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TORTURE Volume 8, Number 1 1998
VERITAS VINCIT

This motto is said to have been the lodestar for the Bohemian priest and insurgent Jan Hus in the 15th century, meaning that the truth shall be victorious (in the fight against the supremacy and oppression of the Pope). Recent developments in Argentina and Chile give hope that truth shall prevail in the protracted campaign to shed light on the use of torture and killings in those two countries from the mid-1970s to the start of the 1980s.

Jan Hus was burned at the stake as a heretic. Executions of people who oppose the regimes of Argentina and Chile have been abandoned, but certainly not the fight for justice, despite both governments' assurance of impunity to the torturers and murderers more than 15 years ago. After all, something indicates that perhaps some day at least some of the worst violators of international humanitarian law will be brought to court.

Perhaps the only internationally well known torturer, former Argentine navy captain Alfredo Astiz, declined earlier this year to be a witness in a trial investigating assassinations during the so-called "dirty war" of 1976-1983, i.e. the bloody suppression of the left-wing opposition by the then military regime of the country. But he even rashly told a magazine that he and other officers were right to "clean" Argentina of guerilla groups.

Astiz, suspected of the murder of two French nuns and a teenage Swedish girl, was taken prisoner by Great Britain in the Falkland war in 1982, but was exchanged with British war prisoners taken by Argentina; the 1949 Geneva Conventions protected him even from being interrogated by any foreign power. Insult was added to injury when he recently threatened to kill journalists and politicians, who are now trying to extract the truth about the killings of about 15,000 people more than 15 years ago.

However, Argentina's President, Carlos Menem, agreed with opposition leaders: The pension to Mr. Astiz should be discontinued notwithstanding the 1987 law of "due obedience", accepting that officers just followed orders and consequently enjoy impunity. But two little-known congressmen from Frepaso, a party formed in 1994 by defectors from Mr. Menem's Justicialist Party, proposed annulment of the due obedience law and a complete end to impunity.

The former President of Chile, Augusto Pinochet, dictator 1973-1990, is now also confronted with endeavours from people who will not accept the earlier compromise between the army and the politicians, relieving him of responsibility for the disappearance (i.e. assassination) of 3,000 Chileans. In this case, the disappearance of a Spanish diplomat, Carmelo Soria, and the Spanish student Michelle Peña, who was tortured during the eighth month of her pregnancy, have caused the Spanish investigating magistrate Manuel García-Castellón to take legal steps. His indictment includes Pinochet and 38 of his officers.

The magistrate has a strong point: the two "disappearances" have been substantiated by the Chilean truth commission (equivalent to the current South African one), which produced evidence of 3,000 disappearances. In addition to that, thousands of others were tortured or forced into exile. The 83-year-old Pinochet, just retired from his post as chief of the Chilean army, has become a newly (self) appointed senator for life; he has thus protected himself against charges. On the other hand, President Eduardo Frei has announced a referendum on the self-appointment of Pinochet and nine other senators who were not chosen democratically.

Cases from both countries show that protection against torture and arbitrary execution should surely be part of the new international law that places responsibility for their violation on the government in question. Diplomats from most UN member countries are scheduled to meet at a conference in Rome, June/July 1998, in an attempt to frame a treaty for a new international court aiming to punish not only war criminals and violators of humanitarian law (the nucleus of human rights, normally defined as the absolute rules, which cannot be waived even in states of emergency), but also under certain circumstances heads of state.

Until the Nuremberg trials after the Second World War, an individual had never been held responsible for governments' violation of international law. In recent history torturers are so to speak blacklisted, i.e. regarded as hostis juris gentium (enemies of mankind), but this is mostly a question of principle. It is obvious that notorious war criminals run little risk of being captured; many of them are ingenious at escaping justice - just look at the former head of the Serbs in Bosnia-Hercegovina, Radovan Karadžić, wanted for war crimes during the civil war, but still at large two years after the Dayton peace agreement.

Perhaps the small commotion provoked in the two South American republics will not lead to any basic legal change. It should not be ignored that law and justice are not exactly the same: both countries had to strike a deal with the military establishment when they returned to civilian rule and slowly introduced democracy. Thus the law of the land is forgiven for the many brutal servants of governments, and the official policy is intentional ignorance concerning the victims. The new democratically elected presidents in both countries are apparently displeased at this state of affairs.

The mothers of Plaza de Mayo in Buenos Aires and the relatives of the missing people in Santiago de Chile and elsewhere shall continuously remind them of the past. They will never forget. Perhaps it is only for the hopelessly idealistic, optimistic, even sanguine people to expect any sanctions against the thousands of civilian and military torturers and hangmen.

But the fight to put them on trial will never end. The difficult job of the International Tribunal on Former Yugoslavia, based in The Hague, is an example of the enormous problems facing the international community - the UN and all that - which strives not only for fulfillment of basic material needs but also for international justice. Regrettably, maintaining peace and reconciliation often tends to prevent justice and compensation for victims.

H.D.
Torturers are outlawed

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The Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment (the Convention), which came into force on 26 June 1987, involves ratifying states in many obligations, as most people will know. The Committee against Torture (CAT) sees to it that the states uphold these obligations: that the states change their national laws if necessary, and put the Convention’s provisions into practice.

*Article 1 defines torture so precisely that we know its exact meaning, and Article 2 prohibits torture; a ban that cannot be questioned in any way, see the article on Israel in this issue of TORTURE, page 15. Thus, the legal basis is quite clear.

*Article 4 obliges states to ensure that their domestic criminal law fulfils the above-mentioned conditions: “all acts of torture are offences under its criminal law”.

*Article 5 defines whom the state can accuse of carrying out torture. Naturally, they are the country’s own citizens (Article 5, paragraph 1), regardless of where the torture has taken place, but they also include foreign citizens (paragraph 2) if they are “present in any territory under its jurisdiction”.

*Article 6, paragraph 1, obliges the states “upon being satisfied, after an examination of information available to it” to “take him into custody, or take other legal measures to ensure his presence”. Paragraph 2: “Such State shall immediately make a preliminary inquiry into the facts”. There are then two possibilities, the first being to extradite the person. The conditions are described in detail in Article 8, where it is stressed that the Convention could be “the legal basis for extradition in respect of such offences”. In other words, the torturer is extradited to a state in order to be punished there.

The other possibility is not to extradite him, in which case paragraph 7 imposes the following obligation on the state: “if it does not extradite him, submit the case to its competent authorities for the purpose of prosecution”.

In this connection, many will probably consider it difficult to carry out such a prosecution in a foreign country. However, the Convention has also taken this into account: Article 9 states: “The state parties shall afford one another the greatest measure of assistance in connection with criminal proceedings brought in respect of any of the offences referred to in Article 4, including the supply of all evidence at their disposal necessary for the proceedings”.

It is therefore correct to state that torturers are outlawed. Whether the rule also applies to heads of state is not yet clear, but it is quite clear that it applies to everyone else.

It seems that Articles 4-9 have not yet been applied to torturers who are in a foreign country, and therefore there are even more reasons for calling attention to the existence of these rules.

What then can the individual citizen do?

This will depend slightly on the domestic laws of the various countries; but, in short, any concerned citizen can – and should – report any torturer to the correct authority. In some countries this would be the police, in others the prosecuting authorities, in others the court of law.

We are many who are waiting in great suspense for the first court decisions that will confirm one of the aims of the Convention: Torturers are outlawed.

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SERSOC in Uruguay today

Aldo Martin, Executive Coordinator*

Uruguay is a small country in South America, situated between Argentina and Brazil, on the Atlantic Ocean, with a population of about 3 million. Until the 1960s, it was regarded as the "American Switzerland" because of its socio-cultural situation, its progressive social welfare laws, and the high standard of living of its population.

Democracy has been continuous during this century, as well as a committed respect for human rights. However, this situation changed dramatically in 1973 following a military coup. Unfortunately, the present social-cultural condition and economic power of the country are not very different from those of other underdeveloped nations, even though the macro-economic indicators state the contrary.

During the military dictatorship more than 50,000 people were imprisoned on political grounds, many for more than a decade. All the prisoners, without exception, were systematically tortured, physically and psychologically. Another estimated 70,000 citizens sought exile because of the state terror adopted by the government. Furthermore, nearly ¼ million Uruguayans were forced to leave the country owing to the economic conditions generated by the dictatorship. It is known that one out of three Uruguayan families have had at least one imprisoned or exiled member.

This situation came to an end 10 years ago. Yet the policy of the new democratic government was to legalise impunity through official disregard, by which crimes were forgotten before there was a fair judgement. Thus, the mechanisms of terror have been reinforced, causing the totally unprotected citizens to fear the power of the State, and banishing the possibility of any working through of this trauma in the history of the country, not only by the direct victims, but also by the entire population.

During these recent years of democracy, several Uruguayans have been killed under doubtful circumstances, as a consequence of the repressive system. The reaction of public opinion has reflected a sort of conformance, an it-would-have-been-worse-then reaction. This type of passive acceptance of a "certain quota" of excess from the system reflects the concept that human life is less valued.

Certain social factors limit the possibility of the victims' rehabilitation. Non-worked-through historical facts have led to effects such as:

- a neutralization of impunity: justice does not reach those in high political posts
- a tendency to social indifference, causing individuals to disregard their protagonism as citizens
- a propitiation for silence as a behaviour of dependence: "to denounce is to risk, and it may also weaken democracy"
- a deterioration of the social net fostering individualism.

Those who struggled for a better society and defended liberty, undergoing the most unspeakable torments in prison and/or in exile, still lack social reparation, many of them being outsiders to society and having had their vital projects destroyed.

As the new government was sworn in in 1985, an official Commission (Comisión Nacional del Reencuentro) was created to re-integrate these persons into society. The budget devoted to this was so reduced that the Commission was able to help only a limited number of victims, by providing them with underpaid posts as civil servants.

The State also committed itself before society and the families of missing political prisoners to researching that matter, and to giving information about their actual situation. But after 12 years, all three democratic administrations have so far failed to take any steps in that direction, and the families have not been able to talk through the mourning for the death of their missing relatives, who are still regarded as missing.

In short, the lack of social reparation and the governmental negligence are still being suffered, not only by the victims themselves, but also by their relatives, who had to live for so long without their presence within the family (in the case of prisoners) or could not share their life in exile.

Since its start in 1984, the year before the return of democracy, SERSOC has been working with the direct victims of the dictatorship and their families, who are also to be considered as victims.

Despite the fact that, from 1985 to 1988, several organizations were devoted to providing medical, psychological, and social assistance to the subject population, SERSOC has been the only institution in the country with this specific commitment. It is, therefore, the only trustworthy socio-medical reference for this target population.

During the first years we had a medical team for the treatment of somatic after-effects of torture (mainly osteo-muscular and neurological). When these were treated, we focused on the psychosocial effects of imprisonment, torture, and exile. For this reason, we have devoted our meagre budget since 1989 to social follow-up and counselling, and to psychiatric and psychological assistance.

