WHERE POWER EXTINGUISHES RIGHTS

The reason for suppressing people varies tremendously from one country to the other, but there is a certain pattern. In the majority of countries around the world the people in power have not found the balance vis-à-vis the population and stick to what may be termed primitive methods to maintain this power.

It is not always pointed out that plain suffering is behind many collisions between citizens and those in power. For this reason many protagonists of human rights have steadily maintained that there is a clear relation between civil and economic rights.

To describe this relation, however, is as difficult and complicated as it is to explain the relations of reason and emotion in just one human being. Whereas some people would swear that reason must take the lead and emotion is the “extra”, some people hold that economic rights are more important than the civil ones.

It is a reasonable suggestion to term civil (human) rights as a precondition for fulfilment of the economic ones. This can best be exemplified by the right of association for unionists. If that right is not adhered to in a given country, there are poor prospects for improving the living conditions for a large number of people - and thereby giving them ways and means to enjoy their economic rights.

Several countries and regions are cases in question, and among them are Bangladesh and some states in India, to mention some examples which are described in this issue of TORTURE. In large countries like India social conditions of course vary greatly. In some Indian states, nearly half of the population is living below the poverty line. Talking of rights is evidently most often regarded as talking of theories “that do not apply to us”.

The most effective way to break the vicious circle of poverty, ignorance, and child labour is to introduce free and compulsory education, starting at five or six years. However, more hardship is caused when hundreds of thousands of people, to a large extent scheduled tribes, are displaced through big development projects. And generally speaking the annual growth rate of five percent is far from trickling down to the benefit of the poor.

These states are committed to protecting the life of the citizen, as for example in India according to article 21 of the Constitution. The policeman who tortured and killed suspected “terrorists”, and the peasant leaders who were the victims, are in completely different situations. Whereas the former can bail themselves out, the latter have almost no rights.

But the state is not the only adversary of the simple man. Regional governments and the multinational business world are likewise overwhelming in their power. One may think that international protection is a notion from another world when one looks at the statistics from such an immensely large country as India. A precondition for understanding the campaign against torture is, for instance, that you can read and write. It is in this context positive that just over half of the Indian population can read and write, when in 1970 it was only around one third.

In societies in which women have traditionally had an inferior status, there is still a long way to go. The evil fate of tens of thousands of Indian and Bangladeshi women is so horrifying that it can never be fully understood in many parts of the world. First and foremost, however, it is a task for the women of these societies to fight for a change. In many areas in this part of the world women tolerate very restrictive conditions in addition to carrying the double burden of household and wage work. The more dramatic crimes some women are exposed to are well known: burning of brides, rape, and unrelenting physical and psychological battering, both within and outside the family.

Despite many kinds of international cooperation, the responses to the continuing abrogation of women’s rights are still at a very nascent stage. Strategies to overcome the structural biases are missing. The beginning of a new era of equal treatment of the two genders is visible.

The National Human Rights Commission in India has been set up as a watchdog and promoter for human rights. Unfortunately it is prevented from investigating the armed forces. The UN Committee on Human Rights has recommended the removal of this restriction, specifying the necessity of a legislation for mandatory judicial inquiries into cases of disappearance and death, ill-treatment or rape in police custody. There is a realization among the political parties that they have to seek alliances with the untouchables, and no longer treat them as underdogs. Only through very close cooperation between the different classes and the government can the Indian democracy and respect for human rights move forward.

Despite the many shortcomings, one can see what is called “the silver lining”, a common Indian expression applied to the human rights situation in this country.

H.D.
Medical documentation of torture in Iran

Majid Azadi, Medical Student*
& Morten Ekstrom, MD, PhD**

Introduction
Torture aims to obtain information and confessions from people, and to oppress the population. By creating fear and weakness, and by destroying the victims’ willpower and ability to autonomy, the potential democratic development of a country is undermined. The UN Universal Declaration of Human Rights (1948) states: “No one shall be subjected to torture or cruel, inhuman or degrading treatment or punishment”. The World Medical Association defines torture in the Tokyo Declaration (1975) as: “the deliberate, systematic, or wanton infliction of physical and mental suffering by one or more persons acting alone or on the orders of any authority, to force another person to yield information, to make a confession, or for any other reason.”

Rejali writes that torture in Iran in the 19th century was characterized by ceremonial procedures, rituals, and performance in public. Any movement against the existing holders of power was considered treason. With these accusations the authorities legitimized any violence against their opponents. Before the time of the Shah, torture was practised in a primitive and unsystematic way. Onlookers were collected, and speeches were delivered by people in authority. Everybody should know and see that this was the price for not obeying the law. During the reign of the Shah, torture was used systematically against political opponents, using technical equipment. The Shah’s secret police (SAVAK) were well equipped, and they collaborated with, among others, the American CIA, which financed and supported a coup against the elected prime minister Muhamad Mosadegh in 1954.

After the uprising of 1979 most of the oppressing institutions were abolished, and a semidemocratic political atmosphere prevailed. This led to an explosive growth of political parties and organizations, ranging widely from the far left to the far right. The new authorities could not cope with this situation; they felt threatened and became increasingly oppressive. The first step was to close the universities, the so-called “cultural revolution”, since they were the base of the opposition power. This closure lasted for more than two years, during which all opposition was abolished through a wave of arrests and imprisonments; thousands were executed and millions fled. Following the Islamic takeover, the oppression hit not only political opponents, but also independent social and cultural activities, which were extensively supervised and controlled.

At the beginning of the Ayatollah era, torture was practised chaotically. The system’s torture apparatus was not yet organized due to lack of experience with modern torture methods. The victims were therefore exposed to primitive methods that often caused fractures, perforations, or haematomas. The victims became invalids or lost their lives. The secret police was gradually re-organized. Previous SAVAK members were hired and re-installed because they were practised in the routine of torture.

Article 38 of Islamic Law states that the practice of torture to obtain information is illegal. This may be interpreted to the effect that torture in other connections is allowed. The government of Iran has passed and signed the International Covenant on Civil and Political Rights, yet torture is still practised. Likewise, political prisoners have no chance of obtaining a lawyer. Amnesty International’s delegates are not allowed into the country, but Amnesty has documented the following torture methods in use in Iran today:

- Blows to various parts of the body, including the soles of the feet
- Burning with cigarettes, e.g. on the fingertips and soles of the feet
- Burning with red-hot metal and boiling fluids
- Forced to stand upright, often on one leg, for long periods and in all climatic conditions
- Detention in extremely small spaces
- Suspension by the hands, ankles, and other parts of the body while being rotated and beaten
- Exposure to cold and heat
- Pulling out of hair
- Humiliations
- Chaining of hands and feet
- Deprivation of sleep (for up to 16 days)
- Electrical torture, also in the mouth
- Threats of execution
- Blindfolding (for up to two months)
- Exposure to extremely loud music
- Threats against victims’ relatives.

Torture technology has developed fast. Torturers exchange experiences; they prefer methods that are painful and leave no physical traces. These methods have been developed on the basis on knowledge from engineering, medicine, psychol-
ogy, and physiology. In today's Iran, torture is based on clinical and technical experience; while the torturers were previously called Mirghazab (master of watch – a royal executioner) they are today called "Doctor" and "Engineer".

The purpose of this study was to present an account of torture methods used in Iran today, and the physical and psychological sequelae in a group of Iranian torture survivors.

Method

This is a retrospective study of medical reports from examinations of 36 Iranian refugees in Denmark. Each examination typically lasted two to four hours and was performed by two medical doctors from the Danish Medical Group of Amnesty International during 1984-97. The refugees were referred for examination by their lawyer. At the time of the examination, four of them had obtained asylum, while the remaining 32 were still seeking asylum. All were said to have been tortured.

Results

The refugees (30 males, 6 females) were aged from 22 to 53 years; 14 were married, the rest unmarried. Seven had only a primary school education, 23 had been through secondary school, and 6 had a university degree.

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Discussion

Only a few other studies have focused on the medical aspects of torture in Iran. Priebe & Esmaili (German and Iranian medical doctors) examined the psychological and physical signs and symptoms in a group of 34 Iranian refugees (aged 28-47 years) in Germany, who had been tortured in Iran. The study compared a group that sought treatment (n=12) with a group that did not (n=22). The aims were to evaluate the sequelae of torture in Iran, and to examine differences between the two groups. Twenty-six had been detained without a court verdict; the imprisonment lasted two months to ten years. All had suffered physical and mental torture: severe beating (n=26), suspension (n=21), electric torture (n=11), burns at various places (n=13), threats of sexual assault (n=7). All 34 had moderate to severe mental symptoms, e.g. restlessness, irritability, forgetfulness, worries, anxiety, sleeplessness, and fatigue. Physical symptoms included back pain, inner tension, joint and muscle pain, and feelings of restlessness and heaviness in the legs. PTSD was the commonest mental condition, present in 83% of those who sought treatment, and in 36% of those who did not. The study also evaluated coping factors, and found that refugees who had an education and who learnt the language of their new country managed better. They made contacts in their new society and broke out of their isolation.

Bagheri examined 111 Iranians in Canada from 1985-1988; 14.5% were immigrants, 85.5% refugees, all referred by their GP for psychiatric evaluation. Almost all of them (98%) had come to Canada after the 1979 Islamic takeover, 53 women and 58 men, aged 13-67 years. The aim was to evaluate the prevalence of mental diseases in the study population. Diagnoses were made according to DSM-III-R (Diagnostic and Statistic Manual for Mental Disorders, 3rd revised edition). Adaptation problems with depression and anxiety were found in 60%. Almost all had concentration and memory problems, and a majority had sleep problems such as frequent nightmares, initial or terminal insomnia, and interrupted sleep. 67% had passive suicidal thoughts. PTSD was diagnosed in 9.9% (n=11), of whom 6% (n=7) had been tortured. The following psychiatric diagnoses were made: schizophrenia (n=10), paranoia (n=5), major depression (n=6), and reactive psychosis (n=5). Before fleeing Iran, 13.5% (n=15) had a history of psychiatric disease.

Hauff et al. (three doctors and a psychologist) studied psychosocial problems among 172 refugees (aged 11-61 years) in Norway during 1986-88. The aim was to describe the patients' traumatic experiences, the distribution of diagnoses, aetiological factors, and treatment possibilities. The patients came from 21 different countries; 49 from Iran (34 men and 15 women). They were examined and treated by a psychosocial team for refugees. The main diagnoses were made using DSM-III-R, and psychological, social, and work-related functional levels were evaluated. The refugees had suffered a broad spectrum of traumatic experiences, e.g. physical torture (42.4%), mental torture (50%), imprisonment, detention in rehabilitation camps, other forms of freedom deprivation, hiding from the authorities, sexual violations, and war injury. The commonest single diagnosis was PTSD (30.8%), but otherwise the clinical picture was mainly one of adaptation reactions and depressive conditions. Among the aetio logically releasing factors Hauff et al. pointed at the following: pre-morbid personality, traumatic experiences before fleeing, separation/loss, social isolation in exile, discrimination/
racism, economic/accommodation problems, problems of work and further education, present family problems, and somatic disease. After finishing treatment, 46% were evaluated as having a better global functional level.

In our own study-population, the extent of exposure to torture and the length of arrest/imprisonment varied a lot. In some cases it was not completely clear whether they really had been tortured, although they had probably been maltreated and had experienced other traumatic events. The commonest mental sequelae were sleeping disturbances, decreased memory, decreased concentration, and nightmares, in agreement with the above-mentioned studies. Twenty-three percent of those examined were complaining of pain in the teeth, jaws, and over the masseter muscles. Blows to the face may have been one of the causes, or clenching the teeth and jaws because of stress, headache, and sleeping problems. Fibrositis of the chewing muscles has been described as very common in torture victims. Beating was by far the commonest form of physical torture, but one could not be completely sure that all fractures were caused by torture. Skin lesions, gastrointestinal and genital bleeding, and haematuria were among the commonest symptoms during and immediately after torture. The examinations took place at least six months after the torture, and during this period wounds and lesions might well heal without necessarily leaving macroscopic scars. It can be assumed that the documented extent of both physical and mental sequelae represents minimum numbers for a population of torture survivors. One might have diagnosed many more symptoms if the examination had been more systematic and had taken place shortly after the torture. Another problem was that the examinations were often carried out without the help of qualified interpreters. Non-specific scars were seen in 36% of those examined. Only on rare occasions would one expect to find more specific scars in torture survivors, such as scars from cigarette burns, which were seen in 14%. An advantage of the examinations was that each refugee was examined by two doctors, and at least one of them had a lot of experience with the examination of torture victims. Refugees and torture survivors live in fear; they are often deeply sceptical about their surroundings, and their problems.

