



TORTURE AND SURVIVORS

Manual for Experts in Refugee Care

Cordelia Foundation for the Rehabilitation of Torture Victims

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About Cordelia Foundation

The Cordelia Foundation was established in 1996 as the accredited member of the Copenhagen-based network, the IRCT (International Rehabilitation Council for Torture Victims). The Foundation received the public benefit status in 1998.

The aim of our activity is to improve the mental state and quality of life of severely traumatized asylum-seekers, refugees with asylum or other humanitarian status, and their families, through complex psycho-social rehabilitation.

The treatment of the psycho-social and somatic problems of this unique target group is a basic-service public-benefit task, and the Cordelia Foundation is the only civil organization in Hungary which serves this role. The services of the Foundation thus supplement the national health care services through a comprehensive treatment-system.

Our professional team consists of therapists with multicultural experiences and training, and currently comprises 5 psychiatrists, one psychologist, and one non-verbal therapist, who generally treat the refugee clients at the reception centres. The methods used by the

therapists have been internationally acknowledged, and the activity of the therapists is supported by a social helper, 3-5 trained interpreters, and 3 administrative employees. In 2009, 831 clients took advantages of our services.

We regularly provide trainings and supervision for professionals working with refugees.

Our centrally located office in Budapest serves as a location for administration, and also provides space for certain therapies and for the internal supervision of the therapists and professional employees.

We finance our activity through grants and funds.

The UNHCR has rewarded our work with the 2004 "Asylum prize". In 2008 the committee of the Viennese 'Sozial Marie, prize for social innovation' chose the Foundation as one of the awarded organisations. In 2009 the National Immigration Agency acknowledged the services of the Foundation in the field of mental health treatment of refugees with a certificate.

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1. Introduction and historical background

“Whatever the method is used, or the context in which the violence is exerted, what is completely destructive for the human being is to find oneself in a situation where the feeling of being powerless is induced, of being passive and the real menace of death.”

INTERVIEW WITH YASSAMAN MONTAZAMI CLINICAL PSYCHOLOGIST

“The object of torture is torture. The object of power is power.” GEORGE ORWELL: 1984

In today's world, torture has occupied a central position in many political and ethical debates. Human rights activists voice ethical arguments that speak to the social and individual consequences of torture, while emphasizing its prohibition in international law. Some politicians, on the other hand, claim that torture is a necessity and that information obtained through harsh interrogation procedures has the possibility to ensure the safety of its citizens. Some, although by no means all, democratic societies that previously denounced and eradicated torture have shifted their attitudes to accommodate or tolerate torture, due to perceived threats in global security.



SOURCE: www.scx.hu

The emergence of torture as an interrogation technique, however, is not a new phenomenon. Throughout history, torture has been a legal tool inflicted by authorities in order to extract information. In the ancient world, torture became prevalent in conjunction with the increase in the influence of law over daily life, especially as the need for a competent and honorable testimony increased. Initially, citizens of the Greek and Roman Empires were exempt from torture, and the practice was only reserved for slaves or foreigners (PETERS, 1985). However, later developments in Roman law saw changes in the legal codes that made it easier for full citizens to be subjected to torture. Many aspects of ancient Roman law were adapted and incorporated into European legal codes between the 12th and 18th century (Peters, 1985). During this time, torture was conceived as “torment and suffering inflicted on the body in order to elicit truth” (Peters, 1985). Outside of Europe, the use of torture followed similar patterns. It was also used as a means to extract confession, and was primarily directed at non-citizens (Einolf, 2007). The Ottoman Empire used torture, even though it was prohibited under Islamic law, as did Japan, in order to extract the confessions that were necessary for conviction (EINOLF, 2007).

With the Age of Enlightenment in the 18th century, the use of torture was condemned upon legal and moral grounds and largely disappeared from provisional legal codes of the era. Edward Peters asserted, however, that the abolition of torture also came in conjunction with other legal reforms and developments, such as the emergence of organized police forces, and cannot be completely attributed to the newfound philosophical ideas of personal “rights” (*Peters, 1985*). Despite this absolute abolition in the wake of modernity and the idea of social progress, torture reemerged in the twentieth century and became a widespread phenomenon, first being used by authoritarian regimes and against colonial peoples and later under the banner of national security. To counter act the reemergence, the international community issued several declarations and conventions explicitly forbidding the use of torture, although in these documents torture was vaguely defined, and as a result, they helped to give torture a sentimental definition (*Peters, 1985*).

Despite these documents, the phenomenon of torture persists throughout the contemporary world. It is very difficult to gauge and understand the enormity of the problem since in the very core of torture is found secrecy and concealment and a deep fear that has been induced in survivors not to break the silence. However, key organizations in this field attempted to at least show how widespread the phenomenon is and assess the number of survivors throughout the world. Amnesty International reports that at least 81 countries had instances of torture, inhuman or degrading treatment occur within their borders in 2007 (*Amnesty International, 2008*). Many of these countries are party to the UN Convention Against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment. The International Rehabilitation Council for Torture Victims (*IRCT*) estimates that over 100,000 people are given medical and psychosocial care in its 142 treatment centers throughout the world (*IRCT, 2003*). Most of those treated are refugees or asylum seekers. It has been estimated that up to 20-30% of the asylum seekers are seriously traumatized due to torture or other extreme forms of violence (*IRCT, 2003*). If this percentage is applied to the total number of refugees and other people of concern (asylum-seekers, internally displaced and stateless people) listed by the United Nations High Commissioner for Refugees (*UNHCR*), i.e. 20.751.900 people throughout the world in 2006, we arrive at an estimate of over four million torture victims throughout the world (*AVRE, 2008*).



“She went to retrieve her son from school when she was caught in a political demonstration. Beaten with sticks and gun butts, she was released only after agreeing to sign a blank sheet of paper.” SOURCE: RENEWING LIVES PHOTO-PROJECT (*IRCT, 2007, p. 7*)

Given the persistence of torture in the contemporary world, it is important to learn to deal with its effects. Torture, apart from the physical symptoms, leaves permanent psychological scars, which can plague individuals years after the initial incident

occurred. This scar can be treated and healed through rehabilitation, counseling and care, yet it can also be reopened or exacerbated by inadequate treatment. This manual has been prepared as a guide for experts in refugee care so that they may more easily identify torture survivors. The manual attempts to give an overview not only about the phenomena of torture, but also on how to identify survivors of torture and how to deal and communicate with them in both formal and informal contexts.

The structure therefore is divided into three parts focusing on the phenomena of torture, on identification of survivors, and on the proper steps of dealing with these individuals.