Our technical team comprises five psychiatrists, 15 psychologists, and three social workers; their salary is merely symbolic, since SERSOC can afford to pay only a quarter of the average professional fees. In addition, SERSOC provides individual, group, and family therapy, and also medical/psychiatric treatment, and even hospitalization, if needed.

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Unfortunately, some patients are suffering from psychoses. These patients receive our deepest concern because their pathology, the lack of support from the state, and often from their own families, lead to a state of total helplessness.

We have so far treated more than 3,100 patients, of whom 320 are still being assisted, this figure being practically constant during the last five years. The flow of persons demanding assistance, first appointments, is stable at ca. 20-30 per month. Nevertheless, the number of new cases rises periodically, particularly after political episodes that arouse, directly or indirectly, memories of past terror.

We have seen, with considerable concern, two fast growing types of new demand:

a) Ex-political prisoners who had shown no signs of psycho-pathological decompensation so far, and who now start to develop symptoms more than a decade after being exposed to the trauma. Most had not sought our support previously.

b) Their children, whom we have called “The Second Generation Victims” because of the characteristics of their pathologies, which symbolically repeat their parents’ sufferings.

As always with NGOs concerning human rights, our main problem is financial. The risk of not having enough resources is permanent, and we have to administer them in such a way that we can assist as many people as possible.

The state of economic/institutional insecurity also leads to other problems that we consider very serious, i.e. the difficulties in financing the research and systematization of our working experience, and in preserving the historical memory not only of the traumatic events, but also of the treatments with which we have tried to repair their effects.

We therefore run the risk of losing all these valuable data, should our Institute be closed down. Apart from that, we have not yet been able to finance a documentation centre, which would be the only in the country with the specific aim of compiling bibliographic and socio-demographic information, national and international, on assistance to victims of state terror.

We continue to sustain, in hope, the necessity of remembering, and talking these sad events through, for they are an integral part of ourselves as individuals, our history, our identity, and our professional occupation.

Note
Some of the concepts in this article were elaborated by Dr. Aldo Martin and Victor Giorgi, psychologist, for the article Terrae, imporo, oblivio, published by the School of Psychology, Universidad de la República, November 1996.

This text was presented at the 19th International Training Seminar on Rehabilitation of Torture Survivors and Their Families, April 28 - May 2, 1997.

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Torture in Central America: a Costa Rican perspective

Juan Ugalde Lobo, Professor*

Costa Rica is located in Central America, a zone of many conflicts in which lack of respect for human rights has been questioned for decades. Civil wars have caused hundreds of thousands of deaths, many of them the result of torture.

In brief the historical framework of this problem has not affected all the countries equally — a blessing for some, a curse for others.

Central American countries have similar basic traits. They were all conquered and colonized by Spain, Spanish is the official language, and most of the people are Roman Catholic. The economies are based on agriculture, and the countries share a deep passion for football, which has been the detonator for war between two of them.

However, the social, economic, and political development of Costa Rica sets it aside from the other countries in the isthmus.

Costa Rica has a long tradition of democracy. After the civil war in 1948, the President of the Republic, José Figueres Ferrer, married a Danish woman. Together they created the idea of abolishing the army. This important decision has allowed Costa Rica to place more emphasis on education and health.

Throughout these years, neighbouring countries spent freely on expensive armies that acted as establishment means of power and repression of the population.

Unfortunately, one must admit that today in Costa Rica social peace has suffered, mainly because of the policies of international banks, economic globalization, and adjustment and stabilization guidelines.

A recent report published by the Commission for the Defense of Human Rights in August 1996 notes the erosion of civil rights such as the right to life, physical and psychological integrity, economic rights associated with job and employment privileges, and so-called third generation rights that refer to ecological transgressions.

Denunciations have recently been made to the judicial authorities and the ombudsman about police brutality, mainly during political demonstrations, violence against detained persons, and death of young criminals and drug dealers during police custody.

The experience of forensic physician prevention

Prevention

The forensic physician is in charge of examining people arrested by the administrative and judicial police.

1. Every beaten person admitted to a penitentiary must be examined previously by a forensic physician, who must submit an official report to the authority in charge of the case.

2. A medical examination of inmates in cells is made twice a day during the investigation to guarantee physical and psychological integrity.

3. The forensic physician examines suspects involved in drug cases or who are sick in penal centres and who need medical assistance or can benefit from conditional freedom because of deteriorated health (Article 506, Code of Penal procedures).

4. The examinations of underage transgressors.

The forensic physician is the main person responsible for the medico-legal assessment of inmates, and has a very important function in the detection and rapid reporting of mistreatment to superior authorities.

Education

The forensic physician plays a key role in teaching Penitentiary Medicine, Prevention of Torture, and Medical Ethics. The goal is to spread education to other Costa Rican schools in the areas of medicine, nursing, law, and police training. A highly ambitious, but not impossible project is to expand to medical schools in other Central American countries.

Teaching prison medicine

Prison Medicine at the University of Costa Rica Forensic Department was first taught in 1988 on the initiative of Dr. Eduardo Vargas Alvarado. This semestral course is taken by all fourth year students during their Legal Medical course. The main objective is to train students in this particular kind of medical practice, which takes place in prisons, where the patients are deprived of their freedom.


Close collaboration has been established since 1994 with the Medical Service of the San Sebastian Admission Unit, which is a centre where detainees stay until their legal situation is established. Groups of students come to this unit and assist the Chief of Medical Services.

Teaching human rights, with emphasis on prevention of torture

A course on medical ethics and torture was introduced by
the Forensic Department at the University of Costa Rica in January 1995. The course, which is included in the Legal Medical semestral course, is compulsory for all fourth year medical students. It offers two classes, each of 1-1 1/2 hours, with a period for questions at the end. The main objective is to familiarize the students with the basic concepts of Medical Ethics: the definition of torture, International Codes and Declarations on medical ethics, the United Nations Human Rights Declaration, the Declaration of Tokyo, and the international fight against torture. The course also covers the epidemiology of torture, torture methods and their physical and psychological consequences, and the treatment of torture victims.

The students are also divided into groups during this course for in-depth study of the different topics that have been presented in the classes. They have to write an essay on torture, which is evaluated at an oral examination at the end of the course. The students are supervised by Dr. Ole Vedel Rasmussen at the Interamerican Institute of Human Rights, and they are provided with relevant literature on the selected topic.

Students may use any kind of material, e.g. slides, transparencies, and videos. They can even invite experts to complement the teaching. One group recently acted to illustrate torture.

We believe that the education is an important instrument for teaching students respect for human rights and professional ethics in the fields of medicine, health, and law. It is of great importance to train future doctors and other health workers so that they can detect and denounce any act of torture, and also treat the victims. The project of teaching medical ethics with respect to torture is the first of its kind in Central America.

We want to organize a permanent multi-disciplinary team of physicians, nurses, psychologists, and lawyers who can take care of torture victims from the neighbouring countries.

We need the assistance of international organizations involved in the defense of human rights to improve university education seminars to prevent torture.

Costa Rica has the conditions and working facilities to develop such education projects in penitentiary medicine, torture prevention, and medical ethics for health workers, lawyers, and penitentiary personnel, ranging from the university classroom to prisons.

This text was presented at the 19th International Training Seminar on Rehabilitation of Torture Survivors and Their Families, IRCT, Copenhagen, April 28 - May 2, 1997.

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The impact of political suppression and torture on the second generation

a comparative study

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Abstract
The aim of this study was to look into the state of mental health of all (n=254) children and adolescents aged between 8 and 22 years who are of Albanian citizenship and Greek nationality and who study in Greek schools in the prefecture of Ioannina (Greece). A further aim was to compare the state of mental health of these students, who come from families which are victims of political suppression and torture, with the state of mental health of the rest of the students who come from families that do not have such a history. The Rutter Questionnaires for Completion by Teachers and Parents and the Langner Questionnaire were used in the assessment of the children's behaviour. Our main finding was that the state of mental health of our sample does not correlate statistically with the family history of political suppression and torture.

Introduction
During the last 10-15 years the sequelae of torture in adults have been studied and described in several publications. Torture is now considered to leave torture victims with awful mental sequel and to condemn them to live with the symptoms, which not only cause significant impairment in social, occupational and other important areas of functioning, but also have a duration which goes far beyond the period of the implementation of torture.

Torture not only harasses the victims who have been subjected to it, but also their family members and especially their children. Children live with the consequences of torture, either directly as torture victims or as witnesses to the torture of their parents, or indirectly as they have to live with the changed context of their family after the experience of torture. Several authors, who have studied the reactions of children under various major traumas such as torture, stress the importance of the family context as a determinant of the child's well-being. Both the presence of significant persons in the child's life and the psychological well-being of these persons will be decisive for the child's psychological state of health. Schild has shown that verbal mediation of traumatic events (i.e. learning about an unexpected or violent death, a serious harm or threat of death or injury experienced by a family member), constitutes a form of exposure to extreme traumatic stress and can cause a host of symptoms.

Children of torture victims, children of previous concentration camp prisoners, and children who have lived during armed conflict exhibit a number of mental symptoms, sharing common emotional, psychosomatic and behavioral features: fits of anxiety, depressive symptoms, sleep disturbances, enuresis, stomach pains, headaches, aggressive behavior, concentration difficulties, learning and contact problems. Attempts have been made to summarize such symptoms in a more comprehensive syndrome, the so-called Post Traumatic Stress Disorder.

The majority of this research about children of torture victims has studied children of immigrants from regions such as Latin America or Asia who have found asylum in a western country. This research confirms the existence of emotional and behavioral disorders in children of torture victims and suggests the history of torture as the main reason for these disorders.

The aim of this study was to look into the state of mental health of all children and adolescents who are of Albanian citizenship and Greek nationality and who study in Greek schools in the prefecture of Ioannina (Greece). A further aim was to compare the state of mental health of these students, who come from families which are victims of political suppression and torture, with the state of mental health of the rest of the students who come from families that do not have such a history.

Material and method
Sample
The sample of the research consists of 254 persons aged 8 to 22, out of which 189 (74.4%) are boys and 65 (25.6%) are girls. These children of Albanian citizenship and Greek nationality were born in those parts of Albania where the Greek minority lives, and this is where they spent the first years of their lives.

These children live in Greece now, in boarding schools in the border municipalities of Pogoniani and Tsepelovo, studying at educational institutions in these areas, far from their families who live in Albania or who for financial reasons have immigrated to various regions of Greece. The duration of these children's stay in Greece is between 0 and 6 years (x=2.1, st.dev=1.4). During their stay in Greece these children frequently visit their families in Albania, often covering the distance on foot since both municipalities are close to the Greek-Albanian border.

