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Giving Voice

**Using Testimony as a Brief Therapy Intervention in
Psychosocial Community Work
for Survivors of Torture and Organised Violence**

MANUAL

For Community Workers and Human Rights Defenders

Uttar Pradesh, India

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If you feel happy, share it with others and the happiness will increase. If you have pain in your heart, share it with others, and the pain will decrease.

(Local phrase from Uttar Pradesh, India)

Foreword

We are hoping that with the use of this manual the emotions of the survivors of torture can be expressed and recorded. Through this process, the pain of the survivors is given voice and becomes a part of both personal healing and the political struggle to eliminate such abuses of human rights and dignity. We also hope that this manual will give the survivors more participatory ownership of the political campaigns against torture and organised violence. We expect that other human rights organisations and peoples' movements will use this manual for strengthening of the national and global campaign against torture and organised violence.

Dr. Lenin Raghuvanshi
Varanasi, 28 May 2008

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Abbreviations

AHRC	Asian Human Rights Commission
EU	European Union
FNSt	Friedrich Neumann Stiftung
M&E	Monitoring and Evaluation
PVCHR	People's Vigilance Committee on Human Rights
RCT	Rehabilitation and Research Centre for Torture Victims
TOV	Torture and organised violence
UN	United Nations

1. Introduction

This manual on the use of testimony as a psychotherapeutic tool is the result of a collaborative pilot project between the People's Vigilance Committee on Human Rights (PVCHR) and the Rehabilitation and Research Centre for Torture Victims (RCT).

1.1 The human rights work of PVCHR

PVCHR was started in 1996 as a membership based human rights movement in Varanasi (Uttar Pradesh), one of the most traditional, conservative and segregated regions in India.

PVCHR works to ensure basic rights for vulnerable groups in the Indian society, e.g. children, women, Dalits and tribes and to create a human rights culture based on democratic values. PVCHR ideology is inspired by the father of the Dalit movement, Dr. B. D. Ambedkar, who struggled against Brahmanism and the caste hierarchical system prevailing in India.

PVCHR is working on the grass-root level in 45 villages in Uttar Pradesh. In close cooperation with local human rights activists PVCHR documents cases of severe human rights violations in the villages.

The team consists of full time employees, and field staff employed on a yearly basis or as per the requirement of the work. Consultants are hired with specific terms of reference. Human rights activists in 45 villages are working as volunteers with PVCHR.

Indian society, especially in the rural areas, is still influenced by feudalism and the caste system, which continues to determine the political, social, and economic life of the country. Caste based discrimination is practiced in the educational system, in places of work, villages and towns and even in courts of justice.

One of the severest human rights violations in India is the widespread use of torture in police custody, which is closely linked to caste-based discrimination. In the context of crime investigation suspects are tortured to enforce confessions. Due to the absence of an independent agency to investigate cases, complaints are often not properly reviewed and perpetrators are not prosecuted and punished.

One of the important activities of PVCHR is to investigate and document human rights violations. Especially in cases of custodial torture, PVCHR is also providing legal aid. To raise public awareness PVCHR is cooperating with media as well as national and international human rights networks. It also requests local authorities to initiate action so as to prevent further human rights abuses. The documentation is used for advocacy, and published in a network of local, national and international organisations.

Effective advocacy (Urgent Appeals) for every single case is accomplished by a close cooperation with PVCHR's key partner, the Asian Human Rights Commission (AHRC).

To translate policy into practice, PVCHR has applied their model concept of “people friendly – Jan Mitra villages” in five selected villages, four of them in rural and one in urban areas, where there are a high number of poor and marginalized people, quasi feudal relations and a maximum break down of rule of law. There are 7000 rural and 1000 urban dwellers in the model Jan Mitra (People Friendly) villages. One of the main principles is the continuous participation of the beneficiaries in all activities and decisions.

PVCHR is facilitating the provision of education in these villages, reactivating defunct primary schools, encouraging education of girls and promoting non-formal education. Further activities are focused on organisational development of vulnerable groups and the implementation of village committees. In each Jan Mitra village a community centre has been established, forming the base for the development activities. People are also actively engaged in community-based counselling, in the form of “Folk Schools”, which is one of the core activities in the model villages.

In the community meetings of the Folk schools *people can give testimonies about their suffering and receive support from the group*. Issues of concern in the Folk Schools are conflicts with the village head or experiences of torture. Special forums for women are also organized. Here the main problems discussed are mostly health related, but are sometimes about such things as dowry issues. The statements of the villagers are recorded and their demands are forwarded to administration and governments.

