A FESTERING SORE OPENED

During a private stay in London, the state executioner General Pinochet was detained under house arrest on 16 October 1998 following a request by Spain for the preparation of his extradition for legal proceedings. Thirteen days later his arrest was repealed following a decision by the High Court. However, he had to await the result of an appeal to the House of Lords that will determine the further fate of the former head of state.

The background for his detention in London was charges by Spain - soon followed by similar accusations by Switzerland, Norway, France, and Sweden - of murder, kidnapping and disappearance of relatives, and violations of human rights. It is a question of individual cases and of crimes against the citizens of these and several other countries. And then there is the justification for the killing of three to four thousand people and probably more than one hundred thousand torture victims with respect to Chile - a justification that has been hindered by the form of democracy that was introduced in Chile after the reign of torture.

The process that was started by Spanish lawyers thus gives hope to the many people, not least Chileans, who have lived in the shadow of the misdeeds for which Pinochet as head of state is responsible during his dictatorship. For those who survived the dark years, this gives a hope for justice and for healing of the wounds they sustained. But many have lived the life of exiles, in non-deserved humiliation, dishonoured and in poverty. Furthermore, there is society's lack of interest and wish to forget those who disappeared or were exiled.

On this background it may seem irrelevant to take into consideration the physical weakness of an old man, compassion, or reference to Baroness Thatcher's reminder of not letting down an old friend who helped Britain to win the Falklands War. Furthermore, the scribes are quarrelling over the legal aspects as to whether the self-appointed diplomatic immunity that Pinochet has to protect him in Chile, also should be valid abroad. With reference to the UN Convention against Torture of 1984, which has been ratified by the United Kingdom, the position should be clear with reference to article 5:

"Each State Party shall take such measures as may be necessary to establish its jurisdiction over the offences [...] when the offences are committed in any territory under its jurisdiction [...] shall likewise take such measure as may be necessary to establish its jurisdiction over such offences in cases where the alleged offender is present in any territory under its jurisdiction...".

and to article 7:

"The State Party in the territory under whose jurisdiction a person alleged to have committed any offence [...] shall [...] submit the case to its competent authorities for the purpose of prosecution."

The results of these deliberations are not yet known, but regardless of the result, many considerations and strong feelings have been brought to light, and this is a process that may lead to regrettable conditions.

Thus, Simona Ruy-Perez, from the rehabilitation centre CNTRAS in Santiago, Chile, has pointed out that the right wing in Chile has wanted to give the impression that a new fascist coup is on its way if Pinochet is taken to court – a point of view that is presented more to frighten the opinion abroad than the Chilean population, among whom an opinion poll has shown that 74% want such a court case. But for the victims and their relatives, the discussions of these weeks have triggered off memories of the horrors which took place during the dark years.

However, there are positive elements that this encounter with the past is leaving behind, also if Pinochet is able to return to Chile without a court case in a foreign country: Something very essential has been obtained insofar as the eyes of the whole world are fixed on this form of injustice, that violators of human rights can avoid being charged and punished – in this case because of the special South American concept of "impunidad". The Pinochet case has strengthened awareness of a further step forward towards the justice, already written into the UN Convention against Torture, that may lead to an efficient legal system in the form of a permanent court of justice to sentence and punish war criminals, torturers, terrorists, and others who seriously violate human rights.

Regardless of the result, this has been a moral lesson that must make life more difficult for torturers and tyrants in the years to come.

In defence of Pinochet, and against his detention, the present Chilean government has stressed "respect for the special Chilean transition to democracy".

Another form of special transition to democracy has been demonstrated by South Africa, recently shown by the almost 3-year long work of the Truth and Reconciliation Commission. In the very same week in which the British High Court declared Pinochet as illegally detained, the Truth and Reconciliation Commission's 3500-page long report was published – South Africa's contribution to creating a tolerable future based on the truth about a horrible past, in the belief that without forgiveness and national reconciliation there will be no durable transition to democracy, and no future for it.

H.M.
Torture in Congo-Kinshasa - new forms of torture and methods of fighting them

Emmanuel Kabengele Mpinga, MPH*

Introduction
Since 17 May 1997, "Zaire" has become "Congo"(1) again and new authorities are charged with governing the country.

For both militants of human rights and citizens of the country, this change seemed to augur the complete disappearance of the hateful and inhuman practices of torture. Now, more than one year later, new questions are becoming important regarding the will and ability of the new authorities to end or mitigate the widespread use of torture in our country.

The research notes try to define the background of those questions, by examining the new forms of torture that are emerging in the relations between the state and its citizens, and by analysing the determining and explanatory factors thereof. An attempt is also made at indicating ways in which the fight against torture could be strengthened in order to diminish its spread and to rehabilitate its many victims.

It is important to remember the use of torture in a historic context in pre-colonial societies in the Congo, under the colonial regime and during the dictatorship of Mobutu. This is the aim of the first section of this article.

The second section is concerned with new forms of torture as they have appeared during the year of government by the Alliance de forces démocratiques pour la libération du Congo Zaire (AFDL), the political party presently in power. Particular emphasis is placed on the essential reasons and factors that explain the profusion of these new forms of torture.

Finally, my aim is to examine the possible ways and means by which NGOs and other socially active groups can become involved in the fight against torture – examining the importance and necessity of monitoring what is going on, working for the rehabilitation of victims, and developing preventive measures and programmes.

Torture in Congo-Kinshasa: some historic landmarks
Evidence of the practice of torture can be found throughout the history of Congo-Kinshasa, and the results of its development show in the political, economic, and social history of a number of the ethnic groups that make up contemporary society in the Congo.

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Covering approximately 2,350 sq. kilometres, the Democratic Republic of Congo is the third largest country in Africa.

Torture in pre-colonial societies in the Congo
Despite the diversity of their political and economic organizations, torture is known to have existed in societies in pre-colonial Congo.

The historic evidence shows that it was usually absolutist and tyrannical governments that used these practices on pris-
M'siri were rivers of oners of war, members of different societies, who were the clan chieftains of the society. As such, they were responsible for maintaining order and discipline within the society. They were also responsible for the security of the clan and the protection of its members.

On the level of social affairs, torture was used on suspects to try to make them confess to the offenses with which they were charged. The most widely used methods were falanga and humiliation.

This last method involved society as a whole. The concentration of political, religious, and social powers put the clan chieftains in the foreground of the organization of ceremonies of "purification and humiliation" organized for people who had violated the common rules of daily life. Such was the role of torture in keeping the social order intact.

Torture in colonial times
The objectives of the colonial system were economic exploitation and opening up of the Congo basin to international capital. In this system political power was not bestowed by internal law; on the contrary it was imposed by force.

The "common" law worked out for the indigenous people did not correspond to the basic elements of the cultures in which they actually lived. Security, formerly a matter of general concern, was entrusted to the public forces. These were made up of individuals recruited in African countries from tribes known for their war-like reputation; a fact which cut them off from the rules that governed social life in the Congo, and which caused estrangement between the army and the civilian population.

Economic relationships evolved and tied the worker to his employer, the indigenous person to the sovereign king in whose name the exploitation of the crown province was being organized.

International enterprises took part in the development of the territory and assisted, together with the churches, the secular powers of public administration in their repressive politics. The practice of torture took on hideous dimensions, a particularly horrifying example being the amputations performed on people who did not pay the obligatory tribute of raw rubber within the "territory crown". This is known as the period of the red rubber (1897-1908). Eyewitness reports by journalists and pressure from humanitarian organizations led the international community to reject these methods, and the Belgian Parliament finally agreed in 1908 to transform the Congo, at that time the property of King Leopold II, into a Belgian colony.

But this change of status did not lead to a questioning of the colonial order. In both the political and social spheres, exile and banishment took place of religious and political leaders, and of their followers, wives, and children. The practice of whipping also dates from this period.

Torture after independence
After independence (30 June 1960), the Zairean society preserved, imitated, and refined the methods previously used by the colonial system.

The specific training of torturers, the acquisition of new technologies, and the involvement of health professionals began to make torture more systematic (from 1967 onwards). The systematization of torture ran parallel to the continuing use of the old methods, exile and falanga. New forms of torture appeared during this period, e.g. the rape of wives, children, and other members of the families belonging to persons opposing the government.

At the same time the many security services were vying zealously with each other and extending the new methods to include the use of deadly chemical products, injecting them into people who did not share the opinions of the people in power. The phenomenon became so widespread that certain holders of authority became personally potential torturers. Some superior officers in the army did not hesitate to have prisons at their command in their own residences, where they dispensed justice and practiced torture.

The situation was similar in the public prisons. A magistrate wrote: "When the examination of a suspect does not give the expected results, our police force and civil guards tend to resort to violence. We believe that suffering can easily refresh the memory of a suspect and push him rapidly to the confession of his crime".

In short, the nature of political power (imposed by armed force), the social and economic relations based on exploitation, the dependence of the institutions dispensing justice on the executive powers of government, the impunity – indeed often the promotion – of people guilty of acts of torture, and, finally, the ignorance of the population all help to explain the permanence of practised torture and profusion of the forms it has taken in Congo-Kinshasa.

New forms of torture: towards a culture of violence?
Several lessons can be learnt from the recent events in the Congo. One interests me particularly: from now on, resort to violence is an authorized method of solving differences, and every citizen and social group can make use of it. As the friends of the Amos Group write, the culture of death and its trivialization has infiltrated our whole society.

Among the numerous new forms of torture that have been documented by NGOs working for human rights, it will serve the purpose of this research to mention some without covering the whole range.

The use of whips
The much decried system of falanga, used during the colonial period, is resurfacing again.

Whether in prison or on the streets, the commonest penalty is dozens of whip lashes, the number given often being in proportion to the victim's age.

In many cases the victims are undressed in the street before being given "correction".

The part of the body that is aimed at most often is the lower abdomen: this can cause serious health problems for victims, as Linelit writes.

The Azadho confirms that whipping can lead to death of victims and quotes the case of Mr. Kapepe in the North Kivu, who was left spitting blood and passing red stools after a session of torture.

There is also the case of Shanfura Mamboleo, a farmer of Bushushi, who died of the after-effects of torture at the Kabuis Hotel, which had been turned into a military camp at that time.

Mutilation
Mutilation is also frequent, particularly inflicted by the AFDL on individuals whom they suspect of opposing their
opinions, or simply used as punishment for offences against the common law. It is usually the ears, hands, or limbs that are amputated.

When Kinshasa was captured by the forces of the present government, “Voix de sans Voix” (the Voice of the Voiceless), a local NGO, reported that mutilated and burnt bodies had been found by their investigators in the Ngaliema District in Kinshasa.

Far from there, in Kiev, Bishop Kasakuti Ngoy, who had been sent on a mission by the Government to investigate the situation of human rights, reported the case of a man who had died after having his eyes scratched out and a stick pushed up his rectum.

**Humiliation**

The different forms of humiliation constitute the most destructive method to the people involved.

The work of Jacobsen and Vest describes how “the torturers laugh or mock the cries of their victims; they urinate on them or force them to eat their own excrement” — this describes the present situation in the Congo.