What pieces of information the reader finds in this manual is not novel in nature but already published in different places, newspapers, journals, handbooks and similar guides as this. The aim of the authors, therefore, was not to rediscover the topic but to gather what has already been said and written in connection with torture survivors and collect it in one manual for experts in refugee care in an easy-to-read form. If the reader is further interested s/he can find the proper references in the bibliography and continue his or her study of the issue.

Key points to remember:

At least 81 countries practice torture (more than 40% of all countries).

There are more than 4 million torture victims throughout the world.

20-30% of all asylum seekers are seriously traumatized by torture or other extreme forms of violence.

2. Legal Definitions of Torture

“No one should be subjected to torture or to cruel, inhuman or degrading treatment or punishment.”

UNIVERSAL DECLARATION OF HUMAN RIGHTS, ARTICLE 5

“Each tragedy belongs to itself and at the same time to everyone else. What diminishes any of us diminishes us all.” SALMAN RUSHDIE: *SHALIMAR THE CLOWN*

In order to deal with torture, we must understand what is constituted by the term. In international law, the prohibition of torture is unambiguous, with a multitude of declarations, conventions and recommendations explicitly forbidding the use of torture and inhuman treatment. Most of these declarations are aimed at promoting general human rights, and fail to provide any definitions of torture, instead choosing to leave the concept open.

2.1. Universal Conventions

Debates persist over the legal definition of the term, and what practices or purposes actually constitute torture. Many definitions still circulate amongst the body of international human rights law and defense. The most widely used definition was advanced in the *United Nations Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment*, which was adopted in 1984. Article 1.1 defines torture as:

“Any act by which severe pain or suffering, whether physical or mental, is intentionally inflicted on a person for such purposes as obtaining from him or a third person information or a confession, punishing him for an act he or a third person has committed or is suspected of having committed, or intimidating or coercing him or a third person, or for any reason based on discrimination of any kind, when such pain or suffering is inflicted by or at the instigation of or with the consent or acquiescence of a public official or other person acting in an official capacity. It does not include pain or suffering arising only from, inherent in or incidental to lawful sanctions.”
(UNCAT, 1987)

The Convention goes on to note that torture is not permitted under any circumstances (ARTICLE 2) and that each state should actively endeavor to prevent torture within areas under its jurisdiction (ARTICLE 16). The definitions adopted by regional commissions and specific groups have built upon the definition drafted by the UN.

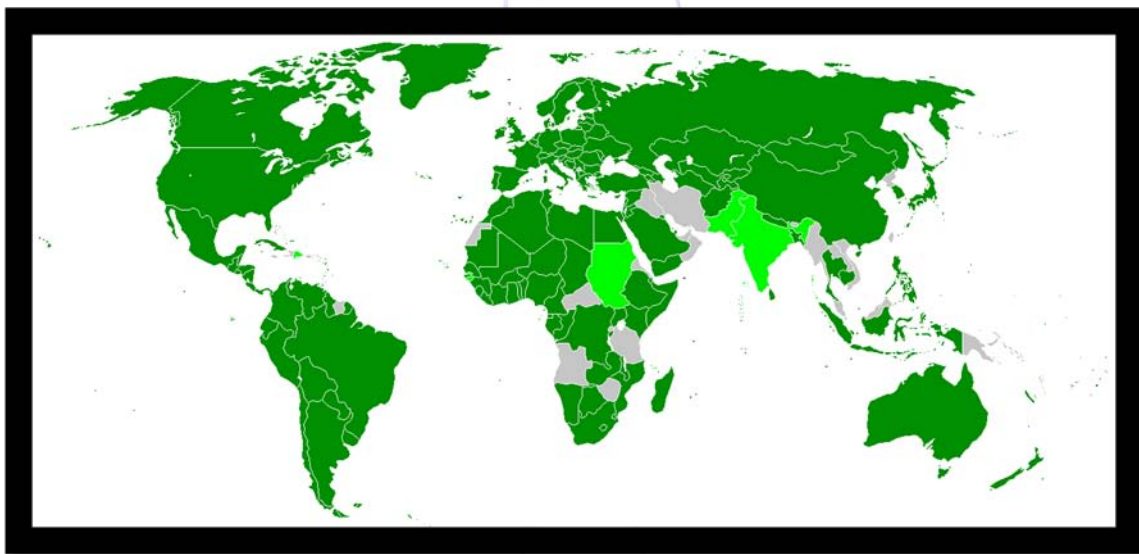
UN Convention’s key features:

- **Severe physical or mental pain or suffering.**
- **Inflicted by or at the instigation of or with the consent or acquiescence of a public official or other person acting in an official capacity.**
- **For a specific purpose.**
- **For the purposes of the Convention, torture only involves acts that meet these criteria (AVRE, 2008).**

The definition, however, contains several ambiguities.

Gail Miller observed that the definition does not distinguish between physical and mental torture or severe pain or suffering (*MILLER, 2005*). Torture is categorized as “an act”, raising questions about whether neglect can constitute torture (*MILLER, 2005*). Finally, the requirement that torture be “intentionally inflicted’ with “purposes” by “public officials” separates torture from other forms of inhuman or degrading treatment.

Despite these limitations, this definition is the most cited in international law, having appeared in the Istanbul Protocol¹ and serving as the basis for definitions of torture that have been adopted by regional bodies and commissions.



A map of parties to the UN Convention Against Torture, as compiled from the OHCHR's ratification list. Parties in dark green, countries which have signed but not ratified in light green, non-members in grey. (SOURCE: Wikimedia Commons)

One notable exception in the midst of these definitions of torture does not follow UN guidelines. This is the definition that was set forth by the World Medical Association and adopted in 1975, well before the Convention against Torture came into force. Notably, this definition is more flexible than the one advanced by the United Nations. The *Declaration of Tokyo, Guidelines for Physicians Concerning Torture and other Cruel, Inhuman or Degrading Treatment or Punishment in Relation to Detention and Imprisonment* notes:

¹ The Manual on Effective Investigation and Documentation of Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment, commonly known as the Istanbul Protocol, is the first set of international guidelines for documentation of torture and its consequences. It became an official United Nations document in 1999. Source: Wikipedia

“For the purpose of this Declaration, torture is defined as the deliberate, systematic or wanton infliction of physical or 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.” (WORLD MEDICAL ASSOCIATION, 1975)

This definition is rather open, allowing for both state and non-state perpetrators of torture in addition to permitting a range of reasons for the infliction of torture. The Declaration goes on to prohibit physicians and medical personnel from participating in the infliction of torture for any reason. However, the signatories of the document are members of the medical community, and the definition has little bearing on international law.

Declaration of Tokyo’s key features:

- **Deliberate, systematic or wanton infliction of physical or mental suffering.**
- **Can occur by both state and non-state actors.**
- **Prohibit medical personnel from participating.**

Convention is open and all encompassing but has little bearing on international law.