PVCHR has been a key partner in the EU and FNSt supported “National Project on Preventing Torture in India” which was implemented by People’s Watch Tamil Nadu. The aim of the project, 2006-2008, was to initiate and model a national campaign for the prevention of torture in India, with a deliberate focus on torture practices employed by police. The project was carried out in 9 states.

PVCHR wants to expand its casework with a focus on women rights and capacity building in the field of counseling and psychosocial support for victims of different human rights violations.

1.2 RCT: Developing knowledge

RCT is based in Copenhagen, Denmark. RCT’s mission includes the contribution of new knowledge about how to alleviate the human suffering that is a consequence of torture. The present international partner organisations of RCT undertake various counselling interventions to assist victims of torture, but the concept of counselling has different meanings for different organisations, and there is a need to develop more structured, evidence-based short-term psychosocial intervention methods which are realistic in a grassroots context with limited resources.

As the testimony method has already proven to be useful in a variety of cultural and geographic contexts, it was the hypothesis of this collaborative project that the testimony method, adapted to an Indian context would also be

a valuable tool for community workers and human rights defenders who wish to provide psychosocial support to survivors of human rights violations.

1.3 The workshop process

During a five-day training workshop conducted by an RCT psychosocial consultant, twelve staff members of PVCHR were trained in the use of the testimony method. The workshop, which was divided into a theoretical and a practical part, included an overview of psychological symptoms after torture, therapeutic processes, communication, approaches to community work, and monitoring and evaluation. Through role-plays and group work the participants could personally experience various types of communication, the filling-in of a mental health questionnaire, the taking of a testimony, and peer support. During these five days the different steps of taking a testimony were defined and practised, and a “mindfulness” meditation element was successfully added to the testimony procedure.

In the following five days, in a supervised process, the participants collected testimonies from twenty-three survivors of torture. The experiences and feedback from these realistic situations helped further refine the stages of an Indian testimony model.

The training was concluded by a ceremony held in front of the District Government Headquarter of Varanasi where fourteen testimonies were read out in public and delivered to the survivors who were also honoured with a cotton shawl (a symbol of honour in India) and a speech which praised their bravery and encouraged them to continue fighting for justice.

PVCHR plans to continue the testimony work by providing training for other human rights organisations in the use of the testimony method.

PVCHR sees testimony of torture and organised violence as a People’s Movement, which has individual, legal and training components. The individual component may lead to the participation of survivors in a community movement, where victims become survivors who again become human rights defenders.

The legal component may lead to testimony therapy, which has individual and group or public dimensions. At Folk School meetings or public ceremonies where the testimonies are read out, policy matters can be addressed by involving dignitaries, political parties, state human rights institutions, legislature, and police officials.

The testimonies can be used for publication, urgent appeals, human rights updates on the Internet, information to the UN, and articles in the press. They can be used for campaigns in which a “psychological mapping” of the suffering of the survivors shows the pain of the victim and provides evidence of the severe effects of torture on the human soul.

2. The procedure of testimony therapy

2.1 What is testimony therapy?

The word “testimony” – in Hindi “swa vyatha-katha” (the self-suffering story) has a double connotation in both Hindi and English. It is a statement which can be objective (legal, public, and political), *as well as* subjective (cathartic, spiritual, emotional, and private).

The effect of testimony therapy is related to this double connotation, which helps the survivors understand, or reframe, their private pain as a political or public problem.

- A legal testimony can be evidence or attestation in support of a fact or a statement, or any form of evidence or proof, which can be used in a court case.
- A subjective, “emotional”, testimony can be an open acknowledgement, a confession or an expression or declaration of disapproval or condemnation.

In Indian Ayurvedic medicine, a testimony with emphasis on legal aspects could be defined as “hard and dry”, representing the sun and the male aspects, also associated with allopathic (Western) medicine.

Survivors giving hard and dry testimonies will try not to show emotions and might belong to the hard-core political activists, or adhere to an old-fashioned belief in the “strong man”.

A testimony with more emphasis on the emotional aspects could be defined as “wet and soft”, representing the moon and the female aspects, also associated with homeopathic medicine.

As all human beings contain both aspects, it is an important part of testimony therapy to help create a better balance between the male and female aspects, if a survivor is only able to express one of them.

