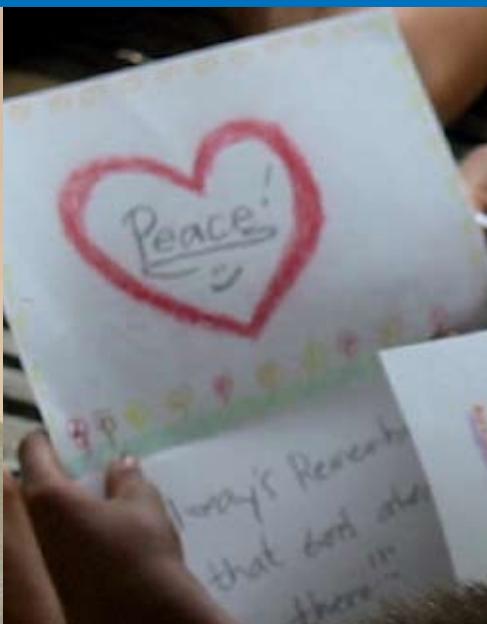
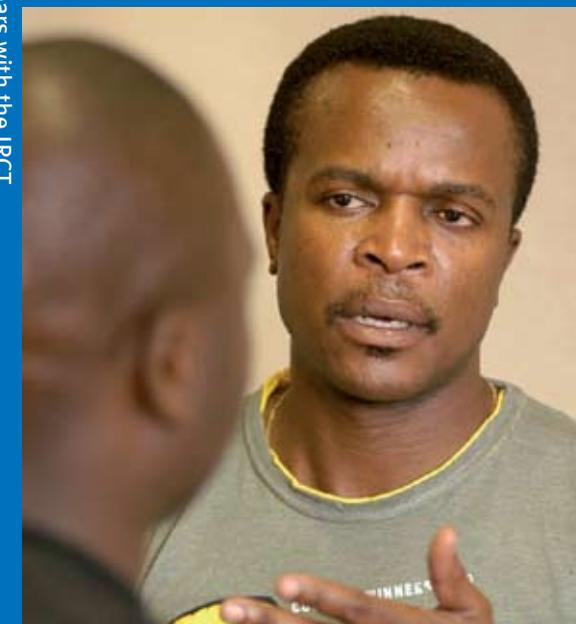




# *The Struggle that must be Won*

## *20 Years with the IRCT*

The Struggle that must be Won  
20 Years with the IRCT



**The Struggle that must be Won**

20 years with the IRCT

© International Rehabilitation Council for Torture Victims (IRCT)

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The International Rehabilitation Council for Torture Victims (IRCT) is an independent, international health professional organisation, which promotes and supports the rehabilitation of torture victims and works for the prevention of torture worldwide. The vision of the IRCT is a world that values and accepts a shared responsibility for the eradication of torture.

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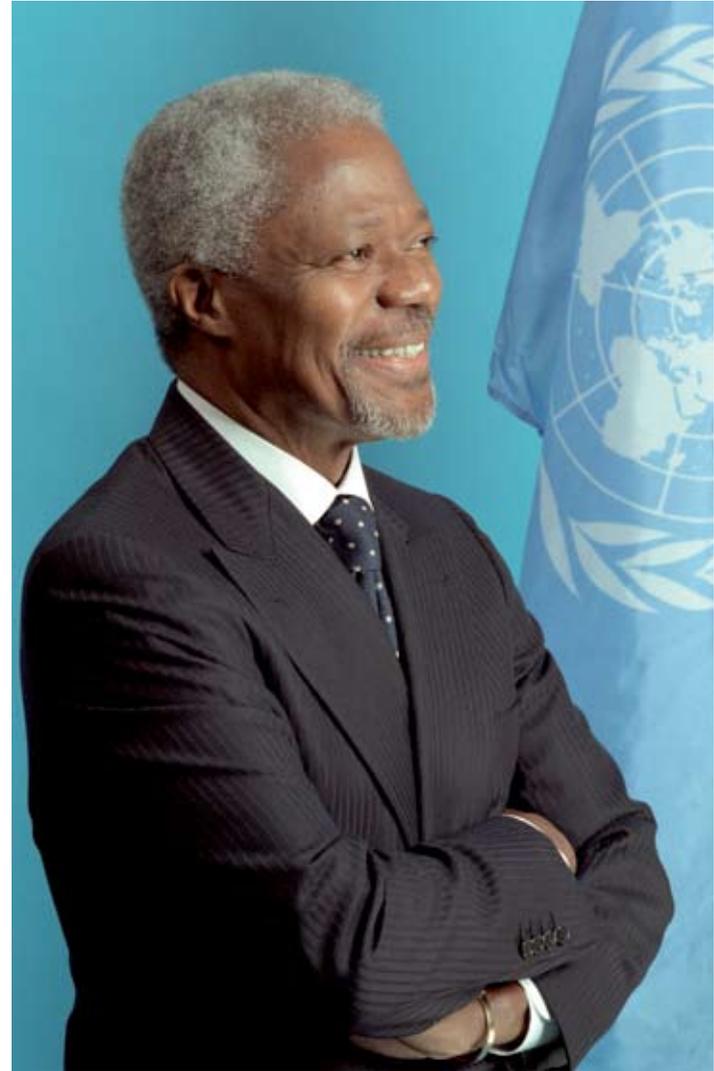
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*United Nations Secretary-General, Kofi A. Annan.*

# ***Torture has no Place in a Humane, Peaceful 21st Century***

The eradication of torture and cruel, inhuman or degrading treatment or punishment in all its manifestations, wherever it occurs, is among the goals the United Nations has pursued since its creation. All forms of torture, in all contexts, are a gross denial of fundamental human rights and cannot be tolerated.

The international community possesses a number of valuable mechanisms with which to pursue this effort. First is the legal framework provided by the Convention against Torture and Cruel, Inhuman or Degrading Treatment or Punishment, which is currently accepted by 140 States. An Optional Protocol to the Convention will, when it enters into force, offer a critical preventive tool: in-country inspections of places of detention to be undertaken in collaboration with national institutions. Meanwhile, a United Nations Special Rapporteur continues his efforts, which include fact-finding visits, urgent appeals and annual reporting, and which can cover any country, irrespective of whether it has ratified the Convention.

Torture prevention must go hand in hand with rehabilitating torture victims. Thousands of victims require urgent medical and psychological assistance. Many need legal help to ensure that their torturers do not enjoy impunity. And they need social and financial support in order to rebuild their lives and those of their relatives.

The United Nations Voluntary Fund for Victims of Torture has enabled non-governmental organizations in all parts of the

world to provide humanitarian assistance to torture survivors. These organizations rely on the dedication of physicians, mental health workers, counsellors, lawyers and others, many of whom provide their services voluntarily and without charge. I have deep admiration for their work, and will continue to support them.

Accordingly, on the 20th anniversary of the International Rehabilitation Council for Torture Victims, I express my great gratitude for their vital work, and for their commitment to ridding the world of an odious practice that should have no place in a humane, peaceful 21st century.

*Kofi A. Annan*  
*United Nations Secretary-General*

# *Suffering and Survival*

I have seen suffering, torture and oppression, and I have seen the amazing strength of men, women and children who carry on living their lives in the most difficult of circumstances. All over the world, an increasing number of rehabilitation centres for torture victims support and empower victims of this terrible crime – and do so despite interference from the police, the military or other institutions. This again is confirmation of the strength that lies within us, which we can and should choose to use for the betterment of people's living conditions.

In South Africa we experienced a regime which – through the system of apartheid – systematically tortured people who were in opposition to the regime. We have seen how torture affects the individual, the family, and society in general. We have seen that a democratic society where people participate actively and constructively in the debate cannot exist alongside with torture. Torture breeds fear and anxiety, opposition and revolt, but not participation and dialogue.

The South African experience has also shown us the importance of reconciliation. When the apartheid era came to an end, we went through a three-year long truth and reconciliation process, which – although painful and difficult – has helped us move forward towards a future where victims and perpetrators can live together. Also the rehabilitation movement recognises the importance of reparation to the victims, and it is my hope that more countries with former dictatorial regimes will follow the path of reconciliation.

When the IRCT celebrates its 20-year anniversary this year, it shows to all of us that something can be done for those who have suffered so terribly. I convey my best wishes to everyone doing this important work.

God bless you.

*Desmond Tutu*  
*Archbishop Emeritus*



*Archbishop Emeritus Desmond Tutu.*



# *Preface*

Torture is man-made, and that is what makes it so cruel and what causes it to leave such devastating marks on its victims. When a person has been tortured, nothing will ever be the same again. The victim's trust in other people has been shattered and often the victim no longer believes in the future or in his or her own abilities.

Torture is a man-made disaster, but it can be stopped! It is not a natural phenomenon that we cannot avoid. We will not treat it as a temporary problem: torture has marred mankind for centuries and it will continue to do so unless we stand together against torture.

This is where rehabilitation centres play a crucial role: we help torture victims to regain faith and confidence in themselves and others. As this book clearly illustrates, the worldwide movement treats and cares for the victims' needs. Rehabilitation centres and programmes do this by very different treatment methods and approaches. This is one of the strengths of the IRCT rehabilitation movement: centres incorporate local traditions and values with other appropriate treatment methods and theories. Internationally adopted methods and an interdisciplinary approach have led to advances in the reparation of victims and their societies.

Torture victims are part of a family, a community and a wider society. The objective is to help the victims to become active participants in society again. In this book, we learn how refugee torture victims are assisted to overcome their trau-

mas and to become part of Hungarian society, and we meet a nurse, who is a torture victim from Cameroon and who has fled to America. Here she is helped to overcome her anxieties and fears caused by torture. We also hear how Philippine therapists assist hundreds of child victims of trauma in Timor Leste, and how rehabilitation centres in Gaza, South Africa and Zimbabwe deal with traumatised populations on a large scale through community-based work.

No book can justly describe all activities at every rehabilitation centre in the world, and this is not the objective of this book. The objective is to give a real impression of the variety and scope of the treatment offered around the world, and to tell the stories of the highly professional and dedicated people who have devoted their lives to helping victims of torture.

We wish to thank all who made this book possible, and we hope it will help us in our endeavour to stop torture and to increase the knowledge about torture and how the rights of torture victims can be secured. We sincerely hope that you will find the book interesting and inspiring and will agree with us that the rehabilitation of torture victims is a worthwhile cause, which improves the lives of thousands of people.



*Doctor and torture victim:  
Dr. Juan Almeyda,  
Director of the CPTRT in Honduras.*

# ***A Life Marked by Torture***

Dr. Juan Almdares is a short, stocky man with gentle eyes and the pale complexion of someone who has suffered deeply. Himself a victim of psychological torture, he has devoted much of his life to healing others who have suffered at the hands of torturers. He is also one of Latin America's best-known human rights activists, a leading environmental campaigner, and he has been asked to run for President in his country.

Not that he expects to win. The party he is running for is small; it stands almost no chance on the corrupt political scene of Honduras.

- One of the reasons that I have accepted to be a presidential candidate is that it will probably increase my security. The second reason is that it will give me a platform to speak up on issues of torture, the environment and women's rights.

Juan Almdares trained as a medical doctor at the University of California, and now takes a keen interest in alternative healing techniques. At the Centre for the Prevention, Treatment and Rehabilitation of Torture Victims and their Families (CPTRT) in the Honduran capital Tegucigalpa, he and his associates use holistic therapies and herbal medicines which are easily accessible for the clients who attend the Centre.

Juan Almdares has been a professor at the Medical College and President of the University of Honduras. High offices, it would seem, but not high enough to protect him from harassment of a kind which would have broken most men's spirit. He has received many death threats, he has been subjected

to a mock execution, and there have been two serious attempts on his life.

As late as October 2004, unidentified persons broke into the offices of the CPTRT. They went through files and papers, apparently looking for information on opponents of the regime.

The men stole money

and arranged books in the form of a cross on the floor of Almdares' office, a symbol which in Honduras is considered a death threat.

Over the years, he has become accustomed to being persecuted.

- In the early 1980s, I was President of the National University. We were very critical of the military regime and the human rights situation at that time. I was probably one of the first to denounce the killing of students, workers and peasants, says Juan Almdares.

***“I was condemned by the death squads  
who were working for the military.  
I was considered an enemy of the state,  
so they had me at the top of their hit list.”***

DR. JUAN ALMDARES

- I was condemned by the death squads who were working for the military. I was considered an enemy of the state, so they had me at the top of their hit list.

Juan Almandares was also threatened by the AAA security forces of Argentina, who at the time were co-operating closely with their Honduran colleagues. His house was painted with the AAA logotype and was machine-gunned almost every week. His links to his family were destroyed when he was forced to move out of his house and take refuge in temporary residences. Other people started to avoid his company. For almost four years, he could not work as a medical doctor.

On one occasion, Juan Almandares was summoned to an interview with a journalist. As it turned out, the person meeting him was not a journalist. Juan Almandares was shown into a large, almost empty room which contained a desk and one chair. After a while, there was a knock on the door. The man now facing Juan Almandares wore civilian clothes, but behaved like a military person. A scar ran across the right side of his face.

- Dr. Almandares? he said. My name is Carlos. I am the man who is going to kill you.

- How would you like to be killed? We have different ways of doing it. Some of them we have tried on your friends. One of them we flayed alive, very slowly. Another one we cut up into pieces, and a third we electrocuted.

Two weeks after this incident, one of the student leaders of the University, a friend of Juan Almandares, was brutally tortured. The young man only survived through emergency surgery. Afterwards, he told Almandares that he would be the next to die. A few weeks later Juan Almandares was almost killed in a car accident. Somebody had loosened the bolts on one of the wheels of his car.

### **The policy of terror**

In Honduras, kidnappings, torture and extra-judicial killings are still the order of the day, although less frequent than in the 1980s. During the last few years, the CPTRT and other human rights organisations have denounced the murders of youth and even children by the military.

- Some people here are intent on “cleaning up poverty”. They believe that the most serious threat against the system is going to come from these children, when they grow up to become young adults. The killings have actually increased over the last three years.

*“How would you like to be killed?  
We have different ways of doing it.”*

In his work with victims of torture, Juan Almeyda relies to a great extent on alternative methods of rehabilitation. And his own experience of psychological torture, combined with his knowledge of the social and political context in which repression in Honduras is taking place, gives him a unique platform from which to treat his clients.

- We are trying to link rehabilitation with culture because it is very important for healing. We use herbal medicine, prayers, meditation, exercises, songs and even dancing. All those methods can be highly therapeutic.

Despite the ongoing climate of terror in Honduras, Juan Almeyda is hopeful as he looks to the future.

- I believe we stand a good chance of rolling back the practice of torture. That is because we are working in close collaboration with a network of NGOs and popular organisations committed to the fight against torture.

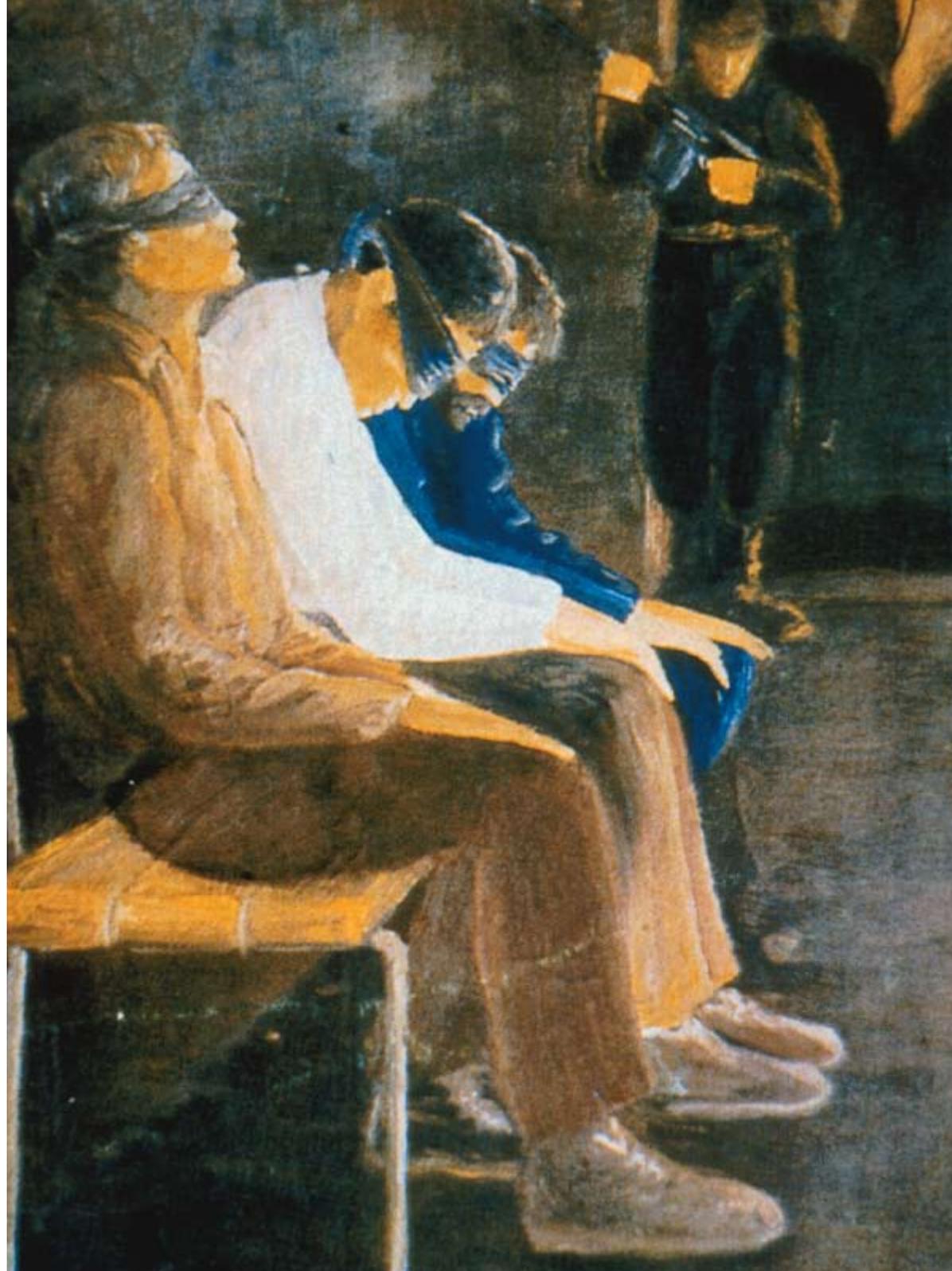
- One of our most important tasks now is to see to it that the Optional Protocol to the Convention against Torture is fully implemented. A system of jail inspections by independent committees will be vital as we move ahead with our work.