2.2. Regional Conventions

Definitions that have been adopted by regional committees elaborate on the UN Convention in similar ways with most either removing the necessity of the act being committed in an official capacity or emphasizing the distinction between torture and inhuman treatment. Some of these definitions, like that of the African Commission on Human and Peoples’ Rights and corresponding African Court on Human and Peoples’ Rights treats torture in the context of larger human rights violations, as many of the previously existing declarations on human rights have done (AFRICAN

American Convention’s key features:

- **Intentionally performed infliction of physical or mental suffering.**
- **Anyone can be perpetrator either in official or non-official capacity.**
- **Obliteration the personality of the victim or diminishing his or her mental/physical capacities is also torture.**

[BANJUL] CHARTER ON HUMAN AND PEOPLES’ RIGHTS, 1986). Other regional human rights treaties have also issued blanket prohibitions on torture, without offering concrete definitions.

The Organization of American States, on the other hand, institutionalized a formal definition of torture when it adopted the Inter-American Convention to Prevent and Punish Torture in 1987. The Convention is an expansion of the American

Convention on Human Rights and takes a much broader definition of torture than the UN Convention Against Torture stating:

“For the purposes of this Convention, torture shall be understood to be any act intentionally performed whereby physical or mental pain or suffering is inflicted on a person for purposes of criminal investigation, as a means of intimidation, as personal punishment, as a preventive measure, as a penalty, or for any other purpose. Torture shall also be understood to be the use of methods upon a person intended to obliterate the personality of the victim or to diminish his physical or mental capacities, even if they do not cause physical pain or mental anguish.” (INTER-AMERICAN CONVENTION TO PREVENT AND PUNISH TORTURE, 1987)

This definition of torture eliminates the need to have an official authority as the perpetrator and gives an expanded notion of the degree of anguish and suffering that could constitute torture.

The European Court of Human Rights has also extensively dealt with the definition of torture. Article 3 of the European Convention on Human Rights explicitly prohibits torture in all of its forms, stating:

“No one shall be subjected to torture or to inhuman or degrading treatment or punishment.” (CONVENTION FOR THE PROTECTION OF HUMAN RIGHTS AND FUNDAMENTAL FREEDOMS, 1990)

While no explicit definition has been given, the distinction between torture and “inhuman or degrading treatment” that appears in the document has resulted in an extensive body of jurisprudence that has attempted to delineate between the two concepts. As Júlia Mink² noted, the European Court of Human Rights has become quick to apply the label of torture to cases in which public officials are involved, especially in recent decades. However, acts involving non-state actors or groups can also constitute torture in the realm of European jurisprudence. Additionally, the Court has often become involved in issues surrounding the return of refugees and asylum seekers to their country of origin, taking the stance that returning an individual to a place where he may be endangered is considered a violation of Article 3 (MINK, 2009).

Over time, in European courts, the threshold of what constitutes torture has been lowered, while in the United States the opposite has been true. With the War on Terror, the Bush administration permitted the employment of aggressive interrogation techniques in its military detention facilities, under the banner of national security. In 2002, the Bybee Memo, which was prepared by the United States Department of Justice’s Office of Legal Council, significantly raised the threshold on what practices constituted torture. The memo stated that *“physical pain amounting to torture must be equivalent in intensity to the pain accompanying serious physical injury, such as organ failure, impairment of bodily function, or*

European Convention’s key features:

- **Does not give definitions of human rights violations but one must look to the case law of European Court of Human Rights to find such definitions.**
- **Party states must not expel or eradicate a person to a state where s/he would be in danger of being subjected to torture.**

² Júlia Mink is a Hungarian legal expert specialized in cases of torture victims, human rights and jurisdiction of the European Court.

even death” and that the psychological effects must amount to “*significant psychological harm of significant duration, e.g., lasting for months or even years*” in order for an interrogation technique to be considered torture (BYBEE, 2002). While it was formally rescinded in 2004, the Memo itself represents a significant narrowing of the practices that constitute torture and, consequently, a significant expansion when considering the range of practices that fall under the category of inhuman treatment.

Key points to remember:

- **Different legal conventions focus and emphasize different aspects of the act of torture but all agree that ‘intentionally performed infliction of physical or mental suffering on a person’ is considered torture.**
- **UN Convention Against Torture is the most important and accepted Convention at the moment, in other words, 146 nations (including Hungary) are parties to the treaty, and another ten countries have signed but not ratified it.**
- **Under European law, states must not expel or eradicate a person to a state where s/he would be in danger of being subjected to torture.**

3. Torture as individual and social practice³

“The world of torture is so inhuman that it is inconceivable for ordinary people... The physical destruction, vile degradation and abuse of all aspects of a person by inflicting unlimited pain cannot be conveyed through a description that will always be abstract and unreal for the reader.”

(A. SERFATY - FACE AUX TORTIONNAIRES - LES TEMPS MODERNES No. 477, APRIL 1986 QUOTED IN AVRE, 2008)

As these definitions show, torture can be exercised for several purposes such as the obtaining of information, punishment or intimidation. However, according to the medical perspective, which focuses on the long-term consequences of torture, the overall aim of torture is the shattering of the very core of the personality of a human being.

Subjects of torture are often influential individuals in society, such as union leaders, politicians, student leaders, journalists, and leaders of ethnic minorities. By breaking down these personalities torture can and has become a social phenomenon, because it becomes a representation of power, and an imprint on their bodies and minds. As Staehr and Staehr stated:

“By breaking the souls and bodies of resourceful individuals the use of torture becomes a most effective weapon against democracy, and the random maltreatment of the common man and of the weaker groups in a society contributes further to create anxiety and repression in the whole society.” (STAEHR & STAEHR, 1995, p. 16)

Therefore, the basic aims of torture often differ from the commonplace perceptions, which hold that torture is practiced mainly to obtain information from the victim or to kill the person. These are just a few aspects of a broader phenomenon.

3.1. The process of torture

Torture often is not limited to a single event but is rather a dynamic process that only begins with the arrest of an individual. It continues to involve a sequence of traumatic events, such as interrogation or isolation, that may occur on multiple occasions, and ends with the release or death of the victim. However, the effects of torture persist long after the release of the individual, and may affect family members as well as the original victim.

Torture is not always a physical phenomenon. Torture is very often a process that uses physical and mental methods separately or in combination. Both of these strategies are used in order to completely destroy the physical and psychological wellbeing of the person. In order to do so the perpetrators make an effort to induce terror and the feeling of helplessness.