However, in testimony therapy the emphasis is on the subjective and emotional aspects of the survivor’s story, although the testimony might also be useful in a legal or political struggle.

Testimony therapy, which originated in Chile during the military dictatorship has been used in different variations for more than 20 years in a number of cultural and political contexts: in Denmark, the Netherlands, Germany, Bosnia, Kosovo and USA (for refugees), in Mozambique (for survivors of civil war), Iraq (for humanitarian aid workers), in Uganda (for Sudanese refugees)¹.

¹ See References for articles presenting the testimony method in different contexts.

2.1.1 Healing elements of the testimony method

- Survivors regain self-esteem and dignity by recording their story in a human rights context: the private pain is reframed and takes on a political meaning;
- Stressful events are integrated by helping the survivor to reconstruct the fragmented story so that it becomes a coherent narrative, which is balanced and contains both “hard” and “soft” elements of the story;
- Survivors are exposed to the fear experienced during the stressful event. Re-experiencing this fear in a safe, supportive and meaningful context can help the survivors understand their present emotional reactions and diminish anxiety and stress reactions²;
- Survivors understand how present thoughts and responses have developed and how certain situations (e.g. seeing a policeman) might trigger the fear response;
- By adding a mindfulness meditation component to the testimony method, stress and anxiety is further reduced, and awareness about harmful and healing thoughts is encouraged. Moreover, meditation is an important part of Indian tradition.

2.2 When is testimony therapy needed?

When a legal testimony is taken for use in court proceedings, the community worker or human rights defender may notice that a survivor is suffering from serious psychosocial and emotional problems. In this case, it might be relevant to refer the survivor for testimony therapy.

- The survivors referred for testimony therapy must be men and women who are more than fourteen years old;
- The survivors can be primary or secondary victims of TOV. Often the secondary victims are female and have been beaten and abused by the police while the primary victims were arrested. Often they are more psychologically affected than the primary victims;

Referral is *not* advised if:

- The survivor suffers from severe depression or other psychotic symptoms. In this case, the survivor should be referred to a psychiatrist³;

² See Schauer, M., Neuner, F. & Elbert, Th. (2005). *Narrative Exposure Therapy: A Short-Term Intervention for Traumatic Stress Disorders after War, Terror, or Torture*. Göttingen: Hogrefe Verlag.

³ Sometimes secondary victims (mostly widows) of custodial death appear to be depressed – it is expected of them by society – but they are in fact not depressed in the clinical sense of

- If the survivor is active in a self-healing process of political or human rights activism;
- If the survivor is not motivated for therapy.

A staff member with a medical, psychological or social work background should evaluate referrals for testimony therapy and pass the referrals on to trained community workers or human rights defenders.

2.3 Who takes the testimonies?

It is only possible to use the testimony method with survivors of torture if they have a complete *trust* in the therapists. Therefore, the therapists must be part of an organisation, which the survivors already know and in which they have faith. This will most likely be a human rights organisation, which has already made legal testimonies with the survivors and supported them in their fight for legal justice and reparation.

- The testimony therapy is performed by *two* persons ("therapists"), with one acting primarily as the interviewer, while the other is the note-taker. They act as co-therapists, supporting each other in the elaboration of the testimony.
- The therapists can be community workers, human rights defenders on the grassroots level, or social workers based in a central location. Therapists should have the minimum of a high school education, plus three years of field experience. All must have been trained in testimony therapy.
- For testimonies with female survivors, the therapists (and possibly interpreter) should be female. Usually therapists of both genders can take testimonies with male survivors except for cases of sexual torture.
- In some parts of India, an interpreter may be required, who - in that case - must also be trained in the testimony method.
- The therapists must come from another village than the survivor.
- The testimony should be taken in a secluded place, which is chosen by the survivor. It might be in the home of the survivor or in a community centre.

2.4 How is the testimony taken?

The testimony therapy is performed over four sessions including a monitoring and evaluation (M&E) element. M&E is advisable and requires pre and post therapy assessments in which a questionnaire is completed. M&E is helpful to more clearly identify socio-demographic, psychosocial, and health characteristics of the survivors. With a pre therapy assessment, a baseline is

the word. Women in sorrow must be referred to women's support groups and "glamourized".

also established which can be compared to post intervention levels of functioning⁴.

