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TORTURE makes people silent. It destroys them both physically and psychologically. Torture entangles people in a web of silence which is as difficult to get out of as the prison, in which they obtained these wounds to their body and soul. If information about their torture gets out in spite of the silence, nobody wants to hear about it. Accounts of torture are so evil, so devilish in their details that they are rejected as absurd, exaggerated, even unbelievable. Nobody listens. Nobody wants to know about this terrible fact. It is better to pretend it does not exist. This attitude is advantageous to the torturers who can carry on doing their dirty job without too much attention being paid to it. This again promotes the aims of the torturers because it aggravates the problems of the torture survivors, and it makes it more difficult for help to reach those who need it. Furthermore, the lack of attention is an inhibiting factor for potential initiatives, donations, collections and contributions from foundations, which prefer to show their generosity in glamorous and spectacular events.

The United Nations International Day in Support of Victims of torture is 26 June, a day which was given in memory of and support to the many torture victims in the world1. This day is indeed important in altering the above situation. The strong support from the UN and the Secretary-General Kofi Annan, from many governments, human rights organizations, NGOs, and numerous initiatives will help break through the silence, the insecurity, the indifference and will make a stand to make torture visible, a stand for openness, for acceptance among the boards of various foundations, for the understanding of the necessity for moral rehabilitation of torture victims. Because there is an inverse relationship between torture and democracy this support also shows that the UN, and thus the world community, has made a very important step for the strengthening of the democratic initiatives in dictatorships. Torture is an important tool – perhaps the most important tool – to oppress democracy and the democratic freedom of speech, to oppress freedom of political association, to oppress thoughts and action. In the same line of thought, President Bill Clinton expressed this during his recent visit to China: “Freedom strengthens stability and helps nations to change.”2

The day of 26 June and the will to celebrate this day in the years to come will be an invaluable help, not just for the understanding of the problems of torture victims and the ways in which these can be alleviated, but also for the strengthening of human rights and democracy.

The UN International Day in Support of Victims of Torture has a significance as a signal to the world community, so much more because the UN – the largest common denominator of the world’s nations when it comes to order, respect for the social structures and human rights – with this day has adopted the concept of torture.

The celebration of 26 June took place for the first time this year, and the celebration was very much a success also for the IRCT Network. So far 62 activities have been reported to have taken place in more than 40 countries around the world. These activities include radio and television programmes, articles in journals and newspapers, exhibitions, drawing competitions, conferences, round table discussions, and university seminars. The special exhibition in the UN building in New York deserves special mention, as do for example the unveiling of a sculpture for disappeared torture victims in Quito, Ecuador, candle-light vigils in Tibet and in Washington, a morning rally in Bangladesh, speeches and artistic contributions at the Copenhagen City Hall, Denmark, and the opening of a rehabilitation centre in Tallinn, Estonia.

1 See page 68 for the UN declaration of 19 May 1998 regarding torture.
2 President Bill Clinton spoke at Beijing University on 29 June 1998. Introducing this statement he said: “More than 50 years ago, Hu Shi, one of your great political thinkers and a teacher at this university, said these words: “Now, some people say to me you must sacrifice your individual freedom so that the nation may be free. But I reply, the struggle for individual freedom is the struggle for the nation’s freedom. The struggle for your own character is the struggle for the nation’s character.”.”

Message on the UN International Day in Support of Victims of Torture
UN Secretary-General Kofi Annan
26 June 1998

This is a day on which we pay our respects to those who have endured the unimaginable. This is an occasion for the world to speak up against the unspeakable. It is long overdue that a day be dedicated to remembering and supporting the many victims and survivors of torture around the world.

June 26 is not a date chosen at random. It was the day, 11 years ago, that the Convention against Torture came into force. It was also the day, 53 years ago, that the United Nations Charter was signed – the first international instrument to embody obligations for Member States to promote and encourage respect for human rights.

Today, we also pay tribute to all those who have worked selflessly to relieve the suffering and assist the recovery of torture victims around the world. These efforts by Governments, organizations and individuals, deserve the gratitude of the United Nations.

Since its birth, the United Nations has worked towards the goal of eradicating torture. Numerous legal and political means have been identified, approved and implemented. The Charter was the first international instrument to call for a specific commission for the promotion of human rights. One of the first tasks assigned to the commission was to draft a declaration of rights.

The Universal Declaration of Human Rights, whose 50th anniversary we celebrate this year, provided for the first international prohibition of torture. Article 5 proclaims that “no
one shall be subjected to torture or to cruel, inhuman or degrading treatment or punishment”.

Various international conventions have since reaffirmed, expanded and integrated that prohibition into positive public international law. The UN Diplomatic Conference of Plenipotentiaries on the Establishment of an International Criminal Court, currently meeting in Rome, is studying proposals concerning a mandate to cover torture.

But as things stand today, sanctions are still sorely lacking at the international level.

More than 100 States have ratified the Convention against Torture. That means they have accepted obligations to take effective measures to prevent acts of torture and to ensure that any act of torture is an offence punishable under their criminal law. Many national constitutions, criminal codes, laws and regulations proclaim the prohibition of torture. Yet torture is still reported even in these countries.

And so, more than a decade after the Convention against Torture came into force, the international community has realized the need to place a further spotlight on this atrocious phenomenon.

The United Nations was founded to reaffirm faith in the dignity and worth of the human person; to create better standards of life in larger freedom. We cannot get anywhere near fulfilling that pledge unless we wipe the scourge of torture off the face of the earth. Let us, therefore, seize this day. Today, the United Nations appeals to all Governments and members of civil society to take action, every year, at the international, regional, national, provincial, community, village, professional, family and individual level, to defeat torture and torturers everywhere.

The United Nations will support you every step of the way, until the day arrives when torture is finally consigned to the darkest spaces of history.
An assessment of selected media coverage of the Truth and Reconciliation Commission of South Africa

Edward Bird* & Zureida Garda*

Introduction
The aim of this article was to characterize the coverage afforded to the Truth and Reconciliation Commission (TRC) of South Africa by a selection of South African media; to analyse the ways in which the TRC, victims, survivors and perpetrators have been represented.

The article incorporates research conducted from April 1996, when the hearings began, to October 1997. Part of this research, entitled “Reporting the Truth Commission: Analysis of Media Coverage of the Truth and Reconciliation Commission of South Africa”, was first published in Gazette vol. 59(4-5). The article is divided into two parts, the coverage from April 1996 to February 1997 and that from February 1997 to November 1997. Shifts in coverage occurred during these periods, necessitating a re-evaluation in analysis.

Background of the Truth and Reconciliation Commission
The negotiation process into which all the major political and social forces in South Africa entered in the early 1990s produced a variety of compromise agreements. One of these revolved around the issue of crimes during the apartheid era and the demand by the liberation forces at negotiations for the truth about assassinations, torture and deaths in detention of liberation fighters and other South Africans. The National Party government, on the other hand, was only prepared to negotiate a new constitution and democratic dispensation, if their supporters were indemnified against criminal prosecution for apartheid crimes through an amnesty agreement. Dullah Omar, Minister of Justice and ANC negotiator, explained:

"... the amnesty clause in our interim constitution is the result of political negotiations... without that amnesty provision, there would have been no political settlement. It was the one issue that stood in the way of democratic elections... and we had to concede that the amnesty problem would be dealt with after the elections." (Omar:1996)

The compromise resulted in the creation of a Truth and Reconciliation Commission (TRC), established through an act of the newly formed, democratically elected Government of National Unity (GNU).

The basis of the compromise which was reached was that amnesty would be given only on an individual basis, following full and open disclosure of the crime. This would apply both to the enforcers of the apartheid law and to members of the liberation movement.

TRC structure
The TRC, as established by the Promotion of National Unity and Reconciliation Act (1995), is divided into three committees, one for the hearing of human rights violations, one for the hearing of amnesty applications, and one dealing with the issue of reparations for victims and survivors of violence during the apartheid era. Although the Commission's activities began with the human rights violations committee, all three committees are currently conducting hearings around the country. The TRC also includes an investigative unit that scrutinizes evidence, researches information and validates testimony. This unit has legal powers, including those of search and seizure.

The commissioners who sit on the committees were publicly nominated and ratified by parliament and represent a reasonable cross section of South Africans. Many of them have a background in non-governmental organisations, committed to the eradication of apartheid. The head of the commission is Archbishop Desmond Tutu, whose history of principled opposition to the apartheid regime and Nobel Peace Prize supported his appointment.

The TRC is part of other compromises reached during negotiations, and the state's transformation strategy of national reconciliation and nation building that emerged after the elections. These compromises included the GNU itself, which incorporated leaders of the major political parties into the cabinet; and the constitutional assembly, the body delegated to the writing of a new constitution.

The nation building and reconciliation strategy of the state has not relied exclusively on the TRC to create an atmosphere of reconciliation. President Mandela has also made highly publicized visits to former apartheid state head, PW Botha, and to the wife of apartheid's "architect", Hendrik Verwoed.

A council for examining the feasibility of establishing a separate Afrikaner "volkstaat" was set up, and major sporting events, the rugby World Cup and the African Nations Cup soccer finals, were attended by both President Mandela and FW De Klerk in demonstrations of national pride, reconciliation and nation building.
While the ANC may have had to accept that justice would not be served on those guilty of apartheid-enforcing crimes, they nevertheless asserted the moral high ground of the struggle for liberation. In doing so they rejected an argument being used by the National Party and apartheid perpetrators, which suggested that, in the interests of reconciliation, all acts, both for and against apartheid, should be treated on an equal moral basis so as not to alienate the white minority and hence undermine reconciliation.

The TRC being an independent body, the ANC could not directly influence it, but on the eve of the first hearings at a conference on media reporting of the Commission, Omar asked:

“I ... want to ask whether there is not a danger that, under the guise of reconciliation, we are going to sacrifice morality at the altar of political expediency?” (1996:12)

While Omar recognized the compromise nature of the TRC and accepted that the TRC would not become an instrument of justice and retribution, he stressed the moral high ground held by those who fought against the apartheid state. For, although there were incidents of human rights abuse by the anti-apartheid movement, these were carried out in defiance of ANC policy, rather than the enforcers of apartheid, whose activities were part of a clearly developed and officially sanctioned system of racism and oppression.

Omar did not reject the political expediency inherent in the situation, but added:

“I am saying there is a price which is paid. It carries with it the danger that we will lose the morality which must come to the fore if we are to survive as a constitutional democracy based on respect for human rights.” (Omar 1996:14)

At the core of Omar’s argument, and of ANC policy, is the view that, through reconciliation, morality can and needs to be “rescued” in order to ensure the transformation of the society from one based on racism and division to one based on mutual respect for human rights.

He differentiates between “false” and “real” reconciliation. “Real” reconciliation, according to him, is necessary for the transformation of South African society:

“because reconciliation ... presupposes that we shall be building a nation in our country, that there will be a radical break from the past, and that means we need to deal with the legacy of the past.” (1996:13)

Reconciliation then becomes a vehicle for ensuring the moral content of the law:

“Our ability to deal with the past in a way which distinguishes what was morally good from what was morally bad will enable us to deal with the issues of transformation in an effective way as well, and ultimately help us to build this new nation.” (Omar 1996:14)

Reconciliation is both a political strategy and a psychological process, required if South Africans are to come to terms with the past. The TRC harnesses this notion of reconciliation, adopting a religious sensibility to facilitate confession, catharsis and absolution for the individual victims/survivors/perpetrators and the nation.

In summary, the TRC, although the result of political compromise, needed to recognize the inescapable morality which its decisions would uphold, and the implications of that morality for the reconciliation that could emerge. To this end the media’s role in reporting the TRC warrants examination.

April 1996 – February 1997

Victims/survivors

Once the TRC hearings began in April 1996, media coverage focused on victims and their stories. The print media covered hearings of the human rights abuses committee all over the country, recording the brutal experiences recounted by witnesses. Live radio broadcasts of the hearings were initially frequent on Radio 2000, but they ended when the public broadcaster’s funding ceased to be available. Television covered the hearings for the initial sittings of the TRC, and subsequently incorporated coverage within news bulletins and a special TRC programme on Sundays. Coverage was therefore substantial, ensuring that the TRC and its purpose was not lost in the minds of South Africans. The initial live radio and TV coverage was exceptional because listeners and viewers had direct access to testimony and to the workings of the Commission. Reporters acted to contextualize testimony within a particular hearing, and programmes such as the Truth Commission Special Report were analytical and informative, demonstrating how effective and efficient TV, and radio, can be in South Africa.

But coverage of the victims did not always take a number of factors into account. This was raised at an Applied Broadcasting Centre (ABC) conference, and related to the homogenization of apartheid victims and what they wanted from the TRC. Graeme Simpson, director of the Centre for the Study of Violence and Reconciliation, stated:

“the gravest danger is that in dealing with victim perspectives ... we fail to disaggregate victimhood. We start dealing with victims as if they are one thing, or have one set of needs.” (Simpson 1996:58)

This disaggregation is evidenced in several ways. The term “victim” itself is in some instances embraced and in others rejected by those who suffered at the hands of apartheid’s enforcers. Some wish to be recognized as victims, as having suffered, while others take pride in their survival, their triumph over apartheid’s many efforts to break them down.

Our analysis reveals a frequent tendency to reduce the survivors to victims and to limit a victim’s experience to the level of their news value. This is evident in the choice of words used to describe those giving testimony. Victims are described as survivors only very rarely, and reports of their testimony adopted a similar style and narrative in which the horror of their experiences is highlighted rather than their survival over them.

The Sowetan (9/7/1996) reported on Joyce Mabalane, a witness whoainted during a hearing when giving testimony on her sister who was burnt to death in 1985, and on Evelyn Thunyiwa whose genitals were mutilated such that she was told she could no longer have children. Another example from the same newspaper was headlined: "Probe told about reign of terror: woman says her toddler’s head was bashed against the wall by attackers". Both these examples focus on the sensational brutality of the testimony, yet this is the extent of their news value.
The reduction of survivors to victims came as a result of poor contextual coverage of those survivors' lives. Most media reports would quote extensively from a survivor's testimony, especially of their suffering, but fail to report on the survivor's life afterwards or on their demands or requests from the Commission. Furthermore, in many cases survivors are not approached, either before or after their testimony, by the media to elicit this and other information about them which they could not relate due to time constraints within the hearings themselves.

An example of this is in the reporting on former school principal, Bnoch Motlatsi, in The Star (a daily, "liberal" newspaper with a predominantly white readership, 4/7/1996), where Motlatsi asked the Commission for a hearing aid because his hearing was damaged in a police assault 19 years before. This example gives an indication of the kinds of thing the TRC is asked for in repairation, yet in order to know Motlatsi as someone who continued to live and survive in South Africa he could have been asked how he had managed without his hearing during the last 19 years. In understanding these details we could get to know Motlatsi not only as a victim, but as someone who survived living through apartheid despite what had been done to him.

On the other hand, Dirk Coetzee, a former Vlakplaas commander, was interviewed by television reporters, and a documentary focusing on Eugene de Kock (also a Vlakplaas commander) was made. While these are important in terms of investigating the truth which perpetrators claim, and make good journalism, the same kind of intensity of reporting is not afforded to victims/survivors, unless they have high profile images themselves. Even though there are many stories to tell, it is possible for reporters periodically to seek out victims/survivors to ask them their perspectives before and after they have given their testimony. It is possible to find and speak to those who were brutalized by the apartheid machine, ideologically and through their education systems, about how they survived. These approaches could assist in painting the landscape of apartheid, which operated so much as a system and as a carefully orchestrated policy. For the individual perpetrators and victims/survivors, all existed and formed part of this system, which is ultimately what needs to be revealed and dismantled by the work of the TRC.

A notable exception has been the Truth Commission Special Report, broadcast weekly on the public broadcaster, SABC TV. In several of these programmes victims/survivors were given an opportunity to detail the background of their experiences. Intercut with their testimony are images of victims and their families, providing depth and contextualizing the testimony.

In one such instance, Jann Turner, daughter of the slain Rick Turner, described her experience, and was able to discuss her feelings about the Commission and whether it could work for her. As a film maker, she wrote and directed a documentary about her search for her father's killer, who has still not been found. Hers is an unusual case because she has had access to means through which to express her search and her feelings beyond the TRC, whereas other victims/survivors have not. Nonetheless, the programme is a good example of how the media can go beyond the actual testimony and look into the lives of some of the people who were brutalized by a system of repression.