Conclusion
The Islamic government in Iran does not respect human rights even though it has signed the International Covenant on Civil and Political Rights and thus should adhere to its obligations. Torture is still practised in Iran, partly because of a particularly strict Islamic penal code, partly in secrecy without any form of legal justification. The torture often leads to mental problems such as PTSD, depression, anxiety, tendency to isolation, paranoia, and reactive psychoses. Almost all the torture survivors suffer from physical and/or mental sequelae from torture.

In Iran torture survivors have no chance of obtaining rehabilitation or treatment, nor of being represented by a defence lawyer in court cases. The creation of a rehabilitation centre in Iran would be of great benefit, but to obtain permission for such centres is probably unrealistic at present. Because of the political climate, lack of experience and knowledge of the problems with torture, together with limited resources from aid organizations, e.g. the UN, torture survivors in Iran do not get sufficient help. They often flee to Turkey or Pakistan, where the situation is the same as in Iran. It would be a great help to the torture survivors from Iran if they could be offered treatment and rehabilitation in the countries to which they have fled.

Medical documentation of the sequelae of torture, and of the diseases that it causes, may help to reduce the practice of torture. Doctors are not considered to be politically involved with respect to their patients, and through international and national legislation all doctors should be obliged to report if their patients have been exposed to torture. According to circumstances this reporting might be anonymous. Torture is an integral part of undemocratic regimes. The abolition of torture in such countries is a decisive step towards the introduction of democratic procedures, or, said another way, the introduction of democratic procedures in these countries is an important step towards the abolition of torture.

References
The have-nots are the prime victims of state violence in India
— examples from various Indian cities

Henrik Döcker

India is rightfully proud of its democratic constitution. The awareness of democracy and human rights is widespread, especially in the growing middle class. Yet many violations are not reported, even less remedied. The often failing responsibility of the state towards human rights, viz. to protect these rights, can be traced back to a society that has much less social mobility than in many other countries.

It must be faced that the caste system is a kind of legitimization of the exploitation and abuse of lower castes and the scheduled castes and tribes. The poorer you are, the more likely you are to be led into criminality. According to an Indian commentator (1), most crimes are done by the poor, who also spend considerably more time in prisons than the well-to-do. This, however, is just the beginning.

 Custodial deaths
The number of custodial deaths in India doubled from 444 in 1995/96 to 888 in 1996/97, according to the National Human Rights Commission of India. The use of torture is such a routine affair that it does not attract any attention unless it results in the death of the tortured suspect. Upon the initiative of the Human Rights Commission, training on human rights has been included in the curricula of the National Police Academy in Hyderabad state police training institutes as well as the armed forces. The Kerala Police Officers’ Association published a handbook “Police and Human Rights” already in 1994.

But the police are given wide powers under a variety of legislation to arrest, detain, and investigate. In violation of Indian law, the practice of unrecorded police detention is common, thereby facilitating police abuse such as beatings and rape. Many special laws (such as the narcotics, drugs and psychotropic substances act) shift the burden of proof graphically in an eyewitness account, “Voices from the Draconian Dungeons”, describing torture during the investigation of the Bomb Blasts Case by the Mumbai Police.

 Terrible conditions in prisons
Many prisoners and detainees are still held in conditions amounting to cruel, inhuman or degrading treatment. Reports from Amnesty International in 1997 and 1998 describe the overcrowding, lack of medical facilities, poor sanitation, and ill-treatment by prison staff.

The hierarchical pattern characterizing Indian society is also manifest in the classification of prisoners in categories. Also, juveniles are not separated from adult offenders in spite of the Juvenile Justice Act of 1986. The National Human Rights Commission has since its establishment paid special attention to the situation in jails and has suggested a number of administrative and judicial changes.

There is no lack of ideas, but only little will to improve the rights of prisoners and defendants.

 Guidelines for arrest
In the case D.K. Basu vs. the State of West Bengal (1997 Cri.L.J. 743), guidelines were laid down for all cases of arrest and detention until legal provisions are made in that behalf as preventive measures. Following the British tradition of precedence, police personnel from now on have to:

• secure accurate and clear identification of the detainee, to be entered in a register
• make a memo of arrest, attested by at least one witness
• give information to relative(s) of the detainee within 8 to 12 hours after arrest
• secure medical examination of the detainee every 48 hours during detention in custody by a doctor on the panel of approved doctors.

It is well known that medical professionals play a crucial role in the detection of torture, and that unfortunately they are often so scared that they do not register all the injuries on the victims. But more shocking is that they fail to provide adequate treatment for detainees.

The single most frequent cause of death in prisons is not custodial violence but lack of medical care – people dying from malaria, diabetes, and heart attacks after being denied proper treatment, despite funds earmarked for these purposes.

In 1996, the Supreme Court issued a judgement establishing requirements to be followed during arrest and detention – a landmark in endeavours to prevent abuse.

 Torture as routine
In West Bengal, police officers have publicly admitted that torture is applied as a routine procedure during interrogations. [US Department of State: India Human Rights Practices for 1995.] The prevalence of rape in custody has been reported by several human rights organizations. From a bulletin called “Voices from India” (1995), we know that a public hearing gave evidence of rape by policemen and members of the Special Task Force.

Until now, no legal action has been taken by the lower courts against the culprits in most cases of rape. At most,
suspension has been meted out. The National Human Rights Commission's request for reports on rape and death in custody within 24 hours appears to have been adhered to by many magistrates.

The United Nations Special Rapporteur on Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment acknowledged, in his 1995 report, the regular responses of the government to the information transmitted. But only a few incidents have been prosecuted, and even fewer have led to the conviction of the perpetrators.

Even though India is regarded as a rather stable democracy compared with so many other countries among the developing countries, the poverty in which the majority of the population live is appalling. About 90% of the workforce lack continuity of employment combined with low wages, and the social insurance schemes have made limited progress. Old age benefits, introduced in 1952, have not reached people in rural areas, either because the scheme is not implemented by the state government, or because the people have not been aware of their rights or have not known how to go about securing them.

A large number of Indians lead precarious lives as migrants struggling for adequate livelihood and decent living conditions in the city. Any attempt to find or create better conditions involves the violation of one or another rule. The migrants are easily pushed into the world of petty crime – the social roots of custodial deaths, for instance, lie in fact beyond custody; they are to be found in the lives of the victims.

What occupation do the victims have?
Let us briefly look at the victims' occupations: cab driver, shop employee, rickshaw puller, watchman. They are all vulnerable to police brutality; they live in urban villages, slums, and resettlement centres. Prolonged beating by lathis, iron rods, boots, or belts is common. Also electric shocks or burns are inflicted, not to mention sexual abuse or other forms of humiliation. Suffice it to say that the Indian Constitution, articles 20(3) and 21, holds that torture is a violation of fundamental rights. Several Supreme Court judgements hold torture illegal.

In each case of death in custody, the police offer their version of the events leading to death, i.e. the causes of death. Another Indian commentator enumerates the following favourite versions (1):

1) Suicide: Of 93 deaths in Delhi, at least 29 allegedly committed suicide. However, the aggravated mental torture to which the detainees are subjected could be termed a significant cause for death in police custody.
2) Ill-health and injuries: 13 persons in Delhi were alleged to have died from injuries sustained before their detention, six from fever or illness, five from heart attack, three from stomach pain, three from heat stroke or dehydration, two from tuberculosis, two from chest pain, and five from accidents.

All these tragic incidents have reference to the class society of India, the division into castes and the slow mobility between them. It has to do with the normal definition of violence – being termed as the opposite of law and order.

The massive human rights violations in India can be traced back to a society that is still based on a caste system, in which the upper castes, condoned by the polity and the bureaucracy (80% of whom belong to the upper castes themselves), continue to exploit and abuse the backward castes, the lower and the scheduled castes and tribes.

Note
(1) The names of the two commentators are known to the Editorial Board.
Concern for the victims of violence
—with particular reference to India

Justice V.S. Malimath*

This text was originally presented on 28 November 1998 as an inaugural address at the “International Conference on Preventing Violence, Caring for Survivors: Role of Health Profession and Services in Violence”, held in Mumbai, India. The conference was organized by the Centre for Enquiry into Health and Allied Themes for over 250 professionals, coming from the health professions, human rights work, the law, the media, etc.

More and more people are indulging in violence. Worse still is torture by public servants. Violence and torture negate the most valuable human right to personal liberty. Democracy being the rule of the people, by the people, and for the people, torture can never have a legitimate place in democratic regimes. Though torture is incompatible with democracy, unfortunately we have evidence of more and more torture in democratic regimes.

Albert Einstein, in his address to the Chicago Decalogue Society, expressed his anguish in the following words:

"The existence and validity of Human Rights are not written in the stars ... Those ideals and convictions which resulted from historical experience, from the craving for beauty and harmony have been readily accepted in theory by man and at all times, have been trampled upon by the same people under the pressures of their animal instincts. A large part of history is therefore replete with the struggle for those Human Rights, an eternal struggle in which final victory can never be won. But to tire in that struggle would mean the ruin of society.

In talking about Human Rights today, we are referring primarily to the following demands: protection of the individual against arbitrary infringement by other individuals or by the government; the right to work and to adequate earning from work; freedom of discussion and teaching; adequate participation of the individual in the formation of his government. These Human Rights are now-a-days recognised theoretically, although by abundant use of formalistic, legal manoeuvres, they are being violated to a much greater extent than even a generation ago."

It is this animal instinct that seems to be growing unbridled. There is no salvation for humanity unless this trend is reversed. We must therefore promote the cult of non-violence, a precious value of human rights, if we are to make this world of ours a safe and peaceful place for our children and grandchildren.

Twenty Nobel Peace Prize laureates appealed to the United Nations on 4 September 1997 to declare the years 2000-2010 as the "Decade of Peace and Non-violence". Laureate Mairead Corrigan Maguire of Northern Ireland said: "Challenges facing us now, as we move into the third millennium, are to begin to solve our problems through dialogue and negotiations – through the ways of non-violence – because wars are obsolete. And as we abolish slavery, we can abolish war." She further stressed that, during the decade, non-violence be taught at every level of society, to make the children of the world aware of the real, practical meaning and benefits of non-violence, and of the suffering due to violence perpetrated against them and humanity in general. Non-violence was preached as a way of life by Buddha, Mahavira, and Mahatma Gandhi, the greatest humanists of the world. It is therefore of significance that this “International Conference on Preventing Violence, Caring for Survivors: Role of Health Profession and Services in Violence” is being held in this Indian metropolis. A non-violence movement could be a sound strategy for preventing torture, and we should give serious thought to it.

The UN Declaration
Freedom from torture is one of the precious human rights referred to in Article 5 of the United Nations Universal Declaration of Human Rights, adopted in 1948, and Article 7 of the UN Covenant on Civil and Political Rights. In 1984, the UN adopted the Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment, which came into force on 26 June 1987. This has now been ratified by more than 100 countries. The World Conference on Human Rights, held in Vienna in June 1993, in its Declaration and Programme of Action, has devoted a section on freedom from torture and made the following important recommendations in the fight against torture:

1. All member countries should ratify the Convention against Torture.
2. Torture is one of the worst crimes against human beings and the individual must be protected against it in all circumstances, also in circumstances with armed conflicts.
3. All countries must implement the Declaration of Human Rights in their legislation.
4. All countries should implement the “Principles of Medi-

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The World Medical Association (WMA) has also played a very significant role in the fight against torture. At the WMA General Assembly, a special declaration was made on doctors' participation in torture, known as the “Tokyo Declaration of 1975”. It has prohibited permitting, approving, or participating in the practice of torture, regardless of what the victim is suspected of. The prohibition is made applicable to political reasons. It called upon the medical associations that are present in any situation where torture is taking place. It stressed the complete professional independence in the decisions of the doctors in regard to the care of the person for whom he is medically responsible. It called upon the doctors to respect the wishes of the mentally sound persons. It called upon the doctors not to cooperate in the forced feeding of persons who are undergoing a hunger strike for political reasons. It called upon the medical associations that adopt the Tokyo Declaration to provide every form of support for a doctor and a doctor's family when he is subjected to threats or reprisals as a consequence of his wish to live up to his obligations.

Torture persists all over the globe in spite of these international treaties and declarations, and in spite of efforts of organizations engaged in the protection and promotion of the human rights of the torture victims. Methods of torture are being modified and enriched. They are more refined and scientific so as to leave no signs of torture. The torturer aims at destroying the personality of the victim, to deflate his morale, and to terrorize his mind so that his life afterwards will not be the same again. This is a serious challenge that must be tackled effectively.