³ This section largely draws upon the Staehr and Staehr *Counselling Torture Survivors* book's 'What is torture?' chapter (STAEHR & STAEHR, 1995, p. 15-25) and Hárđi's article *Viktimológia és politikai üldözöttek* (HÁRDI, 2000).

The process of breaking down the individual often begins at the time of the arrest, with the removal of personal belongings and replacing them with badly fitting uniforms. Personal identity is also stripped away, as names are replaced with numbers. Throughout this entire process, the jailers must be addressed with profound respect. Sometimes the victims are not informed of the reason for their arrest, which further increases their anguish (AVRE, 2008, p. 29)

Throughout the duration of their incarceration, the individual may be subjected to physical and psychological torture aimed at destroying the personality of the detainee. These are most often used in combination and there are rarely physical methods which do not involve psychological suffering. Orwell describes this process in 1984 very intensely. Despite the fact that this novel is not based on real life experience of the writer it accurately reflects the reality of torture:

“The beatings grew less frequent, and became mainly a threat, a horror to which he could be sent back at any moment when his answers were unsatisfactory. (...) [They] saw to it that he was in constant slight pain, but it was not chiefly pain that they relied on. They slapped his face, wrung his ears, pulled his hair, made him stand on one leg, refused him leave to urinate, shone glaring lights in his face until his eyes ran with water; but the aim of this was simply to humiliate him and destroy his power of arguing and reasoning. Their real weapon was the merciless questioning that went on and on, hour after hour, tripping him up, laying traps for him, twisting everything that he said, convicting him at every step of lies and self-contradiction until he began weeping as much from shame as from nervous fatigue. (GEORGE ORWELL: 1984 Part 3, Chapter 2)”

As the quotation shows perpetrators can be very creative in combining physical and psychological methods of torture to keep the victim under constant pressure. These methods include (Hárdi, 2000):

3.1.1. Most commonly used physical methods

- Beating (most often reported form of torture)
- Sexual Torture
- Electric Torture
- Water Torture
- Dry Submarine
- Burning
- Being hung up
- Limited movements
- Poor sanitary conditions
- Misuse of medicine

3.1.2. Most commonly used psychological methods

- deprivation techniques;
- forced technique;
- attacking the identity of the person;
- torturing others including family members in front of or in close vicinity of the prisoner;
- threats of death or the murder/torture of a loved one.



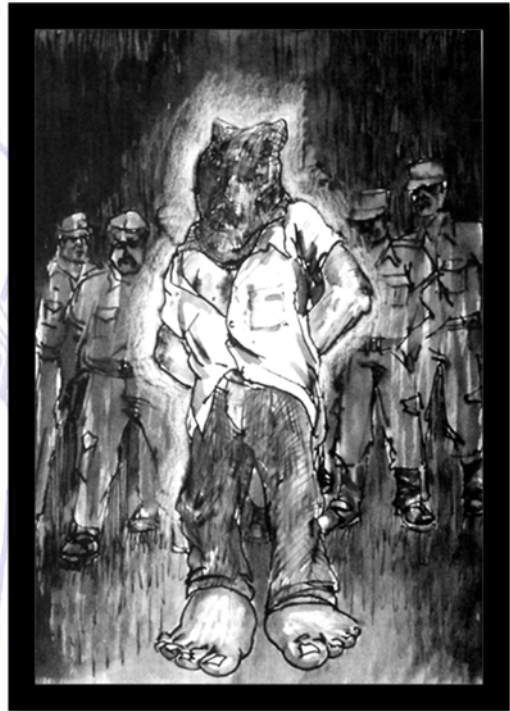
There are some techniques that are aimed specifically at breaking down the personality of the individual, as they can create confusion or instigate hallucinations in the victim within a few days. These include:

- placing victims against a wall and beating them;
- food and drink deprivation;
- hooding;
- noise exposure;
- prohibiting use of toilet facilities.

As it has been mentioned above, perpetrators often combine these methods, either over a period of time or simultaneously.

The guide developed by AVRE (Association pour les Victims de la Répression en Exil, hereinafter: AVRE) emphasizes that acts of torture (even if it is not specifically sexual) very often involve sexual connotations, regardless of whether the victim is male or female: “victims are made to strip and ironic comments are made about their anatomy that are deeply hurtful and later have a negative impact on their perception of their body and their sex life (AVRE, 2008, p. 29).”

The process of torture commonly produces a broken human being, who possesses little self-respect and an altered personality. Often, this individual is given a false medical certificate that denies any form of maltreatment, and this certificate serves to release the jailers of any responsibility of wrongdoing. The end result may also be death, the ultimate form of torture.



“The torture often results in the survivors getting a changed body perception and a feeling of being ugly and deformed.” (SOURCE: JACOBSEN & VESTI, 1992, P. 23)

Key points to remember:

- **The fundamental aim of perpetrators is to break the victims personality.**
- **Torture is not a separate act but a process during which physical and psychological methods are often used in combination.**
- **Torture very often involves sexual connotations**

3.2. Children as primary and secondary victims of torture

Given the ambiguity and multitude of torture definitions utilized in public and political spheres, as demonstrated by the first part of the manual, the focus of this section will consist of the use of torture on children as a politically driven tool. The aim is to demonstrate to the reader how children can be both directly affected by torture and indirectly by their parents and close relatives.



“Three policemen arrested him on false allegations. En route to the police station, they burned his hands with cigarettes.”

SOURCE: RENEWING LIVES PHOTO-PROJECT (IRCT, 2007, p. 6)

Through direct forms of torture children are the target of similar or the same methods of physical and psychological torture carried out on adults. Additionally, a perpetrator may force children into certain situations that are particularly traumatic for them given their stage of psychological development, such as in guerrilla warfare. Children may experience indirect torture by forced witnessing of violent acts such as murder, beatings and rape, specifically that of their own parents or relatives. The likelihood of a child experiencing torture in the midst of political unrest and violence increases with separation from their family and community (MFCVT, 2004, p. 88).

Often the purpose of *torturing children and adolescents* follows specific political incentives. In this light, the torture of children can serve two main purposes in the eyes of the torturer. *The first* is to exert control over the parents’ behavior and actions, specifically to quash any political resistance or criticism, (p. 82). *Secondly*, torturers may also aim to target future generations of politically regressive forces and deter their opposition in the future (p. 80).

Depending on the nature of the political conflict, children can be at risk for abduction and then forced or coerced into becoming child soldiers. In the case of child soldiers in Northern Uganda, children who tried to escape and were caught were tortured and often killed by fellow children to serve as an example of the consequences of attempted escape (AMONE-P’OLAK, 2004 p. 26).