The media's focus on events rather than on the victims to narrate the stories of torture and murder has detracted from the centrality of the victims/survivors, who become increasingly a mass of people with bad experiences. While the highlighting of the human rights violations and atrocities committed by perpetrators is vital to understanding the lengths to which the apartheid state went to repress and eliminate its opposition, the reduction of these stories often diminishes the dignity of the victims/survivors, reducing them to objects of torture.

For example, an article in The Star detailing testimony by Sepati Mlangeni about the death of her husband Bhekis, and Cornish Makhanya about how he was tortured, was given the headline, "Accounts of torture and effects of detention dominate the day" (3/5/1996). The gruesome details of torture and detention seemed far better "copy" than the victim/survivor's losses.

Another related and important point has been that of the demands and requests of victims. It has been openly acknowledged by the TRC that there are insufficient resources for reparations, other than symbolic ones. However, the media have not clarified how these symbolic gestures of reparation will satisfy victims/survivors, nor what will be done to placate the many, justifiably angry victims whose demands for justice will not be met. This dissatisfaction has only rarely been represented, but it is notable that in our research this has been most common in the City Press, a weekend newspaper with a predominantly black readership. Items of this nature have featured in a far less reconciliatory discourse. Headlines from the newspaper illustrate this sentiment, e.g.: "After the truth, where is justice?" (21/4/1996); "How can you kill and expect forgiveness?" (5/5/1996); "No, Sipho won't be back: Truth body can't revive the dead" (21/4/1996); and "Let them first show remorse" (21/4/1996).

**Context and meaning**

What is evident from media reports is a failure to explain the meaning of many of the horrific events. Simpson comments that, in South Africa, description is substituted for explanation (1996:58), and we have seen this in instances where victim/survivor testimony is meticulously described without the explanation of the historical context in which it occurred - the how and why. This context, in which human rights abuses occurred, is crucially relevant both to the TRC and to satisfactory media coverage of it.

"... there is an overall objective within the life and work of the Commission, which goes beyond the individual perpetrators and the individual victims and survivors ... This is to try and ascertain patterns of behaviours and action (rather than only to look at each individual action), to try to understand the nature of the conflicts of the past. If nothing else, it will help to ensure that they don't happen again." (Boraine 1996:45)

Part of the media's task, therefore, is to ensure that the background within which these violations occurred is documented and understood. The system that orchestrated and facilitated them needs to be revealed and explained.

However, despite this, the contextualizing of the stories of the perpetrators and victims/survivors has been minimal. Hugh Lewin (former journalist and TRC Human Rights Committee member in Gauteng Province), speaking about reporting before the beginning of the hearings (though his sentiments are still relevant), said:

"There is no contextual reporting. There is no question of analysis, no question of looking at the problems in-depth.
There is no context. I come back to South Africa and find that nothing, apparently, happened before 1976: 1976 was the beginning of South Africa's political history. Nothing happened before that.” (1996:53)

And, two months into the TRC, Sidney Mufamadi, Minister of Safety and Security, criticised the Commission as follows:

“The Truth and Reconciliation Commission was showing policemen and women as “inherently evil”, but those who had taken the policy decisions that led to human rights violations should be targeted instead.” (The Star 21/5/1996)

In order for the TRC ultimately to be successful, responsibility for the activities of the apartheid state needs to be taken. The media's role in investigating where this responsibility lies through its reporting, from the perspective of a commitment to human rights, is crucial for the violations to be revealed and for reconciliation to be possible.

Morality of reporting
One of the most insidious aspects of the decontextualized coverage we have seen has been that it has managed to blur the moral distinction between those struggling against a criminal regime and those enforcing it. Through a historical and human rights context, both the journalist and, more critically, the reader, viewer or listener are able to measure the moral validity of the testimony being given. In other words, by situating the audience within the context within which events occurred, they are able to judge the morality of the choices made by those supporting and resisting apartheid. This is most evident by example.

Eugene de Kock, in defence of his actions, claimed to have been himself a victim, a mere foot-soldier, following orders, a loyal policeman whose only crime was a misguided patriotism toward the apartheid government. But de Kock was part of a chain of command that led to the highest echelons of political power, whose task was the deliberate and strategic destabilization of the society; and he was part of a system that has been recognized as a crime against humanity. De Kock was not a victim of the system, he was a trained assassin who was awarded the highest honours by the apartheid government for the acts he carried out. His defence must be reviewed within this context. He cannot be equated with those who were the victims of the human rights atrocities he committed.

February – November 1997
By February 1997 the TRC's focus had begun to shift from human rights violations to amnesty hearings and applications. Amnesty applications are more like court cases than the violations hearings. Amnesty applicants are legally represented, they are cross-examined by those who oppose their application, and a judgement on amnesty is made. This similarity was more familiar for journalists who could now report both the applicants and their opposition, allowing them to achieve a better balance and context in their reporting.

Reporting of hearings and issues
There are numerous examples which demonstrate good contextual and informative coverage by the media that were monitored during this period. "Solitary confinement the worst torture" (Business Day 22/7/97) is a sensitive account of the pain and humiliation experienced. The account, a report drawn from a special TRC hearing into Prisons, told the story of ANC cadre Zahrah Nakerdien, who was detained in solitary confinement for seven months in the mid-1980s. The report related how she felt psychologically "broken" by the experience, as well as by the further torment of being told that the police would abduct and kill her four-year-old nephew if she did not confess to guerrilla activities. However, an interesting dimension of the issue is that Nakerdien, while badly abused and tortured as a "victim" of police brutality, is also considered a "perpetrator" in her role as an accomplice in a deadly bombing. This aspect was not, however, revealed or examined in this article. 

"No victims today ..." (Sunday Independent 11/5/97) looked at cases that would not usually be reported, focusing on the amnesty applications of "... ordinary people, caught up in acts of violence that hardly made the news." This item shifted the focus from the better known personalities applying for amnesty. The article describes the nuts and bolts of a few amnesty applications, including a focus on the possibilities for reconciliation, and it openly reports the anger, fear and hatred that are still being felt by victims and perpetrators. An article in the Sowetan (17/3/97), "TRC unearths truth for family", focuses on the needs of a victim/survivor's family. It tells the story of the TRC's findings and includes the family's response, especially their sense of relief at learning, at last, what happened to their daughter. The item reports how they are finally able to give her a dignified burial. 

Jann Turner, daughter of activist Rick Turner, writes in the Mail & Guardian (29/8-4/9/97) of her search for her father's killer and her need to find the truth. In this instance a victim/survivor is given the space to express first-hand her experiences and feelings, something most other victims/survivors do not have access to. Nonetheless, it is an important example of what victims/survivors go through in the TRC process.

Tied to this section is the coverage of the TRC by the TRC Special Report. This television programme, broadcast each week, has demonstrated the media's potential and ability for investigative and contextual reporting. In many of these programmes victims/survivors have been given an opportunity to detail the background of their experiences (Jann Turner's documentary on her experiences is a good example). Interact with their testimonies are images of victims and their families, providing depth and context to the testimony.

The TRC Special Report also screened a special programme, "Katiza's journey", which detailed serious allegations against Winnie Madikizela-Mandela. After the documentary an extensive media statement by Ms Madikizela-Mandela was included. The programme was current and informative and managed to be balanced by allowing Ms Madikizela-Mandela's denial of the allegations to be heard. The presenter, Max du Preez, was careful to point out that the allegations were untested and clearly subjective.

Interesting comparisons of different papers' coverage of the same stories
Comparative analysis of the coverage afforded to the same story by different papers often revealed bias and perspectives on the TRC that demonstrated the attitude of the papers concerned. In our monitoring this has especially been the case with The Citizen, A Sapa (South African Press Association) item in the Business Day (3/9/97) on security police torture
in the Free State as a counter to the growth of political activism there in the late 1980s, reveals the use of subjective adjectives in the same item in *The Citizen* (3/9/97). To soften the actions of the police and make resistance to the police negative, for example, “police torture” became a “drastic measure”, which somehow suggests that it was necessary, and the “growth of political activism” became the “tide of Black political activism”.

Comparisons have also demonstrated how certain papers have placed their emphasis on different aspects of the same testimony, again revealing bias and decontextualized coverage. Two items (22/05/97) that reported on testimony given during a hearing into the infamous “Trojan Horse” incident, when police fired at children from the back of a truck, are good examples. In the *Business Day*, under the headline “Lethal cartridges used on crowd”, the article makes the critical point that lethal ammunition was used against children throwing stones at an SA Railways truck, “in contravention of standing security force orders”. Three youngsters were killed in the incident, and other children were wounded. According to the article, the family of the children who were killed testified that their children had been shot in the back while running away. By contrast, *The Citizen’s* item (“Trojan” policeman tells of trauma), sourced to *Sapa*, focuses on the trauma suffered by one of the police officers responsible for the shooting, his subsequent weight loss and divorce. The item details the policeman’s suffering, how much weight he lost, and the stress and tension he suffered. Absolutely no mention is made of the contravention of security force orders, nor that the youths were armed only with stones. By removing the context of the shooting and focusing on the perpetrator, the item has produced a biased and inaccurate representation of the incident. His “traumas” is the most significant factor, not his criminal actions, nor the suffering of the victims.

Although our comparative analyses have often found fault with *Sapa* reports, these reports have often, as demonstrated, been altered by the paper concerned to represent a certain attitude towards the TRC and its work.

*Sensationalist reporting* Unfortunately, reporting in certain papers often tended to become sensational, emphasizing extreme acts of violence and torture, rather than the events in which they occurred. This is typified in articles that stress the violence over other aspects of the story. For example, the same *Sapa* story in the *Business Day* and *The Citizen* (10/6/97) carried the headlines “‘Comrades’ hacked to death pregnant teacher” and “Comrades ‘cut open woman’s stomach’”. Evidence of police involvement in the transporting of “witdoek” (white headdress) vigilantes into the KTC squatter camp, which was vehemently denied at the time, was relegated to the final paragraph of the Business Day item and left out of the Citizen item. Yet this evidence was crucial to understanding the brutal actions of those “comrades”. The police had undertaken a deliberate campaign of destabilization, which involved the importation of armed vigilantes into the area to exacerbate community tension with the police and to provoke exactly the kind of retaliation mentioned in the headlines. By decontextualizing the killing, the articles reduced their value to that of sensational murder.

A front page headline in the *Sowetan* (18/3/97) is even more sensational. The article, which detailed the torture of a detainee by Ciskeian (homeland) police in 1987, is placed under a headline that states: “Cops burn woman’s genitals”, which is both sensational, unnecessarily invasive of the victim/survivor’s privacy, and misleading because the headline is written in the present tense. The victim of this devastating torture is never interviewed or quoted; instead, the article continues with an explanation of the other actions of the policeman who committed the torture. The woman is merely mentioned, her privacy violated and her suffering reduced.

Reporting on the often horrifying acts of violence perpetrated in the past is difficult, precisely because of their frequently sensational nature. However, the sensationalism that has emerged in our analysis has been more an attempt to capture the attention of potential readers by the headline writers, rather than shoddy journalism.

**Conclusion**

The second period of monitoring revealed that coverage had improved, although there were still many examples of decontextualized and sensationalist reporting. The more familiar structure of the amnesty hearing gave journalists room to report in a similar vein to court reporting. Consequently the media coverage tended to focus on the honesty and truth of applicants’ testimonies, rather than, as before, on the horrific violations.

Winnie Madikizela-Mandela has been tried and found guilty in much of the media coverage of her hearing. Indeed in one article, she was unfavourably compared with mafia boss and arch-criminal Al Capone – guilty by association. The *Mail & Guardian* (28/11/97) carried a demonic front page cartoon of her. It was not the responsibility of the TRC to find Madikizela-Mandela guilty, but to find a version, as close and accurate as possible, of the events which took place. Nor was it the role of the media to represent her as guilty. *The Saturday Star’s* (29/11/97) front page carried a photograph of her crying, with a caption below that questioned whether her tears were “real”. Certainly the media were not so sceptical about either the tears of testifying witnesses, nor about the feelings of any other alleged perpetrator.

The media have not successfully conveyed the important differences between her hearing and a court case; they have searched for guilt and culpability rather than truth and honesty. The matter is one of principled reporting that recognizes human rights and human dignity. It is a fundamental right that one is innocent unless proven guilty, and the media must respect this if we are to build a society that respects human rights, irrespective of who is on trial.

Coverage overall has tended to slide away from the increasingly crucial issue of reconciliation and reparation. The TRC has managed to validate a search for truth and reconciliation, but not responsibility, forgiveness or anger. It is this difficult task that the media must face now in the latter days of the TRC.

“For me this process is less about forgiveness than it’s about understanding. It’s not that I don’t want to forgive, it’s that I can’t actually locate forgiveness in me for this. I’d like to understand what happened and I think when I do understand what happened, I’ll at least be able to accept that the assassin and I are going to go forward and live in this country and get on with our lives. Forgiveness is something entirely beyond my understanding.” (Jann Turner, on the Truth Commission Special Report 7/7/1996)
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Business Day
The Star
Sowetan
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Beeld
City Press
Imvo
Radio 2000
SABC 1 Main bulletin TV news
SABC 2
ABC 3
TRC Special Report
Focus Current Affairs programmes
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Argentina: psychosocial and clinical consequences of political repression and impunity

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Introduction
This presentation analyses the medium and long term consequences of the state terrorism that was imposed on Argentina during the military dictatorship from March 1976 to December 1983, of the impunity for all those who, during the following constitutional governments, were confirmed as responsible, and of the present political and social repression.

The military dictatorship left a legacy of 30,000 people who were detained and who subsequently disappeared, thousands of people who were in a recognized form of prison, and hundreds of thousands of exiled people. As has been demonstrated, torture was inflicted on every missing person and on the majority of prisoners. One method of making people "disappear" was to throw them alive into the sea from special flights carried out by military airplanes.

Recently born children, and children born in captivity, were taken away and given to relatives of the repressors, or to people linked to them, who kept these children and hid their real identity. The military juntas were judged during the constitutional government. The majority of the repressors were then exonerated through legal channels, and the members of the military juntas were set free.

The situation of impunity had been installed.

The legal system has lost all credibility following notorious cases of corruption, and because of the manipulation of political power.

Impunity has now been widened to include not only the dictatorship's crimes, thus acting as a permanent traumatic factor, but also the crimes committed by the police and the security and military forces, and the economic crimes or cases of corruption committed by the people in power.

Impunity is a product of a legal procedure, but it is illegitimate because it is actively repudiated by the great majority of the people of Argentina.

During recent years political repression and repression of social demonstrations have begun again. Numerous disappearances, acts of torture, and murder, carried out by the security forces, have been documented and denounced by international organizations.

Problems of psychosocial damage are not exclusive to Argentina or to Latin America. On the contrary, they are present all over the world, derived from the so-called capitalism of the "free market" that is in force, by which they are subjected to hunger and social exclusion; or by which hundreds of thousands of people have increased difficulties in their living conditions, in spite of the tremendous scientific and technical breakthroughs that humanity has achieved. Argentina has not escaped this reality. But, in turn, these psychosocial consequences have acquired specific characteristics according to the marks that state terrorism and impunity have left over the last 20 years.

Psychological and psychosocial consequences
The dimensions of torture and murder carried out by the military dictatorship produced profound trauma; so very profound in the social context that its mark is transgenerational and its atonement will take many years.

The situation of impunity, as a lack of confirmation of the crime, does not allow justice or the law to fulfill the functions of symbolic atonement, social norms of life, and social cohesion. Therefore, many habits, definitions of what is allowed and what is not allowed, what is legal and what is illegal, have been modified, and these are precisely the issues that must be universally answered to by all the members of the community. These habits and definitions had been internalized during those years. So we can affirm that in the last twenty years there has been a profound modification in the definitions and fundamental norms that regulate the relationship between the individual and society.

The impunity that was confirmed in relation to the dictatorial genocide affects even the Biblical commandment "Thou shalt not kill".

Impunity and the growing political and social repression, as well as the present day threats and intimidations, have a retraumatizing effect because they act on the traumatic imprint that the state terrorism left inside people.

Impunity is a truly organized procedure, surreptitious and efficient in its violence, exercised by those in power. The effects of impunity may appear in different social situations.

Psychological consequences for the direct victims and their families
1. Difficulties in bringing the process of mourning to an end. In the case of the families of the disappeared, mourning was
obstructed by the methodology of the disappearance itself; no information was given about the whereabouts of the missing persons. There was no corpse, and no rituals could be carried out such as are always present in every culture in connection with death.

On the other hand, the inducement of guilt and the social silence increased the sensations of guilt, which are present in all distressing tasks.