- Duration of sessions: 90 – 120 minutes. The survivor should be informed before the session starts about the number and duration of sessions;
- Meditation: First and second session includes a meditation (“mindfulness”⁵) experience guided by the therapists, in which the survivor and the two therapists sit together for ten minutes in silent concentration on their breathing and with awareness of their thoughts and feelings. The meditation will usually take place at the end of a session.

Meditation instruction:

1. Sit with straight spine and hands on knees; if possible, sit cross-legged on the ground, otherwise, sit on a chair with both feet on the ground;
2. Close your eyes;
3. Bring your attention to your belly, feeling it rise when inhaling and fall when exhaling;
4. Keep your focus on your breathing;
5. Every time your mind wanders away from your breathing, notice what it was that took you away and then bring your attention back to the breathing – welcome any thought with which your mind becomes preoccupied and return to the breathing;
6. Practise this for at least ten minutes.

- Writing the story: The testimony is written in note form by the note-taker during the sessions; After the sessions, the interviewer and note-taker collaborate on filling-in the missing parts of the story and produce a computer version of the narrative;
- Grammar of the story: The story in the written testimony is in the first person (“I experienced”, and not “he experienced”). The story about the traumatic events is in the past tense, while sensations and feelings produced by the story are in the present tense;

⁴ The results of this comparison are valuable for raising awareness about the importance of investigating the outcome of psychosocial interventions. This awareness can lead to improvements of the methodology. However, without control groups, the effect of the method cannot be measured with full scientific validity.

⁵ See Kabat-Zinn, J. (1990, 2005). *Full Catastrophe Living: Using the Wisdom of Your Body and Mind to Face Stress, Pain and Illness*. New York: Delta Trade Paperbacks.

- Peer support: Therapist should organise settings where they can support and supervise each other. This could be in groups or in pairs. Working with survivors of TOV is stressful for everybody.

2.4.1 Session one: Opening the story

- The testimony procedure is explained, beginning with a psycho-educational introduction to the survivor in which his or her symptoms are explained both as a result of the torture and of the violation of universal human rights, which has taken place.
- Preparatory introduction to the therapeutic approach: the testimony should not be seen by the survivor as directly related to expectations of obtaining immediate justice and reparation but as a way of healing the psychological effects of the torture.
- The M&E questionnaire is completed: It is explained that the data are confidential and will only be used for developing methods for helping survivors of torture;
- Short description of personal background and individual history prior to the first traumatic event or persecution;
- With open questions the survivor is asked to briefly describe the stressful events s/he has experienced and choose one major, overwhelming traumatic event;
- The therapist gives an overview of the different events to help the survivor trace one of the experiences and help him/her really begin the re-construction of the narrative;
- The therapist separates overlapping stories (if the survivor wants to tell about more than one event); the therapist structures the topics and helps to clarify ambiguous descriptions;
- It is important that the therapist is "in control" of the situation and leads the survivor in getting to the main points of the story;
- The survivor narrates the facts concerning this event (time, place, duration and people involved); the survivor's role during the event (observer, participant, active or passive); the individual and social dimensions of the experience; the survivor's perceptions and feelings at the time of the event; the survivor's perceptions and feelings at the time of the testimony therapy;
- The therapists (interviewer and note-taker) are empathic and

accepting; Inconsistencies are gently pointed out; the survivor is encouraged to describe the traumatic events in as much detail as possible and to reveal the emotions and perceptions experienced at that moment;

- Culturally appropriate touch (e.g. a hand on the arm of the survivor) may be used by the therapist as a healing tool;
- A mindfulness meditation experience is conducted at the end of the session.

2.4.2 Session two: Closing the story

- One of the therapists starts the session by reading the written testimony to the survivor in a loud voice so that the survivor hears that his or her story has been given voice. The survivor is asked to correct the story or add any additional details that may have been missed;
- The therapists continues the session as during the first session;
- The therapists focus especially on the relationship between the stressful experience and the present situation;
- The survivor is encouraged to express his or her feelings about the future (individual, family and community);
- A mindfulness meditation experience is conducted at the end of the session;
- After the session, the therapists correct the document and a final version of the testimony is produced.