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The choice of the specific target group as our sample was based on the fact that according to official data and denuncements, political violence and torture were frequently used by the former political regime in Albania\textsuperscript{17,18}. Therefore we considered it possible for these families to have a history of political persecution and torture.

**Methodology**

A complex questionnaire was used which included: 1) items concerning the demographical data for each child. Children aged 8-12 answered these questions orally in personal interviews with the researchers, while older children, aged 13-22 completed the questionnaire by themselves, having been given the right information, and always in the presence of the researchers. 2) in order to find out the existence or non-existence of traumatic events in the family, we used a specific questionnaire which was also made by the team of researchers. In this questionnaire the interviewees were asked to answer positively or negatively to the question of whether some of the following events had happened to them or to members of their families - as well as to clarify the relation to these members of their families: arrest, interrogation, exile, imprisonment, torture, murder, or any other event that caused great fear. The children had to state whether they were witnesses to the traumatic event or whether they were informed about it by someone else. They were also asked to determine exactly when this traumatic event took place, how many times it happened and the duration of it in each case. The data were collected in personal interviews with the children aged 8-12, while for the children at the age of 13-22 we used the same procedure as in the demographical questionnaire.

An overall psychiatric assessment of children requires the combination of several different approaches to the measurement of children's behaviour, but as a first step in the evaluation questionnaires play an important role, especially for screening or survey purposes. In our research and in order to investigate the state of mental health of the children, we used the:

1. Rutter Questionnaire for Completion by Teachers
2. Rutter Questionnaire for Completion by Parents
3. Langner Questionnaire (22-items), which composed the third part of the complex questionnaire given to the subjects of our research.

The Rutter Questionnaire for Completion by Teachers\textsuperscript{19} consists of 26 brief statements concerning the child's behaviour to which the teacher has to indicate whether the statement "certainly applies", "applies somewhat" or "does not apply" to the child in question. The answers are given a weighting of "2", "1" or "0" respectively to produce a total score with a range of 0-52 by summation of the scores of the 26 items. A "neurotic" and an "anti-social" subscore is obtained by summing the scores of different items. As Rutter reports, the questionnaire may be usefully employed as a screening instrument to select children likely to show some emotional or behavioural disorder. The questionnaire requires only a short time to complete and it is easy to score. In our research, the teachers took the responsibility to complete the questionnaire after they were given a six months notice in order to get to know more about the children.

The Rutter Questionnaire for Completion by Parents\textsuperscript{19} is a questionnaire similar to the one mentioned above. It consists of 31 items, the completion of which on the one hand gives additional and relevant information about the state of mental health of the children and on the other hand is based on the opinion of the parents or the persons who supervise the children. In our case, the supervisors at the boarding schools, people who have good relationships with the children living at the boarding schools, took the responsibility for the completion of this questionnaire.

The Langner Questionnaire\textsuperscript{20} (22-items) was used as the main instrument for the detection of psychiatric problems in the children at or above the age of 16. This questionnaire was made to be used in the detection of psychiatric cases in healthy people in communities. The aim of this questionnaire is not diagnostic. It does not discriminate types of psychiatric illness, but identifies levels of state of mental health ranging from "good" to "heavily disturbed". The questionnaire consists of 22 questions regarding symptoms that are related to stress cases. The questions are marked in accordance with the presence or absence of the symptoms. The method of scoring is to count the positive answers to the questions, the total result ranging from 0-22. As a cut-off score we used the presence of 6 positive answers.

Both the two Rutter scales and the Langner scale are widely used in research, a fact that proves their validity and their reliability.

**Results**

**Sociodemographic data**

Out of the 254 persons who made up the sample, 189 (74.4\%) were boys and 65 (25.6\%) were girls. The mean age was 14.9 years (st.dev.=2.4, min=8, max=22). Statistically significant differences (t=2.2, p=0.034 N.S.) between the age of the girls and the age of the boys were not found. As far as their educational level is concerned, 86 children (14.2\%) were primary school pupils, 113 (44.5\%) were high school students, while 102 (40.2\%) were students in senior high schools or in technical schools. 103 persons (40.6\%) reported that this was their first year in Greece, 56 (22.0\%) their second year, 18 (7.1\%) their third, 25 (9.8\%) their forth and 19 (7.5\%) their fifth, while 33 (13.0\%) were unknown. Finally, the mean time of stay spent in Greece was 2.1 years (st.dev.=1.4). 66 persons (26.0\%) reported that their parents were immigrants from their permanent place of residence. In most cases it was the father who had immigrated (17/66, 25.8\%), compared with the mother (5/66, 7.5\%). Finally, both parents were immigrants in 44/66 cases (66.7\%), 14 persons (5.5\%) out of the 254 reported that they were living only with their mother, while 2 (2.8\%) with their father. The reasons for not living with both of the parents was either the death of one of them, usually the father, (10/16, 62.5\%) or divorce (6/16, 37.5\%).

**Data on history of political suppression and torture in the family**

History of political persecution and torture in the family was mentioned by 81 persons (35.7\%), while 146 (64.3\%) answered negatively and 27 (10.6\%) did not answer at all. The most often reported cases were: interrogations, imprison- ment, beatings and exile. 80 persons reported that they had only heard of them, while 1 person reported that he/she had a personal experience: he/she followed his/her parents during their exile. From those who answered positively, most of them reported that this happened to their grandparents and their uncles (65/81, 80.2\%) and only 3/81 (3.7\%).
reported that this happened to their parents and their brothers. Finally, 13/81 (16.0%) reported history of torture not only to their parents and their brothers, but also to their grandparents and their uncles. Among the younger children (12 years old and younger) 25% answered positively to the question of family history of torture, among the children aged 13-15, 33.7% answered positively, while among the older children (16 years old and older), 41.1% answered positively to the question of family history of torture. As a result, the older children more often reported cases of torture in their families. This finding may derive either from a decrease in the frequency of such cases in the years after the fall of the former political regime in Albania, or from the fact that older children remember better.

**State of mental health of the children**

The statistical methods of $\chi$-square and univariated logistic regression were used to find out the correlation between the dependent variables of the Rutter Questionnaire for Completion by Teachers, the Rutter Questionnaire for Completion by Parents (both of them regarding children aged <16 years) and the Langner Questionnaire (for adolescents >16 years) and the independent variables such as sex, age, period of stay in Greece, migratory condition of parents, education of parents, traumatic events. So it was found that males ($x^2=4.5$ $p<0.003$), the immigration of parents ($p<0.006$, odds ratio=4.7) and the long duration of the children's stay in Greece ($x^2=3.6$ $p<0.05$), are the only independent variables that statistically have a significant effect on the state of mental health of the children, as it is shown from the Rutter Questionnaire for Completion by Teachers (cut off score=9). Younger children ($p=0.000$, odds ratio=4.6), the low education of the father ($x^2=6.3$ $p<0.04$) and the long duration of these children's stay in Greece ($p<0.002$ odds ratio=3.6), are also the only independent variables that have a statistically significant effect on the state of mental health of the children, as it is shown from the Rutter Questionnaire for Completion by Parents (cut off score=13).

Out of the 103 adolescents aged 16-22 years who completed the Langner Questionnaire, 22 persons (21.4%) reported the existence of 6 or more psycho-physiological symptoms. These persons, according to the methodology of the scale, need psychological intervention. The statistic research of the Langner Questionnaire with the method of the univariated logistic regression, showed that from all the independent variables, only the sex enters the formation of the dependent variation (Langner Scale, cut off score 26). To be more specific, more girls than boys scored 6 or more psycho-physiological symptoms according to the Langner Scale ($p<0.04$, odds ratio=2.7).

**Discussion**

As it derives from the analysis of the results of this research, the family history of political suppression and torture is not statistically significant related to the psychopathological behaviour of the children of these families. This finding does not compare with the findings of previous research which mentions that the children of torture victims show intense symptoms of psychopathology suggesting a correlation between trauma experience of the family and children's state of mental health.

Cohn et al.\(^{10}\) in their investigation of 85 Chilean children of tortured parents exiled in Denmark found that more than one third of the children reported psychopathological symptoms. The same quality of symptoms were corresponded by Alldi\(^{9}\) in his three studies dealing with Chilean children examined in Chile, Argentinean children exiled in Mexico, and the children of Chilean refugees in Canada. Alldi's sample was made up of children who had either themselves been tortured or whose parents had been subjected to torture. In their investigation Araya, Carrasco, Díaz, Escardo, Jorge, Pais & Santini de Carrasco included children representing 30% of the total population of exiled children from Latin America living in Holland and revealed a number of psychological problems, suggesting the trauma history of the family as the main factor of these disorders. Lukman et al.\(^{12}\) reported also symptoms of psychological and/or behavioural nature in children born before the torture of their parents took place and they concluded that these symptoms corresponded to the PTSD. Montgomery et al.\(^{11}\) in their study of 11 children from five exiled families living in Denmark where at least one of the parents had been tortured, describe the mental reactions and the coping strategies of these children, concluding that the family context was of crucial importance for the child's development.

In all the above mentioned research, the state of mental health of the children—who come from families which are victims of political suppression and torture—and their symptoms, are due to the family context. In addition to this, the state of mental health of children of torture victims who live as immigrants in another country is described, without having had it comparatively compared with the state of mental health of other children of parents who are immigrants without being torture victims. The main question of whether the state of mental health of children of torture victims is due to the adaptation problems they face in the new country or to the unfortunate influence of their parents' problem, has so far not been answered.

The findings of our research are partly explained by the different methodology we followed compared with the pre-mentioned research. In our research children who come from our neighbouring country, Albania, and who live in boarding schools in the area of Ioannina, were investigated. We investigated the state of mental health of this population, and at the same time we searched the existence or non-existence of a history of trauma in the family.

Another aspect which differentiates this research from that carried out previously has to do with the cultural similarities between the country of origin and the country the persons of the sample have immigrated to. To be more specific, the children who were investigated in our research, contrary to other research, come from a part of Albania where the Greek tradition and the Greek language remain the main elements of their everyday life. So, after they came to Greece, they did not undergo the cultural shock which they would if they stayed in a foreign country with a different culture. We could also claim that these children, having the opportunity to stay in Greece, are in a very privileged position compared with their fellow citizens who continue to live in Albania. Besides, as we have already mentioned, the place where they stay in Greece is very close to their home country, so these children have a continuous contact with their families and friends. Nevertheless, we should point to the fact that the duration of the children's stay in Greece influences negatively on their behaviour for the 8-12 age group. This could be attributed either to the fact that as time goes by, the teachers get to know better both the children and their behavioural prob-
lems, or to the fact that after the initial period of enthusiasm due to the immigration to Greece, these children face more and more the problems caused by the immigration.

One last aspect that has to be underlined as a possible explanation of the findings of this research is the time that has passed after the torture. As it is obvious from the analysis of the results, most of the children who reported a traumatic case in the family reported that this occurred to their grandparents and their uncles and few reported that this occurred to their parents and their brothers. Besides, the overwhelming majority (80/81) of these children only heard of these cases and neither witnessed them nor were themselves direct victims.