The social practice developed in relation to political repression favoured the development of a traumatic situation. Meanwhile this practice allowed a person to withdraw himself from the psychotic and destabilizing precepts of the psyche that were exercised by the dominant discourse. So in the case of the mothers of missing persons, the social movement of which they were a part helped them to preserve their personal identity and to come to terms with the loss they had suffered.

The commemoration of the 20 years of the coup d’etat, within the framework of the declarations of the perpetrators, perpetrators whose crimes are covered up by impunity, only ratified the grave violations of human rights that were committed, such as throwing thousands of people alive into the sea. It produced intense personal experiences of reactivation of the trauma.

2. We observed long-term psychopathological consequences in people who today are middle-aged. They frequently had problems in leading a satisfactory and stable mode of life, and in maintaining affectionate relationships.

It is necessary to take into account that the economic situation plays an important role and complements the effects of previous trauma, and that serious difficulties exist in finding a job, obtaining a passable salary, housing, etc.

Many of these people are just now beginning to seek help; they present ingrown or chronic pathologies.

3. Increase in the mortality rate of the fathers of disappeared people, compared with the rate in Argentina within similar social situations and age groups. We associate this with the intense feelings of impotence and self-reproach that they feel for not having been able to protect their children.

4. Persistence of episodes of involuntary grief when confronted with events that, due to some common trait, may evoke the trauma. Impunity reinforces these effects because it generates feelings of defenceslessness and abandonmen, accompanied by symptoms such as nightmares, depression, insomnia, and somatizations.

5. Feelings of isolation or resentment with respect to the environment or social context as a whole. Impunity makes many of these people feel that they are carriers of a traumatic history that cannot be shared with others. This is translated into personal experiences of exclusion, and into a tendency to enclose oneself within groups of people who have suffered the same problems. These groups often have difficulties in the integrating into society at large. Similarly, this enclosing in groups gives an illusion of security, understanding, and protection, sometimes making the implementation of personal resources for an active integration into external reality more difficult.

6. The reappearance of situations similar to the conditions during the dictatorship. Especially intense feelings of guilt in relation to the past, and behaviours of personal risk. Feelings of guilt for having survived can sometimes be clearly observed, with diverse behavioural expressions similar to those described by Bettelheim and other authors in connection with the Holocaust.

7. Inter- and transgenerational problems. We are treating people of a second generation. We have identified four different groups of children, adolescents, and young people, as follows: 1) those with a relative degree of coming to terms with the traumatic situation; 2) those with long-standing manifest psychological sequelae; 3) those with characteristics of over-adaptation who, although not presenting important symptoms, show evidence of deficiencies in their personality structure that make one think of the future possibility of clinical manifestations. The fact that the social processing of the traumatic situation has not finished has made many of these adolescents unable to find the necessary restraint within their social context to support their individual psyches. And although it is true that they no longer have to hide their history, the external conditions make it much more difficult for the traumatic situation to become a simple non-traumatic memory, and 4) young people who now consult us about a tendency of their ego, which had been functioning as an overadapted ego, to crumble, and about other serious symptoms.

8. A new type of clinic has emerged from the new forms of human rights violations: a) for the relatives of the hundreds of young people who were murdered by police forces in recent years, murders which do not directly respond to political purposes, but which aim at intimidating people, and b) for those affected by persecution, threats, and intimidation.

_Psychosocial consequences in the community_  
1. Persistence and reactivation of feelings of fear, defenceslessness, and insecurity. The threats and persecutions of today, which are quite frequent, arouse intense feelings of fear and defenceslessness. People fear that they will be murdered or become one of the many missing persons, not only because of the intimidatory effect that is the purpose of these threats, but also because the threats reactivate the traumatic situations of the past, and because the impunity and the corruption of the judicial system and security forces show that no protection nor guarantee can be expected from the state. These feelings not only affect the direct victims of the persecutions; they also influence society as a whole.

2. Reappearance of silence in group situations for fear of being exposed to possible reprisals. The fear of talking in groups, of being overheard or listened to, is sometimes stronger than the fear of doing something. And the new threats and intimidations are experienced as a return to the old persecutory threats. Sometimes suspicions are aroused as to the true identity and objectives of the presence of someone in reflection, therapeutic, and/or working groups, and this hinders the free participation of the other members.

3. The majority of the population, particularly young people, consider the police and security forces as hostile and threatening institutions. This is based on the fact that these institutions openly assume their true repressive role and do not perform any function of social protection.
4. Situations of frustration and scepticism in relation to the present and the future.

5. An increase in disorganized social violence, in dimensions and frequencies surpassing that of other periods of history in Argentina. An example of this is the large number of “patotas” or mobs, especially groups of adolescents and young people, who carry out acts of violence for the mere sake of doing so. They attack people and defenceless couples, they mug and start street fights, etc.

6. Situations of public and generalized corruption. Although corruption is an inevitable characteristic of capitalism, impunity reinforces this position, because it allows irresponsibility to be considered as part of the acts that are produced during public office.

Social representations are presented by the mass media, as was the case during the dictatorship, that hide the people who are truly responsible, people who are corrupt, reediting the models of social guilt that the military dictatorship proposed, or in the best of cases, proposing a “scapegoat”. This enormous corruption which goes unpunished intensifies the feelings of disbelief.

7. Changes to the models of identification and behaviour, and of social ideals. We refer to those models or ideals that are offered from the social context and from the dominant social discourse that the members of a community assume as their own, assuring themselves of this through their feelings of social belonging. Political repression and impunity have offered models which favour the appearance of social ideas that legitimize the violence that some people manifest over others for the mere desire of power, and which reinforce the all-powerful functioning of the psyche.

**Social alienation**

Social alienation is encouraged during the dictatorship. To carry this out, a discourse is imposed upon the people, and it has the force of power from the outside. People then assume this discourse as their own and become, in turn, its spokesperson. This is a process which is totally unknown to the individuals, it is shared with others and only recognizable by an external observer.

It should be pointed out that: a) alienation is not an individual phenomenon, it is a collective phenomenon, and b) the individual attributes a value of truth to the discourse of the alienating force. Reality is how the people in power define it, and the individual agrees with this definition.

This process is about trying to homogenize an imposed manner of thinking about the world, to capture reality; it is violence performed upon the individual, and the individual has already conformed when he/she tries to adjust his/her way of thinking to the preestablished pattern.

The dictatorship had induced social alienation through different statements in order to be able to ensure social consensus.

Today, the persistence of alienation can be observed in certain areas, in which individuals accept certain dominating collective ideals and have a limited capacity of differentiation and criticism, and show a stronger inclination to more primitive aspects of social belonging.

A feeling of profound scepticism can be observed in relation to the future, and to failure, in today’s 30-40 year-olds. This is the generation that spent its childhood and adolescence during the dictatorship, i.e. they lived in a context of state terrorism, and later in the generalized expectation of the application of justice in relation to the crimes. This justice, which was promised and then cancelled in so many cases, produced a collapse of confidence in social ideals. This scepticism, in turn, has been reinforced, to a varying degree and according to different social sectors, by the serious national economic situation and by the changes in the world following the fall of the Berlin Wall. Undoubtedly, some of the effects relating to these processes mean that different societies now have common elements. For example, the types of idols and ideals that are constructed, the reinforcement of consumer models, etc.

The models that reinforce all-powerful omnipotent mechanisms are particularly common in young people and adolescents, since adolescence presents what Winnicott calls “normal pathology”. Adolescents have an important tendency to all-powerful omnipotent defences and to action. They must learn how to pass from a system of family protection to an individualized relationship with the external world. They must accept frustration, as a painful process, that will enable them to achieve their ideals.

The dictatorship and impunity have suggested role models of an “immediate type” that stimulate the most primitive functioning mechanisms of the psyche. Many adolescents and young people find models and ideals that reinforce impulsiveness, arbitrariness, omnipotence, action, addiction, and violence. In the particular case of adolescents, the contents of the ideals that are proposed to them by the social macrocontext give fundamental results, because social belonging, and with it the attachment to collective ideals, is a very important aspect of identity at this stage of their lives.

At present, adolescents and young people are beginning to regain some expectations that seemed to have been dissolved within the social corpus.

These expectations are associated with the reactivation of the student movement, and with the social struggles against neoliberalism and political and social repression.

**Organized social response**

As part of the new forms of organized social response, the commemoration of the 20 years since the coup d’état produced an impact on the social corpus that was unforeseeable in relation to its magnitude and depth. Most Argentines went out into the streets to express their repudiation of the dictatorship and their desire for a true “never again” based on the application of justice. The repudiation was particularly manifest with respect to the new acts of repression.

**HJOS**, a group of young people, has been formed within the last two years – Hijos por la Identidad y la Justicia contra el Olvido y el Silencio (Children for Identity and Justice, against Oblivion and Silence). The group represents a particular form of transgenerational transmission with respect to the trauma and the necessity to work through it, psychically and socially. Its aims are to continue to demand punishment of the people who were responsible for the dictatorship’s crimes, and actively to retain the memory of this part of history.

The group also functions as a support in relation to the vital period that these young people are living through. Its formation is related to the fact that an aspect of identity exists that requires it to be socially processed among peer groups that share the same problems.
It has been shown that historical memory has been building up during all these years, and that there is a firm popular will to make every possible effort to avoid the repetition of situations such as those that have already been lived through.

We understand that a social movement, as a collective practice, has a healing effect in relation to the trauma suffered; it helps the working through of mourning, it plays an important role in the process of delineation, and it allows people to construct a counter-hegemonic social consensus and new solidarity ideals.

Conclusions
1. What we had presumed some years ago becomes evident again, i.e. what we do not recuperate under the form of social memory, and is sanctioned a true “never again”, comes back and reinforces the symptoms which produce great social problems in those who are directly affected as well as in the general population.

2. Social practice is an important element for the working through of a traumatic situation in those who have been affected, and for the reconstruction of social bonds and collective and solid ideals.

3. It is not a question of “politicalizing” a psychological task. In every treatment, whether individual or familial, it is necessary to bear in mind the personal history and previous family structure. But it is also necessary not to “apoliticize”, i.e. not to induce a neutralization of what is social. To neutralize what is social is to convert the history of one person or the characteristics of a family into a series of interpretations of only an intimate or private nature, which leads them to be considered as separate from the social and historical process.

4. We have conceived our professional task and our psychosocial research as a specific contribution to the social movement that is capable of producing the necessary transformations to solve the problems related to the health of our people in Argentina.

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1 "Never Again" is also the title of a book that retells the histories and fate of the missing-detainees of the 1976-83 military dictatorship.
2 "Hijos" is an acronym which also means "children", and thus it gives the movement a double meaning.

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Torture and asylum

Bent Sørensen, MD, DMSc

The Human Rights
At the United Nations World Conference on Human Rights in Vienna in 1993, it was emphasized that the three fundamental human rights:
- the civil rights
- the socio-economic rights
- the right to development
are all:
- universal
- indivisible
- interdependent
- interrelated.

Now, five years later, these statements are taken for granted
and a good thing too!

Why leave your country?
To go abroad, away from your own country, can be a pleasure. To flee your country is quite another thing. It is often impossible to take more than the things that are absolutely necessary, maybe not even those; the person often has to flee headlong - always because of fear.

Massive streams of refugees are seen in war conditions, when people flee to escape the consequences of war, but it is in fact in order to avoid violations of human rights, first of all the right to life, but also the other civil rights such as the right not to be tortured and the basic socio-economic rights, the right to food, heat, and shelter. Streams of refugees in hundreds of thousands are not uncommon.

In peacetime, people usually flee to avoid violations of the civil rights: they want to have the right to express themselves freely, freely to form unions and organize, to have the right to practise whatever religion they wish - and to have the right not to risk being subjected to torture - even if they are fighting for human rights.

Torture
Research carried out during the past 23 years at the Rehabilitation and Research Centre for Torture Victims (RCT) in Copenhagen has revealed how large a role torture plays in this context. The research has demonstrated that in peacetime states use torture deliberately as a means of power. Furthermore, as will be seen from Lone Jacobsen and Edith Montgomery's chapter in this book (chapter III.1), torture leads to very severe after-effects - so severe that the person has difficulty in, or is not capable of performing normal work. The government exploits this fact: the persons who fight for human rights are exactly those who are in the target group of government sanctioned torture. They are being tortured so that they cannot function properly, and they are subsequently sent back to their own community. They are now no longer able to continue the fight for human rights, and they end up as deterrent examples to their relatives, friends, the whole community. The citizens of the state are held in a grip of terror, based to a very large extent on the use of torture. Torture has become a common health care problem.

Torture may be considered as the most flagrant violation of human rights; torture is the intervention that leads to the severest after-effects. For many people flight out of the country is the only possibility to escape.

How many people flee because of torture itself?
There are rather few investigations to clarify this question - among other things because it is difficult to undertake such investigations (see the section on torture victims' problems during the asylum-seeking phase).

A PhD thesis has been written at RCT on this problem. The study was based on the total number of asylum-seeking children who arrived in Denmark from the Middle East from 1 February 1992 to 30 April 1993. The parents of these children were all questioned to find out whether they had been tortured (the Tokyo Declaration definition of torture was used). The study was performed partly by means of a questionnaire, partly by means of an in-depth psychological interview. When there was discrepancy between the two methods (which only occurred in three out of 123 cases), the decision as to whether torture had taken place was made, anonymously, by an expert (the author), founded on various papers in the particular case. The result showed that 55% of the fathers and 12% of the mothers of these children had been tortured. Thus, among the children who arrived during the specified period one or both parents of 51% of them had been tortured, with the children's severe after-effects that were described in the previous chapter.

Dr. R. Baker, who collected literature on this issue until 1992, states that 4-35% of all refugees worldwide have been subjected to torture, and, furthermore, that the fear of being tortured is one of the main reasons to flee.

Dr. D.A. Johnson gave testimony on 8 May 1996 before the Committee on International Relations, House of Representatives, in the United States. He repeated the above-mentioned figures and stated that, according to calculations, 400,000 previously tortured refugees are now living in the US.

The conclusion must be that a considerable number of refugees have been tortured in the country from which they have fled, and that torture is one of the main reasons to flee.

The handling of asylum applications
Applications for asylum are dealt with according to domestic laws in the various countries. Initiatives are being taken within the European Union (EU) to introduce a standardized asylum policy, with common rules and one common border...
for the 15 EU countries, but the motion has not yet been accepted (the Amsterdam Treaty).

However, the rules of law are satisfactory in most of the countries. The domestic law in nearly all the countries contains a passage stating that persons must not be sent back to a country where they risk being tortured. Furthermore, there is nearly always a possibility to appeal against a decision before a higher court.

The following only deals with practical problems, and only in peace time.

The first meeting

Having arrived in a country, the first person an asylum seeker is confronted with is a passport police officer, often also persons from the Aliens Police. Before arrival, the person has fled. He may have bribed himself out of prison or a police station, or he may have been underground in his own country before he succeeded in getting out with his own passport - or more often a forged one - or he may have been smuggled out. The travel continues by air, or with some stops and changes of plane en route. On arrival, the asylum seeker has quite often destroyed his own passport, if he had one. Then he is then confronted with a police officer wearing a uniform, not unlike the uniforms his torturers were wearing. There are usually language problems, and an interpreter is called in.

The scenario

It is important to realize that the police see themselves as kind, good-hearted persons who are there to assist and protect the citizens of the country - which luckily is correct by and large. The asylum seeker sees uniformed police officers as those who tortured him - as he knows nothing at all about the police in the foreign country.

When dealing with torture survivors, confidentiality is of paramount importance (see the preceding chapter on the treatment). Furthermore, it often takes years before a person will talk about torture - after this the most horrible intervention in human beings, produced by a fellow human being.

The asylum seeker is now questioned about his identity, the passport having usually been destroyed, and the flight route, perhaps with many stops, and about the reason for seeking asylum. Everything is written down carefully with a view to the later handling of the case by asylum boards. In this connection, it is hardly surprising that, for instance, a woman who has been raped repeatedly throughout eight months in her own country, and who managed to escape, only two days later to sit in front of a police officer wearing a uniform much the same as her rapist's, does not at once speak about the rape.

The waiting time

If a person is expelled immediately without entering the country, he will often have to spend some time, shorter or longer, at the airport before there is a possibility to go back. The Council of Europe's Committee for the Prevention of Torture (CPT) has visited a number of such localities and found that they are rarely of sufficiently good quality. If the stay exceeds a few hours, the CPT demands that the person has access to his luggage, that there is an acceptable place to stay with access to toilets and sleeping facilities, and, if the person has to stay longer, also to have access to outdoor activities. Even if the person has to leave the country, the authorities of the country must ensure that the person can stay under decent conditions until he can leave.