**URINATING OR SPITTING INTO THE VICTIM’S MOUTH**

Local NGOs and several other witnesses testify to the fact that the soldiers and also certain people of authority in the AFDL have forced victims to open their mouths so that they could urinate or spit into them.

These humiliations indicate the superiority complexes of Tutsi soldiers, who consider that they belong to a superior race to people of Hutu origins or from other Congolese societies.

This culture of violence is also the basis for the numerous executions that are carried out hastily and outside the law, in which the new armed forces excel.

**FORCED TRANSPORT**

When important personalities in society are forced to act as carriers, or when anyone is forced to act in this way against his will, this brings humiliation and contempt down on the person involved.

In North Kivu, the Azadho reports an incident that took place in July 1997 in Ziralo in Kahele territory, where Tutsi soldiers forced a traditional chieftain, Mwami Chabango, and several of his notables to carry their luggage over a distance of about 20 kilometres.

Several sources describe this as having been the incident that started the revolt of the May-May (local militia), who were determined to take revenge for the outrage inflicted on their traditional chieftain.

A group of May fighters is said to have deployed towards the north on this occasion, attacking positions held by the AFDL soldiers.

**UNDRESSING VICTIMS IN PUBLIC**

In the name of revolutionary morals, young women have been undressed in public, on the street, or in front of their parents, for the stated reason that their clothing offended AFDL rules on women’s dress.

The special report of the United Nations Commission on Human Rights in Zaire mentions that “the right to self-determination, especially the right to decide on one’s own manner of clothing, is regularly set to one side. Many are the cases of young women dressed in blue-jeans or trousers, who have been beaten by soldiers of the AFDL.”

On 22 May 1997, at the market of Matete in Kinshasa, four young women were undressed publicly by AFDL forces because they were wearing stockings.

Two days earlier in the same way, Mimi Kasenge was undressed and left naked in front of her parents because the AFDL soldiers did not like her dress.

**Rape**

Rape has become a common and cruel form of torture frequently practised by the soldiers with a marked absence of adequate response from the authorities.

Rape victims include the wives of victims of other forms of violation of human rights, and women who have committed no crime at all.

Amnesty International underlines that “rape by members of AFDL has been reported, although individual testimonies are rare. Many rape victims and their relatives fail to report cases to limit the social stigma related to their plight.”

The case of Gisèle Fatuma Chela, twelve years old, who was raped in the camp of Dumez in Kitambo, bears witness to this widespread practice. So does the case of Madame Badibanga Bella, who was arrested in November 1997, beaten, and forced to give sexual services to 17 AFDL soldiers, who accused her of having been the mistress of a soldier of the former armed forces of Zaire.

**Groupings involved in Congo-Kinshasa**

Summing up the above, it can be said that the new forms of torture, as used in Congo-Kinshasa at present, demonstrate the impotence and complicity of the new authorities in this field and their deliberate will to govern the state by repression and violence.

The following factors help to explain this situation.

**The dictatorial nature of the new government**

Power in the new state, which was born of arms and violence, is concentrated in the hands of one person — as with his predecessor.

The Head of State is both Minister of Defence and Minister of Security.

He, rather than Parliament, legislates; he is the president of his party, which has now become the state party; he presides over government sessions, he names and dismisses the magistrates, etc.

**The existence of factionalism in the armed forces**

The armed forces were pieced together from elements of different origins, drawing different factors help to above, it can be said that the new forms of torture, as used in Congo-Kinshasa at present, demonstrate the impotence and complicity of the new authorities in this field and their deliberate will to govern the state by repression and violence.

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direction for investigation and intelligence, the military service for detection of anti-patriotic activities, and security services attached to military commands, as described above.

The absence of a legal framework or system of regulation has led to much abuse and conflicts of authority among people responsible for the various services.

Impunity for torturers and absence of an independent judiciary
The machinery of justice has not changed in the Congo; not in its nature, not in its submission to the executive powers, not in its relation to the civilian population.

It is more than obvious how the executive power keeps the legal apparatus under its thumb. The new authorities bring in the system of formal justice only when put under pressure to give a legal appearance to sentences already decided on.

At present there is an atmosphere of chaos: Military tribunals are confronted with breaches of common law, and soldiers are judged by civilian tribunals.

A Court martial (Cour d'ordre militaire) has been instituted and has pronounced many death sentences leading to executions without appeal; for example, on 28 January 1998 in Kinshasa, 21 people were executed following condemnation by the Court martial.

There are no presumptions of innocence, and individuals responsible for abuse are protected from prosecution. The reign of despotism and impunity is perpetuated.

The ignorance and resignation of the people
This is the effect of more than a century of colonization and dictatorship.

Resignation stops the people from fighting against violations of their rights; their ignorance is exploited when violations are committed.

I must specify that by ignorance I do not mean only the illiterate population; certain "intellectuals" have no education regarding the rights and obligations of citizens.

The ineffectiveness of actions by NGOs
The NGOs, particularly those concerned with the question of human rights, concentrate their activities more on denunciation of torture than its prevention or care for its victims.

In addition, their activities cover only certain urban centres, whereas important violations of human rights and practice of torture are more often found in rural areas, because of the combination of factors analysed above.

Despite the long history of torture, and its widespread use during the last years with resulting need for rehabilitation of victims, there is still no centre in Congo-Kinshasa of care and research on this question.

These weaknesses, though they may be justifiable, permit the torturers to continue their abuses with impunity.

The activities of international NGOs specializing in these questions are hindered by the lack of trustworthy local partner organizations, which could lend the necessary competence to education programmes and commitment and research in the fight against torture.

The ambiguity of the international response
Examination of the international community's response when faced with the fight against torture, and particularly when faced with its determining factors, shows the ambiguity of diverging political and commercial interests in countries concerned with the Congo, and discrepancies between these and the legitimate aspirations of their people to their common rights. Thus even states that seem to follow human rights ideals themselves are helping to create new technologies of torture.

The arsenal used for repression in South Africa and Zimbabwe under the apartheid regimes has been imported into Congo and handed over to the police, who do not hesitate to use electricity batons as instruments of torture.

Finally, how can we take action when faced with the extent and acuteness of the practise of torture in Congo-Kinshasa?

The fight against torture in Congo: some central ideas for action
Although torture exists in many countries, it is important to remember that its causes, the methods used, and the possibilities of fighting against it vary according to the local context.

In the case of Congo-Kinshasa, the following four central modes of action seem to me appropriate and urgent.

Prevention
The main preventive measure must be the building up of a state, a state protecting the rights and freedom of every person. For this it would be necessary to pass constitutional, political, and legal reforms, which would permit the separation of powers and control of government decisions. A good, functioning government must be established.

Education and information
This concerns all citizens, including those responsible for the state services charged with protecting goods and people, and with resolving conflicts.

Education and information programmes should aim to make information accessible on the internal and international instruments of protection that are available to citizens, on the economic and social consequences of torture, and on the care that must be given to torture victims.

The target groups include the police, the forces of law and order, health workers, opinion leaders, and responsible officers of NGOs and associated movements.

Monitoring and research
The extent of torture and its cultural and economic causes is not known with any precision.

The few registered cases of the investigating services of the NGOs would be extremely important, to allow them to collect detailed information on the victims, the perpetrators, the circumstantial factors, the damages suffered, the care needed by victims, etc.

Interdisciplinary research would facilitate knowledge of the epidemiology of torture and its cultural outlines.

Rehabilitation of victims
The action aims at the re-integration of victims into the system of social and economic life.

The events that have taken place in the Congo have left numerous victims, for whom legal and medical care are cruelly lacking.

Apart from existing autonomous centres of care for victims, the size of the country, the difficulties of communication, and the extent of the need make it necessary to devel-
op education programmes for health workers and health institutions who receive victims of torture on the care they need, and to give them the necessary technical support.

Conclusions
Research into torture, and the fight against it, call for action. An extensive mobilization of energies is necessary to understand the determining factors and to develop consistent programmes for the fight.

New forms of torture that are becoming embedded in the ruling authority and in the people’s culture in the Congo, plus the rise in ethnic extremism, cry out for actions which the local NGOs cannot realise on their own.

International solidarity, as has been shown to the Congo with respect to its economic reconstruction by many countries and by the Bretton Woods institutions, should also take into account the protection of citizens against despottism, injustice, and new and degrading forms of torture as criteria for evaluation and social objectives of their programme.

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Notes
1. The terms “Congo”, “Congo-Kinshasa”, and the “Democratic Republic of Congo” are used interchangeably for the country formerly known as Zaire.
2. The Amos Group is an association with members of the Catholic church. They work for peaceful conflict resolution in the Democratic Republic of Congo.

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Behavour therapy using cultural norms

Musa Isa Barhoum, BA, MA, PhD*

In societies where the concept of torture cannot be discussed openly, there is often a very pronounced need for treatment. In such societies, knowledge about treatment and access to therapists and therapeutic institutions are - if they exist at all - often opposite proportional to the need. Alternative methods of treatment based on situations with parallels to torture may be a solution. An example of how such a behaviour therapy, undertaken by a counsellor-psychologist and based on the cultural norms prevalent in the respective country, is described in Musa Isa Barhoum's article.

Introduction

Thompson & Rudolph' define counselling as a process that involves a relationship between two people who meet so one can help the other to resolve a problem. This statement applies to adults who usually know what they want, and willingly seek help. With a nine-year-old child, diagnosing and treating his behaviour problem becomes more difficult as pointed out by Morris'. According to him, therapists cannot rely on the verbal communication skills of children. Young children with behaviour problems are usually referred to professional help by their parents or guardians; and the helper follows a certain intervention or technique, depending on his own expertise and background, which varies from psychoanalytical, behavioural, cognitive, existential-humanistic, to biomedical.

The present counsellor-psychologist used a combination of behaviour modification and play therapy. His intervention was characterized by the joking relationship with the client's classmates in their own natural setting. This way, the whole class felt more relaxed, less tense, with a lot of fun and positive reinforcement. This relationship supplied the whole class with a warm, permissive, and accepting environment with few limitations on the class in general, and on the targeted child in particular.

Peterson & Leong' mention that all behaviour is learned and displayed in a cultural context. Accurate assessment, meaningful interpretation, and appropriate intervention require the counsellor to be aware of each client's cultural context.

Aware of the present cultural context, the counsellor used it as a scaffolding tool to build a strong rapport between the whole class and then the targeted client. In the Arabic culture, the man calls his first-born son after his father's name. If someone's name is Ibrahim and his father's name is Maher, Ibrahim will probably call his oldest son after his father, and consequently people will call him, even when still a child, "Abu Maher", which means father of Maher. Using this analogy could help to create a funny atmosphere and could make the students listen, cooperate, and interact positively with the counsellor. This usage of the cultural context could also raise the students' self-confidence, enhance their self-esteem, and strengthen their self-concept.

Case study and demonstration of an introverted nine-year-old school-boy

Saif was in the 3rd grade when the school administration referred him to the district counsellor-psychologist on the grounds that he was mentally retarded and mute. He could not talk to the other school children or to the teachers, who happened to be female. The school social worker reported that his teacher of Arabic and religion failed him intentionally so as to give him private tuition at home and to be around his powerful family. She reported that the boy was normal when at home.