On the grounds that the family context is of crucial importance for the child’s development, we believe that further investigations are necessary to elucidate how family dynamics and the child’s development of coping strategies interact and what the consequences are for the child’s development.

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5. Erlil A. Psychological consequences of political persecution: the effects on children of the imprisonment or disappearance of their parents. Tidsskrift for Norsk Psykologiforening 1987; 24: 82-93.
Day-hospital for traumatized asylum seekers and refugees in Vught, the Netherlands

Boris Drozd MD, MA, Psychiatrist*, Henk Biemans, Specialized Social-Psychiatric Nurse*, Bianca van Keulen, Sociotherapist*, Marion Rijnders, Art therapist*, Bram de Winter, Psychomotoric therapist* & Diederick Lente, Music therapist*

The centre started to operate on 1 November 1996 and was the first institution specialized in psychological help and assistance to asylum seekers and refugees in the south of the Netherlands. Our clients are asylum seekers and refugees from different parts of the world, now living in the Netherlands, including victims of war, concentration camps, political violence, imprisonment, and torture.

The centre focuses exclusively on out-patient and day-hospital treatment and on providing early treatment of complex PTSD (before the asylum seeking procedure of the client is completed). It is serving the needs of about 1,800 asylum seekers in the region of 's-Hertogenbosch, and it is providing curative, preventive and educational activities in the field of psychotrauma.

Currently, the following preventive activities are carried out:

The Centre offers regular consultations with medical teams from centres for asylum seekers (AZC) in the region, providing information directly to asylum seekers about psychotrauma and forced migration and the possible psychological consequences, crisis intervention, supporting traumatized parents in caring for their children and supporting medical teams in AZCs (knowledge about trauma and vicarious traumatization).

Client therapy takes place in a group setting and there are three different groups. One group meets three times a week. The programme consists of group and additional individual psychotherapy, art and music therapy, psychomotoric therapy and social orientation. This group consists of maximum 10 clients of the same origin and gender. The group is closed and treatment lasts for one year. Aftercare is organized in the form of monthly "booster" sessions. Treatment takes place with the help of an interpreter. There are also two more groups that meet once a week. They also consist of maximum 10 clients of the same gender, but of different origin (male and female group). These two groups are open, and therapy takes place with the help of interpreters. The programme consists of so-called non-verbal techniques: art therapy, music therapy and psychomotoric therapy. This programme is additional to individual psychotherapy which takes place in a Regional Institute for Mental Health in 's-Hertogenbosch (Riagg). The duration of treatment is determined by the individual needs of the client.

The centre in Vught is situated south of Amsterdam, the capital of the Netherlands.

The staff of the centre gives workshops and education for medical and paramedical professionals on a regular basis, and presents at national and international conferences.

The capacity of the centre is 30 clients in addition to approximately 80 clients who receive treatment at the Riagg, where some of the centre staff members also work. The Centre offers a limited possibility of in-patient care according to the principle "bed on receipt". The centre cooperates with other Dutch institutions specialized in the field of psychotraumatology and is considering possibilities of becoming a part of a future network of institutions in the Netherlands that take care of the psychological well-being of asylum seekers and refugees.

Search for information and partner

The Day-hospital for traumatized asylum seekers and refugees in Vught, the Netherlands, is organizing a Work-Integration programme for the torture victims who participate in our aftercare programme.

The objective of the programme is to increase the opportunities of traumatized refugees to find paid employment.

We are searching for information and a partner in the European Union who is trying to implement the same kind of project elsewhere.

Please send your reactions to: Mr. H. Biemans, project coordinator.

* Dagbehandeling voor Vluchtelingen
Postbox 10150
NL-5260 GB Vught
The Netherlands

TORTURE Volume 8, Number 1 1998
CENTRE PRESENTATIONS

The Center for Justice and Accountability (CJA) in San Francisco, USA*

Mission
The Center for Justice & Accountability (CJA) is an Amnesty International USA-initiated project established to assure that the United States does not become a haven for torturers and other violators of human rights. CJA will file suit in the courts of the United States to seek compensation on behalf of those whose human rights have been grossly violated, and will in particular pursue anti-impunity litigation against human rights violators from abroad who reside, visit, or keep assets in the United States. Actions will include coordinating lawsuits under the Alien Tort Claims Act (ATCA) and the Torture Victim Protection Act (TVPA), facilitating visa revocation and/or deportation of human rights violators, and cooperating with international tribunals and other entities engaged in prosecuting human rights criminals.

Objectives
The objectives of CJA are: (1) to provide legal services and/or referrals to those who have suffered human rights violations, seeking to punish violators and to compensate survivors; (2) to make appropriate referrals for psychological, medical, and social services for plaintiffs served by CJA, assisting them in overcoming the aftermath of their experiences and in coping with the sometimes long and difficult course of legal action in pursuit of justice; (3) to educate the public regarding torture and other human rights abuses, heightening public awareness of, and receptivity to, human rights issues; (4) to make the United States a genuinely safe place of refuge for those deserving safe haven; and (5) to help survivors of human rights abuses eliminate the felt need to resort to extra-legal acts in their striving for justice.

Services
Legal assistance through CJA will take the form of identifying, screening and preparing cases, gathering evidence necessary to bring lawsuits, and arranging pro bono legal assistance. The Center is also working with investigators to identify the whereabouts of defendants and locate their assets. Other activities include staff outreach to refugee and immigrant communities and organizations, to inform them of recourse available under the law, and of applicable services available through CJA. Basing its work on U.S. legal obligations under national and international law on human rights, the Center will engage in limited outreach to legislative and administrative bodies regarding desired changes in existing and proposed laws protecting victims and societies from human rights violators.

Structure
The Center is a newly-formed, independent non-profit 501(c)(3) organization created by, but independent from, Amnesty International USA. A member of the AIUSA Board of Directors sits on the CJA Board, along with other human rights advocates. The Executive Director, Legal Director, Information Officer, and various professionals on contract (including investigators and grant writers) comprise The Center for Justice & Accountability staff.

* 588 Sutter Street, No. 433
San Francisco
CA 94102
USA

The Center for Justice and Accountability is situated in San Francisco.
United Nations Committee against Torture (CAT) and the case of Israel

Professor Bent Sørensen, MD, DMSc*

The United Nations Convention against Torture and other Cruel, Inhuman or Degrading Treatment or Punishment was adopted in consensus by the United Nations General Assembly on 10 December 1984 and went into force on 20 June 1987 when 20 Member States had ratified the Convention1.

The State of Israel ratified the Convention 2 October 1991, but did not sign article 20 and did not ratify article 22.

When ratifying the Convention, Israel entered into an obligation to make sure that the provisions of the Convention were incorporated into the domestic law, and, furthermore, that the provisions were complied with in practice in that country.

Articles 1 and 2 of the Convention are of the greatest importance for this paper: article 1 defines torture, and article 2 prohibits its use. Article 2.2 states further:

“No exceptional circumstances whatsoever, whether a state of war or a threat of war, internal political instability or any other public emergency, may be invoked as a justification of torture.”

Thus, by ratifying the Convention, Israel renounced the possibility of using or tolerating torture. The prohibition against torture is an absolute demand, without any forms of exception.

The Initial Report
On 25 January 1994 Israel forwarded its initial report to the Committee against Torture 2 according to article 19 of the Convention. An initial report must describe how the State Party, article by article, has implemented the provisions of the Convention, how they are incorporated into the domestic law, and how they are complied with in practice.

In paragraphs 31–45 of the above mentioned report, Israel states first of all that the Landau-Commission Rules of Interrogation permit “moderate physical pressure” to be applied to suspected terrorists who may have information about proposed terrorist acts. The second section of the Landau Report, which “details precisely the exact forms of pressure permissible”, was declared to be secret.

The Delegation of Israel and the CAT meet on 25 April 1994
Initial reports of the States Parties are dealt with at a meeting between the delegation from the country in question and the Committee against Torture’s 10 members. At this meeting, the delegation at first presents new areas that may have come up after the report was submitted, and then the Committee questions the delegation from the country. The Committee has appointed a Rapporteur and a Co-Rapporteur who ask most of the questions, but they are supplemented by questions from the other members of the Committee. Based on the country’s report, and supplemented with information from NGOs to the Committee, the report is thus examined point by point.

Subsequently, the delegation answers the Committee’s questions, and engages in a dialogue. This meeting is held in public.

The Committee then convenes in camera and formulates its conclusions and recommendations, which are presented to the delegation and to the audience at a subsequent public meeting. The conclusions and the recommendations are then published in the CAT’s Annual Report to the General Assembly 3.

The following may be quoted from the conclusions in 1994 about Israel:

“Subjects of Concern
9. It is a matter of deep concern that Israeli law pertaining to the defences of “superior orders” and “necessity” are in clear breach of that country’s obligations under article 2 of the Convention.
10. The Landau Commission Report, permitting as it does “moderate physical pressure” as a lawful mode of interrogation, is completely unacceptable to this Committee:
   a. as for the most part creating conditions leading to the risk of torture or cruel, or inhuman or degrading treatment or punishment;
   b. by retaining in secret the crucial standards of interrogation to be applied in any case. Such secrecy being a further condition leading inevitably to some cases of ill-treatment contrary to the Convention against Torture.

Recommendations
12. The Committee recommends:
   b. that interrogation procedures be published in full so that they are both transparent and seen to be consistent with the standards of the Convention;
   d. that an immediate end be put to current interrogation practices that are in breach of Israel’s obligations under the Convention; ...”

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* Vice-Chairman of the United Nations Committee against Torture (CAT)
Co-opted to the International Rehabilitation Council for Torture Victims (IRCT)
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11 November 1996
During the Committee’s 17th session in November 1996, information was given about a press release of 11 November 1996, which claimed that a person who was under police custody in Israel, and who had been subjected to “moderate physical pressure” during interrogation, had raised the case before the Supreme Court of Israel. According to the press release: “The Supreme court declared lawful the use of physical pressure.” The Committee thus realized that the third column in a democracy, the judiciary, now also permitted “moderate physical pressure”, albeit with the caveat that such pressure should not go so far as to amount to torture. The Committee decided to send a letter to Israel, in which it
- recalled the recommendations from 1994 (cf. above),
- concluded that “the decision (was) incompatible with the provisions in the Convention”, and
- asked for a special report by 31 January 1997 and for a meeting with the delegation from Israel at the 18th Session in May 1997.

The special report was requested according to article 19 of the Convention:

“1. The States Parties shall submit to the Committee, through the Secretary-General of the United Nations, reports on the measures they have taken to give effect to their undertakings under this Convention, within one year after the entry into force of the Convention for the State Party concerned. Thereafter the States Parties shall submit supplementary reports every four years on any new measures taken and such other reports as the Committee may request.”