India
Unfortunately, India, which is a party to the Universal Declaration of Human Rights and has ratified the International Covenant on Civil and Political Rights, had not ratified the Convention against Torture. The National Human Rights Commission was able to persuade the Government of India to sign the torture convention, but unfortunately the same has not yet been ratified.

In India, our judiciary has played an activist role in dealing with the problem of torture. In the case of Francis Corali Mullin, the Supreme Court of India has declared:

"Therefore, any form of torture or cruel, inhuman, or degrading treatment would be offensive to human dignity and constitute an inroad into this right to live and it would, on this view, be prohibited by Article 21 unless it is in accordance with the procedures prescribed by law, but no law which authorizes and no procedure which leads to such torture or cruelty, inhuman or degrading treatment, can ever stand the test of reasonableness and non-arbitrariness: it would plainly be unconstitutional and void as being violative of Articles 14 and 21.

There is implicit in Article 21 the right to protection against torture or cruel, inhuman or degrading treatment which is enunciated in Article 5 of the Universal Declaration of Human Rights and guaranteed by Article 7 of the International Covenant on Civil and Political Rights.” (1981 SCC 517 and 518).

The expressions 'torture' and 'mental torture' have not been defined in Indian law. In the case of D.K. Basu (JT 1997 (1) SC 1), the Supreme Court has observed as follows:

"Torture has not been defined in the Constitution or any other penal laws. Torture of a human being by another human being is essentially an instrument to impose the will of the 'strong' over the 'weak' by suffering. The word 'torture' today has become synonymous with the darker side of human civilisation.

'Torture' is a wound in the soul so painful that sometimes it can almost touch it, but it is also so intangible that there is no way to heal it. Torture is anxious, squeezing in your chest, cold as ice and heavy as a stone, paralysing as sleep and dark as the abyss. Torture is despair and fear and rage a heat. It is a desire to kill and destroy, including yourself.

[...]

No violation of any one of the human rights has been the subject of so many conventions and declarations as ‘torture’ of aiming at total banning of it in all forms, but in spite of the commitments made to eliminate torture, the fact remains that torture is more widespread now than ever before. 'Custodial torture' is a naked violation of human dignity and degradation which destroys, to a very large extent, the individual personality. It is a calculated assault on human dignity and whenever human dignity is wounded, civilisation takes a step backward – the flag of humanity must on each such occasion fly at half-mast."

'Mental torture' is implicit in 'physical torture' though the former may exist or occur independently of the latter. The Supreme Court has further said: "In all custodial crimes, what is of real concern is not only infliction of body pain, but the mental agony which a person undergoes within the four walls of a Police Station or lock-up. Whether it is physical assault or rape in Police custody, the extent of trauma a person experiences is beyond the purview of law."

The Indian Penal Code
The Indian Penal Code prescribes punishment for torture under different circumstances. Under Section 220, when an officer or authority who tenders or keeps a person in confinement with corrupt or malicious motives, it is an offence. Sections 330 and 331 prescribe punishment to those who inflict injury or grievous hurt on a person to extract a confession or information in regard to committing an offence. In order to make infliction of torture, including mental torture, punishable as an offence, there is an urgent need to amend the Indian Penal Code to define these expressions and to prescribe appropriate punishment. The Supreme Court, having held that torture, including mental torture, offends the Fundamental Right under Article 21 of the Constitution, has said that there is also an enforceable right, recognized in public law, to compensate the victims of torture. The Su-
preme Court has given compensation to the victims in several cases. However, there is a need for legislation to provide reasonable compensation to the victims of torture.

Custodial violence and the Commission

The National Human Rights Commission has been receiving a large number of complaints about custodial violence. Persons suspected of having committed offences are taken into custody, and during the course of interrogation they are often subjected to physical and mental torture in order to extract a confession or information. Methods of torture are usually chosen so as not to leave any visible signs of torture on the body of the victim, but in some cases torture leads to visible injuries and death. It has also come to the notice of the Commission that women, taken into custody on suspicion for interrogation, are often molested and raped by the police officials. Such torture in custody is silently suffered, and the offender is seldom punished.

With a view to checking this menace, the Commission issued a directive on 14 December 1993 to the Superintendents of Police and the District Magistrates to inform the Commission about incidents of custodial death and rape within 24 hours. The directive further states that, if the information is not given to the Commission, it may draw an adverse inference against the concerned officers. This, it was hoped, would act to some extent as a deterrent. On receipt of the information, the Commission calls upon the concerned officer to explain the circumstances leading to the incident, and to furnish copies of the inquest report, autopsy report, and the report of the magisterial inquiry, if such are held. In several cases, the explanation offered was that the prisoner committed suicide by hanging, etc. Curiously, the autopsy reports also supported such a version. The Commission, suspicious about the explanation offered, felt that an attempt was being made to cover up the cases of death by torture. In all such cases, there is hardly any independent evidence, and the only material that the Commission can rely on is the medical evidence. If false medical opinion is furnished in order to oblige the police, the Commission would be left with no other evidence to ascertain the real cause of death. The Commission has therefore directed that the entire autopsy procedure should be video-taped and sent to the Commission. The autopsy form prescribed had loopholes, and the Commission, with the help of experts, has therefore revised it, taking into consideration the UN protocol on autopsy procedure.

A similar procedure is also being followed in regard to custodial deaths in prisons and other places. This procedure has helped the Commission in finding some of the police officers guilty of torture, recommending their prosecution, and awarding interim compensation to the victims or their heirs. During 1996–97, 188 deaths in police custody and 700 deaths in judicial custody were reported. Apart from the custodial deaths and rape, the Commission receives a large number of complaints of custodial torture of different degrees. This being a serious problem, the Commission is deeply engaged in efforts to bring to an end the flagrant violations of human rights that result in custodial death, rape, and torture. The Commission is making efforts to educate and sensitize the police officers, the prison officers, the military, and the paramilitary in regard to their duty to respect the human rights of the prisoner while in their custody.

The role of physicians

There is a need to sensitize the medical profession about the code of ethics that they must follow. A physician taking part in torture would be an accomplice. In this connection, it would be useful to quote the observations of Dr Ata Soyer:

“A physician is a person who is to use his professional skills for the benefit of humanity without permitting religion, politics, profession or other interests to interfere with his responsibility towards the society and individuals. He is a person who must make the basic principle of medicine his guide of his life: “First of all, do not harm”. It is in all circumstances unacceptable that a physician plays any role, whether big or small, in the process of torture. A physician who closes his eyes to, or even takes part in this process, is first of all a “servant of the torturers” and an accomplice.

A physician who issues mendacious certificates to cover up death by torture may have convinced himself that he had no alternative but to obey and that he would benefit the one arrested or his own family by twisting the truth. When democratic elements are suppressed and intimidated and the physician becomes part and parcel of the instruments of suppression, “bad excuses” like these start to sound real. When this is the case, it is inevitable that these persons turn into “officials” without professional ethics.

It has been claimed that medical involvement plays an important role in diminishing the sufferings and preventing the death of the prisoners who are tortured. But quite to the contrary, medical involvement may provide a guarantee for the torturer to act more freely and may find its reasons in the attempt of the torturer to seek a “legal” accomplice so as to avoid responsibility. It is quite probable that the torturer, by using the suggestions of the physician, may understand the weakness of the prisoner and carry on torturing accordingly. When there is no physician present, the risk of endangering the health of the prisoner may ensure that the torture does not last for long. A physician should only be interfering when things are left to the responsibility of the prisoner, in other words, when he has a guarantee that the torture will not continue after the interference. The physician must demand that these conditions of independence are met and should not forget that, when this is not the case, the purpose of asking for his intervention may very well be the wish to escalate the torture once it is resumed.

Would there be no cases of torture if physicians did not take part? Naturally, there are some suppressive elements who cannot stand the powers of democracy, therefore torture is going to continue. Still, when physicians do not take part, these cases of torture will not be under the same cloak of “legality” as previously.”

The problem of the survivors of torture is more complex, requiring multi-disciplinary action. Their problems are both physical and psychological. The survivors suffer, even for years, from depression, anxiety, a feeling of changed personality, shame, guilt, impaired memory and concentration, headaches, sexual problems, fatigue, etc. The effects of sexual abuse against women remain far beyond the actual abuse. Rape is the worst humiliation a woman can experi-
ence as a person, and the most serious threat to her personal integrity. She hides all her anger, powerlessness, sadness, fear, and bitterness; she pretends to be able to cope with her everyday life. Though she is only a victim, she suffers from the feeling that she is to blame. Sustained treatment by a psychotherapist is needed to help rehabilitation of a victim of sexual abuse.

Treatment and rehabilitation
Whenever a case of custodial torture comes to light, attention is paid to treating the victim for the injuries sustained, and to prosecuting the assailant or to taking disciplinary proceedings against him. In some cases, the victim receives financial compensation. Unfortunately, not much attention is paid to the psychological effects caused by different kinds of torture, which continue long after the physical injuries have healed. People are also not aware that the survivors of torture can be adequately treated and rehabilitated for the psychological effects of torture. However, availability of expertise in this field is also quite inadequate. There is also no realization that the person or authority responsible for torture can be held responsible for providing psychological treatment and rehabilitation of the torture victim. In our country, we do not have an adequate number of centres that can treat and rehabilitate torture victims. There is therefore an urgent need to take adequate measures for the survivors, both in the area of advocacy and in therapeutic treatment in the field of psychiatry. Torture often affects the victim's children and families, and attention has therefore to be paid to their treatment as well.

Prison conditions
The conditions of some of the prisons in India are such that, though the inmates are not subjected to physical torture, the conditions under which they live, the type of food that is given, and the other conditions in the jail may be so poor as to cause mental torture of the victim. Remedial measures have to be taken. This again requires the services of expert medical practitioners who can give effective treatment. There is also need of expert doctors who can, on examination of the victim, give an opinion as to whether the person was subjected to torture. This would go a long way in taking proper care of the torture victims and rehabilitating them. It would also assist the prosecution to prove the offender guilty of the offence.

The present situation of rehabilitation in India
IRCT and the rehabilitation centres associated with IRCT are doing a commendable job in caring for torture victims and their rehabilitation.

India is a large country with a population of 960 million. Unfortunately, the required expertise and facilities for treatment and rehabilitation are not available to the extent needed. We do not have such treatment and rehabilitation centres in adequate numbers to take care of torture victims. There is an urgent need to establish an adequate number of rehabilitation centres for torture victims in different parts of the country, and to spread awareness among the people. There is also an urgent need to train medical practitioners in the specialized fields, and to make their services available in different parts of the country.

It is common knowledge that the court cases of sexual abuse of women often fail for want of clinching medical and forensic evidence to connect the accused with a crime. The Centre for Enquiry into Health and Allied Themes (CEHAT) has done research in this field. It has prepared a manual and a kit for the examining physician for treatment and collection of medical and forensic evidence in cases of sexual assault on women. This contains useful guidelines for the doctors in examining and treating the victim, and in collecting and recording medical evidence that would help in providing proof for the Commission of the offence by the accused responsible for such torture.

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Torture in police custody in Bangladesh

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Although the government of Bangladesh has been democratically elected, the incidence of torture by law enforcing agencies has not yet decreased. Instead, members of law enforcing agencies often demonstrate an antagonistic attitude towards the citizenry when carrying out their duties.

According to reports published in various newspapers, approximately 3,000 people participating in events such as public meetings, strikes, and protests have been victims of torture by law enforcement officers. The actual figure, however, is believed to be much higher, as many incidents which have taken place in remote districts go unreported. In addition, there have been three reports of death as a result of police torture. Moreover, 28 people lost their lives and an additional 174 people have been wounded as a result of gunfire from police, BDR [Bangladesh Rifles], and Ansar [government paramilitary force]. In addition, an estimated 11 women have been raped by law enforcement officers.

Prison conditions
Prison conditions in Bangladesh are miserable. The capacity of the country's 78 jails totals 21,620 prisoners. Currently, however, there are 44,285 people being held. Violations of human rights are common, and the laws in place to protect prisoners are not enforced. While there are plans to construct a number of new jails, this has not yet occurred. Prisons are subject to mismanagement, lack of discipline, and corruption as the prison management system has not been reformed for many years. Moreover, poor sanitary conditions are widespread. The cramped conditions, inadequate food, unhealthy environment, lack of sanitation, insufficient health services, and oppression of prisoners have made life in prison extremely difficult. There have been many allegations of torture within prisons as well. Although it is said that there are separate cells for female prisoners, these facilities are not adequate.