The counsellor's intervention was indirect. He visited the classroom and established close intimate rapport with all the students in the class to guarantee the client's cooperation. The students felt relaxed and comfortable with the counsellor, who talked to them jokingly, as a result, the client felt more relaxed too. His normal interaction with the counsellor confirmed the social worker's point of view that the boy was normal, that the teacher of Arabic and religion was singling him out, and that she failed him on purpose.

The counsellor had to focus on the environment, especially the school. He talked to the boy's Arabic and religion teacher and other teachers interacting with him. He also talked to his family. As a result of the environment change, his level of social interaction increased significantly.

Saif comes from a high-class family. His father occupies an important position in the government. He is the fourth child in the family and has had no illnesses. A special tutor used to take care of him and his brothers at home. The special tutor reported that he was above average. As for his level of social interaction in the family, he is considered very sociable with children and adults. But he has an interaction problem in the school atmosphere.

His problem started after an unpleasant experience in the first grade when one of the female teachers scolded and ridiculed him in front of the other students in the playground. After that, he became a sort of introvert and would not interact with the other students, nor would he respond to his teachers. He neither spoke nor verbalized, though he was repeatedly encouraged to do so by them. This sort of withdrawal aggravated his problem day after day so that the school diag-
nosed him as mute and mentally retarded. They decided to refer him to the counsellor-psychologist.

When he was in the third grade, the social worker asked for the counsellor's help. Since the boy failed only with the same teacher of Arabic and religion, the social worker had the feeling that this teacher failed him on purpose to try to get into his house. She expressed this by telling the social worker to ask his family about tutoring him at home. She used to say to her:

"If they let me teach him half an hour a day, he will become excellent."

The social worker conveyed the message to the mother, who insisted many times that they have a special tutor to the house to teach their children after school.

Saif's problem confirms one of the general assumptions of behaviour modification, which maintains that the behaviour problems that a child shows in a particular situation indicate only how he typically behaves in that specific situation.

Session one
The social worker wanted the child to come to her room, but the counsellor thought it would be better to see him in his natural setting, so that he would not know he was being singled out. They coordinated with the headmistress who gave them access to the classroom. They went to the class at the start of the 3rd period. The Arabic and religion teacher was supposed to teach that class. The counsellor talked to her about their wish to use the hour and gave her the choice of staying with them to observe the activity, or of leaving. She decided to leave, and when she left the students became more relaxed.

The counsellor introduced himself, wrote his name on the blackboard, and said "I am visiting you from the Ministry of Education. The headmistress spoke highly about you. She said that you are the best class in the school, and I came to see for myself. Now, you know my name, which is written on the blackboard, so I want each one of you to introduce himself to the class in a loud and clear voice, because I am an old man and I am hard of hearing. Let's start with this young man. He started from one of the students in the opposite row from where the client was sitting, in order to make him feel that he was not being singled out. Also, he created a funny atmosphere that made the youngsters laugh. He also acted comically, which helped to build rapport between the whole class and himself. An example is presented in box 1.

By making a joke, the counsellor broke the ice between the students and himself, and succeeded in establishing individual rapport through initiating group rapport first. This approach helped in different ways:

First, the method was a sort of systematic desensitization, which helped to minimize Saif's sensitivity to others around him.

Second, it helped the counsellor to screen out some of the cases and to try to help them on the spot before moving to talk to the next student. Among those seen and dealt with directly and instantly was a boy who stuttered, a shy student, a student with a lisp, and others.

Third, and as a result, it made Saif believe that the counsellor was not singling him out, but was relating to the whole class. When it was the client's turn to introduce himself, he stood up and before he even opened his mouth, he was faced with at least six comments from the other students: "He's lazy", "He wets his pants", "He's crazy", "The teacher beats him”, "He's mute”, "His name is Saif".

The author of the present article thinks that stigmatizing each other is common in the Arabic classroom. Interfering in each other's business, talking about a second person, talking about him even behind his back are also common.

Such negative behaviour had to be stopped by the counsellor, who in a very nice and gentle way reminded them that the headmistress had invited him to visit them because they were the best class and she was very proud of them. If they wanted to prove it, they should not talk about each other this way.

 Mentioning the headmistress was a trick to encourage the students to cooperate with the counsellor because they valued her praise. The counsellor used their culture to extinguish negative attitudes. He particularly used verses from the Koran (see box 2).

The counsellor also used prophet Mohammed's saying that focuses on the equality of humans, and that there is no difference between an Arab and a non-Arab, nor between a white man and a black man, except in the fear of God.

He reminded them of such teachings taken in their religion classes, confirmed that each one has a tongue, and he could express his own thinking by himself. He felt that such talk could help to raise and enhance Saif's self-esteem, and change his self-concept positively. Then he turned to him and said: "I want you to prove to the class that you can talk like anyone of us. Tell us what your name is in a loud clear voice to let everybody hear you."

Saif moved his lips in slow motion. As a threshold for moving his lips, the counsellor had to give him very strong positive reinforcement. He asked the students to give him a hand, but they clapped their hands in a slow lazy way as an indicator that he did not deserve hand-clapping. This indicated that they were used to such slow clapping with him in particular, because it was approved by the teachers — strong hand-clapping for excellent students, weak for lazy students. He then had to interfere and asked them to give him strong hand-clapping because he could talk. They did, and then he asked Saif to prove to the whole class that he could speak

Box 1

When he asked the first student about his name, the student answered:

"My name is Rami Ali."
The counsellor said: "Thank you Abu Ali."
The boy laughed at the humour and said: "Sir, my name is Rami Ali, not Abu Ali."
Counsellor: "I know that, but what is your son's name?"
Rami: "I don't have a son, I am not married." He said it while laughing and looking at the others as if he wanted to be sure that it was a funny situation which caused him and the others to laugh.
Counsellor: "You are not married!"
Rami said while laughing: "I am still too young to be married."
Counsellor: "Is that right? How old are you?"
Rami: "I am nine years old." Lowering his body down to the level of the child's, the counsellor said: "You are almost as tall as I am, how come you are not married yet? I thought you were married."
The students realized that the counsellor was joking, and they liked it.
In the Arabic culture, it is well known that, in general, the first new-born child is named after the father's father. That is why the counsellor said "Thank you Abu Ali" which means father of Ali.
had received strong positive reinforcement.

Box 2

“O Ye who believe!
Let not some men
Among you laugh at others:
It may be that
The (latter) are better
Than the (former):
Nor let some women
Laugh at others: It may be that
The (latter) are better
Than the (former):
Nor devise nor be
Sarcastic to each other,
Nor call each other
By (offensive) nicknames:
Ill-seeming is a name
Connoting wickedness,
(To be used of one)
After he has believed:
And those who
Do not desist are
(Indeed) doing wrong.”

louder, and Saif responded in a better way than first time. He had received strong positive reinforcement.

To strengthen the rapport with the client, when Saif
pronounced his name, the counsellor said: “You have a nice
name that reminds me of my nephew, whom I love and who
lives away. He has the same name as you.”
He asked the students to give him a hand, and they did so
in a stronger way. The social worker commented by whispering
in the counsellor’s ear, “Oh, my God, he spoke.”
Her response confirmed the hidden hypothesis that the
boy was neither mentally retarded nor mute.

The counsellor went on talking with Saif, who responded
better, and the more he responded the more continuous
positive reinforcement he got.

The counsellor moved to a second step. He asked the students
to read from their Arabic book. He started asking others
to read. When Saif raised his hand as a signal to read, the
counsellor let him read, and he read very well. An exaggerated overt positive reinforcement was given to him as a
threshold for his success.

The counsellor also asked the students to read some verses
from the Koran. A number of them did. When Saif raised
his hand, he asked him to read the same verses. He read
them excellently.
He asked them to read a poem that he wrote on the
blackboard. He applied the same method, and found out
that Saif was an excellent student.

The counsellor-psychologist presented a report with the
diagnosis of the case to the school, met with the teachers and
the parents, and discussed the case with them. He confirmed
that the boy was normal.

Session two
The social worker’s inspector accompanied the counsellor-
psychologist to the classroom during the second session. The
teacher of Arabic and religion was in the class. They asked
her permission to occupy the hour, but she asked them to let
her be with the students for some more minutes to finish
things with them. They stayed around in the class.

The teacher asked a question on religion; many boys,
though not Saif, raised their hands as a sign that they were
ready to answer, but the teacher asked Saif to give the an-
swer. He stood up, looked at the teacher, looked at the
inspector and the counsellor, and gave the teacher the cor-
rect answer. She did not give him any positive reinforcement
at all.
She asked another question, but intentionally asked Saif
to give the answer, though other students again raised their
hands for the answer. In the same way, he looked at the
inspector and the counsellor and gave the correct answer.
The counsellor interfered this time, when he felt that she
did not want to give him any reinforcement; he asked the stu-
dents to give Saif a hand clap, which they did weakly. He had
to ask them to clap their hands strongly because Saif had
given the correct answer, and he deserved strong clapping.
They clapped their hands in a stronger way.
The teacher then asked Saif a third question. In the same
way, while focusing on the faces of the inspector and coun-
sellor, as if he was getting strength from them, he gave exac-
tly the correct answer. This time, very quickly, the teacher col-
clected her things, excused herself, and left the classroom in a
way as if she had been defeated. The inspector whispered in
the counsellor’s ear, saying, “As if she intended to humiliate
him, but he could humiliate her instead. It was a challenging
game”.
When she left the classroom, any clever observer could feel
that a burden had been lifted off the students. The coun-
seller introduced the guest inspector, who was a woman, and
reminded them of his own name. He could see on their faces
that they were more relaxed and cheerful. One of the stu-
dents reminded him of the client by saying: “This is your
friend Saif”.
The counsellor pretended that he didn’t remember such a
name, but the student reminded him of Saif’s name by asso-
ciating it with the name of the counsellor’s nephew, saying,
“Last time, you mentioned that your nephew’s name was like
Saif’s – the nephew you liked and who lives away from you.”
The counsellor could no longer pretend that he didn’t
know him, and said: “Thank you. Where is he sitting. I can-
not see him”.
The student pointed at the client. Then the counsellor
went up to him, shook hands, and chatted with him. Happiness was written all over his face.
The students were then engaged in various activities, read-
ing and writing in the same cheerful way as in the first ses-
sion. Saif also took part in the reading, performing extremely
well. The inspector’s general impression was that he was an
excellent student.
At the end of the class, most of the boys shook hands with the
counsellor and the inspector as they left the room. But
Saif, who shook hands with the counsellor-psychologist,
pulled his hand back and did not shake hands with the
inspector. When she observed the move, she commented,
smiling:
“Even me? What had I done to him?”
The counsellor answered: “Even all women on earth!”
They went back to the headmistress’ office, and the three
of them, together with the social worker and the teacher of
Arabic and religion, and a number of other teachers, talked
about different ways of helping Saif. Ways of making the
teachers’ attitudes more positive was the focus of the talk
about the students in general. Positive reinforcement was
advised for Saif in particular; it should be used continuously
in the present situation. Ways of modifying the other students' negative attitudes towards him were also discussed.