18 February 1997
Israel forwarded its second periodic report4. In this report Israel went over the problems about the Landau-Commission Rules of Interrogation and the court decision. The following points were stated and stressed:

1. “Moderate physical pressure” is not torture,
2. “The necessity” of defence, recognized by the domestic law of Israel, and
3. The problem of “the ticking bomb”, as a set of conditions justifying the use of “moderate physical pressure”.

The Delegation of Israel and the CAT meet on 7 May 1997
During the meeting, the delegation of Israel stressed repeatedly that “moderate physical pressure” is not torture. The Committee stressed that in 1994 it had said that torture was expected to occur, and now in 1997 the Committee concluded that torture had in fact been used. The Co-Rapporteur (the author of this article) gave two examples:

1. Physical Torture
In the report Israel and the Occupied Territories. Shaking as a form of Torture5 by Physicians for Human Rights (October 1995), Derrick Pounder, Professor of Forensic Medicine, Dundee, Scotland, described in detail an autopsy of a person who had died after shaking whilst being interrogated by Israeli security officers. This case is described under “Torture Worldwide” on page 20.

The conclusion was as follows:

OPINION AS TO CAUSE OF DEATH
1. a. Intracranial trauma
   b. Violent shaking injury

The case and this conclusion were read out to the Israeli delegation and compared with the definition of torture as described in article 1 of the Convention, and the delegation was asked whether they would agree that the shaking:

1. Caused severe pain?
2. Was done intentionally?
3. Was done for a purpose?
4. Was done by a public official?

The answers to the questions were:

1. “Yes”
2. “Shaking can only be done intentionally”
3. “Described in detail in the Court Decision”
4. “It was done by General Security Service (GSS) personnel”.

The Co-Rapporteur therefore found that he had proven that a case of physical torture had occurred.

The delegation maintained that shaking was seldom used. The Committee responded to this by pointing out that the late Prime Minister Yitzhak Rabin said in public: “Shaking has been used against 8,000 detainees.”

2. Mental Torture
Mental torture was proven by a transcript from the Supreme Court6. Sleep deprivation and mental exhaustion were given as examples, and the following list could be quoted from the Israeli Supreme Court:

<table>
<thead>
<tr>
<th>Description</th>
<th>Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>Interrogation + waiting (I + W)</td>
<td>39.50</td>
</tr>
<tr>
<td>Rest (R)</td>
<td>5.05</td>
</tr>
<tr>
<td>I + W</td>
<td>47.35</td>
</tr>
<tr>
<td>R</td>
<td>2.0</td>
</tr>
<tr>
<td>I + W</td>
<td>22.10</td>
</tr>
<tr>
<td>R</td>
<td>5.10</td>
</tr>
<tr>
<td>I + W</td>
<td>47.45</td>
</tr>
<tr>
<td>R</td>
<td>5.05</td>
</tr>
<tr>
<td>I + W</td>
<td>46.50</td>
</tr>
<tr>
<td>R</td>
<td>5.00</td>
</tr>
<tr>
<td>I + W</td>
<td>48.00</td>
</tr>
<tr>
<td>R</td>
<td>6.00</td>
</tr>
</tbody>
</table>

During the discussion Israel again stressed “the defence of necessity” and talked about “the threat of the ticking bomb” in the sense that they could spare the lives of up to 200 persons by using “moderate physical pressure” (which in the Committee’s opinion is torture) on one single person. The Committee responded, as it had earlier, that article 2.2 is absolute. There can be no excuse, not a “necessity”, not a threat of a “ticking bomb”. If a country has ratified the Convention, it is crystal clear: you are not allowed to resort to torture under any circumstances.

The Committee stated its conclusions and recommendations7 in the following way:
"Conclusions and recommendations

Conclusions

5. However, the methods of interrogation, described by non-
governmental organizations on the basis of accounts given to
them by Interrogates, which appear to be applied systematically,
were neither confirmed nor denied by ISRAEL. The
Committee therefore must assume that they are accurate.
These methods include:

1. restraining in very painful conditions,
2. hooding under special conditions,
3. playing loud music for prolonged periods,
4. sleep deprivation for prolonged periods,
5. threats, including death threats,
6. violent shaking, and
7. using cold air to chill;

and are in the Committee's view breaches of article 16 and
also constitute torture as defined in article 1 of the
Convention. This conclusion is particularly evident where
such methods of interrogation are used in combination,
which appears to be the standard case.

Recommendations

8a. Interrogation applying the methods referred to above
and any other methods that are in conflict with the pro-
visions of articles 1 and 16 of the Convention should cease
immediately.

8d. Interrogation procedures pursuant to the "Landau rules" in
any event be published in full.

8e. Israel should include information on the measures taken
in response to these conclusions and recommendations
in its second periodic report, which was due on 1 November
1996. That report should be submitted as soon as possi-
ble and in any event no later than 1 September 1997, in
order to allow the Committee to consider it at its next
session."

Israel has not yet submitted its second periodic report and
was therefore unable to engage in a dialogue with the
Committee in November 1997.

The author's summary

The author's summary is very short: In 1994, the Commit-
tee ascertained that the Landau Rules of Interrogation could
lead to torture, and this was "completely unacceptable" to
the Committee.

In 1997, the Committee concluded that torture had in fact
occurred.

It should be noted that Israel is the only country which in
its legislation and court decisions overtly permits conduct
that the CAT deems to constitute torture. All other countries
that have ratified the Convention fight or purport to fight
against such conduct.

In the Co-Rapporteur's opinion there are two alternatives
for Israel:

a. stop torture, stop using the Rules of Interrogation of the
Landau Report, and in any case publish the secret part of
it, or if not
b. since the CAT has stated that Israel's way of acting is
"completely unacceptable" and "incompatible with the
Convention", it is a logical consequence thereof that Is-
CPT visits in 1998

Strasbourg, December 16, 1997 - Within the framework of its programme of periodic visits, the European Committee for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment (CPT) envisages organizing visits to the following countries during 1998:

Andorra
Croatia
Finland
Iceland
Ireland
Moldova
Spain
Sweden
"The Former Yugoslav Republic of Macedonia"
Ukraine

The CPT was set up under the 1987 European Convention for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment. To date, 37 member States of the Council of Europe are bound by the Convention.

The CPT is composed of persons from a variety of backgrounds: lawyers, medical doctors, prison experts, persons with parliamentary experience, etc. The Committee’s task is to examine the treatment of persons deprived of their liberty. For this purpose, it is entitled to visit any place where such persons are held by a public authority; it may formulate recommendations to strengthen, if necessary, their protection against torture and inhuman or degrading treatment or punishment.

(Source: CPT, Strasbourg, France)

Danish member re-elected to the UN Committee against Torture

Professor Bent Sørensen, MD, DMSc, co-opted to IRCT, has been re-elected to the Committee against Torture for the fourth time, as the first member ever, for another period of four years – and with the highest number of votes, 61.

The members, 10 independent human rights experts, serve in their personal capacity, not as representatives of their respective countries.

The Convention has been ratified by 104 States parties, and 83 of them have the right to vote.

CAT was established in 1987, and Professor Sørensen, who is still the only medical doctor in CAT, has been a member from the start. His knowledge regarding torture stems from many years as President of RCT in Copenhagen, and from his eight-year-long membership of the Committee for the Prevention of Torture (CPT) under the Council of Europe.

New member of CPT

On 20 September 1997 Ole Vedel Rasmussen, MD, DMSc, RCT, Denmark, was elected for a four-year term to the European Committee for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment (CPT).
Every torture is shocking, every torture is revolting, every humiliation is unbearable, but Iraq is an example where meticulousness and research in the way of destroying people is, I would say, even more frightening.

From the beginning to the end it is quite different! You are arrested at a street corner, blindfolded, and a few months or a few years later you are released on the same street, at the same corner, the blindfold taken off at this very place! As if nothing had happened between these two events!

During the whole stay in prison your eyes were kept blindfolded while moving elsewhere than in your cell. It was a real surprise to see one patient discovering the place he had been jailed in for a few months, on a drawing made by a patient who was “housed” more than ten years in this place. To visit, on the map, the place by the average distance he remembered he had to walk, and read what the other prisoner, who stayed long enough to see something, had written in front of each room.

It was dramatic to see him, when he had finished this strange visit, look at me and cry.

In addition to the “standard” way of hurting, humiliating and making prisoners suffer (beating — immobilization — twisted arms — falanga — nails removed — ankles squeezed by a rope tightened more and more with a piece of wood and, of course, horrible conditions of incarceration, etc.), in Iraq they are using much more sophisticated technical ways of torturing people: after having the hair shaved, a sort of saucer is fixed on the skull with a rubber “seal”. Cold water is dripped onto the bald head, and the water runs out of this device by two holes placed over the eyes. So the cold water drips on the skull and then on the eyes, and this for 5 hours a day!

Loving water, as the Iraqi torturers do without any doubt, what to think about these rooms with smooth walls and floor, nothing to cling on to? This room is filled up with water and your only choice is to stand on your toes or to have your head under the water level.

Loving special rooms, as the Iraqi torturers do without any doubt, what to think about these rooms with metallic walls in which prisoners are “stored” while the walls are brought to freezing cold and next to burning heat and again to freezing cold?

Loving to force the prisoners to stand in strange and painful positions, as the Iraqi torturers do without any doubt, what to think about these sorts of coffins, the four standing sides and the top one barbed with nails, pointing inward? When you are locked inside you don’t feel anything as long as you stand still! At every little movement you feel pain as your body touches nails, so you move, so you touch other nails, making pain somewhere else, and so on. If you are quite strong and resist too well, in the torturers’ way of thinking, a weight is attached to your genitals to make you move quicker! And if, as one of the patients I saw, you have the bad idea to faint when the door is opened, you recover quickly when a screwdriver is pushed right through the quadriceps of your thigh. Never will I forget the glance of this Iraqi patient toward the corner of my office where he had shown me what his position had been; he stood up in the very position he was in this “box”. When during the following weeks he was talking about this torture he was always looking toward this corner of my office, saying: “When I was in this box,” pointing to the corner. He was still in the box!

One of the patients I took care of was used as a training dummy for the soldiers’ karate lessons. Another was forced to stand up for two days without being allowed to open his eyes or talk. Another day he was forced to assist at the execution of seven of his friends. All these torture methods bring this country close to the sophistication of its neighbour and enemy: Iran.

After enduring all that, after fighting to survive, after having been released and arrested again, and when in custody you “only” get beaten, your reaction is: “I was only beaten; it was just wonderful!”

Is there anything to add to that? I don’t think so.

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A case of shaking – leading to death

In connection with the meeting between the UN Committee against Torture (CAT) and the delegation of Israel, the following case was presented to the Israeli delegation.