Prisons are also dangerously overcrowded. In Cox's Bazar, the prison capacity is 140, but there are currently 910 prisoners incarcerated in this institution.

The poor prison conditions in Bangladesh should be a matter of grave concern to both the human rights community and the government. There are four central jails, 30 jail prisons, 27 sub-jail prisons, and 16 thana prisons. In addition, there are 536 outposts and 322 permanent outposts, out of which 203 are situated in towns and 119 in village areas. There is also a naval outpost and 24 railway police outposts throughout the country. The laws governing prisons have not been modified for more than a century, and as a result the human rights of those who are imprisoned are consistently and grossly violated. Deaths as a result of torture are increasing and the security of prisoners is deteriorating. Statistical reports published in various newspapers have indicated that, in 1997, 23 people died in jail and three have died in police custody. Prisoners face overcrowding, an unhealthy environment, poor quality and inadequate food, and insufficient medical treatment. Moreover, the lives and health of women prisoners are specifically at risk.

The torture in police custody is illustrated by four cases.

Case one
On 9 August 1997, Nural Absar, a night guard, was killed as a result of police torture while in remand under Fatikchari P.S. Chittagong. Previously, on 3 August, at approximately 2:30 a.m., BDT 396,000 [approx. USD 4,000] was stolen from the ground floor of the Fatikchari Thana Health Complex. The perpetrators bound Nural Absar's head, hands, and feet to the leg of an emergency ward bed. The robbers left the scene after one hour. Before leaving, however, they removed the cloth used to bind his head. Visitors and nurses on the first floor of the health complex, hearing Nural Absar's loud cries, rushed to his assistance. Officers of the hospital then notified the police of the incident. The following day, A.S.I. Shaukat Ali of Fatikchari P.S., under the leadership of M.D. Ali Siraj, conducted an investigation at the hospital. Nural Absar was taken to the police station. The official date of his arrest was 5 August, despite the fact that he was arrested after his interrogation a day earlier. He was brought before the court on 6 August and taken into remand for three days, where he was cruelly tortured and subsequently died. The police hung the body of Nural Absar with a nylon rope from the cistern of one of the jail bathrooms. Police claimed Nural Absar committed suicide, but the autopsy report revealed that his death was a result of the torture he had endured.

Case two
On 14 June 1997, Mr Nuruzzaman Sharif, a cabin crew member with Bangladesh Biman for 17 years, died as a result of police torture while in Tejgaon P.S. jail custody.

Without warning, the air authorities suspended him from work. He then tried to meet with the Prime Minister to plead his case, and at that time he was arrested, taken to jail, and subsequently tortured. He died in jail at approximately 2 p.m. Police, in an attempt to cover up the death, sent his body to the National Hospital at 4 p.m. Dr Azizul Haq of the National Hospital reported that Nuruzzaman Sharif had died prior to arriving at the hospital. The autopsy revealed

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serious injuries had been sustained and his death was a result of police beating and torture.

**Case three**
On 2 February 1997, a university student, Abdus Sattar, was arrested without a warrant and tortured while in the Dhamrai P.S. police custody. A truck was seized by the villagers of Joypur under Dhamrai P.S. as a result, S.I. Jahirul Islam of Dhamrai arrested Abdus Sattar. While in police custody he was not given food for a period of 24 hours, and when he requested water, the police told him to drink urine instead. The next day Jahirul Islam bound Abdus Sattar and handcuffed his hands to the grill of a window and beat him across his knees, hands and feet with a stick. When Sattar’s relatives went to the police station in an effort to have him released, the Officer in Charge demanded BDT 30,000 [approx. USD 300]. Seeing no other alternative, the victim’s father paid BDT 4,500 [approx. USD 45], and upon signing a written agreement, secured the release of his son.

**Case four**
On 4 January 1997, freedom fighter Atiar Rahman of Agra village under P.S. Bagharpura of Jessore District was tortured by the local Officer in Charge for not agreeing to provide false testimony at the insistence of the police. The case in question stemmed from an incident in which one of Atiar Rahman’s companions was killed by miscreants while returning from the village market. The Officer in Charge of Bagharpura P.S. attempted to settle this case with the murderers by accepting a bribe of BDT 300,000 [approx. USD 3,000]. The Officer in Charge then attempted to convince Atiar Rahman to provide false testimony as the main witness to this case. In return, he offered to pay BDT 20,000 [approx. USD 200]. When Atiar Rahman refused to comply, the Officer in Charge began beating him, handcuffed his hands, hung him on the wall of the police station, and administered torture for seven hours. The Officer in Charge forced the witness to swear on the Holy Koran that he would not disclose that torture and bribery had taken place and also forced him to sign a document to this effect. While in court, Atiar Rahman decided to speak the truth and reveal the crimes of the Officer in Charge.

**Conclusions**
Torture while in jail custody is all too common in Bangladesh. Even twenty six years after independence, police employ this oppressive tactic as an interrogation tool. Every day a great many people suffer mental and physical abuse as a result of torture while in police custody. BRCT provided treatment to 180 victims of torture at the hands of law enforcing agencies. Unfortunately, it is impossible to assess the actual number of people who are victims of torture while in custody as many cases go unreported in the media.

Police torture has also increased for political reasons. Many political leaders have been falsely accused, detained in jail, and subsequently tortured. The indiscriminate use of the Special Powers Act has allowed for torture and harassment to take place. The most common methods of torture include: beating with sticks, kicking, beating with rifle butts, electric shock, bamboo pressure, inserting needles into the hands, pouring hot water into the nose, throwing chilli mixed with water into the eyes and mouth, pushing hot eggs into the rectum, beating knee-joints and the bottoms of feet, breaking fingernails, and forcing victims to drink urine.

In 1997, at least 11 women were known to be raped by law enforcing agencies. The actual figure is undoubtedly much higher because many of these incidents go unreported. Women who have been raped are reluctant to come forward because of the social stigma surrounding this crime. For many victims it is a matter of shame and disgrace.

This article is based on information from the 1997 Annual Report from BRCT. For further information about Bangladesh, please turn to p. 58.

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Instruments against torture and remedies for justice

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Torture not only destroys the tortured individual. It terrorizes the family of the victim. It terrorizes entire societies in countries. In many former dictatorships the torturers go free, live freely, possibly even with a pension or a steady job.

The establishment or the re-establishment of democracy and restructuring of the society raises the crucial question: What to do with the perpetrators of the violations?

The answers will vary from one society to the next, depending on political feasibility and power balances. They range from massive criminal persecution of perpetrators and supporters of the previous regime to unconditional amnesty, veiling of the past, and impunity for the perpetrators. Veiling of the past means — so the supporters say — no investigations and no criminal proceedings in the spirit of, “What happened belongs to the past” or “We must not revive the enmities, we must forgive and forget”. Regrettfully, the path chosen by most successor governments is that of impunity.

Supporters of an unveiling of the past claim that victims and society have a right to know the truth. They claim that only truth commissions like in South Africa, criminal proceedings like the trials in Greece after 1974, or the International Criminal Tribunal for the Former Yugoslavia can establish what actually happened and thereby let society and the victims come to terms with the past.

Victims who have been persecuted, stigmatized, and marginalized as second class citizens under repressive regimes are in grave need of public acknowledgement of their suffering. Only then do they have a chance of mental healing, social restitution, and reintegration into society. Victims of torture are psychologically traumatized; not only because of their painful physical experiences, but also by the traumatic effects of social victimization in their society. They have been tortured, their freedom denied, and had control over their life stolen by a repressive regime. Additionally, society as such may perceive them as political outcasts who — simply by resisting the regime or not collaborating with it — have brought their problems onto themselves and their families.

Throughout history humanity has witnessed cries for justice. For justice to be fulfilled, the perpetrator of the violation must be identified. The notion of justice must have a subject. Lack of justice leads to lack of forgiveness. And lack of forgiveness leads to lack of reconciliation. Justice must be done in full for forgiveness to be unconditional, and for all desire for revenge and the recurrence of violence to disappear.

Forgetting the truth and veiling the past are certain to lead to repetition of violence.

While each state in the world community has primary responsibility, both morally and legally, to prevent and punish torture, the international community as a whole plays an indispensable role in establishing and enforcing the international legal prohibition against torture. And within the international community, the United Nations is a most significant actor in the fight against torture and impunity. A major role could be played by the permanent International Criminal Court. Under the Council of Europe we find the European Court of Human Rights and the European Committee for the Prevention of Torture.

The significant role of the United Nations

The United Nations has long been campaigning to abolish torture. Almost simultaneously with its founding, the United Nations adopted the Universal Declaration of Human Rights in December 1948, which unequivocally commanded that “No one shall be subjected to torture or to cruel, inhuman or degrading treatment or punishment.” The United Nations has subsequently condemned torture on numerous occasions and in numerous ways—in advisory codes of conduct for law enforcement officials, in General Assembly resolutions (most notably the Declaration on the Protection of All Persons from Being Subjected to Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment adopted in December 1975), and in general human rights treaties (such as the International Covenant on Civil and Political Rights).

The Convention against Torture

The single most important UN instrument in the fight against torture, however, is the United Nations Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment (the “Convention against Torture”), adopted by the UN General Assembly in 1984. To date [May 1999], 114 states have formally agreed to abide by the obligations set forth in the Convention against Torture.

The Convention against Torture, among other things, requires state-parties to take effective measures to outlaw and prevent torture within their territories; establishes that torture is never justifiable for any reason or under any circumstances; obligates state-parties to criminally punish those responsible for torture within their territories; and requires states to cooperate with each other to bring torturers to justice wherever they may be found.

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The Convention against Torture establishes a Committee against Torture (the "Committee") and empowers it, with the consent of each state-party, to investigate complaints concerning individual cases from other state-parties or individuals, or to investigate on its own initiative allegations concerning the systematic practice of torture. However, the Committee has no authority to prosecute violations of the Convention against Torture.

Of the 114 states that have so far bound themselves to abide by the Convention against Torture, 110 have agreed to permit the Committee to conduct investigations on its own initiative, 43 have agreed to permit the Committee to hear complaints from other state-parties, and 41 have agreed to permit the Committee to hear complaints from individuals. In addition, each state-party must file a report with the Committee every four years describing its compliance with the Convention against Torture. Finally, the Committee may request any state-party to file an extraordinary report when the Committee has a special concern.

**The Special Rapporteur on Torture**

Since 1986, the United Nations has appointed a world-renowned expert in human rights to serve as a "Special Rapporteur" concerning questions relating to torture. The Special Rapporteur has a broad mandate and is empowered to investigate and report on questions relating to torture occurring anywhere in the world. The Special Rapporteur investigates received complaints and conducts on-site visits at the invitation of governments and on his own initiative, and reports his findings and recommendations to the UN Commission on Human Rights. The Special Rapporteur has no prosecutorial authority, but his reports and recommendations carry great weight in the international community. The current UN Special Rapporteur on Torture is Sir Nigel Rodley, professor of law at the University of Essex, England.

**The International Criminal Court**

The United Nations' role in the international struggle to protect human rights – traditionally based on political, diplomatic, and moral persuasion – is and has been indispensable. The international community, nevertheless, appears to be moving into a new and vital phase of innovation in the campaign to eradicate gross human rights violations, including torture. Inspired by the ad hoc International Criminal Tribunals for Rwanda and the Former Yugoslavia, the international community, with the United Nations playing a leading role, has recently finished work on the documents establishing a permanent International Criminal Court (ICC), which will stand in close relationship with the UN. The ICC will have jurisdiction to try individuals for war crimes and crimes against humanity, both of which include torture. It will take several years before the Court is functioning, but it will be empowered to investigate and try suspects, even heads of state, for heinous international crimes.

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Psychotherapy with traumatized refugees and asylum seekers: working through traumatic experiences or helping to cope with loneliness

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Abstract
After a brief discussion of the task of the psychotherapist working with traumatized refugees, and of psycho-diagnosis, some stereotypes about psychotherapy with traumatized refugees and asylum seekers will be discussed. It will be argued that, apart from the after-effects of traumatic experiences, the social position of refugees in Western society is an important source of psychological problems. Implications for the daily work of the psychotherapist will be illustrated through a case example.

Psychotherapy
Yousef, an Iranian man aged thirty-eight, had been a political prisoner in Iran and was living in the Netherlands as a refugee. His wife was executed while in prison. Yousef suffered from sleeping problems. Disturbing memories of his experiences in Iran passed before him like a slide series as soon as he went to bed. He also had nightmares, from which he woke up screaming. His housemates had complained about it. He remembered nothing about the content of the nightmares. Yousef’s family doctor had tried to bring the symptoms under control through medication, but with little success. So he referred Yousef to a mental health institution.