If a person is not rejected immediately, his asylum application will be handled according to the laws of the country. Thus, there will be a waiting time. This can in itself be a great strain; rather often it takes up to two to three years before a final decision is reached, and it is thus of great importance where the asylum seeker spends the waiting time.

It goes without saying that it is quite unacceptable to place the person in a police station except for a very short stay, maximum 24 hours. Here again, I wish to refer to the after-effects from which a torture victim suffers, and the fact that the torture usually took place in a police station. Besides, police stations are never suitable for long stays, not even for the country's own citizens.

It is also unacceptable to place asylum seekers in prisons, because they have not been sentenced, they are not criminals, and they are not suspected of having committed crimes.

Special premises for asylum seekers, special camps, have been established in most countries. The conditions in the different countries vary considerably, ranging from small, overcrowded cells to fairly good rooms with free access to relaxation rooms, association and free areas, with the possibility of having visits, and with good health conditions and access to medical care. However, an important problem is that persons from many different countries are gathered together, often persons from nations that are hostile to each other. They are language problems, cultural problems concerning, for example, food, and the essential problem of having in reality been deprived of liberty. A stay in such a place, together with the uncertainty about the outcome of the asylum application and the uncertainty about the time horizon, is a large strain on asylum seekers who have not been exposed to torture. For persons who have been tortured, the strain is almost unbearable and results in a deterioration of the person's mental condition during the stay at the asylum centre, even though torture has stopped and recovery should have started instead. In its 7th Annual Report, the CPT has gone over the problems and put forward suggestions for improvement of the conditions.

The State's obligations

The state has obligations with respect to the physical conditions for refugees, to the special demands on the personnel, and to handling asylum applications as smoothly and quickly as possible.

The physical demands have been described above. The State must of course ensure adequate physical conditions.

Great demands must be put on the personnel. The first person the refugee sees may be decisive for his general wellbeing. The staff member must therefore have a mature personality and knowledge of human behavioural patterns, especially of torture survivors' behavioural patterns and ways of reacting. He/she should know the interpreters well, and be able to collaborate with them so that it is evident that the asylum seeker and the interpreter understand each other completely. Patience is of course a good property, and calm and dignified behaviour is a necessity. Thus, staff members should be selected for the job taking the above-mentioned into consideration, and they should have undergone special postgraduate training. Moreover, this demand must be met by all countries that have ratified the Convention against Torture. Article 10 reads:

"1. Each State Party shall ensure that education and information regarding the prohibition against torture are fully included in the training of law enforcement personnel, civil
or military, medical personnel, public officials and other persons who may be involved in the custody, interrogation or treatment of any individual subjected to any form of arrest, detention or imprisonment.”

The personnel must of course also know the Refugee Act in depth, especially that persons may not be sent back to a country where there are “substantial grounds for believing that he would be in danger of being subjected to torture.” (Article 3 of the Convention against Torture).

The demands on personnel in refugee camps are thus large and difficult to meet. But certain general principles might be mentioned:

The staff should be sufficient in number.

The staff members in refugee camps should also be mature, have good interpersonal communication skills, be calm, and be able to handle difficult situations. They should be well trained in international rules and the consequences for the refugees of the adopted policy. Furthermore, it is desirable that they know about the prevalent cultures, the specific behavioral norms, and that they respect them. For example, if there are Muslims staying in a camp, they should not be offered pork, and facilities should be available for cooking after sunset during Ramadan. Hindus should not be offered beef, etc. These personnel should also have special training to understand the psyche and behavioural patterns of torture survivors.

Monitoring is essential, and Article 11 of the Convention against Torture is of importance for police, prison staff, and staff in refugee camps (if the country in question has ratified the Convention).

“Each State Party shall keep under systematic review interrogation rules, instructions, methods and practices as well as arrangements for the custody and treatment of persons subjected to any form of arrest, detention or imprisonment in any territory under its jurisdiction, with a view to preventing any cases of torture.”

Article 10 of the Convention thus sets demands for training, and Article 11 for control by the police (interrogation methods, etc.) as well as by prison staff and staff in refugee camps (detention). However, this is only done to a limited extent in practice. In Europe, the CPT functions as an international control body.

If the Aliens Police request that a person be expelled immediately, this person, to whom asylum is not granted, should have access to assistance from the UNHCR and possibly also legal advice, mostly by NGOs. If the person wishes to contact his embassy (which rarely happens in practice, as he is fleeing his country), this request should of course be met.

The Refugee Boards
In almost all countries the composition of these boards is adequate and satisfactory seen from a democratic point of view; the same holds for the appeal courts. Moreover, the domestic law in most countries contains a passage that prohibits sending persons back to a country where they are at risk of being tortured. Thus, everything seems to be in perfect order. But if a country has ratified the Convention against Torture and declared in favour of Article 22, persons in the country (not only the citizens of the country) can complain about breaches of the Convention’s provisions. This also goes for Article 3, the full text of which is as follows:

“1. No State Party shall expel, return (“refouler”) or extradite a person to another State where there are substantial grounds for believing that he would be in danger of being subjected to torture.

2. For the purpose of determining whether there are such grounds, the competent authorities shall take into account all relevant considerations including, where applicable, the existence in the State concerned of a consistent pattern of gross, flagrant or mass violations of human rights.”

The requirements for the UN Committee against Torture (consisting of 10 persons) to receive a complaint are the following:

1. The complaint must not be handled by another international forum.

2. All domestic remedies must have been exhausted.

During recent years, the CAT has received an increasing number of complaints about Article 3, ca. 30 per year at present. The Committee has consequently gained some experience, and, based on the decisions made (which are published in the Annual Reports of the Committee), an evaluation can be given of where the weak spots in the national handling of asylum applications seem to be.

First observation
Naturally enough in trials, the national authorities fasten on “inconsistencies” in a communication: How can a person be trustworthy if he says one thing at the first interrogation, some more things during the next, and maybe something different at subsequent interrogations? Why did the person not state straightforwardly that he had been tortured? This is anyway very essential information. The reason is briefly described above: torture is so horrible that you definitely do not want to talk about it, unless you absolutely have to. Furthermore, many torture victims suffer from severe after-effects, as described. These after-effects may be identical with or similar to sequelae of the posttraumatic stress disorder (PTSD): the persons are not able to speak about it, they do not remember normally. Moreover, they realize that their memory is poor, and they try to conceal this so as not to reveal that they have been tortured – they are ashamed. Thus, “inconsistencies” and other inaccuracies may be caused by the fact that the person suffers from sequelae of torture.

Second observation
As mentioned, most countries have a law that forbids sending a person back to a country where he is at risk of being tortured. When the CAT goes over cases for which asylum has not been granted, this law is not usually mentioned – even though the decisions by the national boards are very detailed. The problem seems to be that it has not been discussed, or at any rate it is not clear from the relevant papers whether it has been discussed.

Third observation
Many countries respect a rule of not granting asylum to a “terrorist”. Many of those who have been tortured – who indeed fought for human rights in their home country – would be characterized as terrorists in that country. Some perhaps are, others not. This is however of less importance. If there are “substantial grounds for believing that he would be in danger of being subjected to torture”, the person must
not be sent back. And this is true, whether he is a mass murderer or a terrorist. If the country cannot grant asylum to a person, his stay must be secured in another way.

The three above-mentioned observations illustrate, first, why the CAT, based on documents, can sometimes arrive at a conclusion and decision other than the Refugee Board in the country, which has also been able to interview the person and has not just had to base its conclusion on “paperwork” – a fact by the way which certain countries seem to have difficulty in accepting.

Second, in my opinion, the observations also indicate that some facts have not been taken into consideration in the adequate and necessary handling of asylum applications, such as the reason why torture is used, the persons who constitute the “target groups” (leaders of ethnic minorities, trade union leaders, student leaders, journalists, politicians, etc.), and finally, and very important, the most frequent sequels of torture. This exactly is a reason that accounts for the deviant role of torture survivors and the problem of “inconsistency”.

The remedy is obvious: training and information, perhaps also a change of attitude. The legal background for implementing this training is at hand, if the country has ratified the UN Convention against Torture: Article 10.

There is strong public pressure in many countries against receiving refugees. The “people”, not only the refugee boards, should therefore be informed about the real facts, such as described above. This might contribute to a change of attitude by the public at large, to the benefit of the asylum seekers and society.

In my view, refugees, especially perhaps the strong group of persons who have been tortured because they fought for human rights in their homeland, are not a burden on the host country. They are a gift to the country. But, as always, gifts should be received with humility and gratitude; otherwise there is no joy for the donor, nor for the recipient.

References

1 This article was written as a contribution to the book “Evil that men do – Torture and other barbarous practices”, where it will be part of Chapter III: Victims of torture. The editor of the book is Berit Donner, and the publisher is Zed Books, 7 Cynthia Street, London NJ 07306, U.K.
Handling torture in the medical perspective

Standards for General Practitioner (GP) management of patients who may have suffered torture and trauma

TORTURE has chosen to publish these standards because they emphasize some very basic guidelines that are relevant for all medical practitioners in all clinical situations. In dealing with torture survivors, neglect of these guidelines could cause irreversible deterioration in the patient's situation. It is therefore of great importance that:

1. GPs are able to identify patients who may have experienced torture and trauma.
2. GPs understand the context in which torture and trauma may have occurred and the impact on the individual, family, and community.
3. GPs are able to assess the physical and mental health problems of torture and trauma survivors.
4. GPs are able to work with the patient to develop a management plan.
5. GPs are aware of and confident in referring patients to appropriate services.
6. GPs can recognize the impact the issues will have on the GPs themselves.

Standard 1
GP is able to identify patients who may have experienced torture and trauma

It is important that GPs are aware of patients who are likely to have experienced torture and trauma, in order to consider this when assessing the health problems of the patient and possible management strategies. This may not be easy: patients are frequently reluctant to tell their GP about their experiences of torture and trauma, to avoid reliving experiences, due to fear or reprisals or stigmatization of themselves or their family, feelings of humiliation, or they may feel it inappropriate to talk about these things with their doctor.

Similarly, it is often difficult for GPs to question patients about these experiences within the restrictions of a brief consultation.

Patients who should be considered as possible survivors of torture and trauma include people who are:

- refugees, or from refugee-like situations
- from countries that have experienced
  - war/invasion
  - civil war
  - periods of severe unrest
  - oppressive regimes, and/or politically condoned/enforced violence
- from groups (religious, cultural, ethnic/racial) that have been persecuted in their home country.

Patients should also be considered when they present with symptoms that suggest unresolved issues of torture and trauma:

- multiple physical problems that have proved difficult to resolve
- complex injuries
- unusual or complex somatic or psychosomatic problems.

The experience of torture and trauma cannot be assumed to be the same between patients from the same background. Patients may have been exposed to torture and trauma as victims, as witnesses, or as helpers (perhaps unwilling helpers). Torture and trauma affect not only individuals, but also families and communities. The way they affect people depends on whether they were:

- individuals and families
  - directly targeted victims of torture and trauma
  - incidentally involved
  - witnesses
  - do not know what has happened to relatives and friends
  - not directly exposed, but from a country/situation where torture and trauma are common
- helpers
  - unwillingly involved
  - as witnesses
- soldiers or members of organized resistance
  - as victims of torture and trauma
  - as perpetrators
  - forced to be perpetrators
  - as witnesses.

Assessment
To identify patients who may have experienced torture and trauma:

- a full history is taken, including country of birth, nationality/ethnicity (this can be important when considering use of interpreters), religion (optional), preferred language
- the history should include the year of arrival of the patient, if born overseas, in the receiving country, if there was a transition period in a country or countries of first asylum, and if so for how long
- ask the patients whether they have been exposed to extreme stress or suffering, e.g. war, persecution.

Standard 2
To help GPs to understand the context in which torture and trauma may have occurred, and the impact on the individual, family, and community

An example: Assyrian people
The political environment in Iraq and the effect of the wars with Iran (1980-1988) and Kuwait (1990) within the last 15 years, have resulted in the disablement, both physical and psychological, of a large number of people. Young men,
forcibly conscripted into the army, lost many years of their lives. On average an Iraqi man would spend 6 to 8 years in the army; he may also be called upon at any time to serve in the “People’s Army”, another form of conscription.

Assyrians, being a minority, have suffered many forms of injustice. Some of these were political, some social and/or religious. Assyrians have been Christians since AD 30, and they have lived among a predominantly Muslim society for many centuries. Religious discrimination has been deeply entrenched in the government and the society ideology and attitude. As the original inhabitants of Iraq, Assyrians have a historical claim to the land, which successive governments have oppressed by denying them their human and cultural rights.

The government’s oppressive and religious discrimination policies against the Assyrians and other minorities have created strong suspicion, resentment, and anger amongst these groups towards authority. Living under these conditions, and for such a long time, has made the average Assyrian feel a loss of dignity, insecurity, lack of peace of mind, loss of individual freedom, and inability to plan for the future.

The government has created an atmosphere of suspicion and mistrust within the community, and even among family members. Expression of one’s thoughts, feelings, and pain was considered an anti-government activity. Daily exposure to harassment, threats, abuse, fear, and inhuman policies and decisions created a sense of hopelessness. As a result survival becomes the number one priority for the Assyrian people, and in order to survive they will use all possible strategies.

Torture and trauma are not something that Assyrian victims will openly discuss because in Iraq such “open” discussion could bring reprisals from government agencies against themselves and their families, in addition to other social consequences. The victims will refer indirectly to their experience by using other victim’s suffering as metaphors. Due to the fact that psychological and mental torture and trauma have continued for a long time they have become an acceptable part of their lives. The people of Iraq operate at a heightened level of anxiety and stress.

Torture and trauma among Iraqi people may have taken place in the following contexts:
- to instill fear
- to enforce submission
- to extract information
- punishment for political opinions different from that of the government
- punishment of family members for the action of a single member of the family
- deserting the army or refusing an order
- refusing to conform
- pay back to others
- material gain
- personal vendetta
- to set an example to others.

Standard 3
To help GPs to be able to assess the physical and mental health problems of torture and trauma survivors
The effects of torture and trauma on the individual are often very complex, because the experiences affect the physical, mental and social health of the survivor. Consequently, physical, psychological, and social signs of possible experience of torture and trauma should be considered. Common signs of torture and trauma experience include:

**Physical**
- **Musculoskeletal**
  - malnourished bone
  - hyper/hypomobility of joints
  - dislocated joints
  - tendinitis/tendon rupture
  - fibrosis muscles, fasciae, connective tissue
  - muscle atrophy
  - closed compartment syndrome – swollen feet, ischaemic toes
  - deformed or missing body parts – fingers, toes, ears, balls of feet
- **Skin**
  - scars – flogging with razors
  - burns – cigarettes, electrical, chemical
  - nails – broken, missing
- **Dental**
  - teeth – broken, missing
  - poor dental health due to malnutrition
- **Ears/nose/throat**
  - perforated ear drum
  - deafness
- **Ophthalmological**
  - impaired vision
- **Genito-urinary**
  - anogenital scars/vaginal constriction
  - atrophy of testes
- **Infectious diseases**
  - tuberculosis
  - sexually transmitted diseases
  - bacterial parasitic bowel infection
  - kidney & urinary tract infections
- **Neurological**
  - brain damage - focal or diffuse
  - post-concussion syndrome
  - poor concentration
  - memory impairment
  - vertigo
  - confusion/disorientation
  - impaired learning ability
  - peripheral nerve damage
  - tremor.

**Psychological**
- anxiety (phobias, paranoia, psychosis, dissociation)
- depression
- post-traumatic stress disorder (PTSD)
- sleep disturbance/nightmares
- irritability/aggressiveness
- emotional lability
- psychosexual problems
- cognitive impairment
- grief reaction

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eating disorders
stammering.

**Social**
drug, alcohol abuse/smoking
gambling
domestic violence
unemployment
isolation.

*In many cases there may be little or no physical evidence of torture. However, this does not mean that, when other symptoms are present, torture and/or trauma should not be considered.*

The following symptoms may suggest a psychosomatic basis to illness as a result of experiences of torture and trauma, especially if the patient repeatedly presents with these problems, and investigations reveal no physical cause:

**Gastrointestinal**
uncharacteristic symptoms, dyspepsia, vomiting

**Cardiovascular/respiratory**
uncharacteristic symptoms, non-specific chest pain, breathlessness

**Chronic pain**
headache, lower back pain, myalgia, joint pain.

It can be very difficult to sort out what are physical and what are psychological results of torture and/or trauma experiences. The patient often suffers both physical and psychological sequelae of torture and trauma.