Abd al-Samad Harizat was a 30-year-old Palestinian who was in good general health before his arrest and in whom natural disease played no part in his death. He suffered from a congenital bone disease that resulted in irregular bony outgrowths, most obvious around his knees. This congenital bone disease played no part in his death, but accounted for his short stature, 151 cm, and his light weight, 44.3 kg.

Death was the result of injuries, the pattern of which was unusual. The pattern was equally remarkable for what was not present as for what was present.

Bruising of the body was almost entirely concentrated on both sides of the upper chest. The only other area of bruising was at the right ankle, and this is probably explained by the use of shackles (Mr. Harizat's family state that he was shackled to a bed while in coma in hospital at the time they visited him).

The bruising on both sides of the upper chest was extensive and involved both the skin and underlying muscles. On the left side, just below the midpoint of the collar bone, there was a skin abrasion, indicating an area of blunt force impact. Despite the extensive bruising there were no fractures of the breast bone, ribs, or collar bones.

There were no injuries of the neck, face or scalp, and no fractures of the skull or facial bones. There was a haemor-}

rha may be produced by a blow to the head or face, but Mr. Harizat had no injury to the head or face to account for it. Such a haemorrhage may also be produced by violent shaking of a person, as is well described in young children (the “shaken baby syndrome”). Infants who are shaken to death in this way, or who survive such shaking episodes only to die later, may suffer generalized damage to the brain (diffuse axonal injury) as well as subdural haemorrhage, and may also suffer from injury to the retina of the eye, all produced by the same general mechanism of jarring movements consequent on violent shaking.

Microscopic examination of the brain and eyes, conducted after the autopsy by Israeli pathologists, disclosed the presence of diffuse axonal injury to the brain, and retinal injury. This provides further evidence to support the conclusion that the cause of death was violent shaking.

The bruises on the front of the upper chest are consistent with repeated blows, possibly in association with shaking while gripping the clothing, or alternatively forceful gripping. The pattern of injuries to the upper chest, together with the presence of the subdural haemorrhage, suggests that the method of injury was violent shaking.

The absence of scattered bruises and abrasions over the body indicates that Mr. Harizat was not subjected to beating, as that word is commonly understood. Rather, the method of injury was more sophisticated, controlled, and focused. Abd al-Samad Harizat died as a result of this method of torture.

For further information see the article under “News from CAT and CPT” on page 15.
LETTERS TO THE EDITOR

Partial truth is not a part of truth, but its distortion


Since the free elections in 1990, and the start of the war in 1991, Croats had to learn about international aspects of various types of own interests. Thus, we physicians learned about connections between medicine and human rights: we liked this approach and adopted it. To our great surprise (I am speaking from my own experience, the experience of my family, and experiences of a number of our friends, colleagues and associates), it turned out that human rights, humanitarian and other institutions, organizations and individuals at the international level, who visited our country and tried to learn about events, including our deeds, were often not impartial at all, albeit impartiality was their first and key slogan at the first meeting. The corporate author of the book, Physicians for Human Rights (PHR), is a typical example. It is especially painful because my colleagues and I know the background work on this book, and it reveals that the story is not at all as simple as Dr. Lavik said in his TORTURE review.

1. PHR had information
PHR had all the necessary information before the writing of this book, including all the information provided by the Croat side. The Croatian Medical Journal (CMJ) has published a number of reports on the medical aspects of the war in Croatia and Bosnia and Herzegovina, i.e. it is a rich and reliable source of information.

2. PHR selected information
The title of the book includes a period, 1991-1995. So, where are the data on the 1991/92 Serbian offensive against Croatia? Where are the destroyed hospitals, the massacres of Croatian citizens (Dalj, Lovinac, Voćin, Šabrinja, Nadin, to name only a few), the destroyed cultural heritage (e.g. 150 churches), the several hundred thousand displaced persons—all the themes that have their chapters in this book?

Where are the sufferings of Croats in Bosnia and Herzegovina, in conflict with Serbs and Muslims?

Where are the sufferings of Serbs in Bosnia and Herzegovina?

Since the book speaks about the suffering of Muslims in Mostar, why does it not mention the suffering of Croats in middle Bosnia, which was much more severe and better documented?

Why did PHR (and the Hague Tribunal) investigate only one "Croat" and only one "Serb" massacre in Croatia (1991), when many more (70 mass graves of Croats) are well documented? In this respect, why was the fact that the Serbs claimed that 1,700 were killed by Croats at Pakračka Poljana not considered a violation of medical neutrality, since the experts found only 19 bodies?

3. Distorted history
The book's chapter on the historical and legal background is full of mistakes, prejudices, and false data. For example, how can the authors say that "Croatia annexed Slavonia" (in the 19th Century), when Slavonia has always been part of Croatia? How can it be said that Serbs constituted 25% of the inhabitants, when it was less than half that figure, and that they were denied ethnic rights as a minority, when, through the Communist party, they ruled Croatia (p.11)? How can anybody speak of the Ustasha (pro-Nazi) Croat regime during World War II, without mentioning Croat resistance to it? The description of the 1990 events in Croatia (p.15) is simply untrue. History is difficult to check and all parties have different stories, but in this book the history is taken from Serbian nationalistic sources, without any caution.

4. Where are the data?
Apart from the Ovčara slaughter, the book fails entirely to list Croat (and Serb) sufferings in the 1991/92 war in Croatia. Why? Where are the data handed to PHR by us, and published in world literature? We are aware of at least 100 relevant references in non-Croatian sources.

With respect to the 1992-1995 war in Bosnia and Herzegovina, the book is completely biased towards the Muslim side.

Since the book listed the names, and even gave photographs of medical personnel killed or missing in Bosnia and Herzegovina, why did it not do the same in Croatia, where the deaths of medical personnel killed by Serb forces have been documented by all possible means?

Even for me it would be too brave a statement to say that this book was intentionally made so incomplete and thus so unfair. But, then, what is it? A great disappointment at least!

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This letter has been shortened by the editorial board. Readers who are interested in further information about this issue are welcome to contact the author.
June 26 – the new United Nations International Day in Support of Victims of torture

A special day has been given in memory of and support to the many torture victims in the world. Organizations around the world are joining hands to mark the day.

On the December 12, 1997, the day of June 26 was officially proclaimed the “United Nations International Day in Support of Victims of Torture” by the UN General Assembly through adoption of Resolution No 52/149.

The date was not chosen by coincidence. The United Nations Convention against Torture became effective on that same day in 1987 when Denmark ratified the Convention against Torture as the 20th country. Now, 11 years later, with the introduction of this new United Nations International Day proposed by the Danish Government, special and continuing focus has been put on the problem of torture by the international community.

It is the vision and goal of the International Rehabilitation Council for Torture Victims, IRCT, to let this day emerge as a concerted international effort to create awareness of the scourge of torture, and eventually become a special day of high symbolic value to all torture victims and their families, friends, and supporters.

To achieve this objective, great efforts have been mobilised and hands joined across the world. Everyone should become aware that torture is not forgotten, that the victims and their families have defenders who are willing to put extraordinary focus on their cause and the atrocities committed against them.

IRCT Copenhagen is spearheading the awareness campaign by organizing an event on the June 26, 1998, at the Copenhagen City Hall, together with the Danish Rehabilitation and Research Centre for Torture Victims, RCT. Rehabilitation centres and treatment programmes on all continents have joined this global campaign and are arranging local and regional events.

Maria Piniou-Kalli, MD, President, International Rehabilitation Council for Torture Victims, IRCT, on June 26:

This day will be a day of memory and honour to those who have died after severe torture, sacrificing the most precious thing, their own life, for what they believed in. It is also significant to remind everybody that this pattern of abuse and violence against human beings is applied every day. We wish to find the motivation in the years to come for improving the conditions of life for those who are in need and for the formulation of new positive societal structures worldwide.

Inge Genefke, MD, DMSc hc, Secretary-General, International Rehabilitation Council for Torture Victims, IRCT, on June 26:

This United Nations Support Day for Victims of Torture can be an important part of torture victims' healing and rehabilitation processes. Putting international focus on their suffering and acknowledging their traumatic experiences can help eroding the deep shame and feelings of humiliation that follow torture victims for years and years. The global synergistic efforts in commemorating their horrible past will be of great importance in the worldwide advocacy work for their rehabilitation.
United Nations General Assembly Resolution 52/149 of 12 December 1997

United Nations International Day in Support of Victims of Torture

The General Assembly, Recalling Economic and Social Council decision 1997/251 of 22 July 1997, in preparing for the fiftieth anniversary of the Universal Declaration of Human Rights, Decides to proclaim 26 June United Nations International Day in Support of Victims of Torture, with a view to the total eradication of torture and the effective functioning of the Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment, which entered into force on 26 June 1987.

Journée internationale des Nations Unies pour le soutien aux victimes de la torture

L'Assemblée générale, Rappelant la décision 1997/251 du Conseil économique et social, en date du 22 juillet 1997, prise dans le cadre des préparatifs du cinquantième anniversaire de la Déclaration universelle des droits de l'homme,

Décide de proclamer le 26 juin Journée internationale des Nations Unies pour le soutien aux victimes de la torture, en vue d'éliminer totalement la torture et d'assurer l'application effective de la Convention contre la torture et autres peines ou traitements cruels, inhumains ou dégradants, qui est entrée en vigueur le 26 juin 1987.

Dia Internacional de las Naciones Unidas en Apoyo de las Victimmas de la Tortura

La Asamblea General, Recordando la decisión 1997/251 del Consejo Económico y Social, de 22 de julio de 1997, como preparativo de la celebración del quincuagésimo aniversario de la Declaración Universal de Derechos Humanos,

Decide proclamar el 26 de junio Dia Internacional de las Naciones Unidas en Apoyo de las Victimmas de la Tortura, con vistas a la erradicación total de la tortura y a la aplicación efectiva de la Convención contra la Tortura y otros Tratos o Penas Cruel, Inhumanos o Degradantes, que entró en vigor el 26 de junio de 1987.

Selected list of publications

received in the IRCT International Documentation Centre


Menneskerettighedskrene i Burma : rapport fra en undersøgelsesrejse i november 1997 / Peter, Hans Draminskiy ; Lykke, Jakob ; Houg, Hans Peter ; Mannstaedt, Maiten ; Ussing, Bjørne. - [s.l.] : DLMM ; Folkehirkens Nødhjælp, 19980000. - 32 p. : ill. - Summary in English.


Women refugees from Bosnia-Herzegovina : developing a culturally sensitive counselling framework / Filicc, Ivana ; Vincent, Christine ; Adams, Amina ; Barramovic, Fersada. - In: International journal of refugee law ; vol. 6, no. 2. - 19940000. - p. 207-226.

Representatives from rehabilitation centres in Bosnia, Croatia, Albania, Greece, Serbia and Denmark met in Sarajevo, Bosnia, to give each other inspiration in the regional cooperation against torture. Sarajevo was dressed in the sunshine and flowers of springtime and the city is now moving slowly from war and siege towards reconstruction and hope for the future.