Furthermore, children may experience *secondary trauma* if a parent or family member is a victim of torture. Torture affects the family of a torture victim by shifting family roles and relationships and disrupting family development. Children of tortured parents are more likely to experience a wide array of mental and physical conditions including psychosomatic symptoms, headaches, learning difficulties, and aggressive behavior (KIRA, 2004, p. 41). It is apparent that children of tortured parents may demonstrate severe psychosomatic disorders.

Torture inflicts lasting and long term suffering on both the victim and the victim’s family. For a child, this has specific implications in his or her development.

According to attachment theory, how bonding takes place between a child and his or her caregivers in the first years of life plays a crucial role in all areas of a child's health and development as a young person and adult (AVIGAD & RAHIMI, 2004, p. 126). For a child who witnessed the torture of a parent or parents, natural and normal bonding may fail to take place. This may be due to the reaction of the child to witnessing the torture, the reaction of parent to experiencing torture, or both. All forms of torture have a negative effect on a child's future physical, psychological and social development.

Key points to remember:

- **Children and adolescents can be both primary and secondary victims of torture.**
- **Aim of the perpetrator is either to exert control over parents or break future opposition.**
- **All forms of torture have a negative effect on a child's future physical, psychological and social development.**

3.3. Torture and Gender Based Violence

Women who are victims of politically motivated torture are often targeted either for their own personal or supposed participation, or that of a family member, member of kin, or specifically designated group's involvement in activities considered adverse to the goals of an opposing party. Officials may also inflict torture on women for deviating outside of their traditional roles as females and entering into the political arena, as is the case in many Latin American countries (BUNSTER-BUROTTO, 1994, p. 156). In a recent study published by the *American Journal of Public Health* Somali and Oromo women refugees were found to have experienced torture as often as their male counterparts. Prior studies had demonstrated that the torture of politically persecuted women occurs less often than the torture of men (ALLODI, 1990 p. 144).

Methods of torture against women include sexual torture, physical torture, and psychological torture. Reported methods of sexual torture include sexual molestation or abuse; systematic rape; repeated rape, gang rape; electroshock; cigarette burned into breasts and nipples; breasts slashed with sharp instruments blades, hot irons, and electrical pens used to burn body; insertion of rodents or objects such as glass bottles into the vagina; rape by a trained dog (BUNSTER-BUROTTO, 1994, p. 167-68); and application of 'cleansing' substances such as caustic soda to the vagina (PENI, 2003, p. 29). Psychological torture can take on a sexual tone, such as the ridicule of a woman's body by her torturers, and preface physical sexual torture (BUNSTER-BUROTTO, 1994, 165).

While more men die in conflict zones, women are targeted in gender-based violence (POPULATION REFERENCE BUREAU, 2001). Women living in the midst of a war or conflict-stricken area live with the added trauma of dealing with their experience of rape or sexual violence along with 'the experience of their children being killed,

families destroyed, and their struggle for survival (*BOWER & PAHL & BERNSTEIN, 2004, p. 17*). Sexual torture is more often utilized against women than against men and the rape of women is often used as a weapon of war to humiliate and suppress the enemy as was the case both in the Rwandan genocide (*POPULATION REFERENCE BUREAU, 2001*) and the Bosnian genocide⁴, during which there was a particularly high incidence of rape (*BOWER & PAHL & BERNSTEIN, 2004, p. 17*).

Cultural expectations of the role of a woman in a household and community along with views of rape may intensify the trauma of a woman who has experienced sexual torture. At times women may be ostracized from their families due to rape (*JAFFÉ, 2008, p. 134*).



SOURCE: www.scx.hu

For example, the soldiers who raped women during the Bosnian War were not held accountable at the time by the direct communities involved and, therefore, victims did not report their experiences (*BOWER & PAHL & BERNSTEIN, 2004, p. 17*). According to ethnic Albanian-Kosovan code a married woman who has been raped must leave her husband while simultaneously the husband and his family are to track down the perpetrator and kill him. The husband and his family then are free to find a new wife for him and his children. In some Middle Eastern cultures women

who have been raped may befall the fate of execution in order to cleanse the family of the shame she has brought it (*AVIGAD & RAHIMI, 2004, p.129*). Consequently, in instances such as these, a woman's rape may become a secret that is either 'shared' or 'unshared' with her husband or family. The secret may be shared in a hypothetical or metaphorical manner that allow each party to recognize the experience without having to deal with the consequences that would occur on a psychological, emotional, and intimate level between them if the details were told and acknowledged (*AVIGAD & RAHIMI, 2004, p. 123*).

⁴ It is important to highlight that the application of the term "genocide" with regard to the conflict in Bosnia is contested in International Courts, leaving "war" as the accepted term. However, "genocide" is often utilized in academic study and human rights fields and in line with this the manual also uses it.

4. Identifying torture survivors

“Torture is surrounded by secrecy, about the acts and persons involved and the people who practice it. This secrecy may well be maintained for a long time by the victims themselves. Nobody likes to talk about it.”

AVRE 2008: TREATING TORTURE VICTIMS – A GUIDE FOR PRACTITIONERS

Determining whether an asylum seeker has been a victim of violence, maltreatment or direct torture is one of the central questions raised in the context of asylum procedures. This question is addressed in every country that receives refugees. Nevertheless, identifying torture survivors is not an easy task for anyone, even for those with a trained eye. The physical bruises and scars can heal over time and the memory of the victim often proves faulty in recalling the event, due to self-protecting mechanisms of the psyche. Moreover, speaking about certain forms of torture (i.e. sexual abuse) is either too painful or simply culturally unacceptable for the asylum seeker in an official situation.

Much is at stake in determining who is a torture survivor since a rejection of an application for refugee status can force them to return home where they may potentially be subject further torture. Although one needs expertise and training to examine a presumed victim, this manual aims to give a few traits and signs of the physical, mental, and behavioral characteristics that can help to identify torture victims. If you encounter some or several of these symptoms during your work with asylum seekers, please contact our colleagues at Cordelia Foundation (or other IRCT member centres in other countries) since the therapists’ of this organization having elaborated special methods in rehabilitating torture survivors and their family.

4.1. Symptoms of torture

Although torture survivors suffer from serious physical and psychological after-effects, it is very problematic to clearly define the pathognomonic features of torture given that it occurs in many parts of the world and that it has many forms and methods. The guide for practitioners developed by AVRE emphasize that it involves both a group of physical and mental traumas. It combines the symptoms of different pathologies that are rarely specific to a particular form of ill treatment, and mental traumas are suffered during particularly serious events such as catastrophes, accidents or war (AVRE, 2008, p. 13).



SOURCE: www.scx.hu

However, what makes these traumata even more severe in case of torture is the fact that fellow human beings intentionally and deliberately cause the victims pain and suffering. This can destroy one's faith in humanity and the fundamental belief that the world is a safe and reliable place.