Results and discussion
The results of the intervention confirmed the social worker's hypothesis that Saif was neither mentally retarded nor mute.

The general impression about Saif's performance was that he could read and write Arabic, that he knew his religion, and that he did not deserve to fail, contrary to what was believed in the school. His teachers, especially the teacher of Arabic and religion, were contacted. They promised to give more attention and encouragement.

It was later reported that Saif improved significantly, becoming more sociable and interactive as a result of his teachers' cooperation.

In too many countries, counsellor-psychologists use tests as a main tool to try to confirm an idea about a client's problem. Although the present counsellor-psychologist was trained to do testing, he used an easier and more readily available tool; some simple verses from the Koran. The rationale behind using verses from the Koran was that such material has been recited and memorized by the youngsters since their early childhood. They are read in the homes, in the mosques, in the media, and in the educational institutions, from day-care centres to high schools. Any child of four years or older is supposed to know them fluently by heart, especially "Alfitakah" or the opening of the holy Koran. When the counsellor asked the students to start with it, all of them raised their hands because they found it so easy. It served as a solid base to extinguish any fears or worries that Saif or any other student had. This method made them more relaxed and less stressed.

This agrees with Shea's' point of view that our emphasis as educators should focus on the individual child's unique functional characteristics. He saw that the handicapped child, regardless of his particular classification, has problems at the functional level in one or more of the primary learning domains: psychomotor, cognitive, and affective.

Keeping Shea's theory in mind, the counsellor had to examine Saif's functional level, but instead of using translated tests that were foreign to Saif's culture, he used some verses from the Koran, supposing that any child, even younger than Saif, would know them by heart. He also chose some paragraphs from Saif's textbook. In all cases he asked the students to read voluntarily, and when many of them read, Saif was encouraged to raise his hand as a sign to allow him to read. This sort of intervention also strengthened the rapport between Saif and the counsellor because the former could feel that he was not being singled out.

A positive therapeutic relationship is universally considered a very significant component of counselling. To build an intimate positive hierarchical rapport between Saif and the counsellor, the latter started talking to the students from the opposite side of the class, and went on to build rapport in a systematic and desensitizing way. This technique helped the client to feel more relaxed and comfortable, and not singled out. This agrees with the studies that have consistently found that the therapeutic relationship is important for the outcome of psychotherapy.

The above is also in agreement with Dollard & Miller's view that, in establishing rapport, the clinician, as a social stimulus, acquires reinforcing properties.

By using Saif's values as a reinforcer in that particular setting, the counsellor succeeded in accelerating his acceptance of the whole situation in general, and of the counsellor in particular.

Acker & O'Leary state that using reprimands alone may be effective in maintaining appropriate classroom behaviour; the present counsellor used them with positive reinforcement along with the teachings from the culture derived from the holy Koran. He reminded them of the headmistress' positive idea about them, that they were the best class in the school. His intervention, a sort of use of both positive and negative consequences, agrees with Rosen et. al.'s results, that the use of positive and negative consequences combined was associated with high levels of behaviour.

Wilde maintains that counselling programmes exist to increase self-esteem, resist peer pressure, improve social skills, and enhance empathetic understanding of fellow students. The counsellor's intervention was indeed a group and individual counselling programme in two different ways; first, by talking to each student and trying to help the one who shows any problem, second, by talking to the whole group in a sort of group counselling approach. In this way he helped to increase Saif's positive self-esteem, to enhance his positive self-concept, to lessen pressure from the other students, and to improve his social skills. The improvements were noticed by the social worker, the social worker's inspector, and the counsellor in the second session compared with the first.

The manner in which the other students behaved towards Saif when the counsellor started talking to him, indicated that their attitudes to him were negative and that this was approved of by the teachers. Such negative attitudes were demonstrated when they gave him no chance to answer the counsellor's question - interrupting him, answering instead of him, stigmatizing him by saying that he was crazy, and calling him names. It indicated that Saif's self-concept was negatively influenced by his classmates' behaviour. And in Dodge et. al.'s words, they showed a tendency to make rapid decisions about Saif's capabilities as a friend, and the degree to which he could fit with the peer group. This was confirmed later through his teacher of Arabic and religion who showed this tendency towards him, later observed and confirmed by the inspector. Such negative attitudes were handled by the counsellor using the Arabic Islamic culture, and confirmed in their textbooks, which focus on treating each other fairly and without discrimination, stigmatization, or prejudice. The counsellor's use of verses from the holy Koran and the prophet Mohammed's sayings (Hadith) helped to pacify and neutralize the negative attitudes.

Behaviour therapy was used to help Saif to become more involved in the class activities, and the classroom was used as an influential therapeutic tool to raise Saif's confidence and morale.

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As a reader of *Torture* for the last couple of years, I have been in touch with your legal adviser with respect to academic training of law students. I teach in the Law faculty of the Hebrew University, and am interested in various aspects of "abuse of power"; I have written in the newspapers, and given lectures. I also represent victims of trauma.

I do not personally represent victims of torture. However, I would like to do what I can to increase consciousness. I have written reviews in daily newspapers, condemning torture and criticizing the "collaboration" of mental health and other health practitioners. I have also supervised the writing of Final Paper by my students on the issue of "torture and false confessions".

I would like to contribute this account of my thoughts on torture and the problem of social complicity.

In this paper, I wish to take a personal look at the social phenomenon known as torture. Recently, the question of "right use of power" has been one of the central issues on the public agenda. On the one hand, we have been asked fully to acknowledge our human desire for power, as part of the claim to be inside our bodies, and eliminate the obsolete dichotomy: mind-body. On the other hand, and by the same logic, we have been asked to examine the familiar axiom that power corrupts, power is corrupt. We are now asked to believe that power can be good, inasmuch as body is pure, at least as spirit or mind. And since the fall of the ideologies we are no longer asked to give away our personal power, under the sanctions of social power, and in the name of equality and justice. Rather, we are asked to exercise power, acknowledge it, and perform good, equal, and just deeds with it.

In the light of these developments, we have been witnessing the rapid spread of the term "abuse", in many contexts. Specific injustices, known to us previously under different names, are now treated jointly under the term "abuse of power". The assumption being, therefore, that there are appropriate and inappropriate modes of exercising power.

This approach is supported by the trends of judicial activism, the feminist claim, and the like. The concept of "abuse of power" provides a generalized ethical code, not limited by any penumbra of privacy. In a sense, it enables society to take a second look into its most secret and hidden zones.

However, since we are talking about the secret working of politics, the art and science of the use of power, there are numerous obstacles to address, if we are to be efficient. All over the world, the struggle against torture has become intricably tied up with other political divisions, the result being that protesting against torture becomes further obscured. Thus, for example, it would be almost impossible to hold a tough stance in questions of law and order and to protest against the use of torture. To this, we add the human tendency to save face even to the extent that abuses are left unattended. It seems that these self-defeating mechanisms appear wherever we find gross abuses of power. Torture, in many respects, resembles the phenomena of child abuse, domestic violence, and the abuse of trust. In all these cases, truth is weighed against the continuity of the social institution (family, marriage, nation, etc.). At times, truth is weighed against survival. The fearful perpetrator commands complicity from other members of the institution at stake. Loyalty thus becomes a crucial issue entangled with the abuse itself. Non-compliance with the abuser is tantamount to treason or infidelity. Therefore, any specific solution with respect to abolishing abuse, such as torture, must address the phenomenon of social complicity.

Power is granted within complex social constructs. Men have more power than women. Europeans have more power than indigenous groups. An armed person overpowers an unarmed person. A physician yields power over a patient in coma. A teacher has more power than his student. A rich person has more power than a poor person. The captor has power over the captive. An adult, especially a parent, has more power than a child. A loved one has power over the lover. And so forth. We are all placed somewhere, in perpetuate movement, on these delicate scales. For it is common knowledge that we - people of the post-modern world - have so many "identities". Therefore, when we speak about abuse of power, we should bear in mind that the bells always toll for us.

Naturally, we all strive to be on the power side of all scales, at all times. But we don't always succeed. There are relative weaknesses, there are absolute ones. There is a temporary powerlessness and a permanent one. Permanent powerlessness is a matter of status. Such as being a member of some "impure caste", a member of a persecuted minority, a woman, a Jew, a person with disability. Some of these power
relations are governed by the law, and the law sets the rules of ethics, applicable to the wilderness between the powerful and the powerless. The courts have now turned the law loose, and theoretically at least, everything is placed under scrutiny. No more private parts, where darkness has been free to reign. The tables turned, and we are here to cast away the darkness by the light of the law.

Torture. A word carrying “sado” connotations. Nowadays, torture has become an art performance. For example, the Marquis de Sade is granted a comeback. His books are published in new editions. Alongside the righteous preaching of human rights activists, we are witnessing a mirror-effect. Piercing, writing on skin, S&M – the more benign and harmless forms of cruelty – and child pornography at the criminal end. These processes move in parallel courses, perhaps converging at certain places. Cruelty is seeking formal expression, perhaps stylized expression, but on the other hand, the pressure of moral prohibition becomes stronger. Altogether, the public debate reminds me of the personal struggle, where claims are put forth by the ego against the unconscious. In his first movements, the ego has yet no understanding, it is still judgmental. But at the end of the day, it will be forced to see itself in the mirror, seized by the horrors of its own failings. The same inter-relatedness that obliges us to help our fellow human beings suggests that we are also co-authors of these horror scripts. Therefore, any act of condemnation must follow understanding and inclusion, as horrible and impossible as it may seem at first. In order to perform our duty, we must first own the act we wish to eradicate. We have to identify, explore, and finally purge our own complicity.

First look: testimonies of prisoners published in a special booklet released by a centre or another association. Impossible. Unheard of. Unthinkable. I find no place in my heart which accepts them. Second look: I see that there is a first row. In this row, I see cleaners, cooks, the clerk that signed the presence sheets and the forms in the facility, the physician who passed by and heard, but did not see, and the commander in chief who sits with his family at dinner, in his clean white shirt. And there is a second row, and a third, of bystanders, regular citizens, who would rather not ask the questions. At last, this is where I condone the act. I get up in the middle of the show, and leave the room. Now, my work is completed. Now I can begin to work on the eradication of the abuse known as torture.

Torture is a method for extracting confessions. My ethni-
Jewish law forbids the use of confessions as evidence. Only by two witnesses shall a court indict, and no person shall incriminate himself. The ancient Greeks gathered evidence by torturing slaves. Summoning the party’s slave for “discovery proceedings” was an acceptable procedure in civil litigation between noble men. Another milestone. The Inquisition. And before that in Rome torture was applied only in cases of treason, to examine the question of loyalty. The torturer has been digging into the body to find the truth, the illicit resistance to his absolute control. The rotten signs of treason. If you look for signs of treason, you will find them. Somewhere, anywhere. The Anglo-Saxon legal system incorporated torture by statutes, in Elizabethan times. Here, too, torture was allowed in cases of treason, and slaves were regularly tortured in order to obtain information with respect to their masters. At a certain time, common law coined the term “queen of evidence” to describe the value of a confession in any criminal case. Nowadays, torture is mostly practised in the context of treason and security, but also in criminal proceedings. So, we are in fact speaking about a social institution, with historical, cultural, and legal roots. There is a lot of digging we must do, in order to unearth its deepest causes.