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

*Article 5*

Universal Declaration of Human Rights (1948)

*Torture victims are forced to wait for long periods of time, not knowing when it will be their turn to be tortured. While they wait, they witness the torture of others – perhaps family or friends – and this is by many described as the worst form of torture at all.*



# “A World without Torture”

This vision is the guiding principle of the International Rehabilitation Council for Torture Victims. As long as torture takes place somewhere in the world, there will be a need for the IRCT and organisations like it.

Torture has variously been called “a man-made disaster”, “the deliberate attempt to destroy a human being” and “the ultimate evil”. The practice is universally condemned as a heinous crime against humanity. It is outlawed in a number of international conventions, and a growing number of international organisations have placed the fight against torture at the top of their agendas.

Yet torture persists. More than half a century after the Universal Declaration of Human Rights, extreme physical pain and mental agony is inflicted on men, women and children in the majority of the world’s nations. In 2000, Amnesty International revealed that over the preceding three years, it had received reports of torture and ill-treatment by state agents in more than 150 countries. In over 80 countries, people were reported to have died as a result of torture. Again in their 2004 report, Amnesty wrote that torture is still being practiced widely around the world.

However, it is difficult to verify whether the use of torture has increased. It does seem though, that there is more atten-

tion to the subject of torture. The images of Abu Ghraib and Guantanamo, and in general the so-called “war on terror“, have placed torture on the political agenda. Yet the practice may be under-reported in many countries because of the veil of silence, fear and denial surrounding it. In other cases, the victims themselves prefer to forget and try, somehow, to get on with their lives.

What is clear, however, is that people are being tortured in more than half of the world’s nations, not only in military dictatorships or under authoritarian regimes. Western countries such as the US, Italy, Spain and the UK have also been

*People are being tortured in more than half of the world’s nations.*

pointed out by human rights organisations and by the UN Committee against Torture (CAT). Even countries known for their defence of human rights have been found guilty of breaking international law:

Sweden was seen to be an accessory to torture when in 2001, the country’s Government tacitly allowed CIA agents to abduct three suspected terrorists to Egypt, where they were subsequently tortured.

## **Why do States use torture?**

Torture has most often been seen as a tool of interrogation. The efficiency of this way of extracting accurate information has been widely questioned, and reality shows that torture

is employed first and foremost as an instrument of power, used to repress ideological opponents or to keep entire populations at bay.

This has been the case in many countries around the world. A notorious example is the oppression of political opponents during the Communist dictatorships in Central and Eastern European countries. In the Gulag camps, torture in many different forms took place, and today several rehabilitation centres in these countries offer medical, psychological and social help to the victims. These victims are today elderly people, so the treatment focuses on late consequences of torture, and some of the centres also provide legal counselling and help the victims in their demands for state compensation.

Who, then, are today's victims of torture? The traditional image is that of the political activist, tormented because of his beliefs or in order to extract information about his comrades. The accuracy of this perception is highly questionable. During the 1970s, dictatorships in Latin America continued torturing far beyond what was necessary to extract information. This is still the case in many other countries across the world. Furthermore, torture is often used against many groups other than political opponents: immigrants, members of ethnic or religious minorities, homosexuals and, not least, common criminals – people mostly powerless and poor. In its 2000 report, Amnesty International reported that there is strong evidence to suggest that common criminals and criminal suspects are today's most frequent victims, and that the

torture most often takes place in places of detention.

Torture may also be resorted to for a variety of other reasons. The torturer may use it to revenge himself on the victim, or to punish him. It has recently been employed in the context of ethnic cleansing, as in former Yugoslavia, Timor Leste, Rwanda and the Sudan. Torture is also a part of a dark tradition in many countries where security personnel routinely beat up prisoners. Finally, people may be tortured for no reason at all, as when their tormentors are drunk or sexually aroused.

Torture practices may differ, but they generally have one thing in common: they can be carried out with impunity all over the world. Torturers do it because their political systems allow them to. The fact that perpetrators are not brought to justice are at the heart of a culture in which torture thrives.

What, then, is the world – particularly the United Nations – doing to eradicate torture? First, it must be said that the practice was forbidden even before the UN Convention against Torture entered into force. This means that torture is forbidden under the highest international law, superior in rank to the Convention itself. The Convention regulates the prohibition and establishes legal obligations for countries, as for example the obligation to prosecute perpetrators and to provide redress for the victims.

There are other international instruments which deal with torture, such as the Universal Declaration of Human Rights,



*The torture method called falanga: the victim is beaten on the soles of his feet, often leading to lasting damage of the tissue.*

The Geneva Conventions, the Statute of Rome, and the Covenant on Political and Civil Rights. Other conventions, such as the Madrid Declaration, prohibit the participation of specific professions, e.g. medical doctors, in torture.

The international community and the United Nations have also set up control mechanisms in order to ensure that States live up to their legal obligations, e.g. the UN Committee against Torture, the Special Rapporteur on Torture and the UN Voluntary Fund for Victims of Torture. Other important institutions include the UN High Commissioner for Human Rights and the International Criminal Court.

### **Outsourcing torture**

The Abu Ghraib scandal has been followed by a series of revelations that the US is running detention camps in a number of countries. Torture of suspected terrorists is being outsourced to countries that have no qualms about the practice, e.g. Iraq, Afghanistan, Jordan, Pakistan, Egypt and Thailand. The US Government itself has admitted to having detained 3,000 suspected al-Qaeda members worldwide since September 11, 2001.

The so-called war on terror has also fuelled an inflamed debate about whether, in certain cases, torture might be condoned or even encouraged. Under the “ticking bomb scenario”, a number of academics and civil servants have argued that it would be defensible to use torture against a person suspected to

have information about an imminent bomb attack which might kill thousands of people. One of the advocates of torture under these circumstances is a controversial American academic.

Harvard University Professor Alan Dershowitz maintains that it is better to have torture performed within the law, with full public knowledge, and after the issue of a special “torture warrant” by a judge. According to Professor Dershowitz, the less acceptable alternative would be to have it done secretly and outside the law. Dershowitz has gone on record to say that “the warrant would limit the torture to non-lethal means, such as sterile needles, being inserted beneath the nails”.

Dershowitz’ argument has come under heavy attack from a number of human rights organisations. Torture warrants or similar schemes, they retort, would only legitimise torture and thereby invite more of it. Further, the ticking bomb scenario is a dangerously elastic metaphor. It might be used to embrace anyone suspected of having information on future, unspecified acts of terror, and not just imminent attacks.

In a more pragmatic vein, other commentators argue that torture is a notoriously unreliable source of information. The time-tried methods of careful questioning, probing and cross-checking combined with more recent forensic techniques such as DNA testing are far more efficient – after all, people facing extreme pain are prepared to confess to almost anything. Last but not least, those practicing torture risk unleashing a spiral of terror. They will thus put their own citizens at risk of being

tortured if they should fall into the hands of their adversaries.

### **The health professional response to torture**

After the Second World War, the horrors of the Holocaust and a complex “prison after prison” phenomenon was documented in many research projects and books. The term refers to the burden of physical and psychological after-effects that a survivor carries, visibly or more often invisibly.

Pioneers like Leo Eitinger, Viktor Frankl, and Ernst Federn, many of them themselves survivors of the concentration camps, were the first to discuss approaches in regard to the severe after-effects that could be observed in most survivors.

At that time, most medical doctors, psychiatrists and psychotherapists were unaware that extreme violence can lead to long-term mental health sequels. The focus of attention was mainly on physical after-effects such as malnutrition and brain injury. There were no sufficiently developed concepts to deal with psychological trauma, at least not on the post-Holocaust scale.

Also at this time, the issues which are still important today were gradually becoming a part of both public and scientific discussion.

One such issue was the dilemma of impunity, the fact that many perpetrators of the fascist regimes continued to be employed by post-war governments and would sometimes even receive honours. At that time, it was common for compensation issues to be discussed without regard to the mental health sequels suffered by the victims. Insinuations that concentration camp survivors “were simply interested in financial gain” were also common at that time, and officials of the earlier regimes would frequently be used as “experts”

involved in deciding on applications for compensation or in the examination of victims. Recently, it has been shown that such negative environmental factors play an important role in prolonging the after-effects of torture, in some cases even making them chronic.

The development of the treatment centre movement gave an impetus to the development of strategies in models for sequels, advocacy and rehabilitation supported by key medical experts, including many of the people still active in the IRCT network.

*In the rehabilitation of survivors, it is important to understand that physical after-effects are often linked to psychological and social factors.*

*Victims are forced to stay in certain positions for a long period of time, sometimes in very hot or extremely cold temperatures.*



Parallel to the development of international standards in treaties and international human rights law, binding standards in medicine and psychiatry were introduced. These standards later included the research results obtained from the Vietnam War. They expressly mention torture and underline the importance of the newly developed category of Post Traumatic Stress Disorder (PTSD), with symptoms such as nightmares, flashbacks, and anxiety, as some of the typical reactions to extreme violence. Other important reactions observed were what is known as “dissociative symptoms” or Persistent Personality Change after Extreme Life Experiences. Many of these symptoms are normal reactions to extreme situations, but if they become chronic they lead to an inability to sleep and function normally over extended periods. Depression and anxiety disorders are also frequent in torture survivors. In situations such as these, it is important to provide support or treatment while avoiding stigma and respecting the individuality of the victim.

In the decades after 1950, it became clear that the focus on these concepts was highly limiting, and that it did not sufficiently reflect the impact on the victims. In addition to PostTraumatic Stress Disorder, “paradoxical” shame and guilt feelings are frequent in torture survivors. There may also be physical symptoms which seem to have no material cause. Cultural factors influence both how stress related disorders are experienced and how they are treated. Common torture techniques will often target social identity, group cohesion or feelings of self-worth. Torture is also frequently accompanied

by other stressors such as bereavement, poverty and displacement.

As numerous research projects on Holocaust survivors have shown, torture affects not only the direct victims. It will also have an impact on their families up to the second and third generations.

Brain imaging techniques such as PET and SPECT offer precise measurement of damages after extreme stress, and demonstrate the link between the psychological and emotional processes involved. Other important developments are the new techniques to diagnose and treat the physical after-effects of torture.

Besides the growing body of knowledge about specific forms of torture, IRCT members have, over the last decades, contributed to the techniques of documenting injuries resulting from torture. For instance, Professor Veli Lök from the IRCT partner organisation, the Human Rights Foundation of Turkey, has documented the use of bone scintigraphy in cases where common X-ray radiology does not offer sufficient sensitivity. Nuclear Magnetic Resonance can demonstrate other forms of damage including brain trauma caused by beatings, the most frequent form of physical torture.

Documenting the effects of torture becomes a key factor as local and international courts deal with issues of litigation, advocacy, and prosecution. The Istanbul Protocol – the new

international standard recommended by the UN – is used in projects such as the Istanbul Protocol Implementation Project which the IRCT is implementing together with partner organisations from many different countries.

### **Progress in treatment techniques**

Over the years, IRCT members or partners have been at the forefront in developing new techniques to treat torture-related health problems. Physiotherapists in the Danish RCT have treated victims with feet injured by heavy and persistent beatings, known as falanga. Latin American experts have created new and more efficient psychotherapeutic methods of rehabilitating torture survivors, and other centres have developed culturally sensitive ways of supporting healing and treatment. Centres in the IRCT network have often been able to convey new medical knowledge to professionals working in isolated or war-torn regions.

In the rehabilitation of survivors, it is important to understand that physical after-effects are often linked to psychological and social factors. Physical examination may also help in reconstructing what happened and in redrawing the body image after torture.

The practice of torture frequently relies on interlinked physical and psychological techniques, and its long-term symptoms reflect the close interaction of body and psyche. Victims who suffer from chronic pain after falanga – which destroys

the protective layers of tissue on the soles of the feet – will, whenever they take a step, involuntarily be reminded of how they were tortured. The feelings of helplessness and the harrowing images of friends and relatives beaten or tortured come up as “flash-backs” and may create a cage of memories that is easily triggered by everyday occurrences. These memories are difficult to escape without help.

Rehabilitation work with torture victims must also take regional and individual differences into consideration, as each survivor carries his own distinct physical and emotional “package”. The treatment may consist of family therapy or community-based recovery techniques. Therapeutic projects may include social and group interventions, advocacy, or outreach-oriented strategies, as well as medical treatment, psychotherapy and physiotherapy.

Finally, the question remains: in a world plagued by acts of terror – and by the “war on terror” – what are the hopes for those who fight against torture? The means of monitoring and prosecuting torturers have improved considerably in recent years, as have the methods of rehabilitating their victims. Today’s situation is very different from what it was during the drafting of the UN Convention against Torture. Effective tribunals against torturers have made people aware that the international community today has the power to act decisively. This in turn makes primary prevention a real possibility in many countries of the world.

*For the purposes of this Convention, torture means 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.*

*Article 1*

The UN Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment  
(1984)

# *The Rise of an Anti-Torture Organisation*

The International Rehabilitation Council for Torture Victims (IRCT) has grown from modest beginnings of a few entrepreneurs into a truly international organisation supporting victims of torture and fighting against the practice itself. With its origins in the Copenhagen-based Rehabilitation and Research Centre for Torture Victims (RCT), the number of rehabilitation centres and programmes associated with the IRCT has grown over the years. In 2005, there are more than 100 accredited member centres and programmes in Europe, the Americas, the Middle East, Asia, and Africa. Almost another 100 are associated with the IRCT. A growing community of professionals from a number of disciplines – medicine, psychology, physiotherapy, social work, and the law – have treated tens of thousands of survivors of torture.

An international support network has been built. The IRCT's collaboration partners today include UN organisations, worldwide health organisations, a large number of human rights NGOs, and a host of national aid agencies. Over the years, an extensive documentation centre has been created. Its task is to collect information about torture, its after-effects and the best methods of treatment and to make this available to the global rehabilitation network and others working against torture.

The IRCT has also found support from a number of world leaders and dignitaries, including his Holiness the Dalai Lama, Archbishop Desmond Tutu of South Africa, former American President Jimmy Carter, Chilean author Isabel Allende and the former UN Commissioners for Human Rights, Mary Robinson

and Sergio Vieira de Mello. Her Royal Highness Princess Benedikte of Denmark and Her Royal Highness the Princess of Wales were also supporters of the IRCT. Princess Diana visited the Secretariat in Copenhagen in 1996, only one year before she died.

- It will always be invaluable for non-profit organisations to enjoy the goodwill of highly profiled personalities such as these. The IRCT is very much aware of its duty to spotlight the horrors of torture. As the organisation moves into its third decade, the focus on global advocacy as a way of combating torture is greater than ever, says Dr. Inge Genefke, founder of the IRCT.

All in all, the activities, international reach and prestige of the IRCT have grown spectacularly since its foundation in 1985.

- It has been a difficult but always exciting journey, says Inge Genefke. Of course we have had our ups and downs. As in most international NGOs of this scope and size, we have had our share of financial worries, as well as organisational problems to sort out.

- It has been tough going at times. But if I had the chance, I would do it all over again.

### The establishment of the IRCT

The IRCT grew out of a need to create an international platform for the health-based work against torture, which had begun in 1973. That year, Amnesty International started a campaign to diagnose and heal torture victims. Soon after, Inge Genefke and three other medical doctors formed the first Amnesty Medical Group. The initiative grew at an explosive rate. At the end of the 1970s, there were several thousand doctors in Amnesty Medical Groups around the world.

The next important step was taken in 1980, when Inge Genefke and her colleagues were given permission to admit torture victims into the University Hospital in Copenhagen, Denmark.

- During the first years, we treated them as outpatients. But then in 1980, we took them into the neurological department where we had all the resources we needed –

nurses, psychiatrists, neurologists, physiotherapists and social workers.

- It was at the University Hospital that we started to build the huge body of knowledge about torture that we have today. Apart from our collaborators around the world, it is our single most important asset as we continue our work.

*“As the organisation moves into its third decade, the focus on global advocacy as a way of combating torture is greater than ever.”*

DR. INGE GENEFKE



Former UN High Commissioner for Human Rights, Mary Robinson supported the work of the IRCT – here in connection with the UN International Day in Support of Victims of Torture – 26 June 2001.

In 1981, Inge Genefke became one of the founders of the Rehabilitation and Research Centre for Torture Victims in Copenhagen. The organisation soon grew into a fully-fledged, independent institution in the fight against torture. The Danish centre went on to find collaboration partners in Africa, Asia and Latin America. Soon it became evident that the growing movement would need an organisation to support the foundation and financing of new centres. Thus, the IRCT was established, with an assignment to support fundraising, information, research and training.

With that agenda, the organisation has grown during the 20 years that have followed. From the very start, council members were recruited from a number of different countries, and partnerships with other organisations were soon established. The first partnerships included the Medical Action Group of the Philippines as well as the rehabilitation centre AVRE in France and the Center for the Victims of Torture in Minneapolis in the United States.

### **The growth of the movement**

During the first few years, the IRCT focused on supporting centres, spreading knowledge and expanding its collaboration with various organisations and donors. International seminars were held on an annual basis. Researchers and therapists from centres around the world met to discuss rehabilitation methods and to share their knowledge with other health professionals. These seminars became an important

way of involving new people in the work, and several participants went on to start rehabilitation activities in their own countries.

