

BOOK REVIEWS

both for the survivor and for those who help them. They warn professionals not to scold their clients for late or missed appointments since these are symptoms of continuing mistrust or apprehension that can only be exacerbated by impatience or annoyance. They highlight the importance of providing expert testimony at asylum hearings on the tendency of traumatized individuals to narrate their trauma without any sign of affect or to be reluctant to talk about their trauma for fear of reliving it, lest they be refused asylum and returned to their home country on the grounds of lacking credibility.

The manual also addresses the parochialism referred to earlier by describing the many ways in which post-traumatic sequelae permeate daily and bureaucratic life. Chapters 6 to 9 deal with physical treatment, psychological treatment and self-help therapy, while chapter 10 focuses on children. The ripple effect of torture and human rights abuses is immense. Refugee populations are on the increase as mass migrations in the face of war and human rights abuses grow ever larger. Survivors of torture are everywhere. It is not something that is distant, "over there". A serious public health problem exists precisely because we do not know the extent of survivor populations in our communities and the problems that they face. It is important to know, for example, that some families "blame the survivor for what occurred or label him or her weak, stupid, or unlucky" (p. 126) or that adults who were traumatized as children "may harbour thoughts and feelings relating to the trauma that are expected in a child but not in an adult" (p. 153). The dimensions of victimization and traumatization are complex and permeate everywhere. While this book is aimed specifically at health professionals in the United States and the particular problems that characterize health care in that country, it also has relevance for treatment programmes everywhere. For example, the manual discusses the differences between treatment for refugee populations in Western countries, with or without well-developed national health care systems, and treatment in the countries where human rights abuses are going on.

In the final chapter (11), the authors discuss prevention. It is here that they most explicitly address the question of research and what is necessary to im-

prove knowledge, such as standardized diagnostic criteria and cross-culturally valid research instruments. They contribute to this end by providing in appendices a sample consent form for an examination as well as a fictional sample of a health professional's declaration and medical and psychological report. Two additional appendices provide a list of information sources and a list of selected centres and clinics in North America that offer health and social services to survivors of torture. Each chapter is followed by references and notes that point the reader to other sources and elaborate on specific points in the text. The manual also includes some photographic examples of physical sequelae and an index. Anyone involved in or concerned about combating human rights abuses – clinical practitioners and researchers, educators and students – would do well to obtain a copy.

Ronald D. Crelinsten, Ph.D.
PIOOM Research Fellow,
Leiden University, The Netherlands
Associate Professor of Criminology,
Ottawa University, Canada

Selected list of publications received in the IRCT-International Documentation Centre

AAAS. Science and Human Rights Program, comp. Directory of persecuted scientists, engineers, and health professionals. Wash., D.C.: American Association for the Advancement of Science, 1992.

Amnesty International. Torture in China. London: Amnesty International, International Secretariat, 1992.

Angel B, Hjern A. Att möta flyktingbarn och deras familjer. Lund: Studentlitteratur, 1992.

Helsinki Watch: Nothing unusual: the torture of children in Turkey. Wash., D.C.: Helsinki Watch, 1992.

Stoffels H, Hrsg. Schicksale der Verfolgten: psychische und somatische Auswirkungen von Terrorherrschaft. Berlin: Springer-Verlag, 1991.

Tomasevski K. Des enfants en prison avec des adultes. Paris: Fayard, 1986.

IRCT
Documentation Centre

93.2.15

OBITUARY

Berit Backer

Albania expert murdered

The 45-year-old social anthropologist Berit Backer was brutally murdered in her home in Oslo, Norway, on 7 March 1993.

Berit Backer was on leave from her job as senior executive officer in the reception and integration department of the Norwegian Directorate for Foreigners. Her knowledge of the whole Balkan area was first rate, and she was known as an Albania expert. She was the project leader of *Aksjon Norge Albania* [Action Norway-Albania] when the murder abruptly stopped her work.

I had the pleasure of collaborating with her during RCT's work in creating a centre for the treatment of torture victims in Tirana, Albania. It is a great tragedy that she should die in this brutal way. Her knowledge, expertise, and untiring energy were an inspiration for all of us. The work in Albania will continue, but it will not be the same without her. She leaves behind a six-year-old adopted daughter.

We at RCT are deeply moved by Berit Backer's death, but we shall continue to hold her in our thoughts as we work on our common task.

Peter Vesti
RCT Consultant



Vienna, Austria
14-25 June 1993

For more information, write to:
World Conference on Human Rights
Department of Public Information
Room 5-1040, United Nations
New York, N.Y. 10017 USA



UNITED NATIONS

HUMAN RIGHTS

TORTURE



TORTURE 2/93

Quarterly Journal on
Rehabilitation of Torture Victims
and Prevention of Torture.
Volume 3, Number 2 1993



RCT IRCT

Juliane Maries Vej 34
DK-2100 Copenhagen Ø
Denmark
Phone: +45 31 39 46 94
Telefax: +45 31 39 50 20