Yousef told the therapist (the author of this article) about his complaints, and added that he felt lonely. He avoided contact with other Iranians because it only brought back painful memories. With regard to Dutch people, he felt an outsider. Yousef said: “I have been through such totally different things – things that Dutch people don’t find interesting.”

Yousef told the therapist that he did not want to talk about the past.

The therapist could, of course, have concluded immediately that Yousef was not motivated for psychotherapy. He considered leaving the treatment to a colleague with a more practically-oriented training (and a lower salary), e.g. a social psychiatric nurse. One could say that the task of a psychotherapist is to practice a certain treatment method that can be delivered in a variety of ways, but only with clients who meet certain standards, such as willingness to discuss past experiences. In this sense psychotherapy is a sort of trade, the practice of which is reserved for official members of a guild, and from which only a selected group of clients can benefit.

The therapist in question, however, is more inclined to see psychotherapy as an academic discipline, which the psychotherapist equips with a highly refined conceptual framework. A conceptual framework that enables him to observe people with psychological problems carefully and in a scientific way. A conceptual framework that also helps him to think about points of focus for professional help. From the latter point of view, ambivalently motivated clients constitute a challenge; they are precisely the people with whom such a long and expensive training in psychotherapy can be put to good use. In this sense there were in fact strong indications for working with Yousef.

Psycho-diagnosis
In some circles psycho-diagnosis is seen as an activity that is conducted in a phase before psychotherapeutic treatment. Diagnosis is sometimes regarded as equivalent to psychiatric classification. Others use the term for referring to the interpretation of a client’s responses to checklists and tests. In the present article, psycho-diagnosis refers to an ongoing process of observation and hermeneutic interpretation (1) of the complaints and problems of the client, within a framework of psychological concepts. During this process, which continues for the duration of the therapy, the helping professional tries to formulate increasingly more refined hypotheses about the complaints and problems of the client. These hypotheses are related to the cause of the complaints and problems; and they lead to deeper insight into the relationships between the various aspects of the symptomatology. One practical effect of this is that the hypotheses also serve to generate increasingly useful points of focus for professional help.¹ In the formulation of diagnostic hypotheses about traumatized refugees, there are four basic principles that can be useful:

¹ The first is that painful events, whether or not we attach the label ‘trauma’ to them, generally interfere with the process of mental development that occurs in all individuals. This interference can be positive, for example when it helps the person to acquire, in a new way, more self-confidence. A painful event may enable a person to develop certain problem-solving skills, or leave him with new resources in his social environment. But the interference caused by painful

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  The Netherlands
events can also be negative, for example when it leads to an increased inner sense of insecurity or to a more pessimistic view of life.

The second principle is that some painful events, because of their cumulative effect, can disrupt mental development to such an extent that they can be called traumatic. This disruption can be so great that it leads to powerlessness in the victim to solve his own problems, not even with all the aid that the average social environment can offer. Inhibitions and constraints develop in the person's functioning, certain developmental tasks cannot be fulfilled, stagnation sets in, and the person's future development is threatened. The third principle is that the problems and symptoms of a traumatized refugee are more easily understood when they are seen in the context of the refugee's developmental history: in terms of developmental interference and traumatization. With regard to developmental interference, the distinction can be made between primary, secondary, and tertiary interference. Primary developmental interference is interference that occurs before the period of traumatization caused by political factors. Secondary developmental interference is the interference that is directly linked to traumatization caused by political factors. It is predominantly negative interference, but it can also have positive aspects. For example: some refugees who were imprisoned, despite the torture they endured, retain warm memories of support from their fellow prisoners. Tertiary developmental interference is interference that occurs in the period after the flight, for example as a result of painful experiences during the stay in the country of exile. The fourth principle is that, to understand the present functioning of a traumatized refugee, it is not sufficient to look only at the refugee's past psychological functioning. Conditions operating in the here and now, such as stress factors and protective factors, are also important. Protective factors include the facilities that are available to the refugee, the presence of a supportive social network, opportunities for study or meaningful work, etc.

If we look at the example of Yousef in terms of these basic principles, it becomes evident that we know nothing yet about possible primary developmental interference. It is clear that he has been traumatized, but we do not know whether there was any positive secondary developmental interference during the period of traumatization. Some facts in his story indicate negative tertiary developmental interference: contact with Dutch people has left him with the feeling of being a stranger. From the first interview the therapist also knew that his living situation was not ideal (he shared accommodation with three other refugees), and that he did not have a real social network.

The above factors together formed the background of his complaints, i.e. intrusive memories, sleeplessness, nightmares, and a feeling of loneliness.

What was the best point of focus for professional help? What was the best way to support Yousef's ambivalent motivation? In order to support the motivation, a therapist first gives attention to the most disabling symptoms. In Yousef's case, the therapist did breathing and relaxation exercises with the client, and tried to help him to discover whether there were other ways of coping with his symptoms. The therapist did not bring up Yousef's traumatic experiences; but he did name a number of domains that could have been related to them: the feeling of being humiliated, of complete powerlessness, and the rage related to these feelings. The therapist did this to encourage Yousef to talk about whatever feelings he might experience. He also introduced him to physical exercises focusing on the controlled expression of aggression.

The result was that, after four sessions Yousef's dreams had become less anxious. He began to read again, but noticed that his thoughts would often wander back to the past in Iran. In the fifth session, the therapist suggested that it might possibly be useful, despite Yousef's unwillingness, to talk about the past. He agreed, and, in response to the questions, talked about several things in the past.

The questions the therapist asked were inspired by the so-called 'testimony method'. According to this method, the life history of the refugee is discussed mainly in terms of his political involvement — thus it gives a somewhat limited view of the mental development of the refugee.

With such an approach the therapist learnt that, aged thirteen, Yousef had become aware of the dramatic disparities between the rich and the poor in his country, that he had taken part in political demonstrations while still at secondary school, and that he had later joined a radical political faction. He called the last decision "the biggest mistake of my life". "Before this time," he said, "I did not have any problems or worries. I was happy. But this decision created trouble for myself and my family." (3).

The therapist did not ask questions about Yousef's traumatic experiences. Nevertheless, Yousef said in the next interview that he had been very depressed after the previous session. He said he had felt lonely the whole week. He then told the therapist about other situations that had called up unpleasant memories. The therapist then asked him about his ways of dealing with these situations. He did not go further into the matter of loneliness.

**Stereotypes about psychotherapy with refugees**

Among mental health professionals without practical experience in this field, one can encounter all sorts of generalized ideas and preconceptions about psychotherapeutic work with refugees. Just to mention a few: therapy with traumatized refugees is a tough job; the psychological impact of traumatic experiences is the main cause of the problems; therapy should be aimed at working through traumatic experiences, language problems make therapy almost impossible; transcultural misunderstandings interfere heavily with the therapeutic process, and psychotherapy is not possible before the refugee has a permanent residence permit.

Stereotypes always contain a grain of truth. Thus it cannot be denied that working with traumatized refugees has its depressing side. Becoming aware of what people do to each other in war situations is not the sort of thing to cheer one up. The stories one hears about the way refugees are treated by the authorities are also seldom heartening. On the other hand, the stories one hears about volunteers, and for example teachers who take a shine to individual refugees, are often very heartening indeed. For a psychotherapist, working with refugees is an interesting challenge. The tremendous resilience of some clients can lead to quick and dramatic progress. That makes it enjoyable work, with interesting and often warm people.

The effects of the traumatic experiences are, of course, an important aspect of the problem. But often they are not the core of the problem. The heart of the matter is often loneli-
ness, the lack of contact with people one feels at ease with. Grinberg & Grinberg' claim in this respect that every migrant needs a person who takes on the role of parent. The first priority of a psychotherapist, then, is to make contact, and to give the refugee the feeling that, within the limitations of a mental health care organization, he is welcome. Welcome to a substitute home, with the therapist acting as a good enough mother as well as a benevolent authoritative father.

The therapist who is prepared to choose this path does not come with a cunning short-term treatment plan based on a trauma protocol. The treatment is more likely to be long-term. This is not a welcome conclusion at a time when solutions are being sought in the standardization of problems and the formulation of so-called evidence-based treatment procedures (4).

Yousef did not come back after the sixth interview. The therapist had brought up the past, while Yousef had already made it clear that he did not want to talk about it. The therapist was too zealous in getting down to work, when Yousef mainly wanted contact. The therapist had shown more than a superficial, fleeting interest. He had not been put off by the powerlessness caused by Yousef's complaints. And for this reason, he quickly became for Yousef a trusted figure in a faceless crowd. He took Yousef's complaints seriously, and immediately went to work on them. In this way he gained Yousef's trust. He made a mistake when he began to question him about the past, but Yousef could forgive that one. The second mistake was that he paid too little attention to what Yousef said about being lonely. Yousef missed the next appointment and did not respond to a written invitation. It was not until eight months later that he came back.

Therapeutic goals

Many psychotherapists and lay people have the idea that the working through of refugees' traumatic experiences should be the main priority. They think that, if a person does not work through his traumatic experiences, his life will become impoverished as a result of inner constraints. From research, however, it appears that there are people who survive traumatic experiences by neither perceiving nor registering them. The people who use this form of coping show no mental problems.

As regards the sort of help required by traumatized refugees, we can learn much from a retrospective study conducted by Helmreich14 on the fortunes of former Jewish concentration camp prisoners after their arrival in the United States. It appears that many of these people do not suffer from different, or more, mental problems than the average American. Only a minority had sought psychotherapeutic help. For the majority, the mutual support provided within Jewish social networks was sufficient. Sadly, from our experience with refugees in the Netherlands, we can say that it is possible that these former concentration camp prisoners had more reason to feel safe and secure in their new place of residence than refugees in the Netherlands and other European countries. Their right to remain in the United States was not under discussion. There was no messing about over the rejection of asylum requests and the long procedures involved in this. The study indicated clearly that many of the persons studied distanced themselves as much as possible from their experiences in the camp. In some cases Helmreich speaks of repression. But this repression, generally speaking, did not cause an emotionally impoverished life.

Traumatized refugees are often people who do not have a social network. The primary objective of professional help is therefore, by means of therapeutic contact, to help refugees to build up a social network, or to remove the emotional obstacles that hinder them in entering into social contact. In the meantime, refugees often need help in coping with a number of disturbing feelings. Such as the feeling of insecurity that is present for as long as there is uncertainty about their stay in the country of exile, the feeling of being unwelcome, shame about having had an idealized image of Western society, shame about believing that it would be possible to build up a new life without opposition and in peace, or feelings of guilt about surviving and leaving family members behind.

Trans-cultural psychotherapy and solace

The therapist described it as symptom-oriented therapy to his colleagues. Not because he did not want to be open about what he was doing: the organization he worked for as a rule respected his involvement with his clients, allowing him the freedom to make optimal use of his creativity. He just could not think of a better label. Maybe it should be called solace.

A psychotherapist does not have to be intimidated by language problems. 'Understanding' is not in the first place a matter of word knowledge. Perhaps simply the obvious, tangible effort on the part of the therapist to understand the client is a corrective emotional experience for the refugee. Certainly the solace or consolation that flows from this is more important than understanding of the exact words.

Despite all this Yousef had dropped out. Eight months later he rang the therapist. The reason was that a neighbour had been found dead in his home; according to the police he had been dead for three weeks. Yousef realized that the same could happen to him. Moreover, he was suffering from nightmares and flashbacks again. To keep these under control he had started using more alcohol than he ought. The therapist called in a colleague to prescribe medication, and Yousef was able to replace his self-medication of beer and whisky with respectable pills. The therapist started symptom-oriented treatment again. This seemed to function as a sort of alibi for talking about all kinds of things.

The therapist described it as symptom-oriented therapy to his colleagues. Not because he did not want to be open about what he was doing: the organization he worked for as a rule respected his involvement with his clients, allowing him the freedom to make optimal use of his creativity. He just could not think of a better label. Maybe it should be called solace.

The therapist was powerless when it came to providing relief for Yousef's pain and suffering. But he gave him the opportunity to share his distress. The therapist was not specifically helping Yousef to solve problems, to increase his insight, or to learn skills. Above all, he tried not to leave Yousef alone in his suffering. He tried to take away the loneliness of it all, every week, just for an hour.

In the course of this, the therapist heard more about what had happened to him in his fatherland. And in the thirteenth interview Yousef told the therapist that the woman colleague who prescribed his medicine sometimes reminded him of the woman who had
interrogated him. Yousef described it as follows: “She is very nice, but sometimes she looks at me as if she’s studying me.” When he said this, the therapist thought that the therapy was progressing well, but this proved to be a miscalculation. In the fourteenth interview Yousef told the therapist that he was using heroin. The therapist suggested that he went to a rehabilitation clinic. Yousef was offended, apparently regretted telling the therapist about his using drugs, and failed to turn up at the next session.