Beginning in 1986, the IRCT also arranged a series of symposia on the theme “Torture as a Challenge to the Medical Profession”. These international gatherings served to heighten the attention of medical doctors around the world to the practice of torture and its consequences. One of these symposia was held in Istanbul in 1992.

- Considering the human rights record of Turkey at the time, it was quite a success for us to be able to hold the symposium in Istanbul, says Professor Erik Holst, IRCT Vice President.

- Because of our diplomatic efforts, the Turkish authorities never tried to interfere, and the symposium was even reported in the English-language newspapers.

During the symposium, the IRCT Council adopted the Istanbul Declaration addressed to the United Nations. With this document, the IRCT for the first time managed to leave a significant imprint on a major UN text: the Vienna Declaration and Action Programme on Human Rights from 1993.

Between 1985 and 2000, some 10 to 20 new centres were established every year, sometimes with the assistance of the IRCT, sometimes at their own initiative.



*In 1999, Dr. Inge Genefke was appointed "Commandeur de la Légion d'Honneur". At the award ceremony, Dr. Genefke met with (from the left) Mr. Jean-Pierre Masset, French Ambassador to Denmark at the time, and his wife, Françoise Masset. To the right of Dr. Inge Genefke is her husband, Professor Bent Sørensen.*

Looking back at the long march of the anti-torture movement – from small beginnings to a worldwide operation under the aegis of the IRCT – Inge Genefke remembers a row of milestones by the road:

- In 1983, the RCT held its first international seminar in Copenhagen. The participants were Danish and international health care personnel with an interest in the work of the organisation. I remember how proud I felt. About a hundred people came from all over the world, nurses, doctors and professors.

- Then in 1985 – the very year we founded the IRCT – Jette and Alan Parker from the Oak Foundation decided to contribute to our cause by giving us an important grant. It has since been renewed again and again during all the years that followed. I think that is quite unique in the world of human rights organisations.

- In 1991, the first issue of our quarterly scientific journal TORTURE appeared. The journal gave us a chance to reach out to health professionals and people working with human rights around the world. Over the years, it has been distributed to readers in more than 150 countries.

- In 1997, the UN General Assembly decided – upon suggestion from Denmark – to make 26 June the UN International Day in Support of Victims of Torture. Every year since then, the IRCT has coordinated a global campaign on this day.

Other important events in the history of the IRCT were the consultative statuses awarded the organisation in the United Nations and the Council of Europe. In 1988, Professor Bent Sørensen was elected to the United Nations Committee against Torture. Sørensen, a Danish doctor and one of the pioneers of the anti-torture movement, was the only physician in an assembly dominated by lawyers. Because of his medical expertise, his contribution to the Committee would prove to be very important.

- I remember the first dinner we had, says Professor Sørensen, a smile spreading over his face.

- The others looked at me and said, “What are you doing here? We are working against torture, and you’re a medical doctor.” So I asked them in turn, “What are you doing here? You are lawyers, not doctors”.

- As it turned out, we had a marvellous cooperation for many, many years. From our vantage point within the UN system, we were able to spread the word about torture to the UN member countries. As I see it, it was one of the most important factors in putting torture on the world’s agenda.

At the start, the funding, staff and activities of the IRCT and the RCT were closely linked. On the recommendation of a group of consultants, the organisations were divided into two distinct entities with the IRCT supporting the global network.

Starting in 1993, the IRCT and the RCT had fully separate finances and since 1998 also separate management and staff. The IRCT gradually became an independent international NGO with an international Council and Board and – since 2003 – with a democratic structure.

So, during the 1990s, the IRCT evolved from a loosely organised collaboration of rehabilitation centres – with some coordination from the Secretariat in Copenhagen – towards a more formal network of centres. This process in turn gave rise to a system of accreditation to the IRCT, which today is equal to a membership.

### **Money makes the world go 'round**

Adequate funding, of course, was essential to the growth of the IRCT into a well-structured international organisation. In the early 1990s, Professor Erik Holst, a member of the IRCT management for several years, and Financial Director Jens Andersen concentrated their efforts on the strategic development of the organisation. They foresaw the need for 50 million Danish Kroner over a four-year period from 1992-1995.

- It was a substantial sum, but the Danish Parliament voted to grant us all of it. The condition was that over the next few years, we would secure our own funding from sources other than the Danish tax-payers, says Erik Holst.

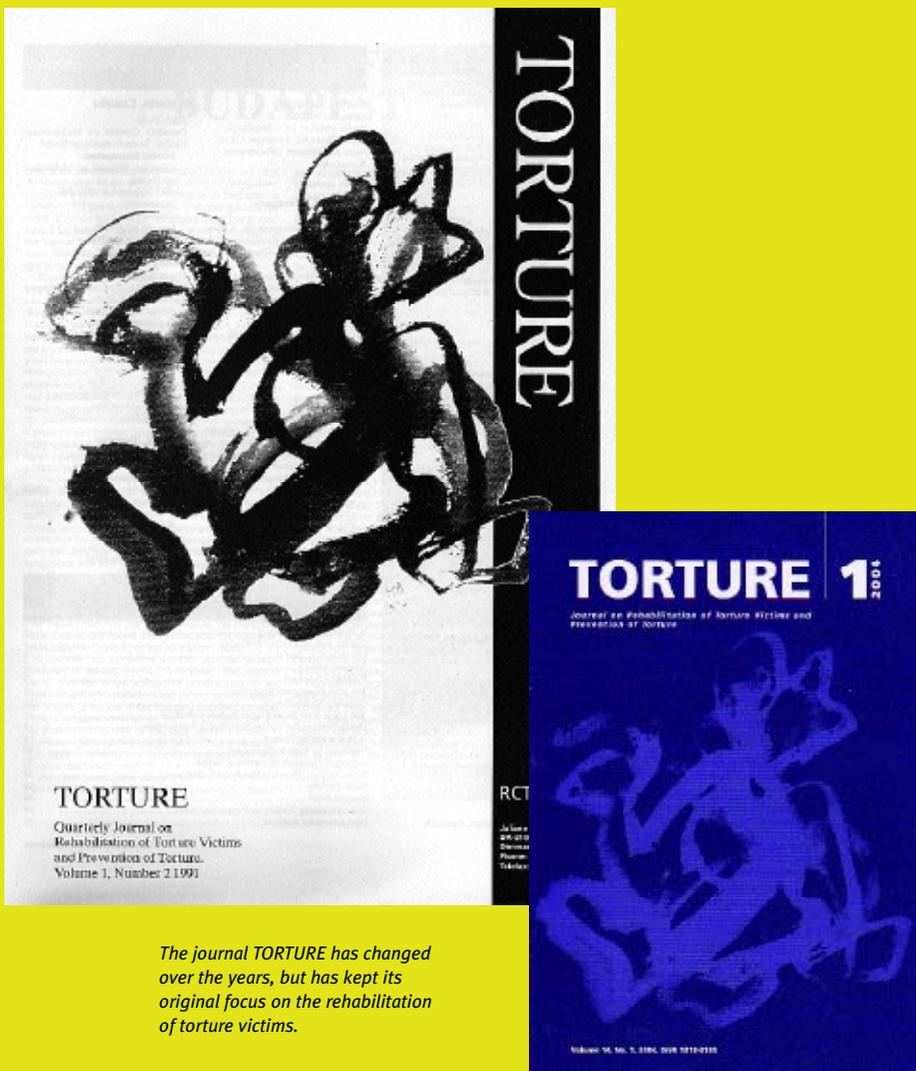
Looking around for new sources of finance, the IRCT then



turned to the EU. In 1994, the EU set up a special budget line for victims of torture. The annual appropriation rose from 2 million to 5 million Euro, and in 2002 – after intensive lobbying – to 12 million Euro.

- The Parker family made it possible for us to initiate a lot of new centres, says Professor Holst. However, we needed the EU money to help them stay alive. And we also have worked

*Every year, 26 June is commemorated all over the world. In 2004 a group of Turkish children released balloons from the wall of the Fortress of Diyarbakir as a protest against torture.*



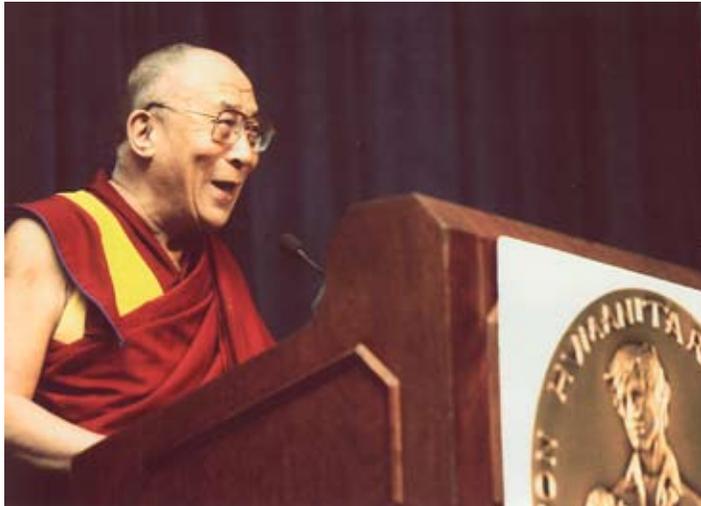
*The journal TORTURE has changed over the years, but has kept its original focus on the rehabilitation of torture victims.*

hard and successfully at expanding the UN Voluntary Fund for Victims of Torture, thanks not least to the contribution of the CVT in Minnesota.

These efforts are still a priority, as the European Union and the UN are the two main institutional donors for a large number of centres. Without EU, UN and OAK Foundation support, the global movement of rehabilitation centres would never have got off the ground in the third world or Eastern Europe.

The funding base of the organisation has broadened over the years, with recent contributions from the Dutch, Swedish, Norwegian and British Ministries of Foreign Affairs, and grants from a large number of private foundations. Of particular significance was also the Conrad N. Hilton Humanitarian Award which was given the IRCT in 2003. The prize, one million US Dollars, was presented at a ceremony in New York City with the participation of His Holiness the Dalai Lama.

Speaking at the ceremony, His Holiness the Dalai Lama recognised the work of the IRCT and called such work “a spiritual act of compassion ... compassion in action”. The Dalai Lama noted the importance of attending to individuals who have suffered at the hands of others, and encouraged the IRCT to continue its work against torture and in support of victims of torture. The Hilton Humanitarian Award was used to strengthen the IRCT’s global impact by supporting treatment for torture victims through existing and new centres and by supporting the advocacy efforts of the Secretariat.



*His Holiness the Dalai Lama spoke at the ceremony when the IRCT received the 2003 Hilton Humanitarian Award.*

### **Friends and partners of the IRCT**

International standing and international goodwill – these are indispensable assets for any human rights organisation with an ambition to work globally. At the same time, the IRCT would not have come very far without the efforts of a number of highly motivated individuals and committed donors.

- We would never have made it if it had not been for the help from hard-working people such as Dr. June Lopez from the Philippines, Professor Erik Holst and my secretary Gunhild Nielsen, says Inge Genefke.

- I would also like to mention all our voluntary helpers, such as author Elsa Gress, film-maker Astrid Henning Jensen and the musician Palle Mikkelborg. And then of course all the politicians and civil servants in Denmark and other countries who have helped us so much. Without them we would not have come as far as we have.

There are many other human rights organisations working against torture, e.g. Amnesty International, the Redress Trust, the Organisation Mondiale Contre la Torture, the Association for the Prevention of Torture, and others. Most of these are active in areas such as advocacy, prevention and the fight against impunity. So the question arises – what is the defining role of the IRCT?

- First of all, we are medically based. We have developed techniques and competencies which make it possible for us, very accurately, to determine if a person has been tortured. And we can do it even if there are no physical after-effects, says Dr. Genefke. That is why I always feel very confident when I am in court to testify in a torture case.

- Secondly, the centres which are part of the IRCT network concentrate on healing victims of torture. This makes the IRCT the only global organisation with rehabilitation as its main focus.

- We also have a clear understanding that individual healing is essential to stop the effects of torture from spreading to the

rest of society. In the end, healing individuals is closely linked to prevention, and thus to the global struggle for democracy, emphasises Dr. Genefke.

Another important dimension in the fight against torture is the effort to end impunity. In many countries across the globe, those responsible for torture need never worry about being punished. This means that there is nothing to prevent them from continuing their abominable deeds. Impunity also sends a clear message to torturers that what they are doing is tolerable, perhaps even commendable.

The IRCT is giving high priority to the issue of impunity. At a meeting with the UN Commission on Human Rights in the spring of 2005, the IRCT organised a round table dialogue between medical doctors and legal officials. The topic of the discussion was how to prove torture, so that perpetrators can be brought to justice. Since torturers are using more and more sophisticated methods to avoid leaving any physical evidence on their victims, techniques of diagnosing and documenting torture must keep abreast of these “advances”.

- In the case of impunity, we are seeing encouraging develop-

ments in several countries. Chile and Argentina have started to punish torturers, and that sets an example to many other countries. It is important to understand that punishing those responsible is healing in itself, says Inge Genefke.

*“We also have a clear understanding that individual healing is essential to stop the effects of torture from spreading to the rest of society.”*

DR. INGE GENEKKE

### **Today’s challenges**

The fight against torture continues into the 21st century. In 2004, a new IRCT Secretary-General, Brita Sydhoff, was appointed.

- It is very important for me to emphasise the obligations of governments and the rights of victims, says Brita Sydhoff.

We know that in half of the countries of the world, governments break international law by resorting to torture. But in addition to that, most other governments fail to live up to their legal obligation to provide reparation to the victims of torture. And reparation includes rehabilitation and the right to non-repetition.

The IRCT combines rehabilitation work with efforts aimed at prevention and awareness-raising. Victims’ rights are thoroughly covered in international law, which means that victims should always be offered medical and legal assistance. The objective is to help them resume as full a life as possible after the torture.



*Jazz musicians Palle Mikkelborg and Helen Davies have supported the work of the IRCT for many years.*

- Legal assistance to torture victims should lead to an increasing number of torture cases being brought to court. The world will only learn what awful crimes have been committed when torturers are punished. In that way, there is a chance that future acts of torture will be prevented, adds Brita Sydhoff.

Today, the Istanbul Protocol, annexed to the UN Convention against Torture, provides guidelines on the legal and medical documentation of torture. The IRCT is involved in several projects to implement the Protocol in a number of countries across the world. Working with partner organisations both on the international and national levels, health and legal professionals are being trained to apply the Istanbul Protocol on suspected cases of torture.

- We hope that in the long run, the Protocol will be implemented in all countries of the world, and that it will be used as a tool for documenting cases of torture. This is essential both to justice as such and to stop impunity for torturers, says Brita Sydhoff.

The rehabilitation centres and programmes constituting the IRCT network today have a stronger voice than ever. Through the IRCT Council, the organisation is formally represented by

all regions of the world, and the IRCT accredited members meet regularly to share their experiences in areas such as best practice, capacity-building and policy development.

The IRCT is looking to expand activities to new countries. In 2005, the Secretariat is coordinating a prevention project in Uzbekistan, where officials in prisons and other places of detention are being trained in human rights and in how to identify torture. The IRCT is training Iraqi health profes-

sionals in treating victims of torture and is also involved in establishing a rehabilitation centre in Basrah. The experiences from southern Iraq will be used to start activities in other parts of the country. Hundreds of thousands of victims and their families need support. IRCT member centres

are working with victims in other parts of the country, and this – together with collaboration with the Iraqi Government and UN agencies – will form the basis of future rehabilitation activities in Iraq.

The Secretariat continuously works to support staff at the rehabilitation centres, e.g. through regional seminars and capacity-building workshops. It is also working hard to remind governments of their obligations by spreading information on issues such as rehabilitation, prevention and

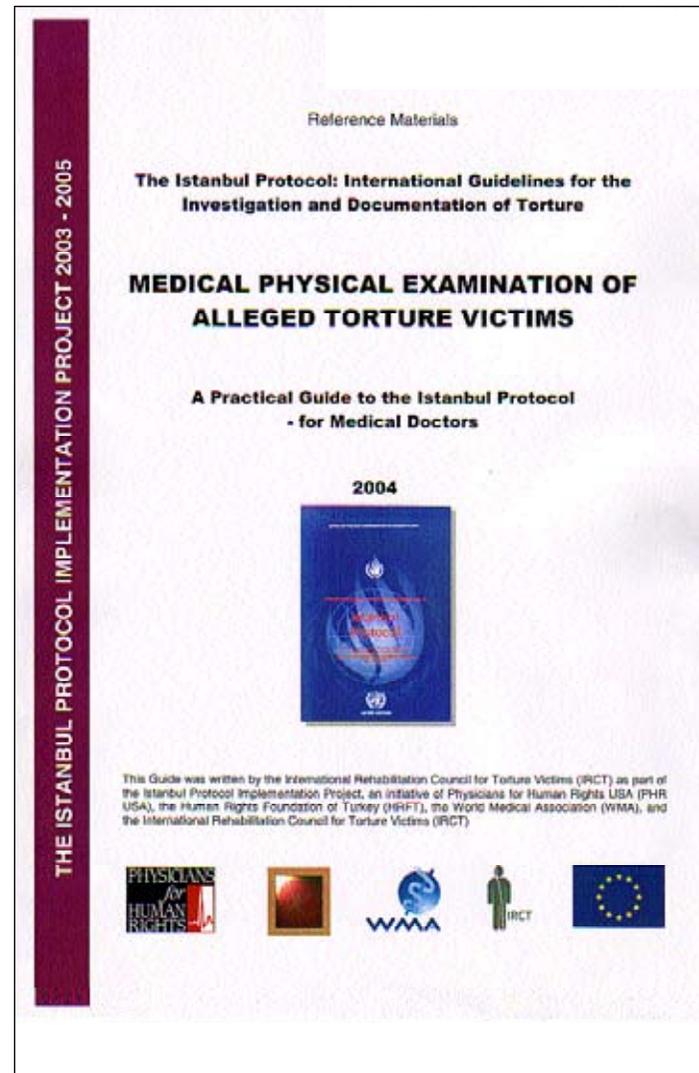
*“It is very important for me to emphasise  
the obligations of governments and the  
rights of victims.”*

IRCT SECRETARY-GENERAL BRITA SYDHOFF

advocacy for reparation of victims. The majority of rehabilitation centres and programmes around the world have to function without their respective government's support. But in democratic countries, governments should support the work of the centres. Rehabilitation centres and programmes should not have to continue operating as substitutes for what governments themselves should be doing.