2.4.3 Session three: The turning point – the ceremonial delivery of the testimony

- The corrected document is read out to the survivor and signed by survivor and the therapists, and the document is handed over to the survivor. The final version of the testimony is produced in a form that is as appealing and beautiful as possible (e.g. on good paper, bound and with a nice front page including a photo of the survivor). The delivery can take place at a public ceremony if the survivor agrees (e.g. in front of the court) or at a community or Folk School meeting;
- Using the survivor's testimony at a public meeting is a powerful way of "giving voice" to the oppressed, and might be a turning point in the healing process;
- If a public ceremony is held, possibly including the testimonies of several survivors, the human rights organisation can give the survivor

recognition, and pay tribute to the importance of the testimony, which now has the significance of a memorial. The survivors may receive honorary flower garlands and shawls, and the media as well as public dignitaries (including the police) might be invited to attend the ceremony;

- The testimony can also be read out by the therapists at a community meeting where the group and the survivor can comment and supplement it and the survivor can get the support of the other group members. Also here the human rights organisation pays tribute to the bravery and struggle of the survivor. Up to four or five testimonies can be read out during the same meeting;
- The community meeting is concluded by a meditation experience.

2.4.4 Session four: Post-therapy testing to monitor and evaluate the outcome of the testimony therapy

- The therapists meet with the survivor one to two months after the last intervention (public ceremony, community meeting, or delivery of the testimony), and the M&E questionnaire is filled-in;
- The results of the tests are entered into the database;
- An analysis of the results is made;
- The results are evaluated and recommendations are made about future work with the testimony method.

2.5 The Use of the Testimony

- A copy of the testimony is kept for documentation purposes if the survivor agrees;
- The testimony can serve as a memorial to inform and teach future generations (e.g. a grandchild may read out the testimony to the survivor);
- The testimony may also be used for advocacy purposes, legal action or published in some other way if the survivor agrees and if it can be assured that no harm may result for the survivor; the testimony can also be translated into English so as to maximize its potential to be used to further the work of international human rights advocacy;

3. Training program for community workers and human rights defenders

Week One		WORKSHOP ON TESTIMONIAL THERAPY
Day One	Morning (Theory)	(1) Psychological trauma (2) Testimony as a psychological healing process
	Afternoon (Practise)	(1) Mindfulness meditation (2) Communication and active listening (role-plays)
Day Two	Morning (Theory)	(1) Psychosocial community work (2) Assessment of mental health problems: M&E questionnaire Lunch
	Afternoon (Practise)	(1) Mindfulness meditation (2) Communication and active listening: using the questionnaire (role plays)
Day Three	Morning (Theory)	Procedures for taking a testimony Lunch
	Afternoon (Practise)	(1) Mindfulness meditation (2) Exercises in taking testimonies (role plays)
Day Four	Morning (Theory)	Experiences and problems from role plays yesterdays Lunch
	Afternoon (Practise)	(1) Mindfulness meditation (2) Testimony exercises continued (role plays)
Day Five	Morning (Theory)	Peer group support and issues from the preceding days Lunch
	Afternoon (Practise)	(1) Mindfulness meditation (2) Peer group support (role plays) (3) Summing up

Week Two		WORKSHOP ON TESTIMONIAL THERAPY
Day One	Morning	(1) Mindfulness meditation (2) Preparation meeting: Division of participants in pairs (one is interviewer and the other note-taker). Each pair will provide two sessions of testimony therapy to a survivor in the afternoon.
	Afternoon	Two sessions of testimonies taken with first group of survivors
	Evening	Interviewers and note-takers correct and write the testimonies
Day Two	Morning	(1) Mindfulness meditation (2) Supervision and process analysis meeting: Each pair reports experiences and problems from the day before: what went well and what were the problems encountered
	Afternoon	Two sessions of testimonies taken with second group of survivors
	Evening	Interviewers and note-takers correct and write the testimonies
Day Three	Morning	(1) Mindfulness meditation (2) Supervision and process analysis meeting: Each pair reports experiences and problems from the day before: what went well and what were the problems encountered
	Afternoon	Two sessions of testimonies taken with third group of survivors
	Evening	Interviewers and note-takers correct and write the testimonies
Day Four	Morning	(1) Mindfulness meditation (2) Supervision and process analysis meeting: Each pair reports experiences and problems from the day before: what went well and what were the problems encountered
	Afternoon	Two sessions of testimonies taken with fourth group of survivors
	Evening	Interviewers and note-takers correct and write the testimonies
Day Five	Morning	(1) Mindfulness meditation (2) Supervision and process analysis meeting: Each pair reports experiences and problems from the day before: what went well and what were the problems encountered
	Afternoon	Plans made for a delivery ceremony: where will it take place and how will it be done (privately, in a public space, in a community meeting?) Summing up, feed-back and closure