As far as the symptoms of torture survivors are concerned, the technical literature makes a distinction between the short-term physical and psychological-after effects of torture and the long lasting physical and psychological symptoms. For most of the experts in refugee care in the host societies it is only possible to assess the long lasting effects of torture, due to the extended duration of arranging to flee one's country and arrival to a place where s/he can ask for refuge. Therefore, this part will focus mainly on the long-term effects of torture.

4.1.1. Physical signs

As the previous section of this manual described, various forms and types of torture methods are used in combination, so physical symptoms can differ largely depending on which physical torture methods have been used. The physical pain endured during the torture experience not only makes daily existence difficult and burdensome, it also reminds the torture survivor constantly of her/his terrible experience. These grim and inescapable mementos engraved on one's body by the perpetrators also add to the psychological problems of the victims.

Although physical symptoms can be sometimes very serious, hindering all possibility of normal life, in most cases the worst consequences of torture are psychological. These consequences are manifold and, as mentioned above, long lasting. As previously discussed, the goal of torture is to break down the personhood of the victim. Consequently, the survivor often feels completely changed after such an indelible experience.

The following list contains the most frequent physical signs and after-effects of torture for each part of the body. Based on AVRE's own assessment based on 3.000 cases, the most often affected among these are the musculoskeletal and nervous systems (AVRE, 2008, p. 32).

Skin: The skin sometimes presents signs which can be interpreted as results of torture practice. This can be seen as burns, cuts or scars or certain forms of skin diseases, or dermatoses, which often represent psycho-somatic response to the trauma.

Musculoskeletal system: Repeated blows, forced abnormal positions, the imprisonment of the victim, food deficiencies and restrictions on movement all combine to leave after-effects that vary greatly in their severity. **More than 90% of the patients** treated by AVRE suffer from lasting damage to their musculoskeletal system.

Neurological system: Sensorimotor disorders are also common due to the injury of the spinal cord. Vertigo, migraine or ringing/whistling sound in the ears (acuphene) are often reported by the clients.

Sensory organs: Decline in hearing or sight can be the result of blows to the ears or face. Long-term after-effects affecting the eye are less frequent due to the anatomy of the skull but certain forms of torture directly aims to damage this organ.

Digestive disorders: Poor sanitation at detention facilities as well as certain forms of torture, such as waterboarding¹, can lead to digestive disorders.

Urogenital after-effects and sexual malfunctions: Abuse of the urogenital zone can cause serious after-effects both psychologically and physically. Clients often avoid speaking about such problems.

Cardiac and vascular pathology: It is not unusual to find circulatory disorders of the feet among patients subjected to falaka¹. Arterial hypertension is very common but here one must be especially careful because speaking about the trauma can trigger an emotional crisis accompanied by high blood pressure.

After-effects on the bronchial tree: Blows to the head can result in traumatic sinusitis and/or deformation of the nose. Poor conditions at detention facilities can also lead to tuberculosis contamination.

Psychosomatic pathology: A wide range of psychosomatic disorders such as hypertension, diabetes or asthma can be caused or reactivated at any stage by the trauma of torture (AVRE, 2008, p. 32-34).

4.1.2. Psychological signs

A victim of torture often experiences a loss of trust in others and in him/herself rooted in feelings of weakness and lack of self-confidence. Like losing ground under one's feet, s/he has lost meaning in his or her life, lost a sense of belonging in this world, and the feeling that the world is a good and predictable place. The following quotation illustrates this mental state:

"I have impressive physical scars...a broad purple line from my breastbone to the top of my public bone, an X-shaped cut into my side where the chest tube entered...But the disruption of my psyche is more noticeable. For weeks, I awake each night agitated, drenched in perspiration. For two months, I was unable to write...Thought to all appearances normal, I feel at a long arm's remove from all the familiar sources of pleasure, comfort and anger that shaped my daily life...What psychologists call post-traumatic stress disorder is, among other things, a profoundly political state in which the world has gone wrong, in which you feel isolated from the broader community by the inarticulable extremity of experience..." (Quoted by REJALI, 1999, WP)

Many victims express profound psychological trauma resulting from a torture experience. Apart from the feeling of being distant, the victims are often haunted by guilt and shame for having survived torture, while friends or family may have died under torture; or perhaps for disclosing information that could potentially have harmed loved ones or friends. Survivors often experience sleeping problems, nightmares, and difficulties in concentrating, which interfere with their work or ability to learn. Needless to say, this makes the return to family, work and society very difficult.

Many torture survivors are refugees in exile outside of their home country and therefore experience increased difficulty in returning to a sense of the 'normal way of life' and reconstructing their identity. A survivor experiences complications in fleeing from his or her home country, abandoning everything that gave him or her a sense of stability and permanence in life. Moreover, the task of securing asylum can compound the trauma as a result of torture:

“...they have to face the stressors of seeking asylum, which is often a torturous experience, and thereafter getting adjusted to a new culture and language, which is a burdensome experience for any person. These refugees are often without the usual network of family and friends which makes them vulnerable to stress.” (STAEHR & STAEHR, 1995, p. 25)

These issues and stressors produce and provoke the feeling of being completely changed in all aspects of oneself. The experience of changes in one’s personality is connected to the notion of identity. Identity is a person’s feeling and understanding of individual and social continuity in the personal and collective life, in play and work, in family life, language and conceptions, which are passed on the next generation (STAEHR & STAEHR, 1995, p. 23). A normal, healthy person is characterized by a positive identity, which signifies that s/he is in balance with him or herself, and feels valuable in the eyes of him or herself and others. A positive identity is based on fulfilled familial and societal relationships and self-confidence. This is the very core of what the torturer aims at destroying.

An attack on the core of the personality causes deep psychological problems, which are detailed below. If a certain number of these symptoms appear in combination, it is diagnosed as Post-traumatic Stress Disorder, or PTSD.

Personality changes include a feeling of change in identity, concentration, confusion, disorientation, lack of self-esteem, distrust of others, and a lack of meaning and purpose in life.

Cognitive impairment includes disturbances in thinking and intelligence, with a lack of attention and memory issues

Affective changes include changes in feelings with panic, anxiety, fears, phobias and depression, increased irritability, and sexual problems.

Sleep disturbances include frequent nightmares and disturbed sleeping patterns.

Social problems involve the torture survivor having social problems related to his or her spouse, children, and others in his close network of family or friends.

Somatization means that the client is experiencing real suffering, without any significant organic disease (STAEHR & STAEHR, 1995, p. 25).