What, then, are the prospects for the future? Will the IRCT, its network of rehabilitation centres across the world and all the other NGOs in the human rights community ever be able to achieve the goal of rolling back the frontiers of torture?

Over the last few years, and especially in the post-September 11 era of "war on terrorism", there has been a significant change in the way that human rights are discussed, especially torture. A number of politicians, commentators and academics have argued that torture should be allowed in very specific circumstances in order to prevent acts of terror. On several occasions, IRCT representatives have taken part in this discourse, always upholding the absolute prohibition of torture and the devastating consequences of compromising this prohibition. If certain kinds of torture were allowed, the countries allowing it would lose their moral right to criticise other human rights violators. Furthermore, the use of torture is unlikely to produce reliable intelligence about planned acts of terrorism, simply because a person will admit to anything under torture. Other, more humane methods of interrogation do achieve results and should be used instead of torture.



*A wide range of information material has been developed in connection with the project for the implementation of the Istanbul Protocol.*



*The IRCT rehabilitation project in Basrah, Iraq, has attracted considerable media attention – here at a press conference in the spring of 2005.*

Even a limited use of torture will lead to a deterioration of overall human rights standards, which in turn will make the world a more dangerous place to live in.

At the same time, there are also a number of promising signs:

- I am quite sure that we are making progress. In so many countries, the number of torturers is diminishing, says Professor Bent Sørensen.

- In South America there used to be hundreds of thousands of victims – now there are a few scattered here and there. I am thinking of Chile under Pinochet, where Inge Genefke used to be working almost undercover with a centre. Today she is an official advisor to the Chilean Government, which has given substantial sums of money to the treatment of torture victims.

Dr. Genefke is very clear about the nature of the challenges facing the IRCT:

- After more than thirty years of work for the movement, I know one thing with absolute certainty: torture is the ultimate evil, the worst of all our man-made disasters.

- To overcome it we need three important things: political will, the involvement of concerned people wherever they may be – and, of course, the financial resources to get things done. In future, the IRCT will support the establishment of new rehabilitation centres and programmes.

Brita Sydhoff explains:

- We must never stop putting pressure on governments to fulfil their obligations towards the victims. At the same time, we will do whatever it takes to reach as many victims as possible. At the moment, there are large groups of people who have no possibility of getting professional help after they have been tortured. Some of these people live in post-conflict societies; others live in countries where no rehabilitation services are offered.

- We also need to focus on women and children, both as victims of torture and as secondary victims. Finally, we must increase our efforts in areas of armed conflict, where torture in all its forms is rampant. The world's political, religious and ethnic conflicts create new torture victims every day.

We wish to help these people and their societies in the best possible way. We are convinced that rehabilitation as well as social and legal aid will promote conflict resolution, good governance and the spread of democracy.

***The rehabilitation centres and programmes constituting the IRCT network today have a stronger voice than ever.***

# Supporting a Gruelling Issue

The Oak Foundation is one of the world's largest private donors to the cause of rehabilitation of torture victims – and has been a financial mainstay of the IRCT throughout its existence. Based in Geneva, the Oak Foundation supports a number of causes in fields such as child abuse, the environment, international human rights, and women's issues.

The Foundation started its work in London in the late 1980s. Its huge capital was funded by entrepreneur Alan Parker and his Danish-born wife Jette out of proceeds from the sale of a chain of international tax-free stores. From relatively modest beginnings, the foundation has grown to support almost 190 not-for-profit organisations across the world, with grants ranging in size from 25,000 to 10 million US dollars.

The Foundation does not publish figures concerning total assets or grants

awarded. It is safe to say, however, that the size of its operations is very considerable.

- We started in a small way through the company, setting up scholarships and so on, remembers Jette Parker.

- We were inspired by an American friend who was supporting children's homes in Vietnam and Korea, and decided that we

wanted to do something ourselves. Our first efforts didn't work out so well, as we had chosen the wrong people to work with.

- But then in the early 1990s we really got down to it. We had professional help in deciding which issues we wanted to support, and formed a board of advisors to help the family.

All of the Parker family are now taking an active part in the work of the Oak Foundation. A son, Kristian, who is a marine biologist takes a special interest in the environment, while a daughter, Natalie, prefers to work with the homeless. The

oldest daughter, Caroline is involved in programmes related to child abuse.

Some of the causes supported by the Foundation, such as learning disabilities, have personal ties to the Parker family: Alan Parker, his son and grandson are all dyslexic;

and the various projects in Zimbabwe owe their existence to the fact that Alan Parker himself was raised in that country.

The support that the Foundation gives the IRCT grew out of the friendship between the Parkers, Inge Genefke and her husband Bent Sørensen.

- We decided to contribute to this particular cause because

***“The IRCT was the second cause that we started contributing to, and so we have kept at it for a long time now.”***

MRS. JETTE PARKER

we feel that as human beings, we are responsible for what happens to others.

- And then we were very much impressed by Inge Genefke's persistence and strong moral conviction. The IRCT was the second cause that we started contributing to, and so we have kept at it for a long time now. In the beginning, we were the only donors together with the Danish Government. Nobody else would do it, says Jette Parker.

The Parkers are well aware that it is difficult to attract capital to the cause of torture rehabilitation. They have been trying to encourage other donors to give, but without success.

- I think the most important reason for people not wanting to support torture victims is that they don't even want to think about it. It's like sexual abuse of children: people would just prefer not to know. And if you give money, you do have to think about it.

It is not just a matter of giving money to fund a worthy cause. On a more immaterial level, there is a considerable reward for the donor, says Jette Parker:

- There is a deep satisfaction in knowing that we help people who have been through hell to live normal lives again. And looking ahead, we shall simply have to continue to do the very best we can – in the fight to help survivors or torture wherever they are.



*Alan and Jette Parker – founders of the OAK Foundation.*



**THE PHILIPPINES:** *Professor Dr. June Lopez from the Program on Psychosocial Trauma and Human Rights.*

# From Dictatorship to Democracy

Unassuming and mild-mannered, Dr. June Lopez comes across more as the family doctor than as one of Asia's most experienced professionals in the field of torture rehabilitation. With her long background in the Filipino Human Rights movement, she is one of a thousand women worldwide who were collectively nominated for the 2005 Nobel Peace Prize.

As it happens, June Lopez is also one of the founding members of the IRCT. She was a member of the IRCT Council for a number of years, and she has acted as Vice President for Asia.

- My years with the IRCT have been really exciting, says June Lopez as she looks out of the window of her offices in Quezon City, a district of the capital of Manila.

- People working with the IRCT have so often been passionate about what they are doing. On the other hand, we have had to muster the guts to push people we needed to influence. We have found ourselves in some embarrassing situations, because quite often these persons did not want to hear about torture.

- It's very typical as far as torture is concerned. Many would rather stay in disbelief than realise that such things are really happening.

June Lopez knows they are. Over the last decades, she has seen more of the consequences of torture – both on individuals and on entire communities – than almost anybody in the field. She has worked with survivors of political violence in Kosovo and across the Asian continent in countries such

as Timor-Leste, Nepal, India, Pakistan, Indonesia, Myanmar (former Burma) and Cambodia.

Her holistic approach to healing has led her to work within the larger context of trauma, the family and the commu-

nity of those affected. She has done a lot of work with child survivors, creating innovative techniques of therapy in which parents and village teachers play leading roles.

- In Timor Leste, for instance, we realised that the personal and family levels are not enough when we work to heal traumatised people. We have had to integrate the entire community into the healing process, says June Lopez.

## The early work against torture

It is the wet season in the Philippines. As low-lying clouds unleash a fierce tropical rain over Manila, bolts of lightning flash across the city's grey facades. It is a fitting background for June Lopez' account of how she came to work with human rights in a nation that until 1986 was ruled by one of Asia's

*“We have had to integrate the entire community into the healing process.”*

DR. JUNE LOPEZ

most corrupt dictators.

She received her early education in a politically conservative Catholic school. After graduating she entered the University of the Philippines, then – and still – a bastion of political radicalism. In 1976, during a period of martial law, she graduated as a medical doctor.

- My school teachers warned me that the University would turn me into an enemy of the state, unless of course I joined a Catholic group there, says June Lopez.

- But during the human rights violations in the early 1970s, I just couldn't remain blind to what was happening. People were disappearing, entire communities were being massacred.

- Soon I was taking part in a lot of demonstrations. Once I saw a student who had his brains blown out by a grenade. Somebody threw it from the roof of a building as we marched past. We were convinced that the military or the police were behind the incident.

June Lopez became an active student politician and was elected Secretary of the student council. In her first year of medi-

cal studies, she had to go underground for a year, but was allowed back to the University by her Dean. She was black-listed by the military for many years. As a young psychiatrist in the early 1980s, she became one of the founders of the Medical Action Group, an organisation founded to help the torture victims of the regime. The Group's second and

equally important task was to document human rights crimes during the Marcos years.

That was when we began to see our first torture survivors, says June Lopez. We were asked by lawyers to go with them to detention camps. There we interviewed prisoners who had been tortured.

All of this was done in secret.

- Then a classmate of mine, a personal friend, was assassinated in the south of the country. He was murdered in broad daylight as he was working in his clinic.

- That really galvanised our anger. More people joined the Medical Action Group. Soon there were 200 members, and then we created a group called Philippine Action Concerning Torture.

***“I just couldn't remain blind to what was happening. People were disappearing, entire communities were being massacred.”***

DR. JUNE LOPEZ



*ASIA: The Program on Psychosocial Trauma and Human Rights in the Philippines is a close collaboration partner with the IRCT and the Asia Network.*

### **An important milestone**

In 1992, the IRCT managed to get the Danish International Development Agency to support the creation of a torture rehabilitation programme within the University of the Philippines. This was a milestone for June Lopez and her colleagues:

- It was a much more practical way to work. And since the programme had its offices on the campus, we were given the kind of protection we needed. For a long time we had all been working as volunteers, outside our regular jobs. Now we were able to do the research and treat our clients as members of the faculty.

The protection a University job could provide, though by no means bullet-proof, was certainly a luxury by the standards

of the average Filipino. According to independent estimates, the Marcos regime murdered over 3,000 of its citizens and tortured 35,000. Most of the people killed were tortured, mutilated, and then dumped by the roads as warnings to the population.

Frequently used torture methods in the Philippines – both during Marcos’ time and under subsequent regimes – are electro-shocks, particularly to the genitals, suffocation with a plastic bag, gagging the victim with a cloth and then dripping water on it to produce gradual suffocation, and burning the victim with cigarette butts. Prison beatings are so commonplace that neither perpetrators nor victims consider them “real” torture.

***According to independent estimates, the Marcos regime murdered over 3,000 of its citizens and tortured 35,000.***

The legacy of terror has lived on through the decades following Marcos’ downfall, despite the fact that the Philippines has ratified key human rights documents such as the UN Convention against Torture. The 1987 Filipino Constitution, moreover, specifically prohi-

bits torture. Nonetheless, the practice persists, as Amnesty International has shown in a number of reports.

People most at risk of being tortured include members of armed opposition groups, their sympathisers and ordinary

criminal suspects. “Members of poor and marginalized communities, including women and children who are suspected of committing criminal acts, are also particularly vulnerable”, Amnesty writes.

Children are victims of violence committed both by agents of the state and by grown-ups in general.

- In societies where there is much poverty and where human rights are often violated, children become secondary victims. If a woman is beaten by her husband, you can be sure that there are also several battered children, says Professor Elizabeth Protacio-de Castro of the University of the Philippines’ Center for Integrative and Development Studies (UP-CIDS).

- As a matter of fact, children are being beaten up by adults in general – their parents, the police, teachers, priests, nuns. They are being ill-treated by people whom they should be able to trust.

Most exposed are street children, commercially exploited children, and children who are suspected by the military to work as couriers for some rebel group.

- Children are exposed to much the same methods of torture

as adults, but the effects are much more serious because of their frail bodies. The techniques include beatings, death threats, mental torture, mutilations, rape and being shot, says Professor Protacio-de Castro.

***Prison beatings are so commonplace that neither perpetrators nor victims consider them “real” torture.***

Conditions in Filipino prisons are often a form of torture in themselves. The overcrowding is such that 30-40 suspects or convicts may be crammed into cells built for ten. There is so little space that inmates have to take turns sleeping,

or sleep standing up. There is not enough water to go around, and, needless to say, neither books nor recreational facilities are provided.

Violence is an integral part both of prisons and the penal system as such:

- When the police catch a purse-snatcher in the street, they will allow bystanders to beat him up. Then when the suspects are thrown into prison, their fellow inmates are free to beat them up too, says Wilnor Papa of Amnesty International in Manila.

### **Reaching large numbers of victims**

It was against this background – one of violence, torture and ill-treatment affecting large parts of the population – that

June Lopez and her co-workers set out to develop techniques of healing which would reach as many victims as possible:

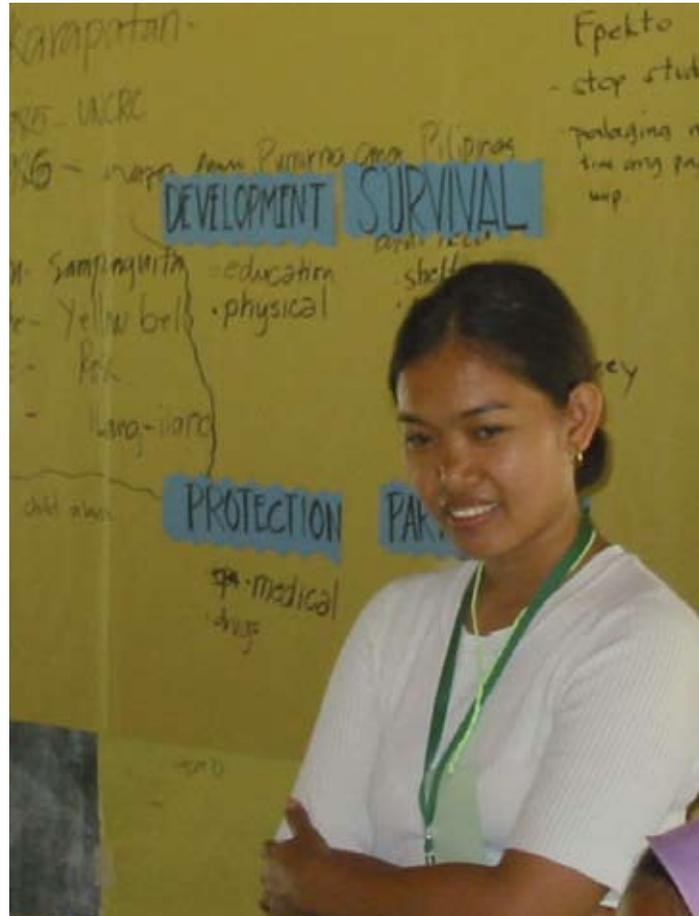
- As IRCT Vice President charged with coordinating activities in Asia, I wasn't primarily interested in setting up specialised treatment centres across the region. I and my colleagues were concentrating on training people, the more the better.

- My involvement has been with projects like Timor Leste and Mindanao where we have had to operate from schools and churches, using locally trained people.

As June Lopez sees it, the focus on individual cases works well in Europe, where therapists mostly deal with refugees who want to apply for asylum in their host countries.

- The individual approach is even enshrined in the UN Convention against Torture, which defines torture as an act by which severe pain or suffering is intentionally inflicted on a person. The reality confronting ordinary people in Asia is often very different. Here we have rulers that don't shy away from using ethnic cleansing and mass rapes against women. These regimes are not necessarily targeting individuals. On the contrary, they are out to intimidate and disempower entire communities. Is that not torture?

- Or take the case of Timor Leste, where there is a village called "the widows' village". During the Indonesian occupation, the military abducted all the men. Later, a number of them



*One of the young staff facilitators handling the module on child rights for volunteer teachers and day-care workers.*

were dropped as corpses from helicopters on the village. Is that not torture?



*Children have been the focus of many of the rehabilitation activities initiated by Dr. June Lopez and her colleagues.*

### **The children of Timor Leste**

During the Indonesian occupation of Timor Leste, more than two hundred thousand people – one-third of the entire population – were killed, according to Amnesty International. The methods were massacre, forced starvation and intentionally inflicted diseases. Different forms of torture were part of the control system throughout the 24 years of occupation.

From the beginning of the occupation, women were raped and brutalised by the military. The wives and sisters of men suspected of being members of the resistance were particularly affected. But rape and sexual assault on the women of Timor Leste were also used to terrorise and subdue the population in general.

When the occupation ended in late 1999, June Lopez was supported by the United Nations Transition Administration as she and her staff launched a programme of holistic therapeutic work in Timor Leste. The goal they had set themselves was to reach the entire population, starting with the children. She was given a go-ahead on the condition that she would undertake a nation-wide survey to assess how people had been affected by the violence.

The findings showed that 97 % of the population was traumatised, and that roughly one-third had suffered some form of torture. The survey also identified the three most affected areas of Timor Leste. Considering the sheer size of the task, June Lopez and her associates had to devise methods of

radically increasing the number of people who would be involved in the rehabilitation efforts.

The first step was to train local people, and then get them to recruit volunteers. June Lopez and her colleagues were also enlisting the help of teachers. Step two was to design the therapeutic modules. They came to consist of a number of play therapy sessions, each with its specific objective. Manuals were written and used as guides for the therapeutic work, which was then integrated into the school year.