Six months later he rang again. As the therapist was on holiday, Yousef was referred to the colleague who had prescribed medicine for him earlier. Yousef told her that he was no longer using drugs. He had stopped by himself. But he still drank a lot. The contact with her was better in this interview than in the past. Yousef said that he could not talk about his troubles to others because he would be overwhelmed by his feelings. She prescribed an antidepressant for him.

After this, Yousef came back to the therapist. He seemed pleased to see him and came back regularly. The talks mainly concerned his daily life in exile and the various problems he had to face. For example, he had met a woman he liked at a course he was following. They had gone to the canteen and drunk coffee together. Then he suddenly realized that his late wife would have ordered tea. After relating this he missed the next appointment.

Three months later the therapist invited him for a follow-up talk. On this occasion, Yousef brought a pile of drawings. He insisted that the therapist choose one of them, to thank him for everything he had done for him. They were sombre images, which according to Yousef were related to what he felt when he thought about the past. He told the therapist that it had been good for him to make the drawings, and that nowadays he thought less about the past.

Suffice it to say that Yousef had succeeded in symbolizing his traumatic experiences, and to some extent in working through them. Not by talking about them, but by expressing his feelings in images. Not through verbal representation, but through iconic representation.

In the year following this ‘follow-up interview’, Yousef visited the therapist regularly. In the meantime he married a woman who was still in Iran. He wanted to bring her to the Netherlands. According to the regulations this was only possible if he had an employment contract. For as long as the therapist had known him, Yousef had been trying to find work, through all sorts of means. In the process, he had provided work for countless social workers. But for years all this had led to nothing, due to no fault of his own. The therapist was amazed at Yousef’s persistence, and then, at long last, he got an employment contract. But he had to wait for a temporary residency permit to be issued. These months of waiting proved very difficult.

The developmental process of traumatized refugees in exile

Traumatized refugees in exile go through a developmental process made up of at least five components. Therapy could support and stimulate all these components.

The first component is the normal process of development. This is an irreversible and constructive process of mental change related to becoming older. The second component is a process of traumatization, a process that continues during life in exile. Third, there is a spontaneous process of recovery and personal growth after traumatization, as described by Horowitz. Yousef went through such a process, outside the therapy, through his drawings. Unfortunately, this process does not occur in equal strength in everyone. The fourth process is that of uprooting, which, like traumatization, generally does not have a clear endpoint. Not even when the refugee goes back to his fatherland. Fifth, a process of equilibration - a concept taken from Jean Piaget. Through equilibration, as a result of crises, conflicts, and discoveries, an increasingly complex pattern of connections develops, which enables the refugee to take part in the network of our multicultural society and enjoy its resources. The same process contributes to the development and enrichment of our society. In connection with this process, it is important to be aware of the reactions to refugees in our society.

Refugees are strangers, and they can tell us stories about terrible experiences of violence. It seems evident that many people in western Europe have the need to set refugees apart, as outsiders. Many see the influx of refugees as a problem, and oversimplify this to conclude that the arrival of refugees and asylum seekers is the cause of problems. In this way, victims of political violence and economic disparity become perpetrators.

How is it possible for refugees to be less in the position of outsiders? How can we learn to live with the fact that they would like to share in the relative peace and welfare of our society? And what can a mental health professional contribute to this equilibration process?

In this connection, the concept of community mental health could be useful. We can view our society as a living organism, which can be characterized in terms of its mental health. The mental health of an individual is largely dependent on the mental health of the society he is part of, or in other words on the quality of functioning of the society. The methods a society uses to solve its internal conflicts have a strong influence on the mental functioning of its individual members. A society functions adequately when its members construct organizational forms through which they can provide support for each other. Professional help institutions are such an organizational form. From this perspective, a refugee’s contact with a helping professional can be seen as the first, introductory contact with the new society in which he will be living. Contact with the helping professional can provide him with the opportunity to break through his loneliness and to take part in corrective emotional experiences: experiences that alter the negative image the individual has of himself and others. Unfortunately, it does not always go like this. Refugees all too often tell their therapists that they have no personal contact with citizens of the country of exile, because the people they meet have no real interest in them as persons. These refugees experience the contact with immigration authorities, but also with professional helpers, as formal and distant.

The therapist as a link with society

The procedures refugees are submitted to often make them feel that they are being robbed of their human dignity and their honour (5). This sometimes also applies to ‘intake’ procedures used by mental health organizations. Such procedures literally keep refugees outside the society or the institute. They also possibly allow us unconsciously to erect a barrier to the many disturbing feelings triggered by refugees. Refugees, and others who are marginalized and humiliated,
confront us with the thought that it will be our turn some day. We all eventually lose our lives, and in our final hours, days, months or years, perhaps also our productivity, our creativity, our vitality, and our dignity.

Today, many of us no longer have a religion that promises a better life after death. Only few have an ideology that makes the misery around us more bearable by promising a new world order. Therefore, the temptation is great to close ourselves off from the reality of war and violence in our world. Personal contact with traumatized refugees can show us the other side of the coin: the tremendous resilience and surprising vitality of people; their tenacious ability to remain lovable, to love others, and to become attached to new friends; and the sometimes amazing beauty of it all. Thus there is solace in two directions. Even when they are confronting their therapists with problems that make them feel helpless and clumsy, traumatized refugees give much in return.

References

Notes
(1) Hermeneutic interpretation: a scientific method of involving explication of intuitive knowledge acquired through practical experience and analogue reasoning in the course of which theoretical knowledge serves as a searchlight; a method that results in clarifying the coherence of many aspects of an individual case so that a convincing and consistent pattern can be described.6,7
(2) Professional helpers who work on a daily basis with refugees by no means all recognize the need of their clients to talk about political matters.6 The testimony method gives a rationale for discussing political aspects as a part of psychotherapy. Other arguments for discussing political matters are discussed by Samuels.6
(3) In retrospect, the author believes that Yousef’s negative feelings about his political involvement were an indication against using the testimony method.
(4) An aim probably partially ‘inspired’ by output-oriented talks between funding bodies and mental health organizations.8
(5) Shahbazi9 presents interesting thoughts on the importance of honour in the experiential world of refugees from Iran and countries with a similar culture.
The following two articles are based on interviews. The first article is written by the Danish journalist Jesper Strudsholm, who works for the Danish newspaper Politiken in South Africa. It is an interview with a South African torture survivor and a portrait of his torturer, describing how his crimes were revealed in the Truth and Reconciliation Commission. The second article is based on an interview by Mette Holm, freelance journalist, with a professor of psychology who has special insight into torturers in dictatorial Greece and dictatorial Brazil. The above article on page 47 by Libby T. Arcel and Greg Smith focuses on the torturer and current initiatives taken against torturers and torturing regimes, initiatives which constitute a considerable aid in the reconstruction process facing the new, fragile democracies that arise when dictatorial regimes fall. All three articles are part of the information material prepared by IRCT on the occasion of 26 June 1999, the United Nations International Day in Support of Victims of Torture, celebrated for the first time in 1998. IRCT has decided to focus on impunity as the special theme for this year.

Portrait of a torturer

Jesper Strudsholm, Journalist*

A confrontation with a torturer

Peter Jacobs, the guerilla fighter for Nelson Mandela's African National Congress (ANC), recalls his meetings with his torturer for this interview.

"I was not a victim, we were soldiers caught in combat. We fought them, we knew they had an armoury and torture was part of it. We were not just being tortured because we were there, but because we were a threat to them. And torture for us was a sign of that," Jacobs recalls. But Jacobs' training as an ANC guerilla in exile was not quite enough to deal with warrant officer Jeffrey Benzien and his wet bag: Benzien got to him by tying a wet bag around his head until Jacobs nearly choked. According to Jacobs, Benzien said:

"Peter, I will take you to the verge of death as many times as I want to. But here you are going to talk and if it means that then you will die, that is OK."

"For me, that was the torture. Death is crucial, nobody wants to die unnecessarily. When they play with that, you have nothing left. You are powerless, you are lying there like a rubber ball that they can do what they can do with."

Jacobs remembers Benzien's words vividly, even though it all happened in 1986. Eleven years later, Jacobs got a chance to confront Benzien at an amnesty hearing in South Africa's Truth and Reconciliation Commission, set up to deal with South Africa's past.

"The Truth Commission can decide on amnesty, but this is important for me: Did you say that?" asked Jacobs, referring to Benzien's threats of taking him to the verge of death. Benzien confirmed.

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"He was at my mercy, like I was once at his. And he had to deal with it," Jacobs remembered. After his release, Jacobs himself became a police officer in the new South Africa. Today he has a higher rank than his torturer Benzien, whom he occasionally has to work with. It is easier than it sounds, says Jacobs. Part of the reason is that he won. History proved that Benzien and the apartheid regime he tortured for were wrong.

"There is a revenge in that we persevered, we succeeded, and we are going to succeed more than they ever did."

On top of that, Jacobs has managed to dismantle the image of the big, frightening man who once humiliated him by dragging a wet bag over his head. Two meetings helped this. The first time he met Benzien was by coincidence in the street. To Jacobs' surprise, the torturer displayed fear, knowing that in the new South Africa the tables had turned.

"He thought I had followed him. For years I planned to mess him up seriously if I ever got hold of him. But when I saw him there was fear in his eyes. That actually sorted out a lot of things."

The second significant meeting was at the Truth and Reconciliation Commission hearing. As many others, Jacobs was disappointed with Benzien's reluctance to reveal the chain of command which led to the torture. The activists never got the desired bigger picture of the system they fought. For this reason, Jacobs still has some doubts as to whether Benzien's amnesty was deserved. One of the conditions for amnesty was full disclosure. But on a personal level the hearing finally cut the frightening figure of his memories down to size.

A torturer talks

The notorious torturer, Jeffrey Benzien, with his wet bag, has the dubious honour of having delivered a strong image during the life of the Truth and Reconciliation Commission. Under apartheid, Benzien was a member of the Terrorist Detection Unit, set up to catch members of Nelson Mandela's ANC and other liberation movements. In his heyday in the 1980s, Benzien would brag about always getting his results within a matter of thirty minutes. On his office wall, he had a picture of a dead client with a cross over his face which "helped to instil fear into the persons I interrogated", as Benzien explained to the Truth Commission.

During his amnesty hearing in 1997, Benzien was asked by one of his victims to demonstrate his most notorious method, the wet bag. Benzien had to comply and explain:

"A bag soaked in water is pulled over the head of the victim and twisted tightly around his neck, cutting off the air supply. The bag is only removed when the victim shows signs of wanting to talk."

Ironically, at the public hearing Benzien needed the persistent questioning from his victims to force him to reveal details he would rather forget.

"Do you remember that when the wet bag method was used, that people were also undressed, that my pants were pulled towards my ankles and thereafter the wet bag was pulled over my head?" asked one of the victims, Ashley Forbes.

"I cannot remember it specifically, but I am willing to concede," answered Benzien. And no, he did not remember inserting a metal rod in Forbes' anus. Or banging his head against a wall until he lost consciousness. But Benzien did remember the more pleasant parts of the "nice guy, bad guy tactics" he also applied.

Peter Jacobs, guerilla fighter for Nelson Mandela's African National Congress (ANC), confronted his torturer, Jeffrey Benzien, eleven years after his torture at an amnesty hearing at South Africa's Truth and Reconciliation Commission.

"I assaulted you – I think it was on the Monday evening – and it was after that we went for the steak, am I correct?" asked Benzien and went on about another restaurant visit.

"You said it was the most Kentucky Fried Chicken you had ever eaten."

Peter Jacobs worked hard to pull the details of his torture with electric shocks out of Benzien.

"Sir, if I said to Mr Jacobs I put the electrodes in his nose, I may be wrong. If I said I attached it to his genitals, I may be wrong. If I put a probe into his rectum, I may be wrong," said Benzien, who later conceded that he had used all three methods. None of it was mentioned in his written amnesty application.

"I couldn't put it on paper," he explained. This was but one example of how Benzien claims he is struggling as much as his victims to come to terms with his past.

"What kind of man uses a method like the wet bag on other human beings, repeatedly listening to those moans and cries and groans and taking each of those people very near to their deaths?" asked one victim, Tony Yengeni.