**Assessment**
A comprehensive assessment would include:
- physical examination taking into account the above physical sequelae of torture and trauma
- limiting the use of tests or instrumentation that could be associated with medical or dental instruments used in torture, e.g. scalpels, tweezers
- explaining to patients what tests are for, the instruments used, and why they are used, particularly when they may resemble torture situations, e.g. ECG and EEG machines, pap smears, injections, if they can expect to experience pain or discomfort
- assessment for psychosocial sequelae of torture and trauma
- in order to establish any link between physical and psychological distress it may be useful to ask the patient if they think their symptoms could be related to something stressful that has happened in the past, e.g. being in a war or suffering persecution
- identifying current stressors, such as settlement difficulties or social consequences of the migration process
- identifying current family and community support the patient is receiving.

**Standard 4**
**To help GPs to be able to work with the patient to develop a management plan**
For survivors of torture and trauma, it is important that any management plan is developed jointly with them, enabling them to develop a feeling of control over their health, and also for a plan to take into account the current stressors the patient is undergoing, such as family and resettlement issues.

**Assessment**
It is important first to assess:
- is the patient ready to deal with the issues?
- how much understanding does the patient have of his problems?
- does the GP feel able to deal with the issues that might be raised? If not, would referral to another service be an alternative strategy?

**Management**
- Normalize the symptoms and processes that the patient is experiencing.
  
  "Normalization" of the patient's symptoms (that are a result of torture and trauma) involves explaining to the patient how their symptoms are related to their past experiences. Many survivors of torture and trauma are unaware of what are normal physical and psychosocial responses to their ordeals.
  
  - explain that the patient's symptoms and signs are part of a common response to experiences of torture and trauma, e.g. post-traumatic symptomatology, grief reactions
  - help the patient to understand the link between physical and psychological effects
  
  - help the patient to identify and name emotions
  - reassure patients that these responses do not mean they are going mad or losing control
  
  - give examples of other cases.
- Take all symptoms seriously and acknowledge patient's distress.
- Identify major issues to be dealt with in the consultation.
- Help to put the patient back into control.

Many torture and trauma survivors experience feelings of helplessness, so it is valuable to encourage patients to have a sense of responsibility and control of health problems.

- **Implement a management plan jointly with the patient**
  
  - Drug therapy (e.g. antidepressants)
  - Non-drug therapy (basic counseling: listening, reflecting back to the patient)
  - Stress management
  - Support services
  - Referral.

- If medications are used, take a session to explain:
  
  - why the medication is being used
  - fears and beliefs about medication (e.g. fear of addiction).
- Discuss reasons for non-compliance with the patient.

Survivors of torture and trauma are often likely to question management or be suspicious of services and people they do not know.

**Standard 5**
**To help GPs to be aware of and confident in referring patients to appropriate services**

GPs have an important role in identifying services available for patients who have experienced torture and trauma, and in referring patients to these services when appropriate. This is particularly important for patients who are refugees and/or from a different cultural background, because they are likely to experience extra difficulties in finding the assistance they require.
Assessment
- Referral options for survivors of torture and trauma include:
  - local NGOs or other programmes for the treatment and rehabilitation of torture and trauma survivors
  - psychologists or counsellors
  - psychiatrists
  - mental health services
  - specialist medical services for physical sequelae of torture and trauma
  - dental services
  - physiotherapists
  - community health services
  - ethnic health services and community groups
  - self-help groups
  - welfare organizations.
- The service provider is appropriate for the patient.
  As survivors of torture and trauma are often refugees with limited knowledge of the GP's language, referral is most effective when the service provider can provide culturally appropriate services.
    - interpreter or bicultural worker is available
    - the service provider is culturally, religiously and politically acceptable to the patient.

The professionalism and confidentiality of the service provider need to be reputable, because it is essential for the patients to be able to trust the workers and/or service provider they are referred to. Confidentiality is very important, because patients may fear a "leak of information" about their experiences.

Referral may also be helped by patients having a choice of either a female or male service provider, or gender-specific service.

Management
- The patient understands and consents to referral.
  The patients understand:
    - the type of service they are being referred to, and what they can expect to receive from this service
    - the type of consultation – groups, one-to-one
    - waiting lists
    - the service provider's religious and political affiliation (if any), in case that patient does not feel comfortable with such a service
    - special procedures for referral and/or eligibility.

It is also important to consider possible effects of torture and trauma on the patient's memory. Patients may need to be given clear written directions of the address of the service provider and the name of the person they need to speak to. The patient's consent for referral is also very important, so that he has a sense of control.
- Information about the patient is given to the referral service.

Adequate information (written or via the phone) about the patient's emotional and physical difficulties is very valuable in assisting the referral service to deal with the patient's needs appropriately. Personal contact with the referral agency is especially helpful.

For both the patient and the GP, it is important to keep a realistic expectation of what other services can achieve: for example, realizing that therapy or counselling may not provide a "total fix" of the patient's problems, and may take a considerable time.

Standard 6
To help GPs to recognize the impact the issues will have on the GPs themselves
Providing management and care for a person who has experienced torture and trauma is often a very taxing process. The patient may talk about experiences that are disturbing and terrifying and at times difficult to accept, and the GP is often emotionally unprepared to listen.

Recognizing that working with a survivor of torture and trauma may have an impact on the health care providers themselves is helpful in understanding responses to working with such patients. Responses of "vicarious traumatization" and "countertransference" (the doctor's emotional attitude towards his/her patient, including the doctor's response to specific items of the patient's story and/or behaviour) are common but often not recognized reactions.

Assessment
- Awareness of possible responses of the GP in dealing with patients who have suffered torture and trauma.
  Typical responses that come under the headings of vicarious traumatization and countertransference include:
    - embarrassment, due to not knowing how to respond to atypical patient behaviour
    - feeling inadequate to address issues brought up by the patient
    - emotional distress: anger, fear, depression, anxiety
    - avoidance of the issue
    - non-acceptance or disbelief, denial
    - "blaming" the patient for the feelings and emotions elicited by listening to the stories
    - possible physical and psychological responses such as nightmares and insomnia
    - overidentification with the patient.
- Awareness of how this may affect your practice.
  - "medicalization" of patient's problems
  - avoiding the role of "listener"
  - a strained relationship between the GP and the patient.

Management
- Acknowledging the difficulties of working with torture and trauma survivors.
  For any health professional working with survivors of torture and trauma, it is useful to acknowledge feelings about and reactions to the patient.
    - working with torture and trauma sufferers often produces strong countertransference and/or vicarious traumatization reactions
    - working with these patients may at times be:
      - difficult, frustrating, dissatisfying, distressing, confronting
      - very hard work
      - a long, draining process
    - expectations and norms may be challenged
    - avoid judging yourself/others for experiencing a typical response
    - remember that you have a choice of how far you go with this type of work and when it is time to refer.
- Attention to physiological and psychological needs, to tolerate the stress and prevent burnout.
  Throughout the contact with a patient who has experienced torture and trauma, practitioners need to monitor their own needs, and find appropriate ways (outside the
consultation) of coping with their own feelings and responses to the patients and their situation.

Avenues of support:

- professional support from: other GPs, experts in the care of torture and trauma survivors
- counselling
- professional connections with others working in this area.

• Consider how this may affect your practice.

Patient management goals:

- avoid "medicalization" of the problem
  - limiting the use of tests and procedures if not appropriate
  - avoid over-prescribing
- clear understanding between the patient and the GP on their responsibility in the situation
- maintain realistic expectations of what a GP can achieve
  - be clear about what can and cannot be done
  - referral to specialized services when necessary
- examine different ways of working with torture and trauma survivors.

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1 The development of the GP Standards project was prompted by the findings of a larger project about the impact of unemployment on health conducted by the Fairfield Division of General Practice in the South-Western area of Sydney. Through this unemployment project, it was possible to identify a group of GPs working with the Assyrian and other refugee communities and who were not fully aware of the health issues and other difficulties presented by the patients who had experienced torture and refugee trauma.

The GP Standards have been jointly developed by the following organizations:
- Fairfield Division of General Practice
- General Practice Unit (University of NSW)
- Fairfield Community Health Centre
- Service for the Treatment and Rehabilitation of Torture and Trauma Survivors

Further information:

The Unemployment and Health Project
GP Unit
Fairfield Hospital
PO Box 5
Fairfield 2165
Australia

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Selected list of publications

received in the IRCT International Documentation Centre

Medical rehabilitation centre for torture victims: MRCT / Kalo- vic, Suzana; Medical Rehabilitation Centre for Torture Victims. - In: Refugee participation network; vol. 16. - 19940300. - p. 28.

Turkish physicians coerced to conceal systematic torture / Iaco- pino, Vincent. - In: The Lancet; vol. 348, no. 30. - 19960000. - p 1500.

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High-frequency ultrasound for torture-influenced skin lesions / Gni- adecka, Monika; Danielson, Lis. - In: Acta derm venereol; no. 75. - 19950000. - p. 375-376: ill.


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Communication on the Internet

The introduction of computers and the associated means of communication via e-mail and internet have enabled discussions and dialogues which can take place much quicker and with much less paperwork than previously, and they can therefore facilitate contact with new target groups and at the same time bring about a new kind of openness. IRCT’s meeting place is presented in the box below.

The use of the term “victims” versus “survivors” is an example of a dialogue which has actually been taking place between the IRCT Web Master, Lotte Albret Wissing and Gordie Albi from Amigos de los Sobrevivientes (Friends of the Survivors).

Amigos de los Sobrevivientes was established in 1993 with the primary objectives to rebuild trust by creating a new “healing community” of friends and supporters for survivors from Latin America and the Caribbean in a manner compatible with their home cultures, to modify individualized western psychology and medical methods of treatment appropriate to the participants’ histories, experiences, and cultures, and to create a safe environment that lets survivors concentrate on healing and building for the future without concern for the distracting worries of housing, food, and money.

Their main activities are treatment, training, documentation and publishing.

The editorial board

Discussion forum about the use of the term “victims” versus “survivors”

Problem definition

The proclamation of the new United Nations International Day in Support of Victims of Torture on 26 June triggered off this very pertinent exchange of thoughts concerning the use of the term “victims” as opposed to “survivors”. In most aspects related to our work to fight torture, we come across this dilemma: which word reflects most accurately those persons who have endured? Are we actually maintaining the rehabilitated in a victimized situation by calling them victims? By sharing these thoughts with you, we hope to be able to contribute to an open discussion showing due respect towards the victims/survivors.

Gordie Albi, of Amigos de los Sobrevivientes:

“I was sad to see that the title of the day will use the word victims. In all my work I have found that it is a word that all the survivors find offensive and, if they have confidence in their correspondent, will admit that it gives them another psychological hurdle to overcome. When Father Michael Lapsley visited our centre, we formed a circle holding hands before he left. As he held out his prostheses instead of hands (blown off by a letter bomb), they were touched, but when he talked about their even rising higher than being survivors and became victors, I wish you could have seen their faces come alive! He had said a magic word that moved them ... they all smiled. They are comfortable with the word survivors, but why, when it is so obvious therapeutically, can’t I seem to be able to get anyone to even discuss the issue? Any thoughts or suggestions?”

IRCT:

“Could it be that it is the development in treatment and rehabilitation methods and the increased availability that has spurred an urge to move from talking about victims to talking about survivors, could it be taken as a sign of success? That more and more so-called victims are being treated and rehabilitated successfully, have overcome an important psychological barrier and become true survivors, demanding a different terminology to reflect this accomplishment? It might be evident that more clients (another loaded word!) have transferred from being victims to being survivors, not just in our minds, but more importantly in their own. An enormous mind power, show of will.

Perhaps we need a term that reflects both survival and resumption of daily life, i.e. reintegration into normality.

On the other hand, there are victims, unfortunately. And coming back to the new UN day for torture victims — in my mind it includes the deceased victims, perhaps the victims. They should be remembered and honoured as well, and their families should be comforted and know that the victims are not forgotten. Should it have been a Day for Torture Victims, Survivors, and Victors? Perhaps.”

Gordie Albi, of Amigos de los Sobrevivientes:

“I certainly agree with you on the term “client”. We call our survivors “participants” because they are participating in our programme and we are participating with them in the struggle to end torture.

We became sensitized to the phrase by the survivors themselves. Believe me, if they trust the people with whom they speak, they are vehement about it from their own struggles to overcome the mindset of victimization to become healthy survivors who have been able in a constructive way to incorporate their experiences into their psyches and view of their futures. Almost apathy seems to take over when people see themselves as victims ... helplessness seems to define them.
One of the greatest temptations we have had to acknowledge is our desire to believe that we are doing terrific jobs and to realize that the survivors have learned how to tell us what they think we want to hear - that is one of the survival techniques they learned. It is from really listening that we have learned - at least in our residential setting, that our participants all hate the psychological impact of the word, and, in the same vein of establishing their active role in their therapy:

1. Survivors prefer not to have group counselling sessions for quite a while, and many almost never. This is not that it doesn’t happen - it does, but in the context of coming naturally from them - at their initiative when they feel comfortable enough with others and want to share (in fairness, when our participants come from the same region - they are all super-sensitive about confidentiality and safety for their families still in the native countries).

2. In the same way, we have discovered from them, that intake interviews should not attempt to develop full case histories, but should be designed as one to two hour instruments to get the bare-bones for needed treatments and diagnoses, and develop trust and instill comfort. The attempt to get full and personal information not only is counter-cultural in many people and touches on the fears mentioned above, but also can trigger flash-backs and worse. Participants have admitted that, from experience in other therapeutic settings, they have lied during their interviews in order to protect themselves or avoid pain. This first interview is where the difference begins in their step toward personal autonomy, healing and surviving - and not being trapped in a helpless "receiving whatever people do to or for us".

This may appear to be apart from our discussion of the term "victim", but I mention it as an illustration of what they themselves go through to rise above being victimized. We believe, from our own experiences, that the most efficient, effective setting for therapy is from as normal a framework as possible. That is one of the reasons why we established a residential centre and find it hard to understand why others don’t try it. Interestingly, we have a comparison - those in the community are still having the same turmoil, pains and recurring fears, while those who have lived in our residence and seriously tended to themselves and healing, have gone on to live full and constructive lives - without the need for continual ongoing therapy.

I certainly cannot argue the point that those who died are truly victims. But again, Meredith Larson, one of the survivors, said in her talk at last year's seminar in Washington: "It’s as if we were dead ... it’s our denial of that death blow, that we refuse to be called “victims” . That is probably a paraphrase, but is as I remember it."

The IRCT meeting place on the web-site

Discussion forum
The discussion forum is intended to be a public site for discussions, exchange of experiences, etc. between health and treatment personnel worldwide on all matters related torture that fall within the objectives of IRCT.

Please send your mail to webmaster@irct.org. All communications will be screened and forwarded to the relevant person(s) or group(s) of persons for reply, comments, or advice, as required or requested by you. Subsequently, both the incoming communication and the feedback will appear in the meeting place section of the IRCT web-site.

Contributions should not be too lengthy, and IRCT retains the customary right to style and if necessary shorten material. Please make sure that relevant references are included in your contribution.

Notice board
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The existence of a torture syndrome

A quantitative and qualitative study
of 20 torture survivors and their therapists

Peter Elsas, Professor, DMSc

Introduction
One of the main points of discussion in the literature is the question as to whether torture results in such fundamental changes in personality that the client’s condition is different from other trauma-provoked conditions. Does a “torture syndrome” exist as a specific diagnosis?

A diagnosis of post traumatic stress disorder (PTSD) does not go far enough to explain the wide range of symptomatology in torture survivors. Especially in non-Western cultures it can be questioned whether PTSD is a meaningful diagnostic category.

No study has so far investigated the qualitative and quantitative differences between the psychological effects of torture and those of refugee trauma. But in the diagnostic discussion about the definition of trauma-triggered psychopathological reactions, some therapists, based on their clinical experiences, have felt able to identify a “torture syndrome”. However, others claim that similar reaction patterns and long-term sequelae can arise in relation to war, rape, kidnapping, concentration camp experiences, and incest.

Most agree that PTSD gives an insufficient definition of the sequelae of torture. A diagnosis of PTSD, for instance, does not include the torture syndromes that give lasting changes of the personality, because it has excluded changed identity and personality as criteria. Thus, Klerman, Mollica, and Somnier et al. have stated that certain features of PTSD are probably central to all torture responses, while other symptoms may only be associated with specific types of torture events.