- The programme naturally targeted the children, but interestingly it also worked as a way of reaching the parents. After all, most of the volunteers doing the work had children of their own.

June Lopez and her staff were able to train more than 100 teachers, persons who themselves, in most cases, had been tortured. This meant that the future teachers had to be debriefed. Using the play therapy sessions, they were able to free themselves of some of their own traumatic experiences.

The play therapy involves several sets of activities for children. The first of these is about getting to know each other. The children take part in an opening ritual which may involve praying or singing the national anthem. Then they go on to the “check-up”. The children are paired together and sing a song which teaches them a sense of social responsibility for each other: how are you today? Is there anything bothering you? Do you have a pain anywhere?

- If anyone has a problem or is in pain, the nurse is called in. The teacher might ask the class, “Who would like to give Maria something to eat? She says she is very hungry”. It is all about creating a sense of safety, to show the children that their classmates care for them, says June Lopez.

The next part of the therapy is called “tell a story”. The children are asked to describe a dramatic event that they have been through. They may draw on paper or use cotton dolls to represent members of the family, a bike, a cart for carrying their belongings when they had to flee war-stricken areas, a truck, a helicopter.

- This is where we start to elicit the children’s traumatic experiences. The key message is that you are not alone, we have all been through these things... the evacuation centres, the soldiers, the terror of war.

Step three deals with what it means to be a friend and a neighbour. In the fourth and final set of exercises, the children are asked to draw their communities – what they were like before, what they are like now, and what hopes they have for the future of their communities.

Finally, there is a session which has to do with mourning

and remembrance of the dead. In Catholic communities, the children visit cemeteries to bring flowers for those who have died. The idea of the ritual is to help the children achieve what is known as an emotional closure on their loss.

### **Mindanao – another case of repression**

June Lopez and her staff have gone on to do similar work in Mindanao, a province of the Philippines where government troops have been fighting a Muslim armed rebellion for many years. In 2000 alone, in an all-out campaign to crush the

insurgency, roughly four hundred thousand civilians were internally displaced. According to an Amnesty report, there were many reports of human rights violations, including extra-judicial killings, disappearances, and torture.

When June Lopez and her co-workers had trained the teachers, the day-care centre

people and the youth volunteers in Mindanao, they went one step further. They started to train the parents themselves. All in all, five hundred parents were educated on issues such as children’s rights, child development and crisis debriefing.

- In that way, the parents began to understand their own

*“These regimes are not necessarily targeting individuals. On the contrary, they are out to intimidate and disempower entire communities.”*

DR. JUNE LOPEZ

children, right in their own homes. We had realised that the children were learning about peace and children's rights, but the parents continued to beat them up. Both in Mindanao and in Timor Leste, punishing children is an accepted practice. Nobody sees anything wrong with it, says June Lopez.

In the capital of Manila, the United Against Torture Coalition is lobbying for a group of anti-torture bills to be adopted by Congress. The Government of the Philippines signed the UN Convention against Torture as early as 1984, but domestic laws that would criminalise acts of torture have yet to be passed.

At the same time, a new threat to human rights has materialised in the Philippines. Under the US-led war on terror, intensified military campaigns of arrest, detention and torture have been unleashed on anyone suspected of being involved in terrorism.

- We will have to take a fresh look at the situation we are in now. Both global and local politics have radically changed the way that torture is being practiced. Many more are at risk of being tortured, with complete impunity for the perpetrators, says June Lopez.

- That is why we will have to give as much attention to prevention as to rehabilitation. To achieve that, human rights have to be at the top of the agenda as we educate people in general and health professionals in particular.



*Children in Pikit, Cotabato Mindanao, reading Peace Messages from children in Manila, sent as an expression of their solidarity.*

# *The Changing Face of Torture in South Africa and Zimbabwe*

Although in many ways dissimilar, Zimbabwe and South Africa have both had violent histories and a harrowing experience of torture, in the case of Zimbabwe continuing right up to the present. In the former British colony ruled by Robert Mugabe and his Zanu-PF party, thousands of victims have come for help and rehabilitation at the IRCT-affiliated Amani Trust. Yet thousands more remain anonymous and therefore not cared for.

In South Africa, some of the persons being treated at the Trauma Centre for Survivors of Violence and Torture in Cape Town are victims from the apartheid era. Others are refugees from neighbouring states such as the Democratic Republic of the Congo. In both countries, rehabilitation methods range from western-style individual therapy to traditional African healing techniques.

In Zimbabwe's capital Harare, the work of the staff at the Amani Trust has generated one of the most extensive bodies of knowledge about torture anywhere in Africa. Over the years, the team at Amani have also developed a number of cost-effective therapeutic practices to cope with needs far in excess of available resources.

- We have about 3,000 survivors on record since 2000, but those are just the ones that we meet directly. It is a generally accepted fact that our admissions figures do not tell the whole truth about torture in Zimbabwe, says Fidelis Mudimu, programme manager at the Amani Trust.

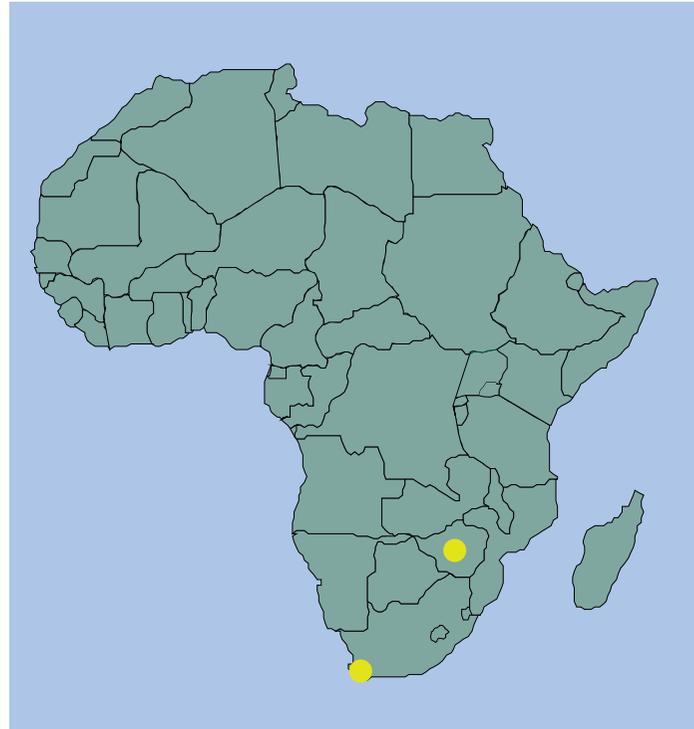
- The people we get to see and treat are the ones that are willing to report to us. Many, many others get beaten up by the police and return home without telling anyone. Violence and torture have become so much a part of everyday life that many of the victims don't even bother to report it.

Zimbabwe's tradition of violence is one of several man-made scourges – including poverty, violent crime and one of the world's highest incidences of HIV/AIDS infection – in a country which might otherwise have enjoyed peace and prosperity.

On the central high plateau, Zimbabwe has a pleasant, temperate climate. The country's dramatic scenery and its many species of wildlife could have provided the foundations of a thriving tourist industry. The cotton crops and rich deposits of minerals might have generated export revenues far above the current figures.

Politics changed all that. To be more precise, Robert Mugabe's repressive kind of politics changed it. The seizure of almost all the land owned by white farmers has led to a dramatic fall in agricultural production. The chaos in the countryside has also frightened off much of the overseas capital which might otherwise have invested in Zimbabwe.

Today, the country is one of the poorest nations in the world, with a per capita income equal to one-fifth of neighbouring South Africa's. The life expectancy of the ordinary person in Zimbabwe is down to 34 years for men and 33 years for women.



**AFRICA:** *The Amani Trust in Zimbabwe and the Trauma Centre for Survivors of Violence and Torture in South Africa are both accredited members of the IRCT.*

### **Repression of political opponents**

Zimbabwe's history of terror started well before independence in 1980, with the racist politics practiced under the colonial regime of Prime Minister Ian Smith. Repression on a massive scale, however, erupted only after the rise to power of Robert Mugabe's Zanu-PF movement. Anybody with links to the rival Zapu party was seen as an enemy of the state.



ZIMBABWE: Programme Manager at Amani Trust, Fidelis Mudimu.

- Well before the war of liberation, Mugabe and his followers had come to the conclusion that mere talk was not going to work as far as the opposition was concerned. So they decided to “go the war way”.

- After that, it was difficult for them to go back to negotiated politics, because they had become used to achieving their goals through violence, says Pondai Bamu of the Zimbabwe Human Rights NGO Forum.

The real upsurge in political terror started only in the months leading up to the June 2000 general elections. According to the Forum, at least 35 opposition supporters were killed by militia working on instructions from the Mugabe regime. Countless others suffered severe injuries due to both physical and psychological forms of torture. Atrocities on an equal scale were committed in the run-up to the presidential election held in 2002.

- Zimbabwe is clearly one of those countries in the IRCT network where torture has never been a private thing, says Tony Reeler.

He is a psychologist working at IDASA, an organisation dedicated to promote democracy in sub-Saharan Africa – and cooperating closely with the Amani Trust.

- On the contrary, it has always been a public, and publicly witnessed, event. Because of that we soon realised that we were dealing with very large numbers of victims. In an outpatient queue at an ordinary hospital, one out of ten adults would be a direct or indirect survivor of torture.

According to reports by several human rights organisations, the vast majority of perpetrators in Zimbabwe have been under the control of the Mugabe Government: the police, the army and the Central Intelligence Organization, the youth militias, the so-called war veterans, and Zanu-PF party cadres.

### **The South African experience**

In South Africa, the situation is different in that, officially at least, there are no victims of government torture since the fall of apartheid. The clients at the Trauma Centre for Survivors

of Violence and Torture in Cape Town are either political refugees from neighbouring countries, or people who were tortured under the apartheid regime. Total numbers are uncertain, but Nomfundo Walaza of the Trauma Centre says she believes that the persons being treated at the

Centre are only a fraction of the total.

- I am certain that there are thousands and thousands of

***“We have the “soldiers don’t cry”  
syndrome, and also the role models  
provided by our political leaders.”***

PSYCHOLOGIST NOMFUNDO WALAZA

torture survivors that we have not been able to reach. We have the “soldiers don’t cry” syndrome, and also the role models provided by our political leaders. Many of them, of course, were badly tortured under apartheid. So people are saying, “if Mandela could suffer all that in prison and then go on to become our President without much treatment, then who am I to cry?”

- Nomfundo Walaza, a western-trained clinical psychologist, grew up in a black township on the fringes of Cape Town. She remembers that when she was still a young girl, she took part in a protest demonstration after the Soweto massacre. There she witnessed how South African police intentionally killed a young student who was leading the demonstration:

- He was up in the front of the demonstration, naked to the waist, brandishing an axe. Then the police shot him. I am certain that they specifically targeted him – it was an assassination, really.

As a matter of fact, Nomfundo Walaza was herself exposed to torture techniques while she was at primary school. Her teachers meted out corporal punishment at the slightest provocation. This would often be for minor mistakes such as not reciting passages in English perfectly.

- We were accumulating lashes as we went through the day. Then we would have to take them as we prepared to leave for



**SOUTH AFRICA:**  
*Psychologist Nomfundo Walaza*

home. Sometimes we were beaten under the soles of our feet until we were no longer able to walk properly. It was very similar to torture.

- It was only after I joined the Trauma Centre as a counsellor and reflected on my earlier experiences that I made the connection. I sometimes wonder whether some of our teachers were not schooled in these techniques.

As Nomfundo Walaza sees it, there is a hidden abyss of suffering beneath the surface of contemporary South African society. Part of it has to do with the torture that is probably still being practiced inside the nation’s prisons. Another part is about the pain that many leading politicians, themselves

the victims of torture under apartheid, have as yet not fully acknowledged:

- Some of the Government Ministries are headed by people who themselves have suffered as prisoners. I suppose it would be particularly shameful for them to admit that torture continues in our modern-day jails.

- Yet I have no doubt that it exists. It is still very much a part of prison culture here. It is, quite simply, what happens to you when you are in jail. The police know no other ways of getting confessions from people they have arrested.

### **Western and local approaches to healing**

When the Trauma Centre in Cape Town and the Amani Trust in Harare started work with torture survivors, their “rehabilitation kits” consisted largely of Western-style psychoanalytical and psychotherapeutic tools. While many of these are still in use, rehabilitation workers in both countries are taking an increasing interest in traditional methods of healing.

As Nomfundo Walaza explains it, many Africans are “very much linked to ancestral spirits” because of their cultural

heritage. Rituals of passage are important, as when boys and girls are initiated into adulthood. They are also used to facilitate the passing of ancestors into the afterlife.

- The Truth and Reconciliation Commission highlighted the fact that many survivors needed bones or other remains of a murdered relative in order to embark on a healing journey. They believe that if their loved ones have not been properly buried, their spirits will be suspended in limbo between heaven and earth.

- I remember counselling an old African woman who had lost a relative. She said, “we won’t talk about her, because that will uncover her spirit. She is not going to rest. All I need is the proper ritual to help me come to terms with her death. It is the only way for me to move forward.”

- That is a completely different notion to the Western worldview. When we use European therapeutic methods in an African context, we always run the risk of denying our clients’ true identity. We risk being at odds with what they believe in deep down – their cosmological reality, so to speak.

At the Amani Trust in Zimbabwe, a common type of treatment

*“If Mandela could suffer all that in prison and then go on to become our President without much treatment, then who am I to cry?”*

starts with a short de-briefing session. Survivors of torture are asked to tell their stories and how they feel about what happened to them. The purpose is to make them accept that their feelings are a normal reaction to what they have gone through.

- We also spend a lot of time looking after physical problems, such as tissue injuries, lacerations and broken bones. At the same time, we try to identify high-risk victims so that we can send them on to intensive counselling with a clinical psychologist, says Fidelis Mudimu.

On the traditional side, the Amani professionals have started working with a group therapy method called the Tree of Life. The focus of the process is to create relationships between people who have a common history of suffering. The participants draw a symbolic tree with all its parts – the trunk, roots, branches and fruit – and share their experiences of torture in relation to the image.

Aside from the actual healing, an important part of the process is to identify group members who may themselves become leaders of future Tree of Life sessions. These persons will then be asked to attend a training course. Later on, they are supervised in the technique of running workshops.

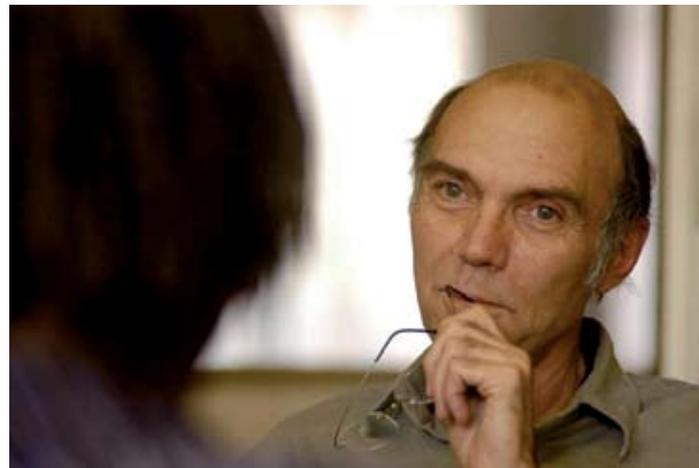
- This way of working is amazingly cost-effective. We can reach out to a lot of people in ways that Western therapy can never accomplish. It is extremely useful in situations of mass epidemic torture, says Tony Reeler.

### **Dealing with torture on a large scale**

Considering the sheer size of the human rights tragedy in Zimbabwe – where hundreds of thousands of people have been traumatised by civil war, torture and organised violence – it was from the very outset clear that it would be necessary to make the most out of scarce resources. The staff of the Amani Trust began working through the existing health services. An important step was to teach nurses basic skills in the management of torture survivors.

- We had a very non-directive approach in the beginning. Western psychologists have a lot of notions, for instance that therapy has to be non-directive, says Tony Reeler.

- But we soon saw that nurses are essentially directive people.



**ZIMBABWE:** Psychologist Tony Reeler

*Lawrence Ganca, 73 year-old torture victim, who has been treated at the Trauma Centre. During the apartheid era, he was arrested and taken to Robben Island, suspected of "terrorist activities". Today he feels better, but he is disappointed that no substantial reparations have been made to him by the Government.*



Their best skill is giving advice. And their clients, often poor people from rural areas, were expecting it. It seemed strange to them to be asked what they felt like doing.

The patients would often have to walk a long way to catch a bus, and the ride to the hospital would be expensive for them. It was obvious that they would not be able to come back for treatment week after week. Reeler decided to try a technique he had learnt from a South African colleague. It was called the “Single Therapeutic Interview”.

- My colleague, Priscilla Mbape, would meet her client and do the entire intervention in one session. It might last up to two hours. First she did her diagnosis, then she gave her client an elementary education about trauma, and then she debriefed the person.

- She said she had had remarkably good results working like this. So we decided to try it.

Reeler and his co-workers went on to select 18 survivors who had all been severely tortured. They then applied the single interview technique to these people. The result was that the clients’ symptoms decreased considerably, and were gone within a year.

*The purpose is to make them accept that their feelings are a normal reaction to what they have gone through.*

The concept of Post Traumatic Stress Disorder (PTSD) is in itself a typically Western notion, according to Nomfundo Walaza. It was built around the experiences of the American Vietnam veterans who had returned after the war and found themselves safely at home again. In Africa, the situation is often very different. In countries such as South Africa and Zimbabwe, people often live in violent environments where robbery, fighting and killing are part of daily life.

- People are certainly living with stress and trauma here, and they are obviously suffering from certain reactions as a result of continuous traumas. But these are by no means “post”. On the contrary, people are living in a situation of current, on-going trauma. So we must ask ourselves what relevance, if any, that Western techniques have for healing in

Africa, says Nomfundo Walaza.