All too often good people deny the existence of such horrors around them, or else they are satisfied with the nice sound of their codes. “The law prohibits ...” but is it really enough? Torture, abuse of children, all forms of cruelty thriving in those dark parts of consciousness. By turning our eyes away, we allow them to go on. By decorating them into art, we further distort the truth of the situation, and silence the victim under a mask of fake aestheticism. In this paper I tried to avoid the pitfall of legalism, where words replace reality. By doing this, I am letting myself hope that I have made it just a little more possible for others – who may read this paper – to bridge the unthinkable with the thinkable, the unspoken, and the contemplated.

Editor’s note
You are most welcome to contribute to the discussion about the above issues, either by writing directly to the web-site via e-mail to webmaster@irct.org, or through standard mail to the editorial board of Torture.
A pilot study of a brief form of psychotherapy for survivors of torture

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Abstract
Objective: To determine whether a single therapeutic interview is effective treatment for patients with psychological disorders due to torture.

Design: Clinical trial, no control group.

Setting: Rural hospitals in Mount Darwin District, Zimbabwe.

Subjects: Adults aged 16-65 years who reported an experience of impact torture and who scored 10 or more on the Self-Reporting Questionnaire (SRQ-20) were eligible for inclusion. A sample of 15 persons were selected. Twelve completed the trial.

Interventions: A comprehensive assessment procedure was initially given. All patients then received a single counselling session, which covered both de-briefing of the trauma and trauma symptoms, and problem solving of a current life problem. All patients received follow-up interviews at three, six, and twelve months.

Main outcome measures: Scores on the SRQ-20, self-ratings of improvement, and the Clinician Administered PTSD Scales (CAPS), at presentation and follow-up.

Results: At baseline, the mean SRQ-20 and CAPS scores were 14.5 and 22.42, respectively. At the one-year follow-up, the means for the SRQ-20 and the CAPS were 5.33 and 0, respectively. The self-rating scores went from 2.0(sd.0.74) to 2.17(sd. 0.39). The major changes occurred in the three to six month period, but small changes were observed after assessment and immediately after the therapeutic intervention.

Conclusions: The results suggest that all patients improved as a result of the therapeutic intervention, but this cannot be conclusively asserted in the absence of either a control group or a comparison with another form of treatment. However, the results are interesting and deserve extension.

Introduction
Recent Zimbabwean work has shown that “common mental disorders” (CMD) are among the most prevalent conditions in persons attending primary health care facilities. The most recent work has shown certain clear associations with CMD in urban settings:
- chronicity of complaints
- the number of presenting complaints
- beliefs in “thinking too much" and witchcraft as a causal model
- economic impoverishment
- infertility
- recent unemployment
- disability
- consultations with traditional practitioners and religious priests.

A follow-up study showed that disability and economic deprivation were the strongest predictors of a poor prognosis at 12 months. One of the most frequent causes of disability found in the Zimbabwean rural setting is torture and organized violence, but few studies have attempted to examine the specific contribution of torture and organized violence to the morbidity seen as CMD. Disorders due to torture and organized violence may be among the more common causes of CMD in Zimbabwean rural settings. Recent epidemiological research in Zimbabwe has estimated that one adult in ten attending rural health facilities are survivors of torture and organized violence, and the most that a district may be able to offer in the way of rehabilitation personnel is a psychiatric nurse and a rehabilitation technician (a paraprofessional physiotherapist). To make the point about scarcity of resources further, this means that there are three staff for a probable population of 1,500 survivors in Mount Darwin District, one district in Zimbabwe in which AMANI is currently working.

To the problem of insufficient numbers of mental health workers must be added certain other problems. In a rural community setting, few torture survivors are able to attend sessions for counselling on the regular basis that is necessary for the application of conventional therapies. The endemic poverty, the distance from health care facilities, and the cultural attitudes towards western-type psychotherapy or counselling all combine to limit the possibilities of helping psychologically. Furthermore, most clients have a predominantly somatic orientation towards western medicine, in which the expectation is for physical, or "prescriptive" treatment, and brief treatment at that. So it is not clear that any of the conventional therapies, or even the therapies that have been advocated for use with torture survivors, will be appropriate
in these circumstances. However, some recently published Zimbabwean work has suggested that the prognosis for CMD is generally good\(^4\), although this work also suggests that the prognosis might not be so good for severe disorders.

The management and treatment of disorders due to torture is still in its relative infancy. Two broad trends can be identified: those deriving from the behaviour therapy tradition, using deconditioning techniques\(^5\), and those deriving from the cognitive therapy tradition, using cognitive restructuring\(^6\), reconstructing the trauma\(^7\), meaning alteration\(^8\), or the altering of assumptive worlds\(^9\). However, there is still no meaningful comparative outcome work, and no clear idea of the relative efficacy of the various approaches, nor any indication of the applicability outside of work with ex-combatants. The problems of the applicability of western-derived approaches to non-western populations remains an issue for the treatment of torture-related disorders, as it does for other disorder types.

Given that there are no obvious therapy types applicable to rural Zimbabwean torture survivors, and given the problems about this group noted above, an attempt has been made to provide cost effective and efficacious therapies for this client group. Borrowing from earlier work by Straker\(^10\) and Staehr \& Staehr\(^11\), the AMANI Trust has developed a brief single session intervention for chronic survivors of torture. This approach has recently been tested in a small pilot study, upon which the present paper reports.

**Patients and methods**

The subjects were all torture survivors from the Mount Darwin District, an area that suffered severe human rights violations during the liberation war of the 1970s. Fifteen clients were admitted to the trial. All had suffered physical and psychological torture; some disorders were of more than 20 years duration. One subject died during the course of the trial; another two did not return for the 12-month follow-up and were thus excluded.

Detailed assessment had previously been conducted on each survivor, using the instruments described below. These are described more fully in a manual developed by the AMANI 'Trust'. The CAPS is a clinical interview for Post-Traumatic Stress Disorder (PTSD), developed in the United States\(^12\), and used previously in a study of Zimbabwean war veterans\(^13\). The instruments in question were:

- Self-Reporting Questionnaire (SRQ-20)
- Structured Assessment Form
- Medical history
- History of violence
- Clinician Administered PTSD Scales (CAPS)
- Self-ratings of improvement

This assessment interview takes between two and three hours, during three to four sessions, depending upon the client. The clients were selected using several criteria: score on the SRQ-20 of 10 or more, positive report of impact torture, and age 16 years and older at the time of the torture. Basic demographic data and information were available for each patient from the Structured Assessment Form, and detailed information about their medical history and experience of torture was collected from the medical history and history of violence.

Follow-up interviews were conducted at the hospitals at three, six, and twelve months. Progress during the previous months was reviewed, new problems (if any) were noted, and new solutions generated if necessary, and the measures were repeated. The outcome measures were of three kinds: the SRQ-20, the CAPS, and self-ratings of improvement. The self-ratings used a simple 5-point scale (much better, better, same, worse, much worse), all answered on a "yes-no" basis. The scale was scored from 0 (much worse) to 4 (much better). A very simple scale was used due to the nature of the client population, most of whom have very little education and are not very psychologically sophisticated.

**Therapy approach**

Before beginning therapy, all clients had received a lengthy assessment (described above), which lasted from two to three hours over two to three sessions. Clients then attended a single therapy session which followed an algorithmic procedure. This comprises four main phases and took between 60-90 minutes. The therapy process is described briefly below:

**Introductory phase**

- Explain to the client the importance of recording some of the important aspects of the interview and get his or her permission.

**Explanatory phase**

- Recap on past assessments
- Exploring reactions to trauma
- Exploring current problems
- Consequences of current problems.

The aim here is to acquaint the client with the findings from the assessments done previously, to link current symptoms to the past experience of violence, and further to link the symptoms to current difficulties. This is largely a process of what might be termed "psycho-education".

**Working phase**

- Working on the priority problems
- Working on other problems.

The counsellor continues throughout this phase to link the patient's symptoms with torture methods and after-effects. The major aim is to identify the current problems being faced by the client, to work out with the client which are the priority problems, and to select one problem for solution. The solution of the problem is worked out with the client, using the client's solution wherever possible, but frequently the counsellor must take a very active role in helping to generate solutions. Here it is important to stress that, for many clients, their problem-solving ability is so poor or blunt that they are unable to find solutions to their problem, and, in fact, it is the impaired problem-solving that forms the basis for seeking assistance.

**End phase**

- Summarizing the session
- Reviewing the session.

The end phase involves a summary of the whole session, thus ensuring that the client clearly understood all the assessment issues; that the problem chosen for action was the one that the client actually wished to work on; and that the solution...
is clearly understood by the client. This session is then followed by further sessions at three months, six months, and twelve months. At follow-up, the same format is used, and a brief assessment of the patient is made.

**Results**

The sample was generally composed of older persons – mean age 56.3 years (sd. 15.7) – and most (11) were married. Most (11) were unemployed, and only one had more than primary school education. The sample reported high rates of torture (Table 1).

<table>
<thead>
<tr>
<th>Table 1. Types of physical torture reported.</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Beatings</td>
<td>12</td>
</tr>
<tr>
<td>Severe beatings</td>
<td>9</td>
</tr>
<tr>
<td>Deprivation longer than two days</td>
<td>8</td>
</tr>
<tr>
<td>Deprived of food, etc.</td>
<td>7</td>
</tr>
<tr>
<td>Lack of sleep for more than five days</td>
<td>6</td>
</tr>
<tr>
<td>Immobilization for more than two days</td>
<td>5</td>
</tr>
<tr>
<td>Lack of medication</td>
<td>4</td>
</tr>
<tr>
<td>Burning</td>
<td>2</td>
</tr>
<tr>
<td>Electrical shock</td>
<td>1</td>
</tr>
<tr>
<td>Suspension</td>
<td>1</td>
</tr>
<tr>
<td>Rape</td>
<td>1</td>
</tr>
<tr>
<td>Lack of water for more than two days</td>
<td>1</td>
</tr>
<tr>
<td>Exposure</td>
<td>1</td>
</tr>
<tr>
<td>Abnormal posture</td>
<td>0</td>
</tr>
</tbody>
</table>

The sample reported a mean number of impact torture types of 5.23 (sd. 3.22).

Table 2 shows that the sample reported high rates of some forms of psychological torture, but, overall, the mean number of psychological torture types reported – 4.31 (sd. 2.21) – was lower than the mean number of impact torture types reported. The mean number of forms of torture witnessed – 3.39 (sd. 3.15) – was lower than either impact torture or psychological torture.