Herman and Lansen have extended the PTSD diagnosis with a so-called “complex PTSD-syndrome”, which can include extremely traumatized clients, e.g., torture survivors. Others have stressed that torture is only one of a series of traumas, and they therefore characterize the torture syndrome as an “ongoing traumatic stress disorder”. Based on their experiences with severely traumatized clients, Ramsay et al. and Turner & Gorst-Unsworth have suggested that it is the so-called “existential dilemma” that causes diagnostic difficulties. The torture syndrome also implies some moral, ethical, and political criteria on which one has to take a stand.

There are thus empirical, logical, and moral reasons to distinguish the torture syndrome from other trauma-provoked conditions. Such empirical knowledge has not yet been established, but clinical experience suggests that the torture syndrome is more than a logically and morally founded entity.

One way of reaching a definition is to construct a syndrome based on quantitative empirical studies; another is to generate hypotheses based on clinical case descriptions. The following study is a combination of quantitative and qualitative methods.

In order to obtain a form of reflection in the daily routine, a follow-up examination has been carried out. Its starting point was the situation that many therapists desire but rarely achieve; namely, to call the torture survivors back about six months after their treatment and ask them to give an account of “what they got out of the psychotherapy”. The investigation has been reported in a preliminary form in Elsas.

The investigation was concerned about the following problems:

- Does the “torture syndrome” exist?
- Do torture survivors demand a special supportive therapeutic approach in which, for instance, establishment of “basic trust” is more important than identification of the trauma?
- Are the cultural differences between therapist and client so large that they constitute an essential hindrance to psychotherapy?

Material
20 torture survivors and 10 therapists were interviewed after the end of treatment. Each therapist chose two clients, and the participants were interviewed using the same method.

The survivors came for therapy once a week for at least 3 months, at most 18; an average of 44 sessions. None had panic disorders or other psychopathology.

The torture survivors comprised four women and 16 men, aged from 20-52 years (median 30 years), coming from Iran, Iraq, Turkey, and Palestine.

Inclusion criteria: At their first contact with the therapist the clients should have complaints of anxiety. All the clients were diagnosed by the author, using the questionnaire of SCID, as having generalized anxiety.

Ten survivors were selected for the quantitative analyses as the first treated by the therapists during the selection period, at least 6 months, at most 18 months before inclusion. 48 Danish patients with anxiety but never exposed to state-organized violence, and their 24 therapists were interviewed and assessed in the same way. Half of them had had psychotherapy with their general practitioner, the other half with a psychologist.
The GPs' clients came for therapy at least once a week for a minimum of three months and a maximum of one year. Selection was based on completion of the treatment 6-18 months before. The GPs selected the first two clients under treatment during this period. In two cases in which a panic disorder or other psychopathology was suspected, the second of the therapist's two clients was selected for the study.

The psychologists' clients came for therapy once a week for three months. The treatment ended 6-12 months before inclusion in the study.

24 of the Danish patients were selected for the quantitative analyses using the same procedure as the torture survivors from the Middle East.

Methods
Therapists and clients were all interviewed according to the same plan. The author interviewed all the survivors and their therapists, as well as the GPs and their patients. Britta Kaplan and Helge Rasmussen, students of psychology, interviewed the psychologists and their clients.

The questions were formulated to correspond with open, unstructured answers, which were later structured by means of more specific questions.

The interviews consisted of the following subjects and questions:
1. Narrative about the psychotherapy. After a short introduction the interviewed person was asked "to talk about the psychotherapy, and what the client got out of it". The client/therapist was told that he could say anything he wanted to, and that he had about ten minutes to do so. No leading or additional questions were asked, but if the interviewed person stopped talking, he was encouraged, in a neutral way, to continue.
2. Helping and non-helping elements
3. The significance of the cultural difference between the client and the therapist
4. Extra-therapeutic conditions
5. Rating of outcome. Both parties should evaluate their well-being before the start of therapy, and again three months after its end by use of "The outcome scale"26.

The data were analyzed using a combination of quantitative and qualitative methods. Based on a random sample of interviews, some "data-driven categories" were formulated according to the method of grounded theory27. Every sentence in the narrative was placed in a category concerned with the content of the therapy, and a "dimension" concerned with the relationship between the parties (table 1). When two or more subsequent sentences were given the same score, they were considered as one unit.

Results

Quantitative analysis
Narrative about the psychotherapy
- Torture survivors and their therapists
There were no significant differences in the amount of text and in the number of scores between the clients and the therapists.

Table 1 shows the distribution of categories and dimensions for torture survivors and their therapists. Both parties most frequently put the following categories into words: "Process", "Symptoms and problems during therapy", "Result and help", and "Conditions outside the therapy", whereas the other categories were used only to a very small extent.

The quantitative distribution was largely similar for therapists and clients, apart from the fact that the survivors used significantly fewer categories concerning the "process" than their therapists (Mann Whitney p < 0.05). Furthermore, the torture survivors used the category concerning "torture" significantly less than the therapists (Mann Whitney p < 0.05). With respect to the relationship between therapist and client, the survivors mentioned the interplay as positive more often than the therapists (Mann Whitney p < 0.05), and there was also a trend to mention more often "technique and method" and "conditions outside the therapy" (Mann Whitney p < 0.05, p < 0.05).

- Torture survivors compared with anxiety patients
Table 2 shows the scores for anxiety patients and their therapists. There were no statistically significant differences in the distribution of scores between the therapists for the two groups; but the anxiety patients and torture survivors are distinguished in that the survivors used significantly more statements concerning "symptoms and problems during therapy".

<table>
<thead>
<tr>
<th>10 torture survivors and 10 therapists</th>
<th>Clients</th>
<th>Therapists</th>
<th>Mann Whitney</th>
</tr>
</thead>
<tbody>
<tr>
<td>Category (content of therapy):</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Before therapy</td>
<td>27</td>
<td>17</td>
<td>n.s.</td>
</tr>
<tr>
<td>Application problem</td>
<td>5</td>
<td>12</td>
<td>n.s.</td>
</tr>
<tr>
<td>Agreement and aim</td>
<td>0</td>
<td>1</td>
<td>n.s.</td>
</tr>
<tr>
<td>Technique and method</td>
<td>23</td>
<td>11</td>
<td>0.05</td>
</tr>
<tr>
<td>Process</td>
<td>67</td>
<td>97</td>
<td>0.05</td>
</tr>
<tr>
<td>Symptoms and problems</td>
<td>50</td>
<td>47</td>
<td>n.s.</td>
</tr>
<tr>
<td>Results and help</td>
<td>88</td>
<td>49</td>
<td>n.s.</td>
</tr>
<tr>
<td>Extra-therapeutic conditions</td>
<td>29</td>
<td>7</td>
<td>0.05</td>
</tr>
<tr>
<td>Termination</td>
<td>0</td>
<td>1</td>
<td>n.s.</td>
</tr>
<tr>
<td>After therapy</td>
<td>6</td>
<td>12</td>
<td>n.s.</td>
</tr>
<tr>
<td>Reference to torture</td>
<td>11</td>
<td>25</td>
<td>0.05</td>
</tr>
<tr>
<td>Reference to culture</td>
<td>5</td>
<td>9</td>
<td>n.s.</td>
</tr>
</tbody>
</table>

Dimension (relationship between client and therapist):
- No reference                          | 112     | 90         | n.s.         |
- Neutral reference                     | 73      | 89         | n.s.         |
- Negative reference                    | 34      | 58         | n.s.         |
- Positive reference                    | 61      | 31         | 0.05         |

Table 2. Scorings of "Narrative of the psychotherapy" as in table 1. 24 patients with anxiety and 24 therapists

<table>
<thead>
<tr>
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<tr>
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<td>27</td>
<td>13</td>
<td>n.s.</td>
</tr>
<tr>
<td>Application problem</td>
<td>14</td>
<td>19</td>
<td>n.s.</td>
</tr>
<tr>
<td>Agreement and aim</td>
<td>10</td>
<td>4</td>
<td>n.s.</td>
</tr>
<tr>
<td>Technique and method</td>
<td>53</td>
<td>15</td>
<td>0.05</td>
</tr>
<tr>
<td>Process</td>
<td>210</td>
<td>134</td>
<td>n.s.</td>
</tr>
<tr>
<td>Symptoms and problems</td>
<td>29</td>
<td>48</td>
<td>n.s.</td>
</tr>
<tr>
<td>Results and help</td>
<td>127</td>
<td>95</td>
<td>n.s.</td>
</tr>
<tr>
<td>Extra-therapeutic conditions</td>
<td>26</td>
<td>7</td>
<td>0.05</td>
</tr>
<tr>
<td>Termination</td>
<td>17</td>
<td>12</td>
<td>n.s.</td>
</tr>
<tr>
<td>After therapy</td>
<td>15</td>
<td>12</td>
<td>n.s.</td>
</tr>
</tbody>
</table>

Dimension (relationship between client and therapist):
- No reference                             | 139     | 141        | n.s.         |
- Neutral reference                        | 4       | 175        | n.s.         |
- Negative reference                       | 67      | 45         | n.s.         |
- Positive reference                       | 68      | 18         | 0.05         |
(Mann Whitney p < 0.05), and were significantly more concerned about the extra-therapeutic room, “outside the therapy” (Mann Whitney p < 0.05). By contrast, the anxiety patients used the category concerning “the process” more often than torture survivors (Mann Whitney p < 0.02).

**RATING OF OUTCOME**
When the ratings before and after the therapy on “The outcome scale” were compared, all the torture survivors and therapists said that the talks had had a positive effect on one or more of the subject’s “Symptom occurrence”, “Ability to solve problems”, “Self-understanding”, and “Tolerance towards others”. However, three of the ten clients considered that the treatment had resulted in only little progress (one step), whereas the rest rated the progress at seven or more steps. There were no trends for some dimensions to be improved more than others, and there were no significant differences between the evaluations made by survivors and therapists.

- Comparison between therapeutic courses with high and low outcome scores

There were no differences in the distribution of the scores of the therapeutic course when the material was divided into two groups, i.e. above the median, or below and equal to the median.

**Qualitative analysis**
Examples of statements by torture survivors and therapists are given in the boxes. The interviews have been read through with the aim of finding parts of the texts in which the parties talk about the same subject.

**SYMPTOMS OF THE TORTURE SYNDROME**
In the quantitative study by and large, torture survivors from the Middle East had the same number of complaints as Danish anxiety patients, but the qualitative study showed that they had another character. They rarely had the same symptom-fixation as in psychiatric patients. By contrast, some of the complaints were vague and unspecific. They were often existential in character, e.g. similar to the numbness of Holocaust survivors. The therapists said that some of the torture survivors were somatizing at the start of treatment, but that cooperation between psychotherapist and physiotherapist often managed to break the symptom-fixation.

**Basic trust**
The torture survivors were very concerned about trust and safety in their contact with the therapists. They were thus more occupied by the form than the content of the therapy.

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### Basic trust

**"The place meant a lot"**

**The client:**

The place itself meant a lot to me. Just to go through the door to a place where I knew that some Danes were working for us torture survivors — that helped. It is not because one gets friends from coming here, but still one feels one gets a new family. As a refugee it means a lot to have a place to come to and to feel welcome.

**The therapist:**

It took time to establish an atmosphere of safety so that he could work during the therapy. But when trust had finally been established, he worked well, almost too well. We got into a period during which he developed a strong transference to me, and I had to bring it up several times. He had become too dependent on the therapeutic process, which of course meant an improvement, but rather as part of a transference reaction. Only when this reaction had been discussed, he became more free, and could to some extent liberate himself from the dominating influence of his psychological symptoms.

**"To have a fixed appointment"**

**The client:**

What was so good with the therapy was the fact that I had a good therapist who was always there. She was always waiting for me when I came. Just to have a fixed time was a help. The fact that I knew that this one time every week was for me, and it was my time. During the week it was easier for me to solve my problems, because I knew that it was quite sure that I had an appointment with my therapist.

**The therapist:**

He said it was important for him that nobody within the system got to know anything about him, and he also said that he didn’t dare to speak so much about certain concrete situations in his home country because of fear about how it could be used. After about half a year, I felt that he gradually got more and more understanding for the reactions he had shown during his torture and for those he showed today.

We worked of course a lot with the torture situation, but also with his childhood experiences, and how he transferred some of his previous and inappropriate reactions to me. He had had a very dominating father and had probably been sexually violated. This we worked with a lot, and an important precondition was that I became of great importance to him and that he felt safe in the process.
It was very rare for any of them to give a description of the psychodynamic content of the therapy, e.g. the work with transference, such as the therapists did. By contrast, the survivors found it important to mention the setting of the therapy and the feeling of safety it gave. They often mentioned how important it was for the treatment centre to create this atmosphere of safety.

**The supportive attitude**

Most therapists mentioned that the kind of psychotherapy they practised on torture survivors was different from other types of psychotherapy. The trauma must be introduced with great care and take a place that fits the rest of the person’s psychodynamic set-up. The result becomes a special kind of supportive psychotherapy that demands great experience.

**Cultural differences**

Compared with the therapists, the torture survivors were more occupied with cultural differences. In practice it was a question of language problems, different concepts of time, and different approaches to political and religious matters. The political matters were as a rule mentioned as a problem.

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**Reliving the trauma**

"Feeling worse"

The client:

Talking is very, very important because one empits oneself and spreads everything out. But sometimes after a talk, everything inside me felt very intense, and it felt like a new crisis. That kind of crisis was a great strain to me because I remembered everything, and these crises obsessed me. Every time I had to go back and start analysing everything from the beginning. It was during that time I felt worse, and I was about to give up.

The therapist:

When I started with him, I did as one was supposed to, that is I began to talk about the torture. First I focused on the events he had been through. But he felt so bad that we had to leave the subject, and I started as with all other types of client, that is, I listened to his background, the story of his life, and thus I found out what kind of work he had before. It gave me an understanding of which resources he had. And I could now evaluate his possibilities.

"Regression to the baby-stage"

The client:

We were sitting there and talking about matters I had never mentioned to others, and gradually I got to like her very much, and when a patient likes her doctor, she feels better. It was very difficult, but at the same time a big help. But when I left and had finished, I felt very bad, because I missed her.

The therapist:

She had been exposed to severe sexual torture and had been raped daily in the prison. She resisted talking about it. One of the big problems is that when men know that a woman has been raped, she is rejected by her husband. Even if the rape took place in prison, she is at the sexual disposal of all the other men in her surroundings. Therefore she was raped by several in her family.

She took the stand that she would not talk about it before she could do so in Danish, but she could not live up to this and started to talk about it.

And she cheated me in that process, because she reverted to the stage of being a baby, in which she curled herself up like an embryo, sucked her thumb, and lost her language, and I could not make contact with her at all. And she did so several times, both with me and during physiotherapy, and sometimes it took hours before we could get her back to normal.

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**The supportive attitude**

"To make traces in a different direction"

The therapist:

It is my experience that what is most traumatic in connection with torture is what takes the longest time to reach and put straight. It may be that the survivors feel that their family let them down after they came back when a mother or father said: that was your own fault.

I think it may be harmful to stir up too much by talking about the torture more than is absolutely necessary. It is necessary to contact the experiences and touch them and put them in their place, and the same principle applies to traumas in general. I think that in some cases it may be directly harmful to relive experiences over and over again with all the feelings switched on. According to my way of working, one runs the risk of retramaising instead of putting things in their right place. One risks making the traces in the snow deeper instead of making traces in a new and different direction.

"To give advice and to make demands"

The therapist:

It led to many things when she started to talk about the torture. When she applied for something from the social system, the answer was always no, exactly the same as when she asked the torturers to stop beating her. And she also asked for something from the therapy to which I had to say no, as for instance drugs and more frequent sessions.

Another thing was that she slightly felt she was a special case, but I had to tell her that this was absolutely not so in the sense that she was not the only one who had been exposed to torture.

It became a long course in which my role as container was replaced by one of a father who gave advice and demanded something. I supported her as part of a liberation process, and left her slowly to take care of herself, also during our sessions. It was very complicated and I had to include her in the supervision.

"To get the client on his feet"

The therapist:

It is difficult to say what helped, but I didn’t work as with my other patients. For instance, I rang him and asked him to come when he felt bad. Perhaps I should have left him alone without exceeding the therapeutic framework. I could never have done so with my ordinary clients. But I believe that he needed good advice and somebody to get him on his feet. This kind of concrete and practical interference never became a problem.
But after successful therapy several survivors said that the good result was due to the fact, among others, that the therapist was one of the few Danes with whom the survivor had felt something in common, a kind of similarity.