One of the methods she and her associates at the Trauma Centre are using is called body mapping. The shape of a human being is drawn on a large sheet of paper, with body parts and interior organs set out in different colours. Survivors are then asked to point to the areas where they feel their pain is located. It doesn’t matter if the suffering is physical, emotional or spiritual – Africans do not see a divide

between body and mind in the way most Westerners do. An African woman whose husband had been assassinated had come to be treated at the Trauma Centre. She was suffering from severe pain in her back. Doctors had been giving her medication for years but had been unable to locate the cause of her pain.

- When her husband was murdered she was six months pregnant with a child. As soon as she was told what had happened, she ran to the place where her husband lay. There, she literally collapsed... she fainted, says Nomfundo Walaza.

- I have heard about several other women who have collapsed in similar circumstances. It was as if someone had turned the lights off in their heads when they realised that “I am not going to have a bread-winner any more, and I don’t have a job”.

- So when she went to bury her husband a few days later, it was almost as if the child she carried had turned into a stone. The child was not moving, she couldn’t feel anything. She was hoping against hope... imagine having to feed another mouth! ... that the child would be dead.

Nomfundo Walaza asked the woman to visualise her pain and tell her what it looked like. “Sometimes it looks green and

sometimes it is red. It’s like a bruise”, the woman answered. The visualisation of the pain and the “bruise” – the fact that her child had become an unbearable suffering – helped the woman to understand the roots of her suffering.

- Actually, as a therapist I wasn’t telling her what to do. She held the key to her healing herself, says Nomfundo Walaza.

### **Deteriorating working conditions**

Lack of resources is a constant threat to any torture rehabilitation activity, whether in Southern Africa or elsewhere. In Zimbabwe, many of the local health workers who were trained by the Amani Trust have left for better-paid jobs overseas, in the United States, in England and Australia. Another

reason for the brain-drain is the constant risk of harassment by the Zanu-sponsored militia.

- We are no longer allowed into the rural communities. The Government has forbidden all gatherings. There is a lot of secrecy and I personally believe that many people are disappearing even now, says Fidelis Mudimu.

- Not everybody survives torture. I am sure they have dumped the bodies somewhere. On the other hand, the communities

*“People are living in a situation of current, on-going trauma.”*

PSYCHOLOGIST NOMFUNDO WALAZA

know, and they don't forget. It is a problem we will have to tackle when things quieten down.

Times have been difficult for people who work with torture survivors, both in Zimbabwe and South Africa. In Cape Town, Walaza and her co-workers have been struggling to make financial ends meet. In Harare, the Amani Trust has had their offices raided by Government agents, and Tony Reeler has been imprisoned twice.

Yet there is hope on both sides.

- If you had asked me two years ago, I would probably have said that I was not very hopeful. But now we have been through some very difficult times. From time to time, we have had to close our offices and work from home, says Fidelis Mudimu.  
- Our international profile is very high today. The regime cannot claim that we are liars when the rest of the world trusts us. We are getting a lot of respect from leading politicians abroad. That makes me feel hopeful.

*Each State Party shall take effective legislative, administrative, judicial or other measures to prevent acts of torture in any territory under its jurisdiction.*

*No exceptional circumstances whatsoever, whether a state of war or a threat of war, internal political instability or any other public emergency, may be invoked as a justification of torture.*

*An order from a superior officer or a public authority may not be invoked as a justification of torture.*

#### *Article 2*

The UN Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment (1984)

**HUNGARY:** *Medical services are part of the treatment offered by the Cordelia Foundation.*



# Working with Tortured Refugees

Sitting in the unpretentious but neat offices of the Cordelia Foundation in central Budapest, Ahmed exudes an air of quiet self-assurance. Yet his appearance belies his personal history. Ahmed – a stocky, soft-spoken Turkish Kurd in his early thirties – has endured torture on a scale which would have shattered most men. Today, after a relatively brief series of therapeutic sessions with Dr. Lilla Hárđi, chief therapist of the Cordelia Foundation, he has almost completely recovered. He is currently employed as an interpreter with the Foundation.

- Ahmed was taken to Hungary by human traffickers whom he had paid a small fortune. When he arrived here, the first thing he did was to ask for help at the Helsinki Committee, who then referred him to me, says Lilla Hárđi.

- At the beginning, he was full of feelings of humiliation, very distrustful and quite difficult to approach. He had a deep-seated fear of anyone wearing a uniform.

Hardly surprising, considering that during most of his adult life, men in uniform have again and again subjected Ahmed to excruciating pain and degradation. His involvement with the Kurdish PKK guerrilla began when he was only 15. At that

time, his sister was working with the guerrilla in the mountains. Ahmed felt that he wanted to contribute to the cause, since many of his fellow Kurds were being killed by the Turkish military. He started to carry medicine to the guerrilla, gathered tactical information and guided PKK fighters in the town of Antakya where he lived.

Ahmed was first arrested in 1994 during the burial of a guerrilla combatant. He was taken to a prison where he

was tortured and then released after a few days. A month later he was arrested again, this time on information given by a wounded guerrilla. He was taken blindfolded and handcuffed to jail where he was badly tortured once more.

He was suspended from a rafter and beaten on the soles of his feet. Electrodes were attached to his fingers, toes and penis, and high-voltage currents were sent through his body. When he lost consciousness, the guards poured cold water over him to wake him up for new sessions of torture. All along he could hear the screams from victims in nearby cells.

## Approaching the pain

Over the following years, Ahmed was repeatedly taken to jail and tortured by the police.

*“Ahmed was taken to Hungary by human traffickers whom he had paid a small fortune.”*

DR. LILLA HÁRDI

*In 2005, the Cordelia Foundation was awarded the UN Menedék Prize. Dr. Lilla Hárđi (to the left) together with non-verbal therapist Éva Erdős Kalmár and Andrea Szobolits (at the back) from the Hungarian Branch of the UN High Commissioner for Refugees.*



- Ahmed was quite paranoid when he came here, so I had to use a careful, gradual approach with him, says Lilla Hárđi.

- I couldn't ask him anything directly, since that would have awakened his fears of being interrogated and tortured.

During the first sessions, Lilla Hárđi talked to Ahmed about his early life and his family, gradually edging closer to his actual experiences of torture.

- The deeper we went into his story, the more profound emotions were awakened as we continued the therapeutic process.

With patients like Ahmed, I have to be careful to show very little feeling myself. Patients who have been tortured may feel threatened if their therapists show strong emotions.

Ahmed had been sexually tortured and was almost psychologically castrated.

He had been told by his torturers that when they were through with him, he would never again be able to have sex. And in fact, he had no erectile function. He told me that his private life had been ruined.

After twelve sessions of therapy, Ahmed had recovered almost entirely. He no longer had sexual problems and did not even show anxiety when he saw men in uniform.

Ahmed's case history is one of deep pain, anguish and eventual recovery. Yet he is only one out of thousands of survivors who have been treated by the staff of the Cordelia Foundation since its establishment in 1996. Confronted with needs on a massive scale, Lilla Hárđi and her associates have devised new techniques to treat victims in the refugee camps at Hungary's borders. Their efforts have been so successful that in 2005, the Foundation was awarded the United Nations Menedék Prize for the most innovative contribution to the field of refugee support and protection.

Since the fall of the Iron Curtain in 1989, Hungary has become an important entry point for refugees seeking asylum in

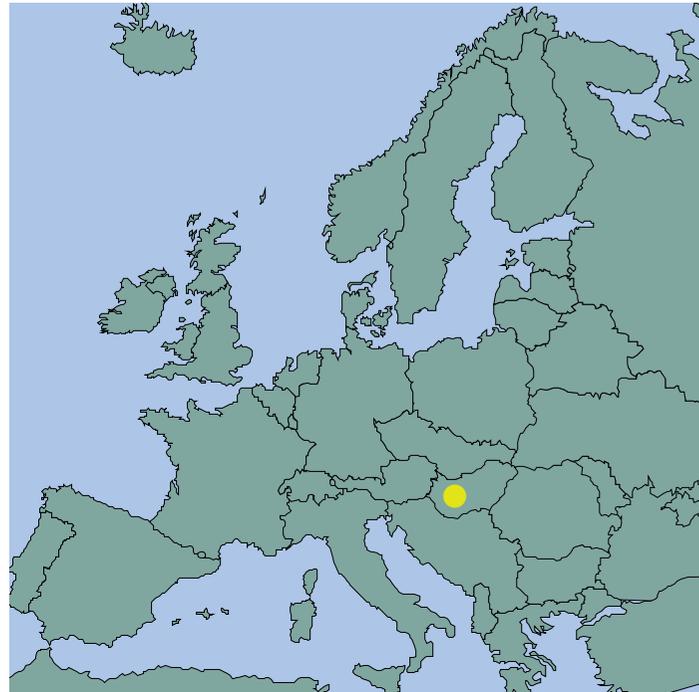
Europe. However, the number of refugees has declined sharply from a peak of 11,400 persons in 1999. In 2003, only 2,400 applied for asylum. There seem to be several reasons for the downward trend. One of them is that refugees have increasingly come to see Hungary as a half-way house on the road to Western Europe.

The Helsinki Committee has criticised Hungary for its lengthy asylum process and for not doing enough to help refugees integrate. The worst obstacle facing asylum seekers, according to the Committee, is the Hungarian language, and too few courses are being provided. When faced with the demands of everyday life, refugees often find it hard to survive on the labour market.

### **Refugees from every corner of the world**

The Bicske camp, about an hour's drive from Budapest, houses refugees from more than twenty nations. The low but neat bungalows surrounded by small gardens are temporary homes to people from countries as diverse as Afghanistan, former Yugoslavia, Russia, Armenia, Uganda, Congo Brazzaville, Tunisia and Nepal.

As we travel along the highway to Bicske, Lilla Hárđi explains the concept of mobile, multi-disciplinary treatment units. The basic idea is simple. Instead of having thousands of persons travel from the refugee camps to centrally located rehabilitation centres, the professionals of the Cordelia Foundation



**EUROPE:** *The Cordelia Foundation for the Rehabilitation of Torture Victims in Hungary is an accredited member of the IRCT.*

- psychotherapists, non-verbal therapists, social workers
- fan out in teams to treat their clients where they are.

- We found that it made much more practical and financial sense to work this way, says Lilla Hárđi.

- And we soon realised that another, just as important benefit of the mobile approach was the therapeutic environment we were creating. When we go to see our clients in the camps,

we are their guests, not the other way round. And that really matters!

Lilla Hárđi explains that in the camps, most refugees furnish their rooms to remind them of their backgrounds. Thus when the teams from the Cordelia Foundation enter the rooms of the refugees, the treatment will take place on their terms and in the safety of their new homes. This has great psychological significance as most torture victims are afraid of officials, people in uniform or doctor's robes – anyone, as a matter of fact, who does not belong to their immediate family.

- In this way, the patients themselves have some control over the setting of the therapy. If they feel insecure, they can ask neighbours over to act as moral support until they feel safe enough to go ahead on their own, says Lilla Hárđi.

- Interestingly, when we arrive at the memories of torture, they nearly always ask their friends to leave. It is an extremely private thing and one which involves strong feelings of humiliation.

As we enter the Bicske camp, a young Asian family strolls along the main road between the bungalows, the woman pushing a baby carriage. A group of African men exchange

the latest news in one of the side streets. Many of the people at the camp have arrived here after having paid substantial sums – in some cases 2,000 US Dollars per person – to the human traffickers who took them here.

### **Human trafficking – adding to the suffering**

In one of the main conference rooms, social worker Robert Ronto explains the phenomenon of trafficking. Many of those involved in the trade are Hungarian, some even from the village of Bicske. The traffickers generally work in large, vertically

organised groups where the flow of information is tightly controlled on a need-to-know basis.

- The traffickers are highly organised, so most of the time the police will only catch the small fish. It's like the Mafia, really, but despite the difficul-

ties the police have been able to arrest some of the leaders. It is one of the reasons why we are getting fewer asylum seekers these days, says Robert Ronto.

The conditions of transportation provided by the traffickers can be extremely harsh. Refugees often travel for days in small, sealed-off spaces in freight trucks with no windows, toilets, or sufficient supplies of food and water. The ordeal

*“When we go to see our clients in  
the camps, we are their guests, not the  
other way round.”*

DR. LILLA HÁRDI

of getting into Europe is often a severe stress factor in itself, and may aggravate the psychological damage suffered by refugees who have been tortured in their own countries.

- The traffickers aren't exactly famous for their humanity. Sometimes they beat people up for not being able to pay. They have also been known to take children as hostages against final payment of their fees.

- There are even stories of refugees who have been killed by traffickers, says Robert Ronto.

An Iranian couple, Reza, 44, and Leila, 36, have torture experiences which are shared by many of the other refugees in the Bicske camp. In the summer of 2002, Reza was jailed by the Iranian police for taking part in a public demonstration which he was also suspected of having organised. As a result of the torture he was subjected to, Reza has a number of psychological and physical problems. Besides head injuries, he suffers from insomnia, nightmares, painful flashbacks, and difficulties in concentrating and remembering. His short-term memory has been particularly badly affected.

Reza's trauma impinges on his family as well. His wife Leila has escaped torture, but has on several occasions been arrested by the police for not obeying the religious dress code for women. And the torture inflicted on her husband has turned both Leila and their children into secondary victims. All now suffer from recurrent nightmares.



*A refugee talking to the Cordelia Foundation social worker.*

*A young refugee participates in art therapy classes, led by the Cordelia Foundation non-verbal therapist.*



## Cultural sensitivity

As the staff of the Cordelia Foundation look for ways to treat their clients, the cultural context plays an increasingly important role. Victims of torture will often respond positively to well-known things from their home countries – symbols, textiles, familiar objects, even food – as they gradually allow themselves to trust the therapeutic process. Lilla Hárði tells of a group of badly tortured refugees from Iraq:

- We knew that we had to be cautious with these persons, so we began with non-verbal therapies. We used things like glasses of Arabic coffee which were passed around for people to smell. We even used traditional slippers, a praying-chain, and special Iraqi hand-made clothes with embroideries. The idea was to give the patients sensory information which would awake memories of the past.

- Working in this way, we were able to gradually get closer to the memories of torture. First they told us their family histories, then they went on to give us an account of how they had lived in Iraq. Finally they were able to tell us about their suffering in the prisons and torture chambers.

The verbal therapy was again followed by non-verbal methods.

The group physiotherapist asked the Iraqi patients to imagine a scene in which they were holding the pain in the palms of their hands, as though it were physical matter. They were asked to visualise the pain slowly becoming a bird, which they could then release through a window.

- They were moved and cried a lot, and their condition improved significantly, says Lilla Hárði.

*Victims of torture will often respond positively to well-known things from their home countries.*

In one group of Iraqi men, the atmosphere suddenly changed when a new client joined the group. The conversation became more superficial as group members would no longer speak of their experiences of torture:

- After a while, we realised that this was because they suspected that the new client was a spy, recalls Lilla Hárði.

- Our first reaction was to see this as paranoid behaviour. But in the end, it turned out that they were right. The man really was a spy for the Iraqi secret police.

- That taught us to understand the difference between the times when people were being paranoid, and the times when their behaviour was simply cautious – cautious and rational.

### **Money matters**

The financing of the day-to-day activities of the Cordelia Foundation is, of course, a crucial matter. Roughly two thirds of the budget of 30 million Forint is covered by institutions such as the European Refugee Fund and the UN Voluntary Fund for Victims of Torture. The rest of the money has to be found elsewhere.

- We rely quite heavily on private foundations and companies for our funding, says Richard Tomkin, the Cordelia Foundation's EU Mentor.

- But one of our problems is that in Hungary, just as in many other European countries, the private sector is very much geared towards taking care of its own nationals first.

Richard Tomkin explains that xenophobic and even racist sentiment runs high in Hungary:

- With the liberalisation of the economy, most people's situation has become very difficult. It is the classic situation of a disenfranchised, angry majority trying to reclaim their rights.

- Accordingly, immigrants and asylum seekers – people who are seen as benefiting from services that are off-limits to Hungarians – are not very popular.

Richard Tomkin has developed a dual strategy to make the most of the Hungarian funding environment. On the one hand,

he works to raise the profile of the Foundation with potential donors among private and public-sector institutions. On the other hand, he has launched fundraising events targeted at individuals and companies.

- The ideal donor is someone who is willing to donate for more than a year at a time. The key issues for us are stability and sustainability. We would be in a position to plan our services much better if we could find a sponsor who would be willing to fund us over a three-year period.

In the not too distant future, Richard Tomkin hopes to attract a new and potentially rewarding category of donors to the cause of torture rehabilitation:

- With Hungary joining the EU, a lot of foreign expatriates are moving in. Hopefully, they will understand how difficult it is to move country, and so feel motivated to support our refugees.

- If we can attract reliable long-term support from different foundations, and corporate sponsorships as well, then I'm sure we have a very strong future.

- The Cordelia Foundation is very widely respected by Government agencies in Hungary. It is also a well-known fact that we provide training for border guards, as well as supervision to the staff of the reception centres located around the borders of the country. In my experience, that is almost unique in Europe.

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

*Article 10*

The UN Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment (1984)

# ***Building on the Chilean Experience***

It was the CIA-backed military coup against Chile's President Salvador Allende that changed Dr. José Quiroga's life – and gave him a life-long vocation to heal survivors of torture. Starting with a steady flow of Chilean refugees in the late 1970s, he and his collaborators at the Program for Torture Victims (PTV), based in Los Angeles, have expanded their operations to treat refugees from 65 nations across the world.

On September 11, 1973, José Quiroga, a team of doctors and a few others were the only ones to stay on at the Moneda Palace in Santiago de Chile together with President Allende.

As the attack on the Palace started, rockets fired by fighter aircraft smashed into the building, filling the stately rooms with smoke. Earlier in the day, the President had broadcast several addresses to the Chilean people. At around 2 o'clock in the afternoon, as flames started to engulf the Palace, Allende decided it was time to surrender. Shortly afterwards he took his own life.