<table>
<thead>
<tr>
<th>Table 2. Types of psychological torture reported.</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Verbal abuse</td>
<td>11</td>
</tr>
<tr>
<td>Threats against person</td>
<td>11</td>
</tr>
<tr>
<td>False accusations</td>
<td>11</td>
</tr>
<tr>
<td>Threats to family</td>
<td>5</td>
</tr>
<tr>
<td>Constant noises</td>
<td>4</td>
</tr>
<tr>
<td>Screams and voices</td>
<td>4</td>
</tr>
<tr>
<td>Simulated execution</td>
<td>3</td>
</tr>
<tr>
<td>Special devices</td>
<td>3</td>
</tr>
<tr>
<td>Constant lighting</td>
<td>1</td>
</tr>
<tr>
<td>Abuse with excrement</td>
<td>1</td>
</tr>
<tr>
<td>Sexual abuse</td>
<td>1</td>
</tr>
<tr>
<td>Drugs</td>
<td>0</td>
</tr>
<tr>
<td>Powerful lights</td>
<td>0</td>
</tr>
</tbody>
</table>

Table 3 indicates the number of symptoms reported by the sample. A very high number of symptoms was reported, with slightly higher number of physical as opposed to psychological symptoms.

<table>
<thead>
<tr>
<th>Table 3. Types of symptoms reported: PHSQ scores.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Psychological symptom score</td>
</tr>
<tr>
<td>Physical symptom score</td>
</tr>
<tr>
<td>Total symptom score</td>
</tr>
</tbody>
</table>

Table 4 shows the changes in the scores on the various questionnaires and instruments over the 12 month period, while Figure 1 shows the changes in the Self-Reporting Questionnaire (SRQ-20) scores over the 12 month period. As can be seen, there is a steady linear decline in the SRQ-20 scores, all clients dropping below the cut-off of seven by the end of the six month period. The cut-off score for psychological health is seven, and all clients had dropped below this cut-off point by 12 months.

Figure 1. Changes in Self-Reporting Questionnaire (SRQ-20): one year follow-up.

Figure 2 shows changes in the mean self-rating scores over the 12 months. The higher the score the greater the improvement, and, as can be seen, only moderate improvements were reported by the sample on average.

Figure 3 shows the changes in the CAPS over the 12 months. All the CAPS scores declined to zero, but there was considerable variation in the reporting of PTSD symptoms in the sample. The cut-off score for PTSD on the CAPS is 19, and all clients had dropped below this score by the end of the 12 months.

| Table 4. Changes in outcome measures (means and standard deviations): SRQ-20, self-ratings and CAPS. |
|--------------------------------------------------|--------------------------------------------------|--------------------------------------------------|--------------------------------------------------|--------------------------------------------------|
| SRQ-20(1)                                        | SRQ-20(2)                                        | SRQ-20(3)                                        | SRQ-20(4)                                        | SRQ-20(5)                                        |
| 14.5 (2.19)                                      | 11.6 (1.93)                                     | 8.17 (3.09)                                     | 5.42 (1.98)                                     | 5.3 (2.77)                                      |
| Self-rating(1)                                   | Self-rating(2)                                  | Self-rating(3)                                  | CAPS(1)                                          | CAPS(2)                                          |
| 2.0 (0.74)                                       | 2.0 (0.43)                                      | 2.17 (0.39)                                     | 22.42 (12.96)                                   | 0.50 (1.73)                                     |
Discussion
This study was a clinical study of the effectiveness of a single counselling session on patients with psychological disorders due to torture. A comparison with an untreated control group would have allowed much stronger confidence in the results, but the ethical problem of using either an untreated control group or a waiting list group, and thus denying the survivors of gross human rights violations treatment, decided us against this design.

The sample was older than most of our clients, and reported more experience of torture: this was expected since we were selecting for a group with severe disorders and impact torture. Thus, we can have some confidence that we were selecting a clinically significant group. Earlier Zimbabwean work1, had suggested a general tendency for CMD to improve over time, with the additional observation that there was a slight tendency for severe cases – those with SRQ-20 scores of 10 or more – not to improve. This is perhaps important in the light of the present study.

All the patients were suffering from chronic disorders, the onset of which was more than two decades before in some cases, and more than a decade in all. The results showed that they all improved on all measures, and, importantly in the light of the results of the previously reported Zimbabwean study conducted by Todd & Reeler1, there was a significant effect of all cases dropping below both ten and seven on the SRQ-20. There was a small drop in the SRQ-20 scores after the initial assessment, but no case dropped below the clinical threshold, and the most marked drops in scores occurred after the therapeutic intervention, which strongly suggests a real therapeutic effect of the treatment approach. There was a small therapeutic effect as a result of assessment, which corresponds to the kind of intervention used in the previous Zimbabwean study. However, this did not result in scores dropping below the threshold for disorder, and the marked changes occurred after the intervention. It is also worth commenting that the most marked changes occurred after six rather than three months, which may also suggest a natural as opposed to a therapeutically-induced change, but this cannot be conclusively tested in the absence of a control group.

The small therapeutic effect that followed the assessment process was interesting. This was the first time that these clients had been interviewed about their wartime torture, and most commented that this had been valuable for them. It was also evident that there were some small changes in the clients' behaviour: most smartened themselves up for the second and third interviews, and several reported feeling better. The therapeutic effects of assessment are often underestimated, and these data clearly show that assessment must be seen as part of therapy, drawing upon many of the factors that make therapy effective.

All the scores on the CAPS declined to zero, but this was most marked for the group who had clinically significant scores at the initial assessment: scores greater than 19 on either the Frequency or the Intensity subscales of the CAPS. It was not surprising that a substantial number of the group did not report any PTSD; this is in line with previous work1. Thus, we did not see any changes in the non-PTSD subsample, but there were very pronounced changes in the subsample that did report PTSD. These data additionally support the finding that there was clinically significant improvement as a result of the treatment.

As regards the self-ratings, the clients initially showed little change in their symptoms, as measured by the differences observed between the therapeutic interview and the first follow-up at three months. There was then sustained improvement at six months and one year, with the group showing small positive change overall. This small effect could be improved by the use of more comprehensive self-report measures, but this also has to be traded against the ability of a largely non-literate client group to complete such measures.

The therapy approach itself seemed to be acceptable to the clients, and was not difficult to implement. It followed logically on the detailed assessment procedure, and the combination of feedback, psycho-education, and problem solving seems a useful approach to the management of trauma. This was in keeping with the approaches from which the single therapeutic interview was derived, those described by Straker1 and Staehr & Staehr10.

Conclusions
These results must be treated with caution in the absence of a control group, but they nonetheless show sustained improvement on 12 month follow-up. A previous Zimbabwean study indicated that there is a general tendency towards improvement in sufferers of psychological disorders, but also that this tendency might not hold for those with severe disorders – SRQ-20 scores in excess of 10 out of 20 – who were untreated. In the present study, this was clearly a severe group, with clinically significant disorders, and the results show clear improvement for the whole sample. This suggests that the approach
deserves further investigation, especially since the therapy approach is relatively simple to apply and could be easily learned by a wide variety of different types of health workers.

References

Notes
1. The protocol and the record used for the single therapeutic interview can be obtained from the authors.
2. This work was supported by a grant from the Danish International Development Agency (DANIDA).

Appendix 1

Protocol for the single therapeutic interview

Creating the setting
• Find a quiet place
• Make sure the patient is comfortable
• A good sitting arrangement which is conducive to the process and non-threatening
• Think about distance: is it too close or too far?

Introductory phase
Establish good rapport with the client
• Introduction of the counsellor to the patient
• Establishing good eye contact
• Use of other non-verbal communications
• Assurances of confidentiality.

Setting the frame for the interview
• Explanation of the “Talking method” as a means of treatment
• Explain to the client the importance of recording some of the important aspects of the interview and get his permission
• Avoid feelings of suspicion at any cost because they may interfere with the intended outcome.

Explanatory phase
Recap on past assessment
• Recap on the assessment done. The patient will need a short simple explanation of the information collected
• Show the link between trauma and symptoms in a language the client will easily understand
• Explain more about the differences between physical symptoms and psychological symptoms, giving examples: e.g. feeling depressed or anxious against a bad back or joint pains.
• Emphasize that these are normal reactions in traumatized people.

Exploring reactions to trauma
• Open this phase by asking for a more detailed trauma history
• Ask the client about how he felt at the time:
  - How does he feel now?
  - How did he cope?
  - What kind of coping mechanisms did he use, if any?
  - Did they work for him?
  - If so, in which way?
  - If not, does he think he should have dealt with it any differently?
  - What coping mechanisms did he use?
  - Adaptive or maladaptive?

Exploring current problems
• Ask for current problems
• Which one is most severe?
• Which is the least?
• The counsellor should record these problems for future reference.

Consequences of current problems
• How are they disabling?
• List the ways they are disabling
• Which one does he think needs solving first?
• List in order of priority.

Working phase
Working on the priority problems
• Take the most urgent problem given by the patient
• Start with an analysis of each problem in detail
• Develop with the patient an immediate plan of action
• Give feedback on the solutions developed.

Working on other problems
• If the patient wishes, take another problem
• Start again with an analysis of the problem in detail
• Develop a solution for this problem
• Give feedback on the solution developed
• The counsellor continues throughout this phase to link patient’s symptoms with torture methods and after-effects.

End phase
Summarizing the session
• Counsellor summarizes the discussion in the working phase
• Draws a plan of action together with the patient
• Observes for patient’s strengths and weaknesses
• Patient’s attention is now redirected towards the present and the future
• Ask what future plans there are.
Reviewing the session
• What has been achieved?
  - current problems
  - solutions drawn up
  - plan of action
• Observe the patient’s acknowledgement of the above, and, last but not least, tell the patient that he will be seen at three months, six months, and at one year for follow-up.

Follow-up sessions
The same format is used for each of the three follow-up sessions, and should be followed strictly.

Recapping on the last session
• The explanatory phase is followed up: i.e. going through what was achieved in the last session
• Do brief assessment of patient:
  Much worse  yes/no
  Worse  yes/no
  Same  yes/no
  Better  yes/no
  Much better  yes/no
• Repeat SRQ-20 (if done previously).

Working phase
• Counsellor asks for a feedback from last session
• Exploration of problem solving techniques used
• Counsellor asks the patient how he feels, whether he or she feels that life has changed?
• If so, how has it changed?
• What are the coping mechanisms?
• Are they adaptive or maladaptive?

End phase
• Counsellor makes a general assessment of the patient’s progress and gives feedback
• Counsellor asks about future plans
• The patient is then given a follow-up date three months later.

Selected list of publications
received in the IRCT International Documentation Centre


Weapons of torture / Waller, Douglas. - In: Time ; vol. 151, no. 16. - 19980420. - p. 34-35 : ill.


The high court discusses torture / The Israeli information center for human rights in the occupied territories ; B'tselem. - In: The B'tselem human rights report ; vol. 6, summer. - 19980000. - p. 4 + 13 : ill.

Update : new attempt to legalize torture / The Israeli information center for human rights in the occupied territories ; B'tselem. - In: The B'tselem human rights report ; vol. 6, summer. - 19980000. - p. 5 : ill.


The work of ACET
The Assistance Centre for Torture Survivors (ACET) has been working actively for the implementation of its objectives since 1997. In May 1997, it carried out research on the sequelae of torture among detained people and prisoners. It also began to study the need for rehabilitation among refugees in Bulgaria.

