made similar appointments, and finally, on 15 April 1996, Dr. Frank Ulrich Montgomery, President of the Hamburg Medical Association, was appointed Human Rights Commissioner for the German Medical Association. Dr. Montgomery's function will be as collaborator and coordinator in questions concerning human rights in the medical field.

Tunisian lawyer awarded Human Rights prize

The Centre d'Information et de Documentation sur la Torture en Tunisie has informed the editorial board of TORTURE that the renowned Tunisian lawyer, Najib Hosni, was given the Prix Ludovic Trarieux 1996 pour les Droits de l'Homme. The prize was given by the Institute des Droits de l'Homme du Barreaux de Bordeaux.

ANNOUNCEMENT

Professor Bent Sørensen’s Travel Grants

Professor Bent Sørensen’s* Travel Grants in Support of Medical Doctors’ and other Health Professionals’ Participation in International Activities to Combat Torture and its Consequences were established under the RCT on the occasion of former president of RCT (1984-90) Bent Sørensen’s 70th birthday, March 8, 1994. A number of travel grants will be available this year to enable medical doctors and other health professionals from all parts of the world to participate in international activities aiming at combatting the practice of torture and providing appropriate care and assistance to victims of torture. These travel grants will be awarded to cover the cost of participation in scientific or professional meetings as well as in fact finding missions and study trips relating to torture and its consequences. Travel grants may also be awarded to allow participation in relevant education and training activities either as faculty or student.

The grants will be awarded by a review committee appointed by the board of the RCT and will be based on written applications received before September 15, 1996. The applications should contain:
1. Purpose
2. Budget
3. C.V.

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

* Bent Sørensen, Professor, MD, DMSc, former President of RCT, Vice-Chairman of the UN Committee Against Torture (CAT) and Member of the Council of Europe’s Committee for the Prevention of Torture (CPT).
FORTHCOMING CONFERENCES AND SEMINARS

PRELIMINARY ANNOUNCEMENT
IRCT is arranging a seminar

International Training Seminar on Prison Visits
20-23 October 1996

The seminar will take place at RCT in Danmark.
Professor Bent Sørensen, MD, DMSc, Vice-Chairman of the UN Committee Against Torture (CAT) and Member of the Council of Europe's Committee for the Prevention of Torture (CPT), will be responsible for the seminar.
The language of the seminar will be English and there will be no interpreters.

Further information:
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Att.: Annette Hart Hansen, Head of education department

Dublin, Ireland
17-21 August 1997:

World Congress on Violence and Human Co-Existence

Announcement

Further information:
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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.

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.