In summary, a torture survivor has suffered acutely traumatic experiences due to the physical and psychological harm purposely inflicted on him by another human being. A survivor attempts to understand what has happened to him and to continue his life. The thoughts, feelings and reactions of the torture survivor are colored by his experiences; he is in pain, and the way he copes with this is to continue to experience the coping mechanisms that he adapted during his torture experiences. In a torture situation, the mind and body’s response through reactions such as sleep disturbances are a normal reaction to an abnormal situation. However, if his reaction lasts for an extended period of time or becomes disturbing or disabling, then he will need professional help in unlearning these coping mechanisms, which interfere with readjusting to ‘normal’ everyday life and healing from initial trauma (STAEHR & STAEHR, 1995, p. 25).

Key points to remember:

- **During torture a fellow human beings intentionally and deliberately cause the victims pain and suffering. This fact causes severe long-term psychological suffering of the victims.**
- **According to medical evidence and reports of the clients, the most often used form of torture is beating which can cause harm to the musculoskeletal system.**
- **The diagnosis of Posttraumatic Stress Disorder is used when several well-defined symptoms are characteristic to the patient. These are: personality changes, cognitive**

4.2. Identifying Torture Survivors: Children

The signs and symptoms of torture expressed in children may vary depending on the type of torture inflicted; the gender and age of the child; the child's stage of development; if the child is separated from his/her family; and, if present, the reaction of the family to the child's experiences. Generally a child who is a victim of torture suffers from PTSD and the pattern of these symptoms varies depending on the age of the child. Long-term PTSD may express itself in behavioral issues. The experience of torture often causes disruption of the child's sense of control over life and future and difficulty in trusting others (*STAEHR & STAEHR & BEHBEHARY & BØJHOLM, 1993 p. 23*).

Children exposed to trauma, specifically through torture, demonstrate aggressiveness, regressive reactions, and psychosomatic symptoms. The most frequent symptomology presented includes anxiety, depression, sleep disorders, nightmares, stomach pain, headache, enuresis, aggressive behavior, concentration and/or learning difficulties, and contact problems (*p. 58*). Separation from or loss of parents, the parent's mental health and coping style as well as the support from society as a whole can influence the degree of mediation between



SOURCE: www.scx.hu

the child's trauma and his/her mental and behavioral symptoms (p. 57).

The forms of presentation of the trauma the child experienced vary with age and stage of development. If relevant treatment is delayed, there are development risks for the child's personality and identity. Recognizing these symptoms in a child can be emotionally tasking but it is important to keep in mind that "as long as there are symptoms, there is hope." Symptoms signify that acts of repression and denial are not working. A child who does not express symptoms rooted in denial has most likely lost hope for the future and blames him or herself (p. 58).

4.3. Identifying Torture Survivors: Women

For adults, symptoms after torture are primarily somatic, psychological, or psychosomatic (BOWER & PAHL & BERNSTEIN, 2004, p. 22). Women may cope with their experience of torture differently than men given their role within their respective culture or family system, especially if they have experienced sexual torture in addition to physical torture. Sexual torture is especially psychologically damaging but even this can vary on an individual level. As torture is a genderized and ethnicized occurrence, women may express different symptoms to different degrees as compared to men as well as amongst themselves.

Reported physical symptoms of physical and sexual torture include weight loss, no to little appetite, body pains, difficulty concentrating, memory issues, fatigue, loss of interest in activities including sex, difficulty feeling safe, sensitivity to stimuli and nightmares (BOWER & PAHL & BERNSTEIN, p. 19) and somatic symptoms (AVIGAD & RAHIMI, 2004, p. 125). Additional symptoms may include hysteroid symptoms, and paranoia and extreme terror (AVIGAD & RAHIMI, 2004, p. 130). Behavioral signs may manifest in the woman acting withdrawn and ashamed, failing to make eye contact, and having speech issues or speaking in a quiet tone (BOWER & PAHL & BERNSTEIN, 2004, p. 19).

Torture impacts the individual by leaving him or her psychologically absent and unavailable to others, including his or her family (AVIGAD & RAHIMI, 2004 p. 121). For a woman with a central role as the caretaker of a family and with strict cultural designations concerning her role in the family, the inability to fulfill this role may cause immediate stress stemming from her awareness of this or her family or community's reaction to this change. As the traditional caretaker of the family, a woman adopts certain coping mechanisms in trying to provide the basic necessities for her family (POPULATION REFERENCE BUREAU, 2001).

Simultaneously, the restructuring of the family is particularly stressful for a woman as her self-worth is defined by her family role. Often, both her and her husband's socialized conceptions that the female is to remain uninvolved in the public domain leaves the woman isolated in the home. If family restructuring occurs in such a way that the woman works or takes part in the public sphere, this can result in domestic violence. For a woman who is unmarried or alone in her country of asylum, these cultural values most likely still have an impact on her degree of involvement in the public sphere and her subsequent behavior and feelings (O'SULLIVAN, 1994).



Key points to remember:

- **The experience of torture often causes disruption of the child's sense of control over life and future and difficulty in trusting others.**
- **Children exposed to trauma, specifically through torture, demonstrate aggressiveness, regressive reactions, and psychosomatic symptoms.**
- **As torture is a genderized and ethnicized occurrence, women may express different symptoms as compared to men as well as amongst themselves.**
- **For a woman with a central role in the caretaker of a family and with strict cultural designations, the inability to fulfill this role may cause immediate stress.**



5. How to deal with torture victims?

Following are a few points of how to approach victims of torture depending on their age and gender. However, dealing with a torture victim also depends on the individual's experience and current situation and varies accordingly. All of the points below should be acted upon in a manner of suggestion rather than with insistence. This is a flexible guideline, not a set of rules.

5.1. How to deal with children?

- **Children tend to know more than their parents recognize.** Parents often attempt to guard their children from further trauma by avoiding discussion of their experiences, generally with the assumption that the child does not remember, is not fully aware of his or her experiences, or would find it too difficult to bear. In effect, this creates a situation in which the child is denied the choice of how to deal with his or her experiences and creates a build-up of unprocessed trauma and stress for the child. Allowing the child to speak openly about his or her experiences is a relief for both the parents and the child (*JAFFÉ, 2008, p. 133*).
- **A child may already be an adult in many different aspects.** Children's experiences as well as the perceptions of adolescents from their respective cultures may bring them to perceive themselves more as adults rather than children. Underage boys are often thought of as adults in their own culture and behave as adult men (*MAZZAG, 2009*). Young girls may already have reached an age of adult maturity and entered motherhood. Regardless of varying cultural background, adolescents generally crave being treated as an adult and will rebel against any disciplinary measures placed upon them by relatives.