In November 1997, ACET opened a medical rehabilitation reception for torture survivors where a team of professionals and a network of medical specialists provide specialized services for them. By now, ACET has met the needs of more than 70 victims of torture. The target groups to which ACET provides rehabilitation services are: refugees, victims of torture from the previous regime, and current victims.

Staff
Social worker/interviewer (full time); manager, psychiatrist, psychotherapist, psychologist, accountant (part-time); lawyer, cardiologist, dentist, press officer (volunteers).

Rehabilitation services
Since the opening of the reception on 1 November 1997, 68 clients have been referred to the Centre (table 1).

Visitors who were found not to be torture victims were channelled to other relevant institutions or health professionals.

The rehabilitation of torture victims in ACET is based on team work. The team of professionals in the Centre holds a weekly meeting at which each case is presented and decisions are taken. The progress of each case is examined and followed, and different professional questions are discussed.

Clients are referred to ACET by NGOs, state institutions, or by self-referral.

An initial interview is followed by a preliminary medical examination or by a psychological interview, leading to a discussion of the case. This in turn leads to rehabilitation or closing of the case if no torture is registered.

The rehabilitation includes:
- Specialized medical consultations/treatment
- Psychotherapy
- Social support
- Legal consultations
- Other – according to the needs.

The team at ACET provides different kinds of services for the torture victims. The clients receive medical, legal, and/or social services. The types of assistance provided by ACET for the torture victims are shown in table 2.

The preliminary medical examinations form the basis of the medical history of those people who turn to ACET for medical assistance.

Some of the clients have been examined several times by a cardiologist working at ACET. The psychiatric services include a series of sessions with the clients. In one case, treatment has been continuing for more than seven months. The psychological services sometimes take a lot of effort and time.

The initial interviewing is done by the social worker at ACET. She presents the clients’ social history at the weekly meetings and is responsible for the proper filing of the clients’ notes. She is also in charge of the social assistance provided to our clients. In some cases she pays visits to the clients who are not physically able to attend. She also maintains the documentation and information desk at ACET.

The cases who need specific medical care are referred to relevant specialists. Legal assistance at the Centre is provided by a lawyer on a voluntary basis.

### Table 1. Clients referred to the Centre.

<table>
<thead>
<tr>
<th>Torture victims</th>
<th>Victims of previous regime</th>
</tr>
</thead>
<tbody>
<tr>
<td>57</td>
<td>48</td>
</tr>
</tbody>
</table>
ACET works with a network of professionals, who provide medical services not available at the Centre: a neurologist, dentist, internist, dermatologist, among others.

**Work in groups**
At the beginning of 1998, ACET helped to establish a small group of victims of the communist regime in Sofia. This group, headed by the psychotherapist at ACET, has held regular weekly meetings since February 1998 at which the problem of the communist regime is widely discussed. The work with this group, and its development into a group for mutual support, should be seen as very innovative.

ACET also managed to make contact with an organized group of victims of the previous regime from the city of Kazanluk, a small town in the country. The Centre has worked with this group since February 1998, providing services and advice on request from the group. Rehabilitation for this group is mainly social and psychological; working with the group is very difficult. Regular contact is needed for more effective and successful work. Therefore ACET intends to develop this group as a self-supporting one.

Another group of 20 victims of the previous regime from the city of Varna has requested rehabilitation by the Centre. This contact will be developed in correspondence with the possibilities of ACET to provide services nationwide and the needs of the group there.

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**Selected list of publications**

**received in the IRCT International Documentation Centre**

The European Convention for the Prevention of Torture and Inhuman or Degrading Treatment / Murdoch, Jim. – In: European law review ; vol. 21. = . – London : Sweet & Maxwell Ltd., 19960000. – p. 130-137.


**Prevention of torture**

The philosophy of ACET relies very much on the work in the field of torture prevention. All its activities are based on the understanding that awareness of human rights and prevention of torture need to be increased in the Bulgarian society. As a member of the Balkan Network for the Prevention of Torture and the Rehabilitation of the Victims (BAN), and collaborating with the International Rehabilitation Council for Torture Victims (IRCT) ACET participates very actively in all discussions and decisions of these networks concerning the prevention of torture.

We cooperate actively with all institutions concerned. The main purpose is to increase awareness about human rights issues and the prevention of torture in institutions such as the police, prison authorities, and persons working with refugees.

ACET has conducted two seminars for police officers on the topic “Crime prevention – an effective way to protect human rights”. In May 1998, ACET implemented two workshops for officials of the National Bureau on Territorial Asylum and Refugees on the topic “Torture and its social and psychological sequel”. ACET plans further to develop training and education activities in the field of human rights and torture prevention for police officers and prison authorities.

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Dr. Fyad Rajab El Saray wins the Martin Ennals Award for Human Rights Defenders of 1998 / Martin Ennals Foundation. – In: PST Quarterly ; vol. 2, no. 2-4. – 19970000. – p. 40.
Healing torture survivors as a strategic advancement of human rights

Douglas Johnson, MPPM*

Among the new paradigms for thinking about strategies to advance human rights and build democratic societies is the emerging movement to provide care and rehabilitation services to survivors of politically motivated torture.

When the Center for Victims of Torture was established in Minneapolis, USA, in 1985, it was only the third formal treatment programme in the world for torture survivors and members of their families. Now there are more than one hundred and fifty. This rapid growth alone indicates that the movement to heal torture survivors represents an idea whose time has come.

Humanitarian organizations
Many human rights organizations initially looked upon the development of these treatment centres as a useful – but predominantly humanitarian – intervention. And despite their sympathetic leanings, many expressed concern that this was not really a human rights approach, but rather a medical approach. A great deal of anxiety was expressed that care for survivors would absorb funding that had previously been directed to more traditional human rights groups, and that too little would be left to support more conventional approaches to human rights work.

As the movement to heal torture survivors has grown, these new organizations have necessarily had to focus on institution-building activities and learning the technologies of care. They have had little time to develop a sophisticated analysis of their potential impact on human rights work. Nor have they been able to engage established human rights organizations in a process of understanding that the lessons learned and developed in the treatment movement have the potential for opening up an entirely new front in the human rights struggle, and in particular that they represent a valuable new way of thinking about human rights. It is only very recently that the emerging treatment movement, led by the Center for Victims of Torture, has developed the argument that providing care to torture survivors has tremendously significant strategic implications for the human rights community.

Knowledge and analysis
The first impact is simply on the level of knowledge and analysis. The experts who have been drawn to the treatment of torture survivors have now seen tens of thousands of victims across the world; they have confirmed that the effects of torture are intentional and long-term. When governments invest as much as they do in the training of torturers to function in particular ways and in the infrastructure of torture as a repressive device, they are using torture as a weapon against very important tactical targets. Their intention is to destroy a generation of leadership at the grassroots level, a place where new ideas emerge, where leaders develop leadership skills, and where social change begins to occur. The treatment movement around the world has begun to understand and interpret this phenomenon to the human rights community, and consequently to the broader public, to help it understand that the effects of torture are long-term, lasting, and very much intentional.

This understanding is a repudiation of repressive governments' claims that "when it's over, it's over". When repressive elements make these claims, the human rights community can now, with the help of the treatment movement, prove to the public that the pain and suffering are contemporary and intentional. This gives the human rights community a powerful communication tool which can help the public to visualize the damage that has been done to individuals and communities, and which continues to be done, day after day.

Treatment centres
A second strategic implication of the development of treatment centres is that, as they have begun to mature and gain greater resources, they have also begun to work with the families of the survivors – and in particular with their children. This work is beginning to provide specific evidence to support the understanding that the effects of atrocity pass from generation to generation, and that torture and other severe human rights atrocities in fact represent mechanisms by which repressive forces can influence society for generations. Treatment centres are beginning to build a strong case for the argument that the intent of torture is indeed to transform cultures and create societies based on apathy and fear.

The development of the treatment movement also creates new opportunities for action by the human rights community toward addressing these problems. First and foremost, it aims at recovering the lives, and therefore the leadership, of people targeted for repression. One might think it clear that, if a government has invested so significantly in the infrastructure necessary to destroy grassroots leaders, then it should be of equal paramount importance for individuals, organizations, and nations committed to democracy and human rights to help the survivors to recover their leadership abilities and their capacity to take risks.
A central part of the torturers' strategy is to destroy leaders and make them live as broken persons in the community, to serve as an example to the rest of the population. In a parallel fashion, restoring those leaders also relieves some of the community's fear about the lasting effects of torture. Consequently, helping individuals to recover has important ramifications not only because of who the individuals were and the restoration of their opportunity to contribute to society, but also because of the effect their example has had on the broader community.

Prevention strategy
A third implication of the emerging treatment movement is that, as more and more care providers from around the world become engaged in the work of helping survivors to recover, there builds up intellectual interest in the next question: how can we intervene as people, on a community level, to begin to overcome the intentional destruction of community spirit and the intentional development of a culture of apathy. We can begin to look at ways by which communities can be re-empowered to take risks, to trust and be involved with each other, and consequently to defend basic human rights.

This is a challenging task, because for most people, becoming engaged in a direct conflict with a repressive government, or with the military, is a rather foolhardy act. Although we may admire those who do it, those personalities may have great difficulty in adapting themselves to appropriate tactics during a time of transition to democracy. For most people, however, the risks and the fear associated with that direct conflict are simply too great to be overcome.

An important requirement of human rights leadership is not simply to offer one strategy for becoming involved, but rather to offer a range of opportunities that challenge broad sectors of the population to become involved in human rights work. Persons who have been involved in community organizing have long understood Saul Alinsky's principle of bringing people into organized civic or political activity on many levels, and they realize that any form of action begins to break down the apathy, fear, and inaction that is common to most repressed communities.

Healing is a very powerful metaphor. It is one that stretches out to broad sectors of society. Becoming involved in the healing mission, even one that involves torture survivors, is less threatening to most people than becoming involved in direct conflict with their governments. Once involved, and once they have met survivors and come to know them as people, those community volunteers who are engaged in the process become angrier and more knowledgeable about how to intervene. Those are the essential prerequisites for empowerment and increased activity. So the existence of treatment centres offers a new opportunity for people concerned about human rights to become involved, as well as new political space to become active and to learn lessons together.

The political instrument
A fourth important opportunity that the treatment centres provide is as points of access for policy makers - places where they can go to learn about torture. Torture survivors are living witness to human rights atrocities; talking with survivors is a powerful and moving experience for policy makers. At the Center for Victims of Torture, we know this is the case from our experiences with policy makers who have included the US Secretary of State Warren Christopher, Justice Richard Goldstone, former Costa Rican President Oscar Arias, former US Vice President Walter Mondale, Senator Dave Durenberger (Republican, Minnesota), Senator Paul Wellstone (Democrat, Minnesota), Senator Rod Grams (Republican, Minnesota), and many members of the US Congress. Responding to the humanity of the survivors crosses partisan and ideological borders in very powerful ways.

The emerging treatment movement also brings with it the involvement of a larger number of medical professionals, which has additional implications for the human rights community. First, it can help create a broader constituency for human rights within the health care professions - which are respected in every culture. Second, it can help to support new forensic and legal efforts to end torture.