"I, Jeff Benzien, have asked myself that question to the extent that I voluntarily – and it is not easy to say this in a full court with a lot of people who do not know me – ap-
proached psychiatrists to have myself evaluated.” According to the psychiatrist, Benzien suffers from post traumatic stress disorder. He has “tunnelled memories” which allow him to block out unpleasant aspects of certain situations. As for the motive for the torture, Benzien explained he was fighting terrorists “to preserve the status quo in terms of what we in the Security Forces saw as the normal South African lifestyle”.

“Bearing in my mind for want of a better explanation, if you had a bad foot and the surgeon had to cut it off to save your life, then maybe to soften my conscience I’ll say that is the person I was.”

Even under the notorious apartheid regime, torture was illegal. So direct orders were seldom given, even though everyone knew it happened. At opposition rallies, Benzien was named a torturer on posters. But when the issue was brought up during the court cases of his victims, he always got away with denying it. However, Benzien was under constant threat from activists.

“My windows had to be barricaded by cupboards. Every night a wet blanket had to be put in the bath, available where my children could reach it in case of grenade attacks.”

Benzien’s high profile made it almost inevitable that he had to apply for amnesty, which he was granted. Most of his colleagues did not apply.

The following article is based on an interview by Mette Holm, freelance journalist, with Mika Haritos-Fatouros, Professor of Psychology

Psychological focus on torturers

At first Mika Haritos-Fatouros, Professor of Psychology at The Aristotle University of Thessaloniki in Greece, was asked three questions with focus on the psychology of torturers. Haritos-Fatouros has studied torturers - police interrogators – that worked under the military junta in Greece from 1967-74, and torturers, death squad members, and military police who worked in dictatorial Brazil. Therefore it was appropriate to ask her:

What does it take to make a person a torturer? How does one identify and recruit them? Are they inherently bad people with sick minds, filled with evil, hatred, and bitterness?

**Background and recruitment**

Perpetrators of torture are not particularly happy or sad. They are not necessarily easygoing, nor the opposite. They are conscientious and obedient authority figures. They nurture blind trust in whatever authority that empowers them. And they never – or rarely – question that authority.

One would have hoped that all torturers worldwide had some pathological personality in common, that inside them there is this nucleus of evil, this perverse, sadistic trait that only some people are born with. That their IQ is lower than average. That somehow you could identify them and thereby limit their extreme damage.

Unfortunately, this is not the case. Theoretically, every single one of us could become a torturer.

“The ‘good’ torturer sees his job as a vocation, and takes professional pride in it like everyone else,” says Haritos-Fatouros. Facts and statistics in this murky zone of loathsome human activity are hard to come by. Recruitment does not seem to be a big problem, although the targets do not necessarily know what exactly they are being recruited for – other than that they are expected to show blind loyalty to, and do their duty for, their motherland or some other higher cause.

Only then does the conditioning of these perpetrators of extreme violence against fellow men take place. Training – for such there is, in schools and camps – is extremely harsh and exploding with violence.

There is “hazing” in the training – extreme and sudden violence for no apparent reason. Sudden and violent punishment with no cause, so to speak. “There’s no reason, no logic. It’s highly straining. You just have to obey. It’s very, very hard drilling, like in the army, the way they train the US marines, paratroopers, and elite corps,” says Haritos-Fatouros.

**Brazilian experiences**

The teachers crush all sense of right and wrong and all questioning of authority. Thus the authority – and only that – becomes the guiding star in a hostile universe, a moral anchor. In Brazil many torturers were recruited from FUNABEMs – orphanages. Some of the children there were orphans, but others were children taken away from parents that were seen by the authorities at the time as “unfit” to raise children – i.e. political dissidents.

One Brazilian man from a death squad, interviewed by Haritos-Fatouros, analysed his history such that the dictatorship deliberately recruited the torturers and killers from FUNABEMs – and said that children of political dissidents were placed there for that specific purpose. The man had been sent to a FUNABEM along with his sister and two brothers because their father was politically opposed to the ruling regime.

“Part of the “hazing” in the FUNABEMs was like the torturing of political prisoners. Much the same as the Greek
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training,” says Haritos-Fatouros. The duration of the training varied from three months in dictatorial Greece to between two months and two years in dictatorial Brazil.

Training procedures
The training of torturers is not necessarily a secret, even if it is not blazoned out in big name boards over the camps. One such place is the American secret police, the CIA’s US Army School for the Americas in Fort Benning, Georgia. “They have trained many, many officers there, who have massacred,” says Haritos-Fatouros. One of the most prominent – or notorious, rather – graduates there was the former dictator of Panama, Manuel Noriega, also known as “Pineapple Face” and now serving a prison sentence in USA for drug dealing.

In her work, Mika Haritos-Fatouros has also registered how torturers somehow – and most likely unconsciously – arm themselves with releasing mechanisms to ease their feeling of guilt while “in the business”. They use various methods of distancing themselves from their victims so that torturing them becomes immaterial – no big deal. “They use these mechanisms in their own mind, degrading the victims, making them worthless, so that they can convince themselves that the victims only deserve punishment, because they’re no longer human,” says Haritos-Fatouros. Moreover, they have the conviction that they, the torturers, “are fighting for whichever higher cause. A higher ideology, the idea of an internal enemy of the State, usually communism. These people – the victims – were enemies.”

After “the service”
The torturers Haritos-Fatouros has interviewed have acted on direct orders. “In Brazil they are told how to kill and whom. Or to torture a particular person. Orders were usually given by officers.

In Greece their services were rewarded with good, steady jobs, e.g. in the telephone company. In other words: a future. It was a question of a client-relationship. The authority owed the torturer a future after two years of service,” says Haritos-Fatouros.

In Brazil it was different. Here the research team found ex-torturers in various states of disintegration. “Can you believe it? They had many of the same syndromes that we find in doctors, nurses, psychiatrists, teachers” – health and other professionals who have worked closely and hard with people. “They suffered from burn-out syndrome, exhaustion, psychosomatic symptoms, alcoholism, severe depression,” Haritos-Fatouros explains.

All but two or three of the 23 torturers interviewed by the research team in Brazil were retired. One of them thought of himself as spent, the sewer of society, a used condom. “And they were not thrown out or prosecuted in Brazil like in Greece. They were given amnesty along with the freedom fighters,” says Haritos-Fatouros.

Psychological back payment
“They all said they got along well with their children. In reality most of them were divorced, which is not all that com-

mon in Brazil, and didn’t see their family at all,” says Haritos-Fatouros. The wives could not put up with them in the long run. The families fell apart.

Mika Haritos-Fatouros tells of a study from 1963, related by Fanon in the book “The Wretched of this Earth”. “It is the tale of a torturer who sought psychological assistance because he worried about bringing his brutal daily routines back home with him after work. It was not that he had any regrets about his job. He worried about bringing his working methods into his family. He did not want to torture his wife and children, but he did not know how to avoid it.

While doing their job, torturers do not question it much. They want to be good at what they are doing. But the feeling of success gradually disappears. “Their conviction falters when things start to go wrong. They feel they’ve given so much – too much – of themselves,” and that this ‘generosity’ for the supposed good of the country, or the cause, is never rewarded. The torturers feel let down by their masters, by society, when it is all over. And then they become bitter.

Mika Haritos-Fatouros remembers a Greek ex-torturer, the father of a couple of children. One of them suffered from a severe chronic disease. The father thought of his child’s illness as “God’s punishment for his deeds”. During his trial in Greece, after the fall of the junta, that same man said that he and his fellow torturers deserved punishment, even if they “only obeyed orders, and it was all the officers’ fault.”

To Mika Haritos-Fatouros’ knowledge no such thing as a torturers’ or ex-torturers’ network exists. They do not meet up and discuss their crimes or the traumas that they suffer. They do not discuss the much deeper traumas they made their victims and victims’ families suffer on a scale so vast that it becomes a debilitating heritage – it is handed down from generation to generation. Neither do they discuss the traumas that hit societies in the wake of massive institution-alized violence.

Healing for societies
Entire societies, like the individual victims, need healing after torturous regimes – a long, painful, and often impossible process. The truth about the perpetrators has to be revealed and recognized, as does the victims’ suffering. And the torturers and their superiors have to be prosecuted and punished. Only then might the wounds heal.

“What you need is for society not only to pretend to forgive. Torture is a deep, deep trauma for society. Societies cannot live with the hatred for generations. Torture may be transgenerational, and it is very, very traumatic,” Mika Haritos-Fatouros adds.

References
Bangladesh Rehabilitation Centre for Trauma Victims, BRCT

BRCT*

The Bangladesh Rehabilitation Centre for Trauma Victims was founded in February 1992, as a follow-up to the national workshop on “Human Rights: Rehabilitation of Trauma Victims”, held in Dhaka on 25-26 February, 1992. The workshop was initiated and organized by Mr Akram H. Chowdhury, a leading human rights activist in Bangladesh, who took the initiative to organize this workshop in cooperation with RAHAT, Pakistan and IRCT, Denmark.

Since its inception in 1992, BRCT has faced many challenges. Until August 1996, the government of Bangladesh would not permit BRCT to register as a non-governmental organization thus prohibiting foreign donors from making financial contributions to our efforts.

BRCT is now registered as a non-governmental organization in Bangladesh and we have received financial assistance from a number of international organizations. Our efforts can be divided into two distinct categories: curative and preventive programmes. With continued international support, we at BRCT have been able to enhance and expand our efforts to assist victims of torture and work towards our ultimate goal of helping to eradicate torture in our society (fig. 1).

A key initiative in 1997 was the establishment of a nationwide Task Force Against Torture (TFT).

BRCT was developed through a process of consultation with a number of trauma victims. Through interviews conducted in 1992 by Dr Henrik Marcussen and Dr Mahboob

Fig. 1. Instruments and methods of torture used on BRCT clients in 1997.

* Bangladesh Rehabilitation Centre for Trauma Victims
27 Bijoy Nagar 1st floor B-1 B-2
Dhaka-1000
Bangladesh
CENTRE PRESENTATION

Fig. 3. Complaints of BRCT clients reporting psychological difficulty in 1997.

Mehdi, Medical Director of RAHAT, interviewees expressed that such a centre would serve to benefit many victims of torture, particularly those who suffered during the martial law period. Members of the victim's families also expressed an interest in and a willingness to participate in the development of such a centre.

The main objectives of the BRCT are as follows:

• To provide physical and mental relief to the torture survivors and their families through "complete package treatment".
• To arrange facilities of rehabilitation for victims of torture.
• To provide legal assistance and to defend the rights to restitution, compensation, and rehabilitation to victims of torture.

From a curative perspective, in 1997 the BRCT provided treatment to 152 new victims, 141 of which were adult males, 7 adult females, and 4 children. Positive signs of recovery were shown in 85% of all new and follow-up cases.

As a means of enhancing follow-up services, BRCT has established the Home Visit Program. This has proven to be an effective way to monitor the recovery of victims of torture and to continue to meet their needs throughout the recovery process. Moreover, BRCT also offers a physical rehabilitation programme in order to provide necessary support to those who have become physically handicapped as a result of torture.

In Bangladesh, the greatest difficulties facing victims of torture are often economic in nature. Victims of torture face physical (fig. 2), psychological (fig. 3), and social problems that may affect their ability to work and, hence, their economic well-being.

In 1997, BRCT has undertaken an economic rehabilitation programme consisting of the provision of interest-free loans.

For further information about Bangladesh, please turn to p. 45.

ANNOUNCEMENTS

Professor Bent Sørensen’s Travel Grants

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

A number of travel grants will be available this year to enable medical doctors and other health professionals from all parts of the world to participate in international activities aiming at combating the practice of torture and providing appropriate care and assistance to victims of torture.

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

The grants will be awarded by a review committee appointed by the board of the RCT and will be based on written applications received before September 1, 1999. The applications should contain:

1. Purpose
2. Budget
3. C.V.

and should be sent to:

Professor Bent Sørensen’s Travel Grants
Rehabilitation and Research Centre for Torture Victims
Borgergade 13
1300 Copenhagen K
Denmark

* Bent Sørensen, Professor, MD, DMSc, former President of RCT, Co-opted to the IRCT Council, and Rapporteur to the UN Committee against Torture (CAT).
Physiotherapy has to a large extent lived up to the principle of improving the understanding of the treatment of torture survivors, especially since the adoption of the guidelines for physiotherapists by the World Confederation for Physical Therapy (WCPT) in 1991, and their approval at the 12th International Congress of the WCPT in Washington in 1995. According to these guidelines, knowledge about torture and its sequelae must be an integral part of the curriculum for the training of physiotherapists – a statement unique to this profession.

Understanding the survivor is important
In Denmark, the Rehabilitation and Research Centre for Torture Victims (RCT) has focused on the training and rehabilitation of torture survivors for several years, and has thus acquired much experience in treatment methods and programmes.