**The extra-therapeutic room**

It is well known from other psychotherapy studies that the clients are more occupied than the therapists by conditions outside the therapy room. The quantitative analysis showed that the differences between torture survivors and their therapists were larger than with other groups of clients. These are often very concrete matters, not mentioned by the therapist, e.g. death in the family, break-up of marriage, political changes in the home country.

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**Cultural differences**

"The cultural differences that made therapeutic work difficult"  
The client:  
I said over and over again that the police were after me and wanted to kill me, and he told me that there was no reason to be afraid. The police are always after me and look at me in the streets, and I think they are planning to put me in prison. But he didn't want to listen to me. Neither was he interested in hearing about the political problems of my country right now. But then there were so many other things we talked about, and that was good.

"Time was a problem"  
The client:  
Perhaps she was a bit too pedantic about time, and when an hour had passed, there was nothing to do. But she was always there and tried to put questions to me in many different ways. She always tried to reach an understanding.

Time was a problem. In the beginning I felt that two hours once a week would be better than two hours twice a week. The time was not always sufficient. Sometimes I could feel that she had no more time, and then of course one stopped talking. But if nothing else, I learnt to watch time a bit more and that is certainly something you are very concerned about here in Denmark.

(The therapist did not mention time.)

"Two people on equal terms"  
The client:  
European and non-European, to be a refugee and not a refugee. I didn't know how it would be to be here before I was here. I didn't know anything about Denmark. Slowly I was able to put a face to the Danes, and I must admit I didn't trust these pale faces. I was ambivalent because on the one hand I had got a place in Danish society, on the other hand one does not feel 100% welcome here.

But I felt on equal terms with my therapist. As two human beings without any relation to nationality and religion. One had different conceptions of each other. But there was something apart from being two people, and that was a person with whom I did not feel inferior. That helped me.

The therapist:  
And then I also learnt something about his culture and religion. That made me happy.

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**The extra-therapeutic room**

"Sexuality"  
The client:  
Sometimes my children say that it was my fault that we came to Denmark. For instance, my daughter was raped. A Danish boy came and raped her. I was very angry and felt that it was my fault because if I had not been involved in politics, we would not have had to flee. It is perhaps this that hurts me most.

(The therapist did not mention this matter.)

"Politics"  
The client:  
As you know, I have been very involved in politics. I am a soldier and fighter. But my therapist has never taken any interest in this. I don't think she knew how much it meant to me to be a soldier. But then there were other things that she was good at.

(The therapist did not mention this matter.)

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**The outcome**

In the quantitative analysis all the clients and therapists mentioned that something positive resulted from the treatment. However, three of the 20 clients thought that the treatment had resulted in little benefit.

**Negative outcome**: Two of these three clients were critical of the therapy because they had not been helped in some concrete matters, e.g. housing and economy.

The therapists said that the torture survivors had misunderstood some fundamental preconditions for psychotherapy and only looked at it as a kind of social advisory assistance. In the third case, the client mentioned that his therapist was not interested in hearing about political problems, but wanted rather to talk about psychological problems.

**Positive outcome**: Seventeen of the 20 survivors evaluated the treatment results as extremely positive. However, many of them added that they were not completely cured. Some therapists also mentioned that the survivors were still influenced by the torture, but that they became more able to live with their symptoms. It was only the therapists who referred to the results as "insight", "autonomy", "maturing", and "development". The torture survivors mentioned the benefits in a more concrete way, i.e. they could again experience feelings, control their anger, and they no longer suffered nightmares and anxiety.

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**Conclusion and discussion**

The "torture syndrome" still has to be qualified by quantitative and qualitative methods. This study gives some hypotheses about the specificity of the torture survivors' psychosocial symptomatology and the effectiveness of psychotherapy:

- The clients were all able to talk in a nuanced way about the therapeutic yield, and to evaluate the progress of the therapy; features that can give stimulation for the supervision.
- All the survivors and therapists said that the sessions had had a positive effect on one or more of their symptoms. By and large, the torture survivors had the same number of complaints as the anxiety patients, but the qualitative
study showed that they had another character. They rarely had the same symptom-fixation as psychiatric patients, but were often similar to the numbness of Holocaust survivors.

- Torture survivors do demand a special supportive therapeutic approach in which establishment of "basic trust" is more important than identification of the trauma. A good working alliance had to be established before the clients could start to speak about their torture experiences; if indeed they were ever able to.

- The cultural differences between therapist and client are not so large as to constitute an essential hindrance to psychotherapy. Language problems, different concepts of time, and different approaches to political and religious matters were as a rule mentioned as problems. But several survivors said that the good result of the therapy was due to the fact, among others, that the therapist was one of the few foreigners with whom the survivor had felt something in common, a kind of similarity.

- The differences between the narratives of the torture survivors and their therapists were larger than for the anxiety patients and their therapists. But this cultural difference did not have any connections to the rating of the outcome of therapy.

- The results show that the torture survivors were more occupied by the form of the therapy and by conditions outside the therapy room than their therapists. By contrast, the therapists were more occupied by the content of the therapy, the analysis of the psychodynamic conflicts, and the transference.

Use of the client's account, understood as a "narrative" about the psychotherapy, makes it possible to present his perspective without its being unnecessarily reduced by a scientific method, which is the risk in using standardized questionnaires and rating scales. But this presentation of the client's experiences is not necessarily a direct expression of what "really" happened during the therapy. The way in which the client constructs his story about the psychotherapy, i.e. how he puts it into words, may reflect many of the unspoken motives and feelings that he relives when he has to talk about the therapy, and furthermore it may give a picture of how he wants to present himself to the investigator. The same may hold for the presentation by the therapists.

It was common for the client and therapist to be talking about different subjects. Though there were many common subjects in their narratives, the parties each had their attention points. Thus the survivors were more occupied by the form of the therapy and by conditions outside the therapy room, e.g. political subjects and the situation in their own country. By contrast, the therapists were more occupied by the content of the therapy, the analysis of the psychodynamic conflicts, and the transference. However, this difference was not necessarily a hindrance to a therapeutic course.

The problems with respect to assessment and therapeutic interventions with torture survivors from foreign cultures are especially demanding, but the cultural difference between the parties is not necessarily a hindrance to therapy. From anthropology we know of other healing rituals, in which the parties may well talk about different subjects, and the result is still healing. Change will occur when two perspectives occur in one, as for instance "another's image of myself incorporated inside me and opposed to my own image of myself".

References

CPT launches its Internet site

Strasbourg, 12.03.98. The Council of Europe’s Committee for the Prevention of Torture (CPT) has today officially launched its Internet site, which may be visited at: www.cpt.coe.fr.

The site includes the following features:

- Up-to-date information about the CPT – including a complete list of the Committee’s members, details of its visits, and the current state of signatures and ratifications of the European Convention for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment and its Protocols; news about the CPT’s most recent activities – press releases on publications, visits, and other events, which appear on the site on the morning on which they are issued. Press releases on the publication of CPT reports are linked to the full text of those reports; direct access to all of the Committee publications – visit reports, annual general reports, and a range of other documents are available in full text. Government responses may be ordered in print; a special e-mail address – cptdoc@dhdir.coe.fr to which comments and suggestions/further questions may be sent.


The CPT was set up under the 1987 European Convention for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment. To date, 38 member States of the Council of Europe are bound by the Convention.

The CPT is composed of persons from a variety of backgrounds: lawyers, 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.

Further information can be obtained from:

The Committee for the Prevention of Torture’s Secretariat:
tel: +33 (0)3 88 41 23 88; fax +33 (0)3 88 41 27 72;
e-mail: cptdoc@dhdir.coe.fr, Internet: http://www.cpt.coe.fr.

Election of two members of the CPT

The Council of Europe Committee of Ministers has just elected Aurel Kistrua and Davor Strinovic to the seats in respect of Moldova and Croatia on the European Committee for the Prevention of Torture (CPT) set up under the European Convention for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment.

Mr Kistrua is a lawyer and assistant Judge at the Constitutional Court. Mr Strinovic is a forensic doctor.
The Rehabilitation Center for Victims of Torture in Ethiopia

Abraham Asmate, MD*

Ethiopia is a country with a long historical heritage, dating back 3000 years, with different kingdoms and dynasties. It has diverse cultures and is inhabited by different ethnic groups. The main religions are the Coptic Church, Orthodox Christianity, followed by Islam.

Almost 90% of the population depends on subsistence farming, and the main exports are agricultural products. Ethiopia is one of the poorest countries in the world. Its political system has largely been authoritarian, leaving no room for free expression or democratic rights. Written constitutions, unless they are practised, are no guarantee for respect for human rights, and most governments that come to power by means of arms are not inclined to share power.

With the establishment of military rule in Ethiopia in 1974, the system was so repressive that torture and summary execution were indeed the order of the day. It was during this period that hundreds and thousands of men and women from all walks of life were imprisoned, tortured, exiled, or executed without trial. It is estimated that at least 250,000 people were tortured and then executed. How many others were tortured? If not all Ethiopians, the figure runs into millions.

Many of the torture survivors and the families of the deceased are living in miserable conditions, the after-effects of the trauma following them like a shadow. It was this reality that necessitated the setting up of a centre. Its main objectives are to rehabilitate victims and to make every effort to inform the public of the need to work together for the ultimate eradication of torture.

The task of rehabilitation is complex and diverse. It must take into account the situation of the torture survivors, the culture of the society, and the interest and support of the existing government with respect to rehabilitation. The Center's ability to deal with complex and diversified programmes of medical, social, and educational rehabilitative activities is limited. Our Center has been able to provide limited medical assistance and a self-employment project. With the magnitude of the problem, this is only a drop in the ocean, but things have to start somewhere, even when the task that lies ahead seems insurmountable.

As a voluntary, non-governmental organization to rehabilitate torture victims, one has to overcome a lot of hurdles, many obstacles. To be licensed to function within such a sensitive organization is very difficult, and the red tape is endless. Non-democratic governments either do not allow you to function, or they form puppet counter-organizations to spoil your activity. Fortunately, democratic processes are in the making in Ethiopia, and we hope that our Center's activities will not be hampered. Human resources are no problem in Ethiopia, but the harassment and memory of the past have made people suspicious, mistrustful, and fearful of others. Material resources are of course scarce, and financial resources measre.

Though our activities seem very limited at present, we are confident that with time the Center will overcome most of its problems. In the future:

1. Public awareness will increase
2. We hope that the rule of law will be established
3. Assistance from organizations with similar objectives will improve.

With a concerted effort by national and international organizations, torture will be minimized, if not eliminated. Let us all work together for a good and bright future.

Chairman of the Board
Rehabilitation Center for Victims of Torture in Ethiopia (RCVTE)
P.O. Box 12618
Addis Ababa
Ethiopia

*
The Restart Center in Lebanon

Eliane Arida, physiotherapist*

Lebanon, washed by the eastern Mediterranean, is situated approximately at the mid-point of the wide gulf that stretches from the promontory that is Turkey to Egypt. Its total area is 10,452 sq. km, with a coastline of roughly 240 km. The population is about 3.7 million, comprising 3 million Lebanese, 400,000 Palestinians, 250,000 Syrians, and 90,000 foreigners. There are about 13 million people of Lebanese origin all over the world. The population, composed of Christians and Muslims, is divided into 18 different communities.

Lebanon is a republic, supposedly governed by the President. It has a parliament of 128 elected members, divided equally between Christians and Muslims. It also has a council of ministers.

Lebanon went through a bitter civil war that lasted for 16 years and has left deep scars. During the war (1975-1991) the various militias and Syrian and Israeli armies inflicted torture, sometimes severe. Though the exact number of victims is not known, we estimate it at about 10,000. We suspect that Lebanese people, at present being held in Lebanon, Syrian, and Israeli jails, are being tortured.

While it is true that the Lebanese civil war ended in 1991, and peace has returned, there is still a certain instability. Lebanon is a democracy, but opposition to the government is sometimes frowned upon. A typical example occurred when the head of the human rights association in Lebanon was arrested for saying what the actual human rights situation was in Lebanon. That being said, one can freely air his opinions.

The Restart Center should have opened in May 1996, but because of problems of funding, opening was delayed until March 1997. Though still short of funds, we felt that we had to open because of the large number of torture victims (150) who had registered. Some of them were being treated privately.

Unfortunately we can treat only the most urgent cases, because we have only a secretary and a social worker as paid employees. The psychiatrist, psychologists, and physiotherapist work voluntarily. No organization in Lebanon was able to deal with the victims of torture before the creation of Restart.

Activities of our centre during 1996-1997 included:
1) A talk at the Tripoli medical association on: Methods of torture, international legislation against torture, the role of Restart.
2) A meeting with the president of the Lebanese Parliamentary Commission on human rights with regard to the torture of prisoners held in a Lebanese police station. He started an investigation, and the torture stopped. Furthermore, the media started to talk openly about torture in Lebanon, a taboo subject, condemning its use. But this lasted only a few months, and the media soon forgot the subject.
3) Attendance at the seminar against torture in Greece.
4) For the first commemoration of the Ca na massacre (when the Israeli army on April 16, 1996 shelled a UN position that was full of civilians seeking shelter from the bombing, 98 of whom were killed), Restart gave a talk on torture and how we can help its victims.
5) During the Israeli aggression against south Lebanon in April 1996, Grapes of Wrath, we helped and interviewed refugees who had fled to the north, with the following results:

<table>
<thead>
<tr>
<th></th>
<th>Under 20 years of age</th>
<th>Over 20 years of age</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Men</td>
<td>Women</td>
</tr>
<tr>
<td>Insomnia</td>
<td>25%</td>
<td>100%</td>
</tr>
<tr>
<td>Nightmares</td>
<td>14%</td>
<td>54%</td>
</tr>
<tr>
<td>Anxiety*</td>
<td>6/14</td>
<td>7/14</td>
</tr>
<tr>
<td>Fear</td>
<td>75%</td>
<td>100%</td>
</tr>
<tr>
<td>Fear of death</td>
<td>50%</td>
<td>91%</td>
</tr>
</tbody>
</table>

* n/a indicates number of symptoms out of the total of 14 symptoms.

Lebanon has been portrayed lately as a prosperous country, experiencing an economic boom. This is not the case. Quite the contrary. Indeed, this portrayal has caused us a lot of harm. Because of this misconception, humanitarian organizations have stopped sending aid, especially medicine.

We have the will, the courage, and a qualified team to improve our centre, but unfortunately more money is being spent in Lebanon on rebuilding than on helping people. We therefore see the misery in which torture victims live, and we can only try to help them with the few resources we have at our disposal. Despite the constant and never-ending support of IRC, we still need its assistance in obtaining support from other organizations that deal with funding; our efforts so far have been fruitless.

* Restart Center
  Al Chark Building
  Kayal Square
  Tripoli
  Lebanon

The Restart Center is situated in Tripoli in Lebanon.
Forgiveness as an element of tolerance

Gradually the prison became my home. I learned to distinguish dozens of shades of grey: grey faces, grey days, grey monotonous nights. I got used to it. My world only consisted of the present. The past, the multicoloured past of ordinary city life gradually faded, and I had no future at all. Just because I remained myself.

There we had no future. We never discussed this issue in prison. Never. Because we knew perfectly well: the communist regime would definitely survive each one of us.

The miracle came all of a sudden. Without the third world war, without civil war. A real miracle: the totalitarian monster snuffed out. We were in the same country, in the same houses, in the same streets. All of us, communist bosses, KGB officers, and we, the dissidents. There was no more empire; the last political prisoners were released, but the main thing, the most important one—our Soviet mentality—still remained unchanged. And nowadays, years later, we cannot yet get used to the fact that freedom should be paid for. This expensive fee also includes self-restriction.

Sometimes freedom starts from hatred. In this case, unfortunately, it leads to hatred too. The freedom to take revenge on an executioner who had destroyed your health, deprived you of your family, friends, comfort... Yes, this freedom is logical. And, no doubt, moral. The freedom to take revenge on a particular enemy, a particular judge, a particular watchdog, a particular witness for the prosecution... This list can and must be prolonged: freedom to take revenge on your parents, who were the obedient and resigned screws of the System, on your friends, who were terror-struck and signed some document to be used against you, on millions of compatriots, who were sweetly conceiving their next child the same night as, cold and diseased, your friend was silently dying in a punishment cell. And, finally, freedom to take revenge on yourself. Yes, on yourself, for you have not always been a dissident—there was some other period in your life. Before this. Look through your family photos: with your red pioneer tie on your breast you are standing by the monument to Lenin, you are with the Komsomol badge on your breast...