For example, a treatment centre in Izmir, Turkey, attracted a group of physicians with extensive research skills. These physicians identified the use of falanga (beating the soles of the feet) as a predominant method of torture in their community. Through the use of bone scintigraphy, they developed a new way to document how falanga affects the feet and legs of people subjected to this method of torture. Eventually they were able to create a documentary process that unequivocally proves that the damage is a result of falanga and of no other form of trauma. And in this region of Turkey the use of falanga has largely been eliminated, for it is simply no longer safe for the police to assert that falanga was not used.

As treatment centres increase their capacity, more and more of these kinds of examples will occur and be shared with others around the world. The involvement of additional medical professionals will thus strengthen the legal-documental paradigm by providing new sources and more powerful methods of proof for legal action and documentation. But first doctors and communities need to be engaged as healers in order to attract those resources and personalities into the human rights struggle. Engaging those individuals and communities in the healing task is one of several challenges facing the emerging treatment movement.

The challenges facing an emerging movement
The strategic implications of the emerging treatment movement for the human rights community are not always clear, even to those who are involved in the treatment movement itself. Those attracted to this work have largely been health care professionals who are technically expert, yet their technical training has often given them a limited understanding and insight into the strategic implications of their work. Most have little or no training in political analysis or in the processes of community organizing and empowerment.

The Rehabilitation and Research Centre for Torture Victims (RCT) in Denmark, which was the first to be established, perhaps best exemplifies how the creation of a strong organization can broadly affect the social debate about torture and its implications. The International Rehabilitation Council for Torture Victims (IRCT) has generated a tremendous commitment on the part of the Danish government to work against torture and to provide support to emerging centres. Denmark now contributes significant sums of money to efforts to heal torture survivors as both a humanitarian and a strategic effort.

But for the most part, the treatment centres around the world are very small. They are handicapped by a severe lack
of financial resources, and often have just a handful of health care providers working as volunteers. Moreover, they desperately need political support. Too often they are the targets of active harassment and repression by their governments. They are often encumbered by active repression against their clients, and sometimes those who are engaged in the healing task are themselves targeted for repression.

**New challenges to overcome**
The treatment centres also suffer from a lack of understanding and analysis of the special role they could perform in advancing a broader human rights agenda. In part this is the case because they have not been able to conceive of their role as falling within a traditional legal-documental paradigm. And in part, they remain so short of resources that not only can they barely provide care to torture survivors, but they have little or no capacity to develop a broader empowerment agenda. Moreover, centres that wish to engage in a broader human rights campaign struggle mightily with the reality that if they choose to devote resources to these activities, they will have fewer resources to allocate to the direct care of survivors. It is an exceedingly difficult choice, given the tremendous needs of survivors.

A challenge faced by the treatment movement is how to open itself up to the broader community and therefore to allow itself to become an expression of the concern, the empowerment, and the risk-taking of the community at large on behalf of torture survivors. Any organization which seeks to help to develop the paradigm of healing and culture change must somehow also assist the treatment centres and the human rights community to understand the powerful possibilities this paradigm affords – and to explore appropriate actions based upon this paradigm.

Until the world community becomes engaged in the task of healing, our efforts at democracy-building may be doomed to surface effectiveness; we will continue to miss the opportunities to create the virtuous circles needed by truly democratic cultures.

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**LETTERS TO THE EDITOR**

**About the goal of torture**

Thanks for the IRCT journal TORTURE. The content seems to confirm what – if I remember correctly – has been attributed to Germany’s greatest poet Goethe: “Humans seem to have reason so they can be more animal-like than are animals.” Reading these things over the years, and reading about similar histories from the past, like the inquisition, and especially what we recently have come to know from the Vatican archives, and having read about the Nazi era and about what happens in wars everywhere, it seems to me that the phenomenon of torture is not so much target-oriented as it is expressive. Torture seems useless to elicit information – though it may be started, used and presented as a tool for obtaining “the truth”. But the fact that under torture anyone is likely to say anything, voids this aim. The tortured may not know what is asked, he may say whatever could lessen the torture.

It seems that torture is the expression of power, and that seems to be a universal behaviour trait. Its goal may be anything which offers the chance of expressing power – be it art, science, sport, or power over others, and once that power is available and used, attempts will inevitably be made to enlarge or augment it. The number of people available and the invention of tools augment the horror – at least by those who feel it, participants or observers. Curiously enough, there seems to be but one single human endeavour in which the drive to have, use and expand power is ordinarily without the aim to harm: The field of medicine (though Robert Lifton told us about the perversion of medicine in Nazi Germany), but this is an example of how the desire for power over others can be culturally directed. It is along these lines that the universal effort to civilize what is very likely a universal human trait should be directed.

Thanks again for your sad, but necessary and informative journal.

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Good helpers are the ones taught by the helped


This book is about the work and experience with helping war traumatized people and organizing the assisting professionals. The included articles are contributions to an international conference held in Zagreb in 1997. Anyone who has experience with the organization of such conferences may well be surprised by the swiftness of the publication.

The following confirmation serves as a metaphor to the general idea of the book: "... things and conditions are changing and we can fulfill our tasks well only by orientating and reorientating ourselves and our colleagues. As a basis for it we should take the evaluation of our experience and rapid information to all it may concern."

Most articles are characterized by obviously mature competence and ability to look at things from a distance. The book contains much insight that people have gathered while working with traumatized adults and children, and with whole trauma-wounded communities, and also much knowledge about the pitfalls into which helpers have fallen. Juxtaposed, there are articles by committed foreign professionals, and critical essays concerning the inadequacy of help/training/interventions offered by foreigners. So the book is a reflection of war and the difficulties that arise in the ensuing unexpectedly hard circumstances.

Contributors discuss the methods and models of trauma recovery and their applicability to different categories of helpers. Much attention is given to the problems associated with education/training of professional/paraprofessional helpers, and with treating/training of people who have suffered physical or psychological violence. The authors show how the dynamics of the healing process move from acute crisis intervention to long-lasting supportive/developing counseling or therapy.

Local helpers and potential caregivers are often so much hurt themselves that their trainers have a double task: direct assistance and trauma recovery for helpers in order to support their working ability, and training for them as future colleagues.

It seems that holding a conference has been a very important occasion for helpers and organizers of assistance to express their dissatisfaction with themselves, misunderstandings, and circumstances that disturb effective trauma recovery. Published in such a well organized-and systematic form, it does not feel like helpless complaining, but rather like competent and open supervision of previous work.

At first sight it seems that, for the convenience of readers, the material should be more systematized by issues. However, on continuing to read the book, it becomes clear that the authors have touched on a variety of different issues in their articles; thus, sorting them by headings alone would have been little more than more conventional editing.

While the authors repeatedly emphasize that peace-time approaches are inadequate for war-time situations, the opposite remains true: most conclusions from research of war-time experiences can be useful for peace-time crisis intervention workers, e.g.:  
- principles of mental health care for helpers,  
- ideas about the transformation of conflict – breaking the cycle of violence  
- counselling of parents after shocking events with children, etc.

The book was of considerable help to me as a peace-time crisis helper. Furthermore, it increases interest for better understanding of what is going on in the former Yugoslavia, and for learning new methods of integrating people from different cultural and national backgrounds into our own society.

One may wonder whether I am the right person to review such a book. I have never worked in war and with so severely humiliated human beings. But I have worked with old men, former political prisoners who have harboured feelings of helplessness and shame for 50 years, crying their old men’s way with pain while remembering their own traumatic events.

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The founding fathers of Islam were wise and mild ...  
(an approach by Dr Manna)


The Middle Ages Fundamentalism of the Taifibans, and the atrocities committed in Algeria, as instances, make an appeal to the Koran. One can wonder what their principles have in common with those of the founding fathers of Islam.

In a short, compact text, Dr Haytham Manna, a Syrian refugee in France, analyses the religious and cultural data that, throughout the centuries, have contributed stones to
the building of universal values such as are expressed, for example, in the United Nations Universal Declaration of Human Rights.

As a first step, Dr Manna encourages us, through the words of the thinkers and philosophers of the early stage of Islam, to exert our individual rights to an independent judgement, to be able to criticize, and thus lead to progress.

We must take note that Dr Manna refuses to reduce the Arabic culture to religious creeds: a series of jurisprudential interpretations, even unavoidable divergences, appeared after the death of the Prophet, weaving the very substance of the culture.

Chapters dealing with violence, tolerance, women, equality, and responsibility are obviously written to criticize the values decreed during these last two decades by leaders who are closer to dictatorship than religion.

The Prophet Mohammed, according to the author, is reported to have said: "Wisdom is the goal of a man of faith. He should take it wherever he finds it, regardless from which source it is obtained ..."

Dr. Manna describes the present period as one of regression, while the first centuries of Islam were periods of enrichment for the whole of mankind. He urges us to read, and, in order to show us the way, he shares the results of his own reading with us. He quotes sentences that enhance notions of "a perfect man", "a society of cooperation and rational solidarity", "glorification of human reason."

"On the other hand, the Iman of tyranny never swerves from restraining the potentials, and dwarfing the rights of human beings."

The good faith of the writer is evident. But one would like to know whether all the Arab-Islamic literature has issued only such harmless writings ...

If you read the words of Handel's "Dixit Dominus" you can hardly help shivering, if you leave aside the magnificent music: "He [the Lord] will execute judgement among the nations, filling them with corpses. He will scatter chiefs over the wide earth ..."

Is there no equivalent in the Arab-Islamic culture? I, personally, doubt it.

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**BOOK REVIEWS**

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**NEWS FROM CAT AND CPT**

**Election of two members of the CPT**

The Council of Europe Committee of Ministers has recently elected Rudolf Schmuck and Volodymyr Yevintov to the seats in respect of Germany and Ukraine on the Committee set up under the European Convention for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment. Their mandates run from 9 September 1998 to 8 September 2002.

Mr Schmuck is a former Director of the Sentence Enforcement Department in the Saxon Ministry of Justice.

Mr Yevintov is a University Professor and Director of the Ukrainian Centre for Human Rights.

The members of the CPT, who come from the 39 member states of the Council of Europe which have ratified the Convention, are empowered to visit places of detention and to make recommendations to the public authorities with a view to strengthening, if necessary, the protection of people deprived of their liberty from torture and inhuman or degrading treatment or punishment.
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FORTHCOMING CONFERENCES AND SEMINARS

New Delhi, India
22-25 September 1999

VIII International Symposium on Torture:
Torture as a Challenge to the Health, Legal
and other Professions

Organized by the International Rehabilitation Council for Torture
Victims and the National Human Rights Commission of India – in
Collaboration with the Indian Law Institute and the Indian Medical
Association

Main themes:
Torture as a challenge to the medical and other health professions.
Torture as a challenge to the legal profession and the judiciary system.
Torture as a challenge to law enforcement agents and agencies.
Torture as a challenge to the general public.
Torture as a challenge to Institutions of higher education.

For information on participation and submission of abstracts, please
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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 to promote the provision of specialized treatment and rehabilitation services for victims of torture and to contribute
towards the prevention of torture globally.

To further these goals the IRCT seeks 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 professionals
- 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.