In those days, it was hotly debated whether the military killed him or whether he committed suicide. But I was one of the witnesses. Allende used a machine gun – he shot himself in the head, says José Quiroga.

During the murderous regime which followed the coup, José Quiroga finally left Chile. Political opponents of General Pinochet's junta were being persecuted in fierce campaigns involving executions, disappearances and torture on a massive scale.

In 1978, José Quiroga arrived in Los Angeles to work as a researcher in public health at the University of California. In the years before he left for the United States, he had already been involved in helping victims of torture.

- As far back as 1973, different assistance groups had begun to appear in Chile, Argentina and Uruguay. Pinochet's regime in Chile and the end of the military dictatorship in Greece were the two most significant events in the world of the rehabilitation movement, says José Quiroga.

**CHILE AND THE UNITED STATES OF AMERICA:**  
*Dr. José Quiroga, Medical Director at the Program for Torture Victims of Los Angeles, the USA.*



### The torture academy

The wounds, scars and psychological damage inflicted on political refugees from one Latin American country tended to resemble those of victims from the next. José Quiroga has a straightforward explanation for this:

- The methods of torture in Latin America were very similar, and the reason is that the perpetrators were being trained in the same place – the School of the Americas, at Fort Benning in the United States.

- I have the interrogation manuals, one from the Pentagon, two from the CIA. They describe the psychological methods of putting pressure on detainees, not the physical ones. Those were taught directly. I know, because I have talked to a few torturers in my time.

- Also, the military intelligence services of Latin America worked in close cooperation with each other. The Brazilians, for instance, had a dictatorship before Chile, and they taught the Chilean security officers how to torture.

When the activities of the Los Angeles centre started, José Quiroga was already working in close collaboration with a refugee from Argentina, psychologist Ana Deutsch.

José invited Ana to join the Amnesty International Medical Group in the late 1970s. In those days, Amnesty was the only organisation with torture on its radar. They realised that they



**THE AMERICAS:** *The Program for Torture Victims of Los Angeles in California, the USA, is an accredited member of the IRCT.*

both had an interest in torture rehabilitation. And so, on a purely volunteer basis, they began to work with Chilean victims, says Michael Nutkiewicz, Executive Director of the PTV.

At the time, little or no research on how to treat victims of torture existed. Practices and methods had to be constructed on a trial-and-error basis. José Quiroga took charge of the medical side of things, looking into the physical injuries of the victims. Thorough medical examination was – and remains – an important part of the work, both to document the vic-

tims' injuries and to assess their overall levels of psychological damage. Torture survivors might have severely damaged, or even missing, body parts. That in turn affects the way in which they perceive themselves – as more or less “whole” human beings.

Ana Deutsch, on the other hand, took responsibility for the therapeutic work. Besides psychodynamic, behavioural and cognitive therapies, Deutsch and Quiroga worked with a process known as “The Testimony” which had already been used to good effect in Chile in the years following the coup.

Under the Testimony, clients are encouraged to give detailed accounts of what they have been through. The testimonies are taped over a series of sessions. They are then transcribed and handed over to the client, often in the form of books.

- In this way, painful experiences that have been hidden away in an individual's psyche are transformed into events that more people will know about. The shame and humiliation that people have experienced are turned into stories of dignity and courage. It's a way of returning meaning to the survivors' lives, says Ana Deutsch.

### **The shifting geography of torture**

Today, the pattern of refugees that come to the centre for treatment has shifted. The relative importance of Latin American refugees has dwindled. Almost half of the clients now arrive from African countries such as Cameroon, Ethiopia, Kenya, and Nigeria.

Michelle is a nurse from Cameroon, in her late thirties, a refugee and a torture victim. As we speak in one of the offices of the PTV, she shifts nervously in her chair, sometimes breaking into sobs as she tells the story of how she was brutally beaten

and raped by government-backed thugs. Scars on her wrists, arms and legs bear witness to what she has been through.

She was active in Cameroon's political opposition when she was ambushed by three men in a taxi-cab outside the hospital where she worked. She says the reason she was abducted was that she had overheard a politically sensitive telephone conversation. Martine had

been assisting a doctor in the delivery of a baby when there was a telephone call from the President's office. The person calling ordered the doctor to hand the woman giving birth over to soldiers who would soon be arriving.

*She shifts nervously in her chair,  
sometimes breaking into sobs  
as she tells the story of how she was  
brutally beaten and raped by  
government-backed thugs.*

*Each State Party shall ensure in its legal system that the victim of an act of torture obtains redress and has an enforceable right to fair and adequate compensation including the means for as full rehabilitation as possible. In the event of the death of the victim as a result of an act of torture, his dependents shall be entitled to compensation.*

*Article 14*

The UN Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment (1984)

As the doctor was talking, the woman died. The men who abducted Michelle later tried to force her to reveal what she had heard that day. She was taken to a run-down house in the countryside where she was thrown onto a bed. Her hands were tied. Two of the men battered and raped her and the torture continued for many hours.

- The men were on drugs, their eyes were wild, crazy. They were the kind of people the police get to do their dirty work for them. When they had stopped raping me, they started to dig a grave. I knew then that they were going to kill me, says Michelle.

As the men left the cabin for a while, certain that she was completely in their hands, Michelle managed to escape. She ran through the bush for hours on end. Bleeding and bruised, she was taken in by an elderly farmer who gave her shelter in his house. Then she managed to contact her family and was eventually able to board a plane to Los Angeles, traumatised and in urgent need of help.

**The invisible population**

Michelle is only one in a growing US population of torture victims – according to some estimates, over 500,000 persons from 65 nations. These are people who have suffered extreme pain and degradation at the hands of their torturers. To make matters worse, they often have no other choice but to live in poor, crime-ridden areas where they may again be exposed to violence.

Despite their harrowing experiences, the international community of torture victims in America has been described as the “invisible population” – people nobody wants to know about.

- In many ways there’s a parallel to what survivors of the Nazi death camps experienced after World War II, says Michael Nutkiewicz, himself the son of Holocaust survivors.

- Nobody asked. No-one wanted to know. And at the same time, survivors very often don’t want to share their experiences, either.

Because of the profound feelings of shame that victims almost always suffer from, they tend to shy away from other human beings. Many do not even want to share their experiences with their families. Most would, quite simply, like to forget.

- Many of our clients will not have anything to do with the past. They don’t want to be exposed to other people, and so they become quite withdrawn, says Ana Deutsch.

This was, in effect, what happened to Michelle:

- For a long time, I was distancing myself from my countrymen here in Los Angeles. I was afraid there might be informers among them... I clung to the PTV. They became my only family.

Although a wide array of therapeutic techniques is available, there is little evidence in the literature that one is better than the other. Ana Deutsch, with her background in work with people from many different backgrounds, agrees:

- That’s my experience, too. Each of our therapists has his or her way of dealing with their clients. A lot also depends on the personality, the cultural background and the needs of the survivors. So we tailor our interventions to fit their specific profiles.

**ARGENTINA AND THE UNITED STATES OF AMERICA:**  
*Psychologist Ana Deutsch, Clinical Director at the Program for Torture Victims of Los Angeles, the USA.*



- Persons who are more verbal may want to work with words. Some relate more to their family or to their religion. More practically inclined people will want help to connect with public services, or they may be on the look-out for housing, schools and jobs.

For Michelle, the road to healing has involved a combination of medication and psychotherapy under the guidance of Rose Marie Durocher. When Michelle arrived in Los Angeles, she was so afraid that she might be arrested and sent back to Cameroon that she went into hiding. She suffered from nightmares and violent headaches, and she was scratching herself badly.

- The people at the PTV have been so good to me, she says.

- Dr. Durocher gave me a natural kind of therapy. I had these horrible nightmares, and she showed me how to change them by creating an inner refuge or retreat before I went to sleep. It felt as if I had taken shelter on a peaceful island. When I was a child, my aunt lived in a village which I loved. Dr. Durocher told me to imagine that I am with her, by the seaside, each time I feel bad. It has worked perfectly for me.

### **Many ways to a better life**

Rose Marie Durocher is fully aware of the risks inherent in a dialogue where one party represents institutional authority, while the other, for all intents and purposes, is powerless.

- Besides all the other problems that our clients have to deal with, they feel pushed to adapt themselves to a Western life-style. After all, they want to fit in, they need to feel at home. If we tell them to take a certain form of medication or to

consult a psychiatrist, that is what they will do, even if they have never seen a psychiatrist before.

- They will do it because we are in a position of authority ... we know we have to be very careful about that.

For many refugees and survivors of torture, establishing

ties with a wider community is one of the most efficient methods of healing. That is why the therapists at the PTV have created what is known as the Healing Club. Members meet regularly to go hiking, visit a museum or go to the beach. The clients may bring music or food from their home countries, and there may even be dancing. The overall idea is to help survivors remember happier periods of their lives.

*“When I was a child, my aunt lived in a village which I loved. Dr. Durocher told me to imagine that I am with her, by the seaside, each time I feel bad.”*

MICHELLE, CLIENT AT THE PTV

- These people have been hurt and degraded. They need to strengthen themselves by creating good memories, memories that in turn will help them connect with the good times they have had earlier in their lives, says Ana Deutsch.

When it works as it should – peacefully and with reasonable safety for its members – society itself acts as “a healing agent”, says José Quiroga.

- Take the case of Rwanda in 1994. Hundreds of thousands of people were slaughtered or tortured during the genocide there. Naturally, the wounds and the after-effects of trauma remain, but the miracle is that the country is starting to function again.

- We have to learn more about how societies heal themselves, and then we have to try to draw the right conclusions. The individual approach is good, but its results are on a comparatively small scale.

An important task of the PTV is to furnish proof that refugees have indeed been tortured in their home countries, and should therefore be entitled to political asylum. In itself, to be awarded asylum is highly therapeutic, says José Quiroga:

*“We can’t make them forget, but we can help them live with their memories.*

*And we can help them remember*

*things differently.”*

DR. JOSÉ QUIROGA

- First, you get a fundamental sense of security – there is no longer any danger that you will be sent back. Second, you get permission to work, which means knowing that you will be able to sustain yourself. Third, there is the prospect of family reunion, that is, getting back your emotional support system. And fourth, your host country officially recognises that you were indeed tortured. When you have all these things, you have the basis of a new life.

### **Measuring progress**

The question of whether the Los Angeles centre has been successful in its efforts to heal patients remains a difficult one to answer, for José Quiroga and his co-workers as for therapists

in general. Research findings show that the psychological, as opposed to the physical, effects of torture become a chronic condition. When survivors are confronted with circumstances or events that mirror the original trauma, the symptoms will re-emerge: anxiety, rage, nightmares, flashbacks, problems of concentration and memory.

- We can’t make them forget, but we can help them live with their memories. And we can help them remember things

differently, says José Quiroga.

Hopefully, this is the way things will work out for Michelle. When asked if she thinks she will be able to recover from her trauma, she answers:

- No, I'll just have to learn to live with it. It's like an incurable disease. Every time a man talks to me, I see him as a monster. But perhaps, some day – who knows?

For the PTV, as for other rehabilitation centres, there is also the problem of keeping track of the clients' progress. After they have been granted asylum in the United States, many do not return to the clinic. It is hard to say if this is a sign that survivors are leading relatively good lives, or if it means that they are just trying to adapt – and forget.

Since the psychological effects of torture are likely to be permanent, the only measure of success seems to be if clients are able to function reasonably well, both in society and in personal relationships.

- Basically, we think we have succeeded when survivors can start building a new life here and feel good about it, says Ana Deutsch.

Looking ahead, José Quiroga and his associates are aware that even after a quarter of a century of work, the PTV can – and should – continue to evolve. In a document entitled “A

Vision for Future Growth”, José Quiroga calls for a tracking programme to follow up the progress of the centre's clients. He also stresses the importance of having staff concentrate more on what he calls cultural competence:

- We need to understand more about the belief systems of our clients – how they interpret the causes of their ill health, and what health and healing mean to them, says José Quiroga.

- We should also look into how we can link up with traditional healing techniques that are familiar to some of the groups we are working with.

For Michelle, there is the prospect of a better life after the horrors she has lived through. She is now able to control the flashbacks which were plaguing her, and she sleeps better than before. She has made friends with a family, and, most hopeful of all, there is the prospect that she will be able to bring her husband and three of her children over to Los Angeles.

- Today I don't feel lonely, says Michelle.

- I feel safe here – I know I'm in a country where they won't put me in prison. And thanks to the PTV, I am now beginning to hope that I will have a new start in life.

*Palestinian children playing in front of  
a demolished home near the Mawasi  
Checkpoint in Gaza.*

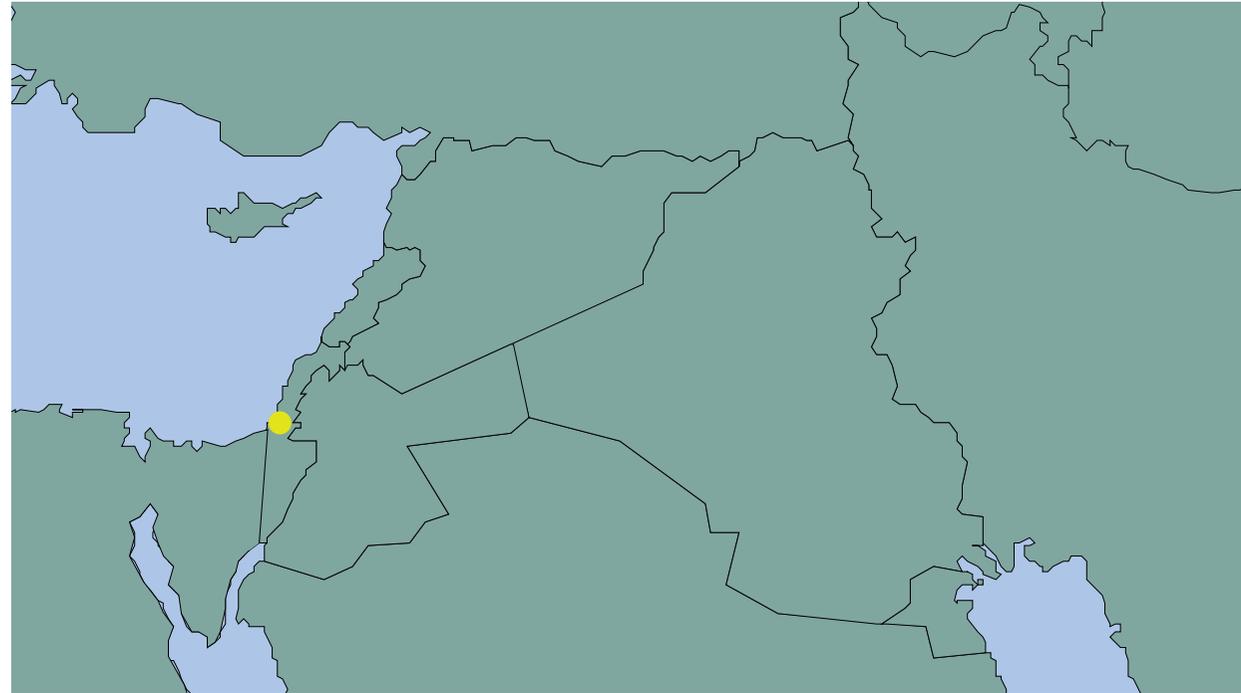


# *Working with a Traumatized Population*

To enter or leave Gaza through the main checkpoint at Erez is an almost surreal experience. The area is a vast sprawl of barracks, road blocks, watchtowers and a huge concrete tunnel, extending for a quarter of a mile through a barren no man's land. On the Israeli side, Erez is manned by young soldiers of both sexes with submachine guns. The guards – sometimes courteous, sometimes hostile, always bored – appear to be in their early twenties. None of them gives the impression of particularly liking their duties at the tension-filled intersection between Israel and Gaza.

Anyone trying to get out of the territory will have to wait, often for hours, in front of a huge metal gate set at the end of the roofed tunnel. The concrete walls are eight metres high, reinforcing the sense of entrapment inside a maximum-security prison. At the other side of the gate, travellers pass through a system of revolving steel doors where they are processed by remote control. Observed by surveillance cameras and instructed by loudspeakers, they are told to deposit metal objects inside a detector unit, take off their jackets and turn to confront the cameras. If everything appears to be in order, they may then be allowed onto Israeli territory through another set of revolving doors.

Driving from Erez to Gaza City, about six miles in a south-westerly direction, the prison metaphor comes to mind again. The Gaza strip, its total area only twice the size of Washington, DC, is enclosed within a fence to the north, east and south. To the west lies the Mediterranean, its waters



patrolled by Israeli gunboats. The narrow airspace above the territory is also closely monitored by the Israelis, along with telephone and e-mail communications.

Once inside the Gaza strip, the sense of poverty, overcrowding and general misery becomes oppressive. The main cities such as Gaza, Khan Younis and Rafa are in bad enough shape, with ramshackle houses set in pot-holed streets with heaps of litter everywhere. The refugee camps are in an even worse

**MIDDLE EAST:** *The Gaza Community Mental Health Programme in the Palestinian Authority is an accredited member of the IRCT.*

condition, their makeshift cement-brick dwellings pockmarked with bullet holes or partially demolished.

The claustrophobia felt by the 1.3 million Palestinians is aggravated by the fact that they are not allowed to move freely even within their own narrow piece of territory. The Israeli military has cut the Gaza strip into three sub-sections controlled by checkpoints, where long queues of cars, trucks and donkey-carts pile up waiting for permission to pass. Additional road blocks may at any time spring up as the Israelis see fit.

Given these physical conditions – and the fact that unemployment rates vary between 60 and 70 per cent, while per capita incomes are equal to those of Malawi and Sierra Leone – it is no wonder that most Palestinians are traumatised to some extent, some of them severely.

- The main problem in our society is that reality, here, is the disease, says Dr. Ahmed Abu Tawahina, a clinical psychologist at the Gaza Community Mental Health Programme (GCMHP).