Due to the reversal of roles in the household that may sometimes occur, a child may take on adult roles within the family setting or become a guardian for his or her parents. For instance, an older child may take care of younger siblings due to a parent's instable mental state and inability to complete necessary household tasks or may serve as a translator for a parent who does not learn the local language as quickly.

Under the strain of taking on adult responsibilities or experiencing oneself as an adult, it may provide relief for the child to become involved with sports activities, allowing the child to interact with older peers or adults whom could serve as role models. However, psychological support that is directed towards the child's age group is often a necessary step to helping the children break free of boundaries for growth that premature adulthood has placed upon them.

- **The transition to a different culture can place additional stress on a child.** In addition to the potential of taking on a mentoring role for one's parents, a child may also face difficulties of acclimating to the culture of his or her new home. The desire to utilize the products of a consumer society to ease this transition often places unreasonable demands on a parent, specifically bringing the provider (often the father) under more stress and damaging his self-esteem.

- **Psychological care may be necessary if the child demonstrates signs of mental trauma.** Psychological care in the presence of symptoms of mental trauma (see previous section) is crucial.
- **Even if a child demonstrates positive results in academic or other social arenas, s/he may still have underlying psychological issues.** A child's overinvestment in academic or extracurricular activities including sports may indicate that s/he is attempting to compensate for emotional difficulties (AVRE, 2008, p. 49).

5.2. How to deal with women?

- **The issue of rape often takes time to process and, in some cases, no time at all.** Due to the complexity of issues revolving around rape and its use as a common method of torture, a woman may need a significant period of time to process her experience (AVRE, p. 50).

Since in many cultures rape is viewed as an act that not only bestows shame on the women but transforms her into a 'bad' girl or a 'whore,' speaking about one's own rape or the experience of witnessing a rape is a taboo. A patient may speak of 'what happened in the next village' when, in fact, she witnessed a rape (PENI, 2003, p. 28) or feel culturally bound to not speaking about rape (BUNSTER & BUROTTO, 1994, p. 165). For women who have experienced rape in the context of a violent conflict, such as the Bosnian genocide, a key step to recovery is to help the patient recognize her rape as a weapon of war. This aids her in releasing feelings of self-blame (PENI, 2003, p. 28). She may also feel more comfortable at first not sharing her experience with family members (AVRE, 2008, p. 50).

Though a woman may deny being raped due to her feelings of shame, not all women torture victims have been raped (AVRE, 2008, p. 50).

- **Sexual torture is a genderized and ethnicized phenomenon.** Recognizing torture as a gendered and ethnicized phenomenon ensures that the health response is adequate and meets the needs of the victim. Otherwise, the complexity of the individual's experiences is not understood and there is a danger of reducing treatment to just medicating the trauma (SANSANI, 2004, p. 357). A patient's perception of what signifies sexual torture depends on her traditional culture, education, social status, and ethnic background (p. 355).
- **Health care should address sexual health.** Women who have been victims of sexual torture often live in a state of confusion and uncertainty regarding contraction of a sexually transmitted disease and their ability to have children or satisfactory sexual intercourse. These concerns should be addressed with STD (*Sexually Transmitted Diseases, hereinafter STD*) testing, a clinical examination, and discussion of their physical capabilities as well as the psychological issues that accompany their concerns (AVRE, 2008, p. 50).
- **The provision of child care services, language training, and domestic violence services is a necessity.** Of the utmost importance to a woman's ability to access these health care services is the provision of child care services. Without child care services, a woman does not have the time or ability to attend psychological and sociological rehabilitation sessions, language training classes, or access health care services. The provision of all of these, in addition to help in

finding appropriate accommodation, are necessary services for a woman who has suffered from torture (*SANSANI, 2004, p. 354*). Due to the compounded stress and uncertainty that a refugee family experiences, domestic violence services are very important to both protect all individuals in the family and ensure that a woman is not continuously traumatized (*p. 363*).

- **Women may be at greater risk for depression or isolation.** Women who have arrived unaccompanied by other adults, specifically a partner or husband, may experience physical exhaustion in addition to depression over mourning the death of a husband or uncertainty of his whereabouts.

Women who are most at risk for isolation are those who are married, have young dependents and a low level of education, and who are unemployed. Learned or enforced patriarchal *values that limit a woman's mobility in society may intensify a woman's isolation* (*AVRE, 2008, p. 50*).

A woman patient's 'real' needs should be determined. Otherwise, a professional runs the risk of functioning just within the context of his or her 'perceived' needs of the patient. A refugee woman should be consulted in all stages of her rehabilitation and health care (*SANSANI, 2004, p. 364*) so as to optimize her rehabilitation and empowerment that brings her from seeing herself as a victim to identifying as a survivor.

5.3. How to deal with men?

- **A key point of treatment is to address the shattered masculine identity of a male torture victim.** In experiencing torture a man is faced with a feeling of inescapability and powerlessness that remains with him after his experience of torture (*SAPORTA, 1992, p. 155*). He is stripped of his ability to take care of himself and those he cares about it, which up until the point of his torture, remained an integral part of his identity; therefore, many of the underlying points revolve around this issue.
- **Men also suffer from sexual abuse and it may be more difficult for them to discuss their experiences.** When a man experiences sexual torture, his gender identity collapses. His experience becomes a taboo topic, particularly if he comes from a culture that condemns homosexuality (*AVRE, 2008, p. 51*).
- **Offer health care services, particularly regarding sexual health.** This includes STD testing; a clinical examination of complaints including haemorrhoids, anal fissures, and pain below the abdomen; as well as treatment of depression related to decrease in libido or impotence.
- **Provide relief of symptoms.** Deny claims of torturers by stating facts. **Express empathy** regarding the patient's experiences and current feelings. (*AVRE, 2008, p. 51*)

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Torture and Survivors

Manual for Experts in Refugee Care

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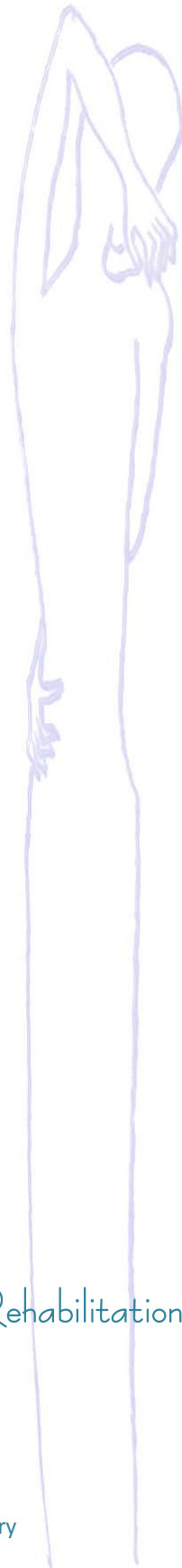
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