I am strongly against mutilation. In this country, in this situation. Hatred and revenge are not constructive. Today I, a former political prisoner, cooperate with former KGB officers. I have not changed—they have. I cooperate with them in the sphere I could never dream of before: I help them to write and edit the documented history of evil deeds done by their service. It is our past that separates us. But we have one future: the legal European state of Ukraine. The future for our grandchildren. For all grandchildren, both of a dissident and of a Soviet judge who had condemned a young idealist to death.

"To remember" and "to hate"—these are not synonyms.

Semyon Ginzman
Kiev
Ukraine

LETTERS TO THE EDITOR

Torture Supplement No. 1, 1997 was called Conditions in Prisons, and one of the articles in the supplement was an analysis dealing with specific conditions concerning medical involvement in relation to prisoners. We have received the following reaction to the article.

Danish physicians and the Danish prison system

We wish to express our deep appreciation to Ole Vedel Rasmussen et al. for their outstanding article, "Ethical and legal aspects of working as a doctor in the Danish prison system."

Although the authors propose important suggestions for solutions to some existing problems, it is clear that Danish physicians are in substantial compliance with medico-ethical rules enunciated by the Danish Medical Association and other organizations such as the World Medical Association and the World Psychiatric Association, and with relevant provisions of the UN International Covenant on Civil and Political Rights, the UN Convention against Torture and other Cruel, Inhuman or Degrading Treatment or Punishment, and the European Convention on Human Rights.

While seeking to correct some deficiencies, the authors should nevertheless be aware that Denmark is light years ahead of practices in many American jurisdictions; for example, Danish prison service detainees whose detention is estimated to last less than three months have the right to see a general practitioner from outside the prison.

We commend our Danish colleagues for their continuing efforts to improve the delivery of medical services to prisoners, and for providing a role model for the rest of the world.

Abraham L. Halpern, MD
Past president, American Academy of Psychiatry and the Law

Alfred M. Freedman, MD
Past president, American Psychiatric Association
DE JURE, DECLARATIONS ETC

Joint Declaration of the Committee against Torture, the Board of Trustees of the Voluntary Fund for the Victims of Torture, the Special Rapporteur of the Commission on Human Rights on questions relating to torture and the High Commissioner for Human Rights

The Committee against Torture, the Board of Trustees of the voluntary Fund for the Victims of Torture, the Special Rapporteur of the Commission on Human Rights on questions relating to torture and the High Commissioner for Human Rights meeting at the United Nations Office at Geneva on 19 May 1998,

Recalling the appeal against torture of the High Commissioner for Human Rights, in Copenhagen, on 28 June 1994, in which he stated that ending torture is a beginning of true respect for the most basic of all human rights: the intrinsic dignity and value of each individual;

Welcoming the decision of the General Assembly to declare 26 June the United Nations International Day in Support of Torture Victims;

Recognizing that torture is one of the vilest acts to be perpetrated by human beings upon each other;

Recognizing that torture is prohibited by article 5 of the Universal Declaration of Human Rights;

Recognizing that torture is a breach of a non-derogable human right and a crime under international law;

Urge all States to ratify the United Nations Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment without reservation, if they have not already done so;

Urge States Parties to the Convention which have not yet accepted its optional provisions to do so as soon as possible;

Urge all States to ensure that torture is a crime in their domestic law and to rigorously pursue perpetrators whenever the act was committed and bring them to justice;

Urge all States to provide for compensation and rehabilitation of the victims of torture in their domestic law;

Urge all States to contribute to the United Nations Voluntary Fund for the Victims of Torture as fully and as often as they can;

Urge all States to cooperate with the United Nations Special Rapporteur on Torture in fulfilling its mandate when requested to do so;

Consider that, by these means the vile crime of torture may be condemned and suppressed by all the people of the world.

BOOK REVIEWS

Casa Alianza
book documents torture of street children in Guatemala and Honduras


On Honduras' Independence Day 1995, police illegally jailed or otherwise illegally detained 128 street children and other 'suspicious persons' in the capital, Tegucigalpa. Two days later the bodies of three of the detained, and of a youth detained the next morning, were discovered at various locations in the capital. After a delay of eight months, the Public Prosecutor's office issued an arrest warrant for four national policemen and a police judge accused of the murders and a subsequent cover-up. A judge denied the prosecutor's request three months later on the grounds that 'all the witnesses were delinquent'.

In a chilling indictment of the treatment of street children in the criminal justice systems of two countries in Central America, a recently released publication reports on 82 cases of criminal activities directed against street children from 1990-1997. Entitled Report on the torture of street children in Guatemala and Honduras, the book's findings are based on extensive research carried out by the staff of Casa Alianza's legal aid offices for street children in Guatemala City and Tegucigalpa.

The book's author, Bruce Harris, Casa Alianza's award-winning Executive Director, writes that the reviewed cases are far from a complete list of illegally tortured street children in the two countries. Harris reports that a total of 145 youthful victims were involved in the 82 cases. In Honduras, 15 of 63 victims were murdered, while in Guatemala 31 of 82 victims were murdered. Sexual molestation of both boys and girls, beating, and other forms of torture are also reported.

In most cases, policemen are the suspected criminals. In Guatemala, Harris reports that public policemen are outnumbered by private police, who are also implicated in many crimes against street children. He writes that other personnel are also suspected, including prison guards and administrative officials and military officials.
Harris expresses particular concern in Honduras about the recently "sprawling levels of violence in Honduras" and the widespread practice of detaining children in adult jail facilities. The book documents numerous cases of abuse, including murder and rape of both boys and girls, while the youths were held in adult facilities, despite prohibition of such sequestration in international accords signed by Honduras. He also noted that the Honduran police are still under the command of the army.

Unfortunately, in all but a few of the cases pursued by Casa Alianza's legal office, the alleged perpetrators of the violence have not been prosecuted, and rarely disciplined. In Guatemala, for example, Casa Alianza has a total of 328 penal law suits pending, and Harris reports: "... but over the last seven years, less than fifteen have reached their conclusion – and only as a result of tremendous international pressure. The rest of the cases have been filed, 'lost', or just ignored."

Harris contends: "The main reason so many people suffer at the hands of the authorities is due to impunity ... There can be no doubt that Guatemala and Honduras are countries where state sanctioned torture is both tolerated and condoned." Harris also emphasizes that this continues despite the ratification by both countries of the UN Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment.

"It is very difficult for Casa Alianza to obtain convictions of 'public servants', and it would be near impossible for the average person on the street – especially if they are poor. And so the people just have to suffer, guarding their growing frustration and anger." But the book also sounds the optimistic note that "by drawing the country's and the world's attention to the issue of torture, it will serve to stop these sadistic acts."

The book was produced by Casa Alianza with funding supplied by the Canadian government, the Canadian Fund and the Foundation of Child Welfare Stamps in Holland (SKN). It is available in English by contacting Casa Alianza/ Covenant House Latin America, SJO 1039, PO Box 025216, Miami FL 33102-5216, USA.

David Petriz
American free-lance journalist
Costa Rica

Sak Rive


"... with time even culprits forget that they are guilty; victims' sufferings on the contrary don't decrease ..."

Cécile Marotte, ethno-psychiatrist, and Hervé Rakoto Razafimahahery, MD, in Mémoire oublié, make a very interesting report about the 1991 to 1995 period of Haitian history, a specific period of repression in this island, after President Jean-Bertrand Aristide was overthrown. During this period it was necessary for individuals to keep in mind the dictatorship period for self protection, and in the meantime forget in order to survive. The past was horrible, the hope of the previous months vanished. The few “democratic months” (7 February – 30 September 1991) were not long enough to restore confidence, and the new repression was quite different because it was directed against the working-class part of the population, economically vulnerable targets, and also because the authors of this terror had not one well-known face, such as Duvalier and his family. Such an attack against this part of the population also created many indirect victims. Impunity was so evident that groups of armed people were driving cars openly, carrying out arbitrary executions, raping children in front of parents, or forcing parents to have sexual relationships with their children. Associated with all the “usual” torture, such a situation created an ideal breeding ground for aberrant forms of violence.

The political climate is not the only subject in this well documented book; the health rehabilitation and its logistics are also studied. The study is made vivid through the qualitative and quantitative research carried out in a sample of patients who were cared for by the authors. The approach is biomedical as well as psychological and psychiatric. From the 49 files studied, we learn that the average age of the sample population was 29.4 years, 56.3% were men, 59.2% were living in the capital, Port-au-Prince, and 44.9% were suffering from Post Traumatic Stress Disorder.

A complete report of the trauma and its sequels allows us to feel the reality of this period of terror. If the sequels are not specifically different from what we are unfortunately used to seeing in health care centres, the state’s violence in Haiti went further in that it attacked the whole social fabric, not just the individuals. This suffering is difficult to express in a classical way; it is difficult for an individual to express in words, with his own subjectivity, the origin of trauma that was directed not only against him, but in fact against the whole social fabric. Individually, how can you stay inside “your” social group when you have been raped by your own father in front of your mother?

This book emphasizes the fact that we do not have only one memory; we also have the phantasmal memory that never happened but has the purpose of including the individual in his history. For instance, the Haitian man knows that he is not a slave any more, but is he a citizen in the literal meaning? The body’s memory, which is the memory of the traumatic sequels, is the history that belongs only to the victim, as a human. This memory transforms the past into the present; it is also a way of being recognized as a victim, a very ambivalent memory.

The study also explains a Haitian particularity; quite a large number of Haitians decided to live clandestinely in order to “escape” the risks or the attack on their physical integrity. Whole families fled their own villages to live in a totally different part of their country. This strategy is three centuries old, and it gives to this period one of its specific qualities. It has a positive aspect, which is solidarity, but the main negative one is the sorry state of the family, and through that the decay of society.

Mémoire oublié also gives a good approach to the therapy and the frame in which it took place. The link between med-
BOOK REVIEWS

Health care and social assistance is clearly shown; health is not only physical well being, rehabilitation of victims of repression is not only medical; social reintegration is also required.

When you try to impose silence and forgetting by means of violence, you only succeed in reinforcing and fossilizing traumas, without making possible a break between past and present. This is what “lost memory” means.

In agreement with the last line of the book, let us hope that, “from dreams and memory”, a post-dictatorship Haitian man can emerge.

Pierre Duterte, MD
AVRE
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F-75030 Paris
France

1 Trauma events in Creole language.

NEWS IN BRIEF

Award to Dr. Samuel L. Nsamba

The King’s College, Budo, Order of Merit Award was given to Dr. Samuel L. Nsamba in recognition of his work in the development of Uganda and for his contributions to the people of Uganda.

The ceremony took place on Sunday 29 March 1998 at King’s College, Budo, Naggalabi Hill.

This recognition was awarded to Dr. Nsamba because of the help given to the Ugandan people by the African Centre for Treatment and Rehabilitation of Torture Victims (ACTV). ACTV’s interventions with the Police, Army, and all Security agencies showed bravery and a dream realized in befriending such institutions by the people of Uganda.

It was mentioned to Ugandans that Dr. Nsamba’s nomination to the world organization IRCT indeed recognized Uganda’s unanimous voice calling for the recognition of human rights in the country, and a call to the international community to have confidence in Uganda.

Other persons who received the same award on that occasion were: Prime Minister of the Republic of Uganda, Honourable Kintu Musoke; Head of Computer Science at Makerere University and Head of the Internet Society-Uganda, Professor Galwango; and Head of the King’s College and Chairman of the National Association of Heads of Secondary School Colleges, Mr. Samuel Busulwa.

Without impunity – a new periodic newsletter

Derechos Human Rights announces the publication of their new periodic newsletter Without impunity, an online publication geared toward human rights activists, professionals and people interested in human rights issues. The newsletter is available both online and in print. Derechos Human Rights works for the respect and promotion of human rights and international humanitarian law all over the world, for the right to privacy and against impunity.

The home page of Derechos Human Rights is: http://www.derechos.org/wi.

European Human Rights Prize 1998

The Council of Europe Committee of Ministers decided on 4 June 1998 to award the 7th European Human Rights Prize jointly to the Human Rights Foundation of Turkey, Madame Chiara (Clara) Lubich, and the Committee on the Administration of Justice (CAJ) (in Northern Ireland), following a proposal of the Organization’s Parliamentary Assembly.

Honorary in character, the prize is intended “to uphold the merits of a person, group of persons, institution or non-governmental organization which has been active in promoting or protecting human rights in accordance with the principles of individual freedom, political liberty and the rule of law”.

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NEWS IN BRIEF

Turkish police officers convicted as torturers and killers

In May six Turkish police officers were found guilty of torturing a university student to death by an Izmir court and were sentenced to 5 years and 6 months imprisonment. They deliberately maltreated the student Baki Erdoğan, and their act caused his death, the court said according to the news agency Anatolia.

He had several injuries in his breast after having been beaten. The exact cause of death was a swollen liver. Erdoğan, born in 1964, was taken in custody in August 1993 after a police raid on a house where he was staying as a guest. (For further information about this case, please see Torture Vol. 4, Number 1, 1994, p. 8-9).

Erdoğan was charged with being the regional coordinator of a strongly left-wing association. His relatives were only informed of his arrest 11 days after it took place. The same day his father learned that Baki had died of tuberculosis in custody.

After much pressure, the father took his son’s corpse to his home town. His relatives managed to take photos of the corpse before it was buried. His lawyers got signed statements from 11 people who were present at the police station where Erdoğan was detained. They said Erdoğan was kept separate and they heard his screams during the torture.

The Turkish Medical Association succeeded in getting the autopsy report after 20 days and engaged itself actively in the case. It concluded after having examined the body and ascertained that Erdoğan was offered no medical aid during his detention that there was a strong possibility that his death was caused by torture from the policemen. They were later charged at court.

Opening, closing and reopening – of a rehabilitation centre in Diyarbakir, Turkey

A dream of many years came true when the Human Rights Foundation of Turkey (HRFT) on 13 June, 1998 opened their fifth rehabilitation centre for torture victims in the Kurdish dominated city of Diyarbakir in the far east of Turkey. Diyarbakir lies in a region with daily skirmishes and frequent fights, and with about 100,000 torture victims according to expert estimates.

On the background of the recent attempted murder of Akin Birdal, Chairman of the Human Rights Association of Turkey and the year-long lawsuit against two staff members of the HRFT rehabilitation centre in Adana, the opening attracted wide international attention from politicians, health professionals, and human rights organizations. About half of the approximately 200 guests at the opening ceremony thus represented the international community.

Within this community it was therefore felt as an attack on the whole rehabilitation movement when the Turkish authorities closed down the centre a few days after the opening, allegedly on the grounds insufficient registration procedures.

At the Ankara headquarters of the HRFT all efforts were made to reopen the centre. The reopening took place with a small ceremony on 30 July after the police removed the seal on the door the night before.

FORTHCOMING CONFERENCES AND SEMINARS

Bonn, Germany
1-4 October 1998

Krieg, Geschlecht und Traumatisierung
Further information:
Tagungssekretariat
Jeanine de Heus
Gustav-Stresmann-Institut e.V.
Langer Grabenweg 68
53175 Bonn
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Fax: +49 228 8107 198
E-mail: eigentagung@gsi-bonn.de

Gaza, Gaza Strip
13-16 December 1998

6th International Research and Advisory Panel Conference on Forced Migration

Announcement and call for papers

Further information:
Gaza Community Mental Health Programme
P.O. Box 1049, Shuhada Street
El-Rimal Gaza City
Gaza Strip via Israel
Phone: +972 7 824073
Fax: +972 7 824072
E-mail: pr@gcmhp.net

[To be continued on the back page]
FORTHCOMING CONFERENCES AND SEMINARS

[Continued from page 71]

Cape Town, South Africa  
3-6 December 1998

Vth International Conference of  
the International society for  
health and human rights

Early announcement

Further information:  
International society for health and human rights  
International Secretariat  
96 Grafton Road  
London NW5 3EJ  
United Kingdom  
Phone: +44 (0)171 813 7777  
Fax: +44 (0)171 813 0011

Istanbul, Turkey  
5-8 June 1999

ESTSS 6th European Conference on  
Traumatic Stress -  
Psycho Traumatology, Clinical Practice and Human Rights

First Announcement

Further information:  
Birlik Sokak  
Akyildiz Sitesi, No. 24/B, D.7  
1. Levent, Istanbul  
Turkey  
Phone: +90 212 264 37 70  
Fax: +90 212 280 39 61  
E-mail: interium@turk.net

's-Hertogenbosch/Vught, The Netherlands  
3-4 December 1998

Psychotrauma, Asylum seekers,  
Refugees: pitfalls in treatment, political and judicial context

First Announcement

Further information:  
Conference Secretariat Psychotrauma  
c/o GGZ 's-Hertogenbosch  
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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 are 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 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.