- We can't stop the Israeli occupation, we can't stop their

bulldozers from razing our homes, we can't convince them to stop using torture in their prisons. And we can't stop the restrictions on our movements, which have led to so many psychological problems.

- As we cannot change reality, we have to change the way we are coping with it.

### **A personal experience of torture**

That is precisely what the GCMHP has been trying to do since work started in 1990. At that time, the founder Dr. Eyad El

Sarraj was the only psychiatrist working in Gaza. Since then, he and his staff of associates have trained a large number of mental health professionals. They have also created a community-based approach to healing, which is designed to reach as many clients as possible.

Dr. El Sarraj, now Chairman of the Board of the GCMHP, knows what it is like to be thrown in jail and tortured, although he stresses that his ordeal was “negligible” compared to what others have suffered. He was arrested by the Palestinian Authority, then still headed by Yasser Arafat, for exposing violations of human rights by the

***“We can't stop the Israeli occupation, we can't stop their bulldozers from razing our homes, we can't convince them to stop using torture in their prisons.”***

DR. AHMED ABU TAWAHINA

Authority. He was badly beaten and held in solitary confinement for 17 days. As a result of these experiences, he still suffers from flashbacks to his time in prison, particularly when he finds himself in cramped spaces.

- When I was arrested there was considerable international opinion and debate. I had been put in prison in spite of the fact that I held the post of Ombudsman, charged with investigating conditions in the detention centres. In the end, pressure built up to such an extent that Arafat had to release me, he says.

Some of the pressure on Arafat came from Inge Genefke, founder of the IRCT. Dr. Genefke had gone to a conference in Turkey, attended by the Palestinian leader. In the middle of the ceremony she confronted Arafat publicly, demanding that he release Dr. El Sarraj from prison.

He says that in the end, he learnt much from having been in prison. He had ample time to talk to his fellow prisoners, which gave him a deeper understanding of the ideological forces motivating the activists. Today, much of the credibility and prestige of the GCMHP is based on the fact that it is run under a strictly professional, non-partisan and non-religious work ethic.

### **Collective traumas**

Whichever way one chooses to look at the mental health situation in Gaza, the sheer size of the problem is staggering.



*The Palestinian Authority: Dr. Eyad El Sarraj, Chairman of the Board of the Gaza Community Mental Health Programme.*

Dr. El Sarraj estimates that during the first Intifada, between 250,000 and 300,000 Palestinians were detained in Israeli jails. Out of these, he says, about 70 per cent were tortured.

Although unquestionably the most harmful, torture is only

one of the causes of suffering for so many Palestinians. Among the many hardships visited on the Palestinians, house demolitions rank among the worst. According to figures released by Human Rights Watch, the Israeli military from 2000 to 2004 demolished more than two thousand five hundred homes in the Gaza strip.

House demolitions, used as a collective punishment by the Israeli army, can have an immense psychological impact, states a report from the GCMHP.

- Losing one's home is more than a physical disaster, because it evokes the traumatic experiences associated with being a refugee. Adults who have been exposed to house demolitions show a higher level of anxiety, depression and paranoia than other groups.

The issue of personal safety is at the core of the anxiety over house demolitions, as with many other traumas suffered by the Palestinians:

- Safety is a very important factor when it comes to mental health. And there can be no sense of safety for people who live under constant oppression, says Dr. Abdel Hamid Afana, Director of Training and Education at the GCMHP.

- What the Israelis have been doing over the last 50 years is to cultivate the loss of safety in every single Palestinian. You are not safe at home, at work, or while you are driving your car.

### **The cultural context of healing**

As the psychotherapists and other health workers of the GCMHP struggle to keep abreast of the mental health situation in Gaza, they are increasingly relying on help from other sectors of society. Since its foundation, the GCMHP has trained medical doctors, nurses, social workers, teachers and security personnel in the management of trauma. The organisation has also formed strategic alliances with Government Ministries and several non-governmental organisations.

Among the types of treatment in use, several belong to the western group of therapies such as play therapy, cognitive therapy and family therapy. But the GCMHP is also open to more traditional techniques of healing. This is partly because of the distrust that the organisation's clients often have for western-educated psychologists. Surveys show that 70 % of the Gaza population would rather consult a traditional healer than visit a psychotherapist.

- Many patients prefer to say that they are possessed by djinns, rather than confess to being depressed. It is easier for them to blame supernatural powers because then they themselves are not to blame, says Dr. Afana.

When torture survivors visit the health services, they often resort to what psychologists call somatisation of their traumas. Instead of talking about flash-backs or nightmares they may complain about back pains, headaches, and stomach cramps.

If a Palestinian man has been told that he suffers from depression or has some other mental disorder, other people will often think that he is "crazy". He will thus be socially stigmatised, and the stigma may spill over on his family since many Palestinians believe that mental illness is hereditary. This will particularly hurt his daughters or other female relatives, who may have trouble finding a suitable husband.

Visiting a traditional healer is also, in some ways, the easy way out for people suffering from Post Traumatic Stress Disorder. As clients of a healer they will not have to reveal their feelings about having been tortured. On the contrary, it is up to the healer to find out what the problem is and to advise his patients accordingly.

Superstition is also a force to be reckoned with, says Dr. Abu Tawahina:

- We are an Islamic society, and religion is our main cultural support. As followers of the Quran, Moslems believe in supernatural forces. It is written in the Book that demons may affect our lives, but nobody knows exactly how. Many of our clients cling to these beliefs because of their helplessness.

In practice, the staff at the GCMHP have come to accept that

many of their clients visit traditional healers, saying that "if it works for them, it is fine". It is a different matter, Dr. Tawahina points out, when people visit healers and then go on to the GCMHP's community centres around Gaza.

- Then it becomes a problem, because the patient can choose all the easiest bits from the therapies he is confronted with. It may also become the source of a new conflict within the patient – which of these treatments is the best one for me?

***“And there can be no sense of safety  
for people who live under constant  
oppression.”***

DR. ABDEL HAMID AFANA

At the GCMHP community centre in Khan Younes, to the south of Gaza City, mental health worker Dyaa Saymah says that he and his associates have built very good relations with the local traditional healers.

- These people are highly respected by the community, so we can't reject them just like that. Instead, we try to involve them in our workshops where we teach them to detect symptoms of psychological disorders in our clients. Some of them have actually started to refer people to our clinics.

### **Detention and torture**

One of the victims of torture treated at the Khan Younes

*Ibrahim, an ex-prisoner, talking about his torture experience.*



centre is Ibrahim, a 55-year old former mathematics teacher. When he was a young man, Ibrahim joined the PLO and became the leader of an armed resistance group. He was arrested by the Israeli military in 1988 and held in jail for twelve years. During the first months, he was interrogated and tortured almost around the clock. His jailers kicked him and beat him with the butts of their rifles. A plastic sack was pulled over his head, and during much of his first month in jail, his hands were kept painfully tied behind his back. He was denied food and the use of a toilet.

- After the first few days, an officer of the Israeli secret police came to see me. He was the “good cop”, remembers Ibrahim.

- Then he was joined by two men. One of them was called “Steve”, a very brutal man. He kicked me in the testes and the chest, breaking one of my ribs. Then he hit me in the throat so that I almost choked on my own blood.

During later interrogations, Ibrahim was subjected to another common form of torture. A plastic sack was pulled over his head, then filled with water and kept tightly sealed until he was just about to suffocate.

- All the time they were screaming at me to confess. But I

never revealed anything, Ibrahim says proudly.

When he was released from prison he was given a hero’s reception. The party his friends and neighbours gave him lasted for three weeks. In a way, Ibrahim’s “psychotherapy” has been the huge social prestige he enjoys in his community. His status as a true Palestinian hero makes people see him as a superman, somebody elevated above ordinary human suffering.

*His jailers kicked him and beat him  
with the butts of their rifles.*

This traditional mind-set is another challenge facing the mental health professionals of Gaza, says Dr. El Sarraj:

- In our society, people who have been freedom fighters are often exalted as icons of

heroism. It becomes very difficult for them to say, thank you, but I am not really a hero. I’m an ordinary, frail human being, just like you.

- Often there will be a process of denial and repression. These people risk never being treated by a health professional. There is a high probability that they will pass the violence they have suffered on to others – and then blame their victims for provoking them.

More specifically, many tortured Palestinians will be violent to their women. About a quarter of Palestinian women in the

Gaza strip have been exposed to domestic violence, mainly at the hands of their relatives and husbands. Children are also particularly vulnerable and suffer in several ways: as victims of “secondary” violence, as members of traumatised families, and as witnesses to frightening events.

- Torture causes a spiral of violence. It is passed around from one nation to the other, and then from one generation to another. That’s why it is so important to break the cycle of victimisation, says Dr. El Sarraj.

- I realise that there is a serious pathology in Israel. The Israelis themselves have a long history of persecution and torture culminating in the Holocaust. Now they are projecting all this violence onto the Palestinians, who in turn assimilate these attitudes through the well-known process of identification with the aggressor.

Dr. El Sarraj tells the story of a scene he overheard when he was in jail. In the cell next to his, a Palestinian officer was interrogating a prisoner from one of the opposition Islamic groups.

- The officer was asking questions in a more and more heated tone. There was no answer. Then he raised his voice even more. Suddenly I realised that he was screaming abuse at his prisoner ... in Hebrew.

- Some of the Palestinian victims have themselves become

torturers par excellence, even worse than their Israeli teachers. During the first years of the Palestinian Authority, twelve people were actually killed during interrogation.

### **Fluctuating funds**

Financing the activities of the Gaza centre has, at times, been difficult. The flow of funding has fluctuated as donors terminate short-time grants or reconsider their priorities. The GCMHP has recently gone through a period in which dwindling funds have coincided with increasing needs on the part of the population. Dr. El Sarraj and his collaborators have therefore had to restructure the organisation to ensure the survival of the mental health services. Looking ahead, Dr. El Sarraj foresees continued hard work, but sees considerable potential in the GCMHP’s effort at outreach:

- Our main focus now is to build strategic relationships with partners in the local community through mutual programmes and networking. We plan to link up with government organisations and NGOs that have more exposure to the public, and help them increase their skills in managing torture victims, as well as other mental health problems, says Dr. El Sarraj.

- As with our other projects, we will be giving high priority to children, women, and victims of human rights violations and organised violence.



*Palestinian women carrying her little child through the rubble of a demolished house.*

# *The Struggle against Torture Continues*

The 20-year anniversary of the International Rehabilitation Council for Torture Victims (IRCT) has given us the opportunity to reflect on our achievements and to assess the challenges that lie ahead. As a growing global movement, we have a shared vision of a world without torture. We recognise the skills, the commitment and the perseverance of the highly dedicated people who shape this movement with their tireless efforts to stop all forms of torture and ill-treatment.

The global movement as it stands today represents substantial achievements – having grown from scattered rehabilitation initiatives 20 years ago into a worldwide movement of rehabilitation centres and programmes, all of which help some of the most vulnerable people in the world to obtain reparation – including medical and psychological rehabilitation, legal and social aid.

When I meet the people who work with victims of torture, I am amazed at their achievements, especially as many of them work under very difficult circumstances. At the same time, I am appalled by the stories of torture, violence, oppression and discrimination. It is clear to me that there is still a profound need for our work and that making services available to a greater number of victims will require the joint efforts of all those committed to this cause.

The rights and needs of the victims are at the core of our work, and this focus guides our work to establish rehabilitation services where there is none and our efforts to

strengthen the existing rehabilitation centres and programmes that comprise our network. The rehabilitation centres and programmes operate in greatly varied contexts and circumstances. Our efforts seek to build the capacity of the centres individually and to strengthen our common voice. The organisation as a whole is enriched when even a single centre successfully implements a new treatment approach, reaches a new group of torture victims or acts against the use of torture. It is my hope that in the future we will see increasing collaboration among the centres within our network and a further outreach to those who need our help.

One of the major difficulties in our work lies in ensuring sustainable funding for treatment services. The uncertainty caused by financial problems is detrimental to the work, making it difficult for centres and programmes to offer continuity in the services. We are working to increasingly have governments acknowledge their responsibility for the occurrence of torture and to contribute financially to rehabilitation. These obligations are stated in international treaties such as the UN Convention against Torture, which 139 countries have now ratified. The fact is that many governments do not live up to their responsibilities, and therefore it is necessary for organisations like the IRCT to step in. We make states aware of their legal obligations, and recommend that they make rehabilitation available to torture survivors in their respective countries, regardless of whether the torture victim is a national of that country or a refugee.

As a membership organisation, the IRCT serves the needs of its constituency, the network of rehabilitation centres and programmes, while maintaining a focus on the needs of the victims. We are also obliged to address the situation in areas of the world where torture takes place and where assistance to victims is not currently available. We are committed to reach victims wherever they are – and to develop innovative, relevant and feasible methods of assistance that address the specific needs of the victims and their families.

*Brita Sydhoff*  
*IRCT Secretary-General*

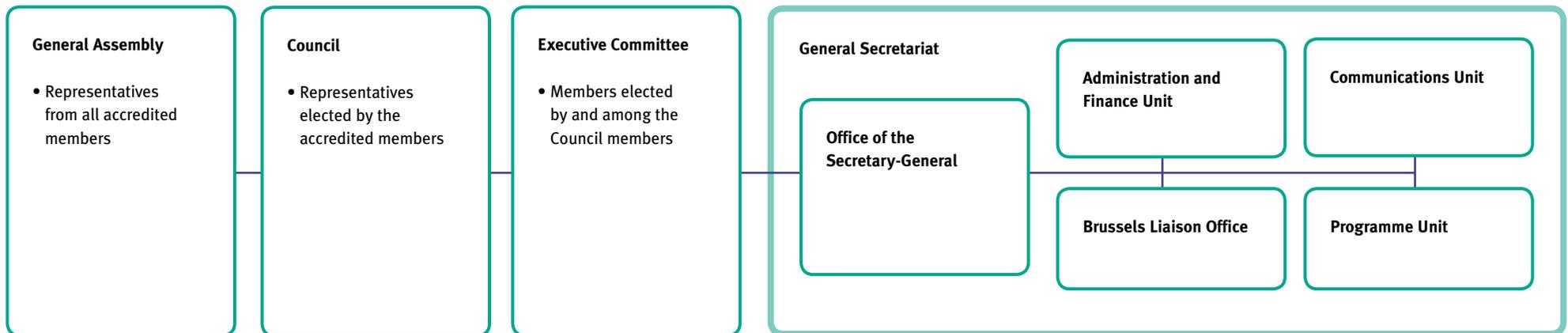


*IRCT Secretary-General, Brita Sydhoff.*

# Facts about the IRCT

The IRCT is an international, independent health professional organisation, based in Copenhagen, which promotes and supports the rehabilitation of torture victims and works for the prevention of torture worldwide. The IRCT today supports and collaborates with some 200 rehabilitation centres and programmes around the world. More than 100 of these are accredited members.

The structure of the IRCT is as follows:





*The IRCT Executive Committee, elected at the Council Meeting in September 2003, together with IRCT Secretary-General Brita Sydhoff (centre). From left: Nomfundo Walaza, Bhogendra Sharma, Camelia Doru and Niels Krustrup. Absent: Vivienne Nathanson and Abdel Hamid Afana.*

*Thank You*

*Thank You*

*Thank You*

*Thank You*

*Thank You*

*Thank You*

# *Thank You*

Our 20-year anniversary gives us the opportunity to look back and to think of all the people who have helped us along the way. We have received invaluable support in terms of money and political goodwill as well as hard work and understanding.

Right from the very start, we have met compassionate people who sympathised with our mission. In the 1980s, Jette Parker, wife of Alan Parker who is the founder of the OAK Foundation, contacted us, and ever since the foundation has been our most faithful private donor. The Danish Ministry of Foreign Affairs has also supported us again and again, and the fact that human rights and the abolition of torture are key areas in Danish foreign policy has been essential for our collaboration with the Ministry.

Furthermore, a long list of Danish foundations have made donations to the IRCT, as have a substantial number of private individuals who share our vision of a world without torture. Parallel to that, we have received financial support from other foreign ministries, including the Dutch, Swedish, Norwegian and British – all highly important contributions to our work. Also the EU shows interest in the work against torture and has generously supported several projects over the years.

In 2003, the IRCT received the Hilton Humanitarian Award of one million US Dollar in recognition of the work done to alleviate human suffering. This prize was very important to us – the financial support and the moral recognition of the work we do.

## **This book**

It would not have been possible to publish this book without the financial support of among others the OAK Foundation, Hermod Lannungs Fond and JL Fondet. We would like to extend our most sincere “Thank You” to these foundations.

Furthermore, we wish to thank all the kind people who have given up their time to relate their stories for the book. We know how much work you have to do and we appreciate the time and energy that you have put into this project.

## **Our friends and partners**

Money is important, but so are friends – and without them, the IRCT would not have survived for 20 years. We count all the rehabilitation centres and programmes around the world as our dear friends in the work against torture. Also, we have friends in a large number of health and human rights organisations, in ministries and foundations, in the UN and in the media and the arts. We have learnt a lot from you and we count on you in our continuous global fight against torture.



# ***How to Make a Donation to the IRCT***

## **By credit card**

Please visit the IRCT website ([www.irct.org](http://www.irct.org)) to make a credit card donation.

## **By cheque**

Please send a cheque that is made payable to:

International Rehabilitation Council for Torture Victims (IRCT)  
Borgergade 13  
P.O. Box 9049  
DK-1022 Copenhagen K  
Denmark

## **By bank transfer**

Our account details are:

Danske Bank  
Holmens Kanal Branch  
Holmens Kanal  
DK-1090 Copenhagen K  
Denmark  
S.W.I.F.T. DABADKKK

USD account:

Registration No: 3001

Account No: 4310-005029

IBAN: DK18 3000 4310 0050 29

DKK account:

Registration No: 3001

Account No: 4310-821152

IBAN: DK90 3000 4310 8211 52

EUR account:

Registration No: 3001

Account No: 3001-957171

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