The members of the Balkan Network are observing the development in the fight against torture in all the Balkan countries. Despite the earlier war, the tensions and new threats of war in Kosovo, the members felt that the Balkan region due to its geographic conditions has had a cruel destiny, but at the same time that these geographic conditions now give opportunities for popular support for human rights. The members of the Balkan Network will cooperate at various levels, and the meeting resulted in the announcement of the following statement:

SARAJEVO STATEMENT

(29 April 1998)

I

Balkan Network for the Prevention of Torture and the Rehabilitation of the Victims (BAN) has for its main goals “the coordination, in the Balkan area, the work of the rehabilitation centers and other similar organizations dealing with torture victims as a result of wars, ethnic prejudice and direct or indirect governmental practices”.

II

BAN with representatives of 8 centers for the prevention of torture and the rehabilitation of the victims as well as human rights activists, met in Sarajevo and concludes the following:

• After discussion and deliberation on the issue of torture and torture prevention in the Balkans, concluded that it is necessary to undertake all activities to prevent torture in this region.

• Once again stresses that it is the ideology and the main value orientation of the BAN to work on the prevention of torture, the rehabilitation of torture victims, and to raise public awareness on these issues. Within this scope, reconciliation and democratization are prerequisite conditions.

• BAN commits itself to develop methods to assure that medical, psychosocial and legal assistance is provided to all torture victims regardless of nationality, ethnic origin, political option, and religious beliefs.

• The participants of BAN at their meeting in Sarajevo particularly draw public attention to the dramatic events and tension in Kosovo. The present waves of police repression and indications of widespread armed conflict, can, as the recent experience in the Balkans teach us, be a threat that culminates in torture as regular police practices and victims with lasting consequences.

The participants of
BAN meeting in Sarajevo

[Box]
OBITUARY

Barbara Chester

1950-1997

Barbara Chester's work for torture survivors began in December 1986 with the opening of the Centre for Victims of Torture, Minneapolis, the first centre for torture victims in the United States. Barbara lived in Copenhagen for a while and worked at RCT, where she planned the publication of the book Mercy has a Human Heart: clinical work with survivors of political torture. This was based upon the author's extensive work with survivors of political torture. Barbara utilized her clinical background to translate the experience of torture into a conceptual framework for practitioners working with survivors of torture. In addition, she wanted to demonstrate that the knowledge, hard-won by sufferers of massive brutality, is important and beneficial for anyone living in an increasingly violent world.

Barbara Chester's concept for the book showed considerable insight into the problem of torture, manifested through a series of very important issues that elaborate the issue both in specific terms and in a phenomenological, social, and cultural context. The work, as it was presented in a detailed outline, could have become a very valuable tool for people directly involved with the problem of torture, and also for those who, as political, economic, and general decision makers, work against torture. These people constitute a target group that could make good use of this knowledge.

Inge Genefke, Secretary-General of IRCT, expressed the following in connection with the death of Barbara Chester:

"For most of her professional life Barbara was helping people who had been exposed to excess violence. She was exactly the right woman in the right place.

I don't think I ever met a person with such a fine understanding of the sufferings of others as Barbara. Her intuition and brilliant intellect were combined so harmoniously that we could all benefit.

I have had the privilege of being together with Barbara in the US and elsewhere in the world.

She was very sad that her book Mercy has a Human Heart was not finished. It is, however, a far bigger loss for all of us that one of the most knowledgeable persons with respect to torture, its background and terrible consequences, and the possible rehabilitation of torture victims, did not finish what would have been a valuable help for us all. Barbara Chester's book would not only have been very helpful for therapists. It would also have been a much needed intellectual contribution to the understanding of "How can this happen?", as she quotes herself in the synopsis: "When a nation succeeds in translating hatred and prejudice into organized political activity - then human values and the structure of civilization stand in mortal peril" (Martin Cynor). We must continue to live without her sharp analyses of, for instance: "When violence becomes normalized, When life becomes politicized, When groups become marginalized, When science and religion lend credibility."

With certain people one feels a special mutual relationship. One perhaps sees one another only seldom, but that does not matter. The quality of the relationship is so intense.

I think many have had this feeling with Barbara. Her intense feelings for others were quite simply unique.

The last period of Barbara's life was very difficult, full of severe psychological and physical suffering. Many of us remember with gratitude how Robin was always present with love and strength; he understood how to help not only Barbara, but also all of us.

Barbara Chester worked closely for many years with the Hopi Indians. I have a beautiful poster in my office with a photo of Dan Katchaungva, a leader of Sun Clan of the Hopi Nation. A text attached to the photo says, among other things: "The peaceful way of life can be accomplished only by people with strong courage, and by the purification of all living things."

I cannot think of a more beautiful description of how Barbara was, and what she accomplished."
Trauma and recovery – assisting the traumatized youth


This manual is designed to assist professionals working with young people who are refugees and who have been exposed to traumatic situations such as torture. The aim is "to promote an understanding of the causes and effects of trauma associated with war, state sanctioned violence and the refugee experience, so that recovery and restoration is achieved for its survivors and the communities they are part of".

The manual focuses on the young refugee aged between 12 and 25. The reason for including also the young adult in the focus group is that as a result of war, violence and refugee camp experiences, the progression through the developmental stages of childhood and adolescence is often delayed.

The manual is divided into four sections, one providing the theoretical framework for treatment, one providing strategies for individual counselling, two for group work.

Trauma is seen as a process that disturbs the development of the young person. Assaults on children and young people are an especially powerful way of spreading terror in the community. It causes a systematic disruption of basic and core attachments to families, friends, religious and cultural systems, it destroys central values of human existence and it creates feelings of shame and helplessness leading to self-blame and passivity in the individual, as well as in the family and community at large. Anxiety and depression are immediate reactions to violence, loss and separation, while losing the meaning of life, one's self-worth, security and trust can result in self-destructive behaviour and antisocial personality development.

The recovery goals are directed towards restoring safety and control, and towards re-establishing attachment to other human beings, who can offer emotional support, help restore the meaning of life and find values and dignity which can reduce the feelings of shame and guilt.

The target group for individual counselling is traumatized refugees, who have been exposed to a range of traumatic experiences during a considerable period of time, often months or years before assistance is provided. Individual, family and group approaches are complementary and should not be considered in isolation.

A secure environment with adequate provision and access to health care, education and accommodation are among the most basic rights of young people. Resolution of practical issues can generate substantial therapeutic benefits and should be attended to parallel to the provision of psychological assistance. Providing information about trauma reactions is important as it reduces anxiety, validates the emotions of the traumatized youth and serves to establish trust between the young person and an adult. Guidelines for dealing with traumatic disclosure in a way that serves to strengthen the young person's own method of coping, as well as strategies to deal with anger and aggressive behaviour are provided. Establishing connections between the past, present and future helps to restore the youth's identity, meaning and purpose in life. Validating the young person's feelings of guilt is stressed as being more helpful than trying to persuade him/her that there is nothing he/she could have done differently.

The emotional responses of the professionals are dealt with briefly. People working with traumatized refugees risk being caught in a vicious circle of helplessness, a wish to do more, leading them to break the limits of the professional relationship which can result in disempowerment of the clients.

The sections on group work are based on the authors' experiences running groups for traumatized refugee youths at the Victorian Foundation for Survivors of Torture in Australia. While the sections on theory and individual counselling are more general in their approach and primarily focus on how to create a healing atmosphere and a trusting relationship with the traumatized youth, the sections on group work also provide an outline of a range of concrete group exercises, which can be used at weekly meetings at a treatment centre, in a school setting and/or at a youth camp. It is emphasized, though, that very anxious young people need to establish trust in at least one caring adult before they can participate in group work.

The aim of the group work is to break down social isolation resulting from trauma, dislocation and resettlement, to enhance the development of self identity, involving integration of past experiences and to identify emotions which influence everyday behaviour, and to deal with them.

This manual provides very useful information on trauma and strategies of intervention with a target group which is often overlooked. The subject is dealt with in a way that acknowledges the very complicated nature of this area, and, although focus is on short-term interventions, the necessity of providing security, attachments and emotional support is stressed, aspects which demand a long-term process in order to be useful.

The manual is organized in a way that facilitates reading and understanding. The main content of each section is summarized in comprehensive charts which at the same time form the basis of the next section. Connection between theory and intervention is thus provided in an easy and logical way.

The manual is intended for professionals working with traumatized youth, i.e. people with previous knowledge of and experience with children and young people. Some form of therapeutical training also appears to be a prerequisite for making full use of particularly the guidelines on individual counselling.

The family is seen as the most important buffer and at the same time the most important risk factor for persistence of symptoms. However, the manual provides very little practical advice on intervention with families, although the general outline can also be directed towards families.

Edith Montgomery, PhD
Chief Psychologist
RCT, Copenhagen
Denmark
FORGETTING HISTORY AND POLITICS?


The editors of Pain and Survival all work at the Psychosocial Centre for Refugees of the University of Oslo, Norway.

The book contains three major parts: Psychosocial aspects, historical and macro-political perspectives, and justice and reconciliation.

A good description of the book is found in the introduction by the editors:

"For the professional group, clinical work with severely traumatized patients from other cultures has been a core experience for a deeper understanding of the issue. However, all who work as clinicians at the crossroads between human rights violations and mental health become aware of the overwhelming impact of historical and political events on the medical and psychological problems of the individual they are trying to help (...). It is not pleasant to stand at this crossroads, and one may easily be tempted either to retreat rapidly to the purely clinical position — concentrating on the patients, trying to improve the technical skills of individual treatment and forgetting about history and macro-politics — or one can choose the other direction — forget the patients and move into purely political activity.

This book is an open invitation to remain at the crossroads and listen to the cries of despair from the suffering individual, and, at the same time, to keep one’s eyes on the social landscape, looking for the historical and cultural patterns that have created these immense personal tragedies."

NEWSLETTER CONNECTING PHYSIOTHERAPISTS INVOLVED IN TREATMENT OF TORTURE SURVIVORS


The newsletter is a tool for physiotherapists who are already trained in the treatment of torture survivors to keep in touch across borders. Furthermore, the newsletter is intended to serve as a source of mutual information and inspiration for physiotherapists and others with an interest in the issue.

The newsletter will pass on experiences in connection with the teaching of physiotherapists about the treatment of torture survivors. Furthermore, new literature on treatment and teaching will be presented, as well as upcoming activities within the special field of torture survivors and physiotherapy.

Future issues of the newsletter will consist mainly of contributions from the readers. These could be anything — experiences in connection with treatment or teaching, a book to be recommended to others, etc.