The feeling of being afraid of involvement in unfamiliar matters is known to all of us. We tend to leave them to others. But this is difficult when dealing with torture and its sequelae. As a physiotherapist, therefore, it has been a great pleasure to see how physiotherapy has gradually come to play a larger part in the treatment of torture survivors globally. We have learnt that physiotherapy can help in the treatment of muscular tension, pain due to overstretched tendons and joints, and damages in connective tissue that has been exposed to bleeding and beating. In this connection, the Association of Danish Physiotherapists has taken part in the publication, for the training of physiotherapists, of an English language book about the treatment of torture victims by physiotherapy. The book describes the sequelae of the various forms of torture, and points out that if one recognizes the sequelae, then one can decide on the correct treatment. It is important for physiotherapists to know that all forms of treatment can be used if only attention is paid to the fact that one is dealing with a torture victim. If the therapist does not have knowledge, insight, and understanding of the situation of the survivor, the treatment may well result in the opposite effect, and be felt by the client as a violation.

Workshop in the Middle East
Apart from the publication of teaching material, Denmark has also been the prime mover in arranging several workshops on the treatment of torture survivors with physiotherapy. During a visit to the Gaza Community Mental Health Programme in November 1998, I arranged a joint workshop on the role of the physiotherapist in the treatment of torture survivors. What was special about this workshop was that RCT had for a long time wanted to have a workshop in this particular region because we have many clients from Palestine. As is well known, Gaza and the West Bank have suffered 25 years of Israeli occupation. This period has had serious human costs in the form of deaths, imprisonments, and torture. Nevertheless, it was a revelation for some of the participants that many were suffering both psychological and physical sequelae even a long time after the torture, and that many of these sequelae cannot be cured by the means we know today. The workshop stressed yet again how important it is for as many people as possible to know about the treatment of torture survivors. As in all previous workshops in which I have taken part, the participants were extremely happy about the teaching material we had with us, including some material translated into Arabic. The workshops provide an opportunity for distributing professional material to, and making contact with, members of one's own and other professional groups.

Taking care of the therapists
Everyone is deeply touched by hearing about the wickedness of torture. The victims' stories and experiences are often so terrible and traumatic that they are difficult to cope with, even for a therapist. If the therapist cannot work through these traumatic accounts, the result may be a feeling of being burnt out, of powerlessness. Physiotherapists come into direct contact with the clients' pain, and at the same time they learn about the causes of the pain. This makes the physiotherapists a particularly exposed group among the various health professionals who treat torture survivors. We therefore have to focus not only on the understanding of the sequelae of torture, but also on the well-being of the therapists. A recognition of the fact that one can have gone through enough and be too affected by what one has heard during the consultations is important for the physiotherapists to be able to...
PERSONAL COMMUNICATION

Burn-out
It is important to know the symptoms of burn-out, and to know how to avoid them or treat them.

Symptoms of burn-out
• Intrusive memories of past experiences
• Intrusive thoughts and fantasies connected with their patients’ stories
• Nightmares
• Anxiety
• Irritability
• Melancholy
• Tiredness
• Forgetfulness
• Isolation
• Reluctance to meeting the patients again

Prevention of burn-out
• Seek supervision in difficult cases
• Avoid too much work
• Say “no” in time
• Share your experiences with other therapists
• Keep up-to-date with your profession
• Have a routine when you get home from work, such as taking a bath or changing your clothes as a sign that you are free
• Reserve time for hobbies and entertainment
• Spend some time with families and friends

DE JURE, DECLARATIONS ETC.

WCPT Resolution in support of victims of torture

Passed at the 13th International Congress of WCPT, held in Japan in May 1999, proposed by the Association of Danish Physiotherapists

Motion
The World Confederation for Physical Therapy (WCPT) wishes to express its support to commemorate the United Nations’ Day in Support of Victims of Torture on June 26 of each year.

Rationale
Torture is one of the root obstacles to democracy and human well being and through our support to this day, we want to express the wish of physiotherapists for total eradication of torture.

The WCPT has in cooperation with the IRCT (International Rehabilitation Council for Torture Victims) through the last year established seminars for physiotherapists involved in education of physiotherapy students in order to fulfil our WCPT Guidelines concerning Torture. Our point 7 here mentions that education regarding prevention and prohibition of torture as well as the assessment and treatment of torture victims should be included with physiotherapy education programmes.

We want this international UN day to create awareness to torture and to honour the victims and survivors of torture and their families, friends, and supporters. We support the expression of the IRCT, that “Democracy cannot be built with the hands of broken souls”. We will join the initiatives to create awareness to this cruel and degrading behaviour and to recognise the men and women who have struggled for a better world and who have suffered or disappeared.

WCPT encourage that physiotherapists throughout the world support the fight against torture on this United Nations’ International Day in Support of Victims of Torture.
BOOK REVIEWS

A long-awaited and important initiative


Quoting Nigel Rodley in his preview of this book: “If one feels anger, as I find most people do, at the fact that even in this day and age adults are still being tortured around the world, it is hard to find words to express the revulsion that all but the most hardened experience at the notion that even children can be victims of torture”.

In a way this is a sad book because it deals with the abuse of children, i.e. the most vulnerable individuals in society. This abuse may have its base in a variety of reasons, ranging from intentional, traditional torture to cultural differences in the perception of abuse, and further to downright neglect. However, it is also encouraging to see this effort to deal with the issue in a professional and thorough manner. An effort that it is hoped will have a positive impact on the situation.

The articles in the book show how the traditional definition of torture is even more of a problem in the case of children because the abuse of children often takes place within societal and family structures, and not in a state structure.

I find the effort of the editor, Geraldine van Bueren, commendable in having been able to collect a comprehensive array of articles from an impressive panel of writers. The book covers a wide range of topics concerned with children and the protection of their rights, ranging from more or less purely legal protection from torture, to sociological and anthropological aspects concerning more peripheral aspects of children’s well-being.

All the articles are clearly written by experts in their field, and they convey their material in an easily readable manner.

My only criticism is that, although a good effort, the collection as a whole might have profited from being slightly more focused and co-ordinated. Although it is important to lay down the parameters for one’s own article, this also creates a rather fragmented impression on the reader. To a certain extent the articles show little effort to be part of a whole, the focus being rather “set” in that area of expertise. Others again seem to have a somewhat “forced” focus on torture.

However, overall I believe this is an important book. Perhaps the fragmented approach is in itself an indication of a need to develop a holistic approach by the international community to this important subject.

FROM THE MEDICAL LITERATURE

New handbook for torture survivors seeking redress


The UK-based organization Redress has published this handbook to assist torture survivors in meeting the varied problems facing them. The handbook is divided into two parts. Part I focuses on the very practical needs of torture survivors living in the UK, and it contains names, addresses, and other information about a large number of UK organizations relevant to torture survivors, such as the Immigration Advisory Service, the Refugee Council, the Medical Foundation for the Care of Victims of Torture, the Traumatic Stress Clinic, as well as agencies giving advice in matters concerning employment, housing, welfare benefits, health care, etc.

Part II concentrates on the special field of expertise of Redress itself. It deals with the possibilities available to torture survivors seeking reparation for the pain and loss they have suffered. It includes a description of the procedures involved in the redress-seeking process and advice on when it may be difficult, or perhaps impossible, to obtain reparation. The concept of reparation is explained to comprise medical care, including physical and psychological assistance; return of rights and entitlements lost, such as employment or pension; moral reparation, which may include an apology, official admission of responsibility, or remembrance of those who suffered; guarantees that the violation will not be repeated, and financial compensation.

There is a strong focus on the UK, especially in the first half of the book, but Part II could be useful to torture survivors outside the UK, and it could serve as inspiration for organizations and individuals working within the same field as Redress.

Paperback edition


This book, which was first published in 1992 in hardback, is now out in a paperback edition. The hardback edition was reviewed in TORTURE vol. 3, no. 4, pp 149-50.
**NEWS IN BRIEF**

**Secretary-General of IRCT awarded the Legion of Honour**

On 6 April 1999, Inge Genefke, Secretary-General of IRCT, was informed by the French ambassador to Denmark that the President of France, M. Jacques Chirac, on 29 March 1999 had made her Commandeur de la Légion d’Honneur, the most prestigious distinction in France.

The Legion of Honour was created in 1802 by Napoleon in order to reward military and civil merits in the service of France. It is awarded to French people as well as foreigners. The distinction is divided into three grades: Knight, Officer, and Commander, and two ranks: Grand officer and Grand cross.

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*From Dr Prema Aggarwal, Honorary General Secretary of the Indian Medical Association (IMA)*

we have received the following announcement:

**Essay Competition: Impunity and how to end it**

"IMA has taken a lead in its fight against the menace of torture. IMA has decided to organise an Essay Competition among all the lawyers in India on the topic “Impunity and how to end it”. This Essay Competition is being organised in connection with the ongoing activities organised by IMA to observe 26 June, the United Nations International Day in Support of Victims of Torture. The essay should be approximately 2000 words. [...]"

The best essay of the competition will be published in the Journal of the Indian Medical Association which is circulated to nearly 125,000 members of IMA. The prizes will be given in a function to be organised on 25 June 1999 at the IMA Headquarters. A Press Conference will also be organised on this occasion.

Impunity has been very active in organising various seminars and meetings on this issue. Impunity has been a very active issue whenever torture is discussed.

Various law enforcing agencies have been practising torture under the cover of impunity. They always take the cover of various laws to support their action of torture. These issues need to be highlighted so that no torturer can continue with his activities under the cover of impunity.

The situation of impunity, as a lack of confirmation of the crime, does not allow justice or the law to fulfil the functions of symbolic atonement, social norms of life, and social cohesion. One torture victim said about her torturer “I can only first forgive him when he is behind bars.” Such a statement clearly demonstrates how impunity for violations of human rights keeps the torture victims in a perpetual feeling that injustice is being done to them again and again, long after the actual torture is over. Impunity attempts to sweep under the carpet truths about the past that are so vivid in people’s memories that their vision for a better future is darkened. The struggle against impunity is important for the rehabilitation of the individual victims, for his/her peace of mind and psychological and physical restitution. [...]"

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**CINAT – five letters to coordinate the struggle against torture**

On Monday 12 April 1999, during Item 11 of the Agenda of the 55th session of the UN Commission on Human Rights in Geneva, Switzerland, the Coalition of International NGOs against Torture (CINAT) was officially launched. Five international NGOs working against torture, all with different working methods and mandates, decided that it was time to join forces for the ultimate eradication of torture.

The organizations were: Amnesty International, the Association for the Prevention of Torture, the International Federation of Action of Christians for the Abolition of Torture, the International Rehabilitation Council for Torture Victims, the Redress Trust, and the World Organisation Against Torture.

The Coalition will work on an ad hoc basis, such as the Ratification Campaign for the Convention against Torture, and on activities related to the occasion of 26 June, the United Nations International Day in Support of Victims of Torture. This year’s chosen topic was impunity, and the launching of CINAT was marked with a panel in which all of the five organizations presented their views on the topic, duly introduced by Sir Nigel Rodley, the UN Special Rapporteur on Torture.

CINAT is an important forum in which will lie a possibility for increased impact for all the organizations involved.
FORTHCOMING CONFERENCES AND SEMINARS

Hamburg, Germany
15-19 September 1999

European Society for Child and Adolescent Psychiatry (ESCAP): 11th International Congress

Further information:
CCH-Congress Organisation
P.O. Box 30 24 80
20308 Hamburg
Germany
Phone: +49 040 3569-2245
Fax: +49 040 3569-2269
E-mail: escap@cch.de

Miami, Florida, USA
14-17 November 1999

15th Annual Meeting of the International Society for Traumatic Stress Studies
Research and Practice in Partnership: Bridging Gaps, Across Disciplines, Cultures, and Theoretical Perspectives

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

Washington D.C., USA
15-17 November 1999

1999 Office of Refugee Resettlement National Conference: Resettlement through the Eyes of a Refugee Child

Further information:
SEARAC
1628 16th Street
NW - 3rd Floor
Washington DC 20009-3099
USA
Phone: +1 202 667-4690
Fax: +1 202 667-6449
E-mail: searacdc@aol.com
http://www.searac.org

Rome, Italy
3-7 July 2000

International Congress of Catholic Doctors: Medicine and Human Rights

Further information:
Organizing Committee at the Italian Catholic Medical Association (AMCI)
Via della Conciliazione 10
00193 Rome
Italy
Phone: +39 066873109 or +39 066873205
Fax: +39 066869182

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

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

To further these goals the IRCT seeks on an international basis

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