4. References

- Agger, I., Ansari, F., Suresh, S. & Pulikuthiyil, G. (2008). Justice as a Healing Factor: Psycho-legal Counseling for Torture Survivors in an Indian Context. *Peace and Conflict: Journal of Peace Psychology, 14* (3).
- Agger, I. & Jensen, S.B. (1996). *Trauma and Healing Under State Terrorism*. London: Zed Books.
- Agger, I. (1994). *The Blue Room. Trauma and Testimony Among Refugee Women – a Psychosocial Exploration*. London: Zed Books.
- Agger, I. & Jensen, S.B. (1990). Testimony as Ritual and Evidence in Psychotherapy for Political Refugees. *Journal of Traumatic Stress, 3* (1), 115-130.
- Akinyela, M.K. (2005). Testimony of hope: African Centered Praxis for Therapeutic Ends. *Journal of Systemic Therapies, 24* (1), 5-18.
- Cienfuegos, A.J. & Monelli, C. (1983). The Testimony of Political Repression as a Therapeutic Instrument. *Amer. J. Orthopsychiat. 53* (1), 43-51.
- Curling, P. (2005). Using Testimonies as a Method of Early Intervention for Injured Survivors of the Bombing of the UN Headquarters in Iraq. *Traumatology, 11* (1), 57-63).
- De la Rey, C. & Owens, I. (1998). Perceptions of Psychosocial Healing and the Truth and Reconciliation Commission in South Africa. *Peace and Conflict: Journal of Peace Psychology, 4* (3), 257-270.
- Igreja, V., Kleijn, Wim, C., Schreuder, B. J. N., van Dijk, J. & Verschuur, M. (2004). Testimony Method to Ameliorate Post-traumatic Stress Symptoms: Community-based Intervention Study with Mozambican Civil War Survivors. *British Journal of Psychiatry, 184*, 251-257.
- Kabat-Zinn, J. (1990, 2005). *Full Catastrophe Living: Using the Wisdom of Your Body and Mind to Face Stress, Pain and Illness*. New York: Delta Trade Paperbacks.
- Luebben, S. (2003). Testimony Work with Bosnian Refugees: Living in Legal Limbo. *British Journal of Guidance & Counseling, 31* (4), 393-402).
- Lustig, S.L., Weine, S.M., Saxe, G.N. & Beardslee, W.R. (2004). Testimonial psychotherapy for adolescent refugees: A case series. *Transcultural Psychiatry, 41* (1), 31-45.
- Neuner, F., Schauer, M., Roth, W.T. & Elbert, T. (2002). A Narrative Exposure Treatment as Intervention in a Refugee Camp: A Case Report. *Behavioral and Cognitive Psychotherapy, 30*, 205-209.
- Neuner, F., Schauer, M. Klaschik, C., Karunkara, U. & Ebert, T. (2004). A

comparison of narrative exposure therapy, supportive counseling, and psychoeducation for treating posttraumatic stress disorder in an African refugee settlement. *Journal of Consulting and Clinical Psychology*, 72 (4), 579-587.

Olesen, J.S., Haagensen, J.O., Madsen, A-G. & Rasmussen, F. (2006). *From Counseling to Psycho-Social Development*. Copenhagen: Rehabilitation and Research Centre for Torture Victims.

RCT (September 2004). *RCT Policy: RCT Challenges and Targets in a Changing World*. Copenhagen: RCT.

Schauer, M., Neuner, F. & Elbert, Th. (2005). *Narrative Exposure Therapy: A Short-Term Intervention for Traumatic Stress Disorders after War, Terror, or Torture*. Gottingen: Hogrefe Verlag.

Van der Veer, G. (1992). *Counseling and Therapy with Refugees: Psychological Problems of Victims of War, Torture and Repression*. West Sussex, UK: John Wiley & Sons Ltd.

Van Dijk, J.A., Schotrop, M.J.A. & Spinhoven, P. (2003). Testimony Therapy: Treatment Method for Traumatized Victims of Organized Violence. *American Journal of Psychotherapy*, 57 (3), 361-373.

Weine, S.M., Kulenovic, A.D., Pavkovic, I. & Gibbons, R. (1998). Testimony Psychotherapy in Bosnian Refugees: A Pilot Study. *The American Journal of Psychiatry*, 155 (12), 1720-1726.