SELECTED LIST OF PUBLICATIONS

received in the IRCT International Documentation Centre


Human rights: our collective responsibility: 1st IFMSA training workshop on human rights and medicine / Derwig, Jet; van Rossem, Riotsa; University of Amsterdam. The International Federation of Medical Students' Associations, General Secretariat; IFMSA. - Amsterdam: IFMSA, University of Amsterdam, 19970000. - 51 p. - ill. - Draft. - ISBN: 90-9011483-I.

A glance at the information system of the Human Rights Foundation of Turkey / Hükümen, Milyar; Human Rights Foundation of Turkey [19970000]. - p. 1-5.

Enrique ter Horst of Venezuela appointed as Deputy High Commissioner for Human Rights

On 5 January 1998 UN Secretary-General Kofi Annan appointed Enrique ter Horst as Deputy High Commissioner for Human Rights. Mr. ter Horst is a national of Venezuela. Prior to his new appointment, he served as the Secretary-General’s Special Representative for Haiti. Previously, he had served as Chief of the Mission of the United Nations in El Salvador. Before that he was an ambassador in the foreign service of Venezuela, and in addition he presented the Secretary-General at the Governing Board of the University for Peace.

Mr. ter Horst also served as Deputy Permanent Representative of Venezuela to the United Nations, in Geneva and as Venezuelan representative to the Commission on Human Rights. He will serve as Deputy to Mary Robinson who started her work as High Commissioner in September 1997. His post will be at the level of Assistant Secretary-General. He started in his new post on 1 February 1998.

(Source: United Nations Information Centre for the Nordic Countries).

The international reactions to the killing have been very strong. The Secretary-General of the United Nations, Kofi Annan, said that he condemns the killing and demands that the circumstances and the motives for the killing are to be clarified urgently. The Spanish daily newspaper El País wrote in their editorial on 28 April: “The assassins of Juan Gerardi have finished his life. It will be more difficult for them to succeed in wiping out the memory and the violations which he denounced.”

For the International Rehabilitation Council for Torture Victims (IRCT) and the Rehabilitation and Research Centre for Torture Victims (RCT), both in Copenhagen, Denmark, the killing of Gerardi is a great loss of a very important partner in Guatemala.

Creation of a new, free public service for immigrants and refugees in Barcelona

Since the end of 1994, the organization SAPPiR has been offering psychopathological and psychosocial services to immigrants and refugees in Barcelona, Spain.

Due to an increasing need to meet specific psychological problems of immigrants and refugees, an interdisciplinary team of psychologists and psychiatrists, experts in treatment techniques in this area, has been formed. The majority of the experts are connected to the University of Barcelona and the Vidal & Barraquer Foundation.

The services of the special team are free to the public, thanks to support from the Saint Pére Claver Hospital and the Red Cross of Catalonia. In addition, collaboration takes place with the Catalan Health Institute, the City Hall of Barcelona, and the AMR-World Association for Refugee Studies in Rome, Italy.

For consultation or collaboration, please contact: Dr. J. Axotegi, Director of SAPPiR at phone no. +34-3-442 39 02/3 (every afternoon from 16.00 to 18.00 hours) or at fax no. +34-3-329 976 36.
NEWS IN BRIEF

European Master’s Degree in Human Rights and Democratization

A Danish university is incorporated in the Programme of the European Master’s Degree in Human Rights and Democratization.

The achievement is definitely positive. The Odense University will be part of the Master’s Programme with the collaboration of the Danish Centre for Human Rights. Morten Kjaerum, Director of the Centre, will be the Danish National Director of the European Master’s.

The Universities participating in the European Master’s Programme are now fifteen, one for each EU Member State. So the participation is fully representative of the EU academic world which is actively committed to human rights and democratization.

IRCT is on the web

The International Rehabilitation Council for Torture Victims – IRCT – is pleased to inform you about its new web-site. With the introduction of this web-site it is our hope and goal to:

- give information about IRCT and the work of IRCT
- become a recognized source and authority on the subject of torture
- increase the knowledge about the centres in the IRCT Network
- strengthen the IRCT Network and function as a meeting place for collaborating centres and partners.

Our web-site includes the following entries:

- News from IRCT
- About IRCT
- 26 June – United Nations International Day in Support of Victims of Torture
- Documentation
- Rehabilitation Network
- Publishing and media
- About torture
- Health professional organizations
- UN Convention against Torture
- Meeting place
- Guest book
- Useful links

On the home page you will always find the “Quote of the month”.

You are cordially invited to visit us, please sign up in our Guest book – and let us have your comments and suggestions.

We look forward to meeting you on the web:

http://www.irct.org

Cooperation between FIDH and OMCT

L’OBSERVATOIRE pour la Protection de Défenseurs des Droits de l’Homme (The Observatory for the Protection of Human Rights Defenders)


OMCT: Organisation Mondiale Contre la Torture, Geneva, Switzerland.

The idea of the Observatory has evolved from the ever increasing number of human rights defenders who as a result of their action to defend the rights of others (as guaranteed by the Universal Declaration on Human Rights and other international instruments) are themselves victims of human rights abuses.
ANNOUNCEMENTS

Professor Bent Sørensen’s Travel Grants

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

A number of travel grants 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 combating the practice of torture and providing appropriate care and assistance to victims of torture.

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

The grants will be awarded by a review committee appointed by the board of the RCT and will be based on written applications received before September 1, 1998. 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
P.O. Box 2107
DK-1014 Copenhagen K
Denmark

Colby College – OAK Foundation Scholarships for International Students

With special emphasis on: Students from Denmark, students from Zimbabwe, students who have individually or whose families have suffered political oppression

Colby College, founded in 1813, is one of America’s most outstanding colleges of liberal arts and sciences. The College has a Colby-Oak Foundation international scholarship with 10 programmes which have special focus on students who have themselves or whose families have suffered political oppression, including political torture. The scholarships are also awarded to other international students, with two reserved for students from Denmark and two for students from Zimbabwe.

The College has approximately 1,700 undergraduate students. It is an independent college, and Colby awards the bachelor of arts degree, which usually requires four years of study to earn. Although Colby offers no graduate programmes, a liberal arts education provides an excellent foundation for more specialized work.

Colby College has a long tradition of concern with global issues. International students will find American students and faculty at Colby who are interested in the world’s communities and who understand and value the ways in which the interests and perspectives of each person enrich the educational experience for all.

The Colby-Oak international programme is associated with the Oak Institute for the Study of International Human Rights, a fellowship programme at Colby for experienced practitioners in the field of international human rights.

To apply to Colby, or to nominate someone else for admission, please contact:

Parker Beverage, Dean of Admissions and Financial Aid
Colby College Office of Admissions and Financial Aid
Lunder House
4800 Mayflower Hill
Waterville, ME 04901-8848
USA
Phone: +1 207 872 3168
Fax: +1 207 872 3474
E-mail: admissions@colby.edu
Internet: www.colby.edu
Instructions to authors

General remarks
The editorial board of TORTURE is grateful for small news items as well as articles dealing with aspects connected to torture, rehabilitation of torture victims and the fight against torture. The editors retain the customary right to style and, if necessary, shorten material accepted for publication.

Your manuscript should be prepared in correspondence with the uniform requirements for manuscripts submitted to biochemical journals. These requirements — the Vancouver system — are described in detail in Br Med J 1991; 302: 338-41 or N Engl J Med 1991; 334: 424-8.

The editorial board assumes that the material submitted for publication in TORTURE has not been presented anywhere else for consideration with a view to publication at the same time as an evaluation is being made by the board of TORTURE. If the material has been published on a previous occasion, please state where and when.

Book reviews
If you want to make a review of a book dealing with aspects concerning torture, please remember to give details about the publisher, number of pages and the price, preferably in USD. The review should be in the shortest possible way give a personal evaluation of the book — a mere description of the contents and some quotations are not sufficient. The review, which must be max ⅛ a TORTURE page long, equal to approx. 60 lines of 50 taps, should be given an appropriate title.

Summary of requirements
We prefer articles, reviews and other material to be word processed in a PC DOS/Windows format, for example Word Perfect or Word, and the text should be forwarded on a disc or by e-mail (only file attachments in M ime/Base64 format are acceptable) as well as in a printed copy. A good illustration (photo, drawing or table) is always very welcome.

The manuscript should be accompanied by a covering letter with the name, address, telephone and/or fax number, as well as e-mail if available, of the corresponding author. The letter should contain any additional information that may be helpful to the editor. Details of address of the author/authors, qualifications such as MD or PhD, and full professorship are published as a footnote to papers, and this information should be provided on the title page of the manuscript.

References
Should be numbered in the order in which they appear in the text.

ARTICLES IN JOURNALS

Standard journal article
(List all authors, but if the number exceeds six give six followed by et al).


Organization as author

No author given

BOOKS AND OTHER MONOGRAPHS

Personal author(s)

Editor(s), compiler as author

Organization as author and publisher

Chapter in a book

Conference proceedings

Conference paper

OTHER PUBLISHED MATERIAL

Newspaper article

Audiovisual

Legal material

UNPUBLISHED MATERIAL

In press
FORTHCOMING CONFERENCES AND SEMINARS

Vancouver, Canada
16-21 August 1998


Further information:
The Secretariat
Venue West Conference Services Ltd.
645-375 Water Street
Vancouver, B.C.
Canada V6B 5C6
Phone: +1 604 681 5226
Fax: +1 604 681 2503
E-mail: congress@venuemewest.com

Washington DC, USA
19-23 November 1998

14th Annual Meeting of the ISTSS.
Ending Cycles of Violence: Integrating Research, Practice and Social Policy

Call for presentations

Further information:
International Society for Traumatic Stress Studies
60 Revere Dr., Suite 500
Northbrook, IL 60062
USA
Phone: +1 847 480-9282
Fax: +1 847 480-9028
E-mail: conf@istss.com
http://www.ISTSS.com

Copenhagen, Denmark
17-21 September 1998

Quality Course in Team Building and Supervision for Advanced Therapists

Preliminary Announcement

A five-day course to take place at the Rehabilitation and Research Centre for Torture Victims in Copenhagen (RCT)

Teachers: Experts from the Netherlands, Denmark and Switzerland

Objectives:
• To focus on improving team functioning as an important answer to the need of therapists
• Within this five-day course to offer training in clinical supervision, debriefing, and team building

Participants: Approx. 15 participants, each of which must
• be a member of a team which cooperates intensively in the work for torture survivors
• have some years’ experience in giving therapy to torture survivors at a professional level
• have good knowledge of English to be able to take part in exercises during the training. The course will be conducted in English only.

Cost: DKK 6,000 equivalent to approx. USD 1,000 which covers hotel, meals during the course, lectures and teaching material.

Further information:
RCT – Education Department
Borgergade 13, P.O. Box 2107
DK-1014 Copenhagen K
Denmark
Phone: +45 33 76 06 00
Fax: +45 33 76 05 10
E-mail: rct@rct.dk

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

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

To further these goals the IRCT seeks on an international basis

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

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