

# Torture in the world – the interdisciplinary model at RCT

By Lone Tived

As there are many different kinds of violence and abuse against human beings, it has been necessary to define torture.

## Definition of torture

At the World Medical Association in Tokyo 1975 a declaration was adopted which prohibits doctors from participation in torture. In that declaration torture is defined as follows:

“... the deliberate, systematic or wanton infliction of physical or mental suffering by one or more persons acting alone or on the orders of any authority, to force another person to yield information, to make a confession or for any other reason.”

The nurses passed a similar declaration in Seoul in 1989.

The congress for the World Confederation for Physical Therapy, London 1991, passed a declaration which prohibits physiotherapists from participating or even witnessing torture – and also encourages teaching about torture and its sequelae, and the treatment of torture survivors.

## Epidemiology

The United Nations Convention against torture has been signed by only a minority of the world's 183 countries. According to Amnesty International's reports, torture still takes place in 72 countries, some of which have signed the Convention.

There is therefore much to be done in order to stop torture.

It is estimated that about 40% of the refugees who come to Western Europe have been exposed to torture. But often the tortured persons do not tell anybody about it, because they are ashamed of the fact that they have been tortured – and because the torturers always tell them that it is their own fault – and that no one will believe them if they reveal their experiences.

## The purpose of torture

Torture was previously considered as a method of obtaining information or as punishment, but we now know that its main purpose is to destroy a person's identity. The victims are often active in politics, e.g. journalists and writers, but they include persons with unacceptable religious beliefs. They are at risk of being tortured and later sent back into the society as totally different persons – in order to spread fear and terror. Thus, torture is an effective weapon against democratic principles.

## Treatment offered at the Rehabilitation Centre, Copenhagen

Most of RCT's clients come from the Middle East. Most are men, 25-40 years old. Only about 20% are women.

Torture survivors can only be accepted for treatment when they have obtained asylum; without it there would be the risk that a client would suddenly have to leave Denmark.

### Interpreters

We use interpreters at RCT for most of the clients because we must try to avoid language misunderstandings.

### Length of treatment

The clients are treated for about 6-9 months, sometimes a little longer. About 100 clients are treated per year.

The torture survivor can be referred to RCT from The Danish Refugee Council, general practitioners, the social services, the Red Cross, hospitals, and the office of the United Nations High Commissioner for Refugees. He can also contact RCT himself. His name will then be put on RCT's waiting list.

### Preliminary examination by a psychiatrist

This lasts 1½ h. The torture survivor is encouraged to talk about his family upbringing, education, and previous work, the conditions of his arrest and imprisonment, the kind of torture he was exposed to, his present psychological symptoms, and his social situation.

He will then be told about the kind of treatment he can expect if he is accepted as a client at RCT. He will also be informed that RCT never gives any information about a client without his permission, and that all the files are kept in safety boxes.

### Visitation meeting

Some of the psychiatrists, together with a social counsellor, will then discuss his case and consider whether the torture survivor

1. might profit from the whole "Treatment package" at RCT
2. can be referred to the external network (where he would be offered psychotherapy or physiotherapy, adapted to torture survivors)
3. is not accepted by RCT.

### Family assessment interview

When a torture survivor is accepted at RCT, he will be invited to bring his wife and children, because the family of a torture survivor also suffers. His children will be offered a physical

examination and treatment by a paediatrician, and the family will be offered psychotherapy.

## Standard physical examination

### Nursing

The nurse is in charge of the standard physical examination programme, and she will introduce the client to the centre and present him to the personnel.

The nurse will take standard blood tests, urine tests and electrocardiogram (if the client after careful explanation can accept this – he may have undergone electric torture) etc., and she will accompany him to examinations outside RCT. If examinations (and treatment) require general anaesthesia, the nurse will stay with him until he comes round and will explain to him what he has been through.

### The physical examination

The doctor will focus on the symptoms related to the torture.

The central nervous system will be examined carefully, because most of our clients suffer from headache.

The locomotor system will be examined in general. The rheumatologist will examine for more specific physical sequelae of torture.

Heart disease is very rare, though many clients think there is something wrong with their heart.

The kidneys, liver and sexual organs may be injured by beating.

The gastrointestinal system often gives symptoms because of poor nutrition, too much coffee, too many cigarettes.

The ears and nose are routinely examined by a specialist. They are often injured during torture.

When general anaesthesia is required, the client is referred to the University Hospital, where the health professionals have special training in treating torture survivors.

The medical doctor at RCT is the link between the client and his general practitioner.

### Dentist

Because many torture survivors have temporo-mandibular problems, RCT offers special examination and treatment by a dentist specialised in treating torture survivors.

### Rheumatologist

The rheumatologist examines the client at the start and finish of treatment.

## Treatment

### Nursing

The nurse administers the client's medicine. The attitude at RCT with respect to physical and psychiatric problems is to limit the use of medicine as much as possible. However, certain situations may call for medication, and the nurse's role is to explain the effects, side-effects and dosage of medicine to the client, and furthermore to make notes of the effects.

The nurse communicates test results. She also gives health guidance concerning nutrition, sleep etc.

### Psychotherapy

Psychotherapy is given once a week. The client is encouraged

to re-tell the torture experiences in order to come into contact with some of the feelings he had to repress during torture – especially anger and fear. This repression of feelings causes feelings of powerlessness, guilt, shame, and fear, which are dominant in all torture survivors at the start of treatment.

The memories of torture cannot be removed, and there will always be situations which bring the torture to mind. However, when survivors can master their anxiety and become free from flash-backs in those situations, they can handle human contacts and working situations well enough to enter this society in a normal way.

It is very important for psychotherapy and physiotherapy to run concurrently, because the torture consisted of methods that influenced both the psychological and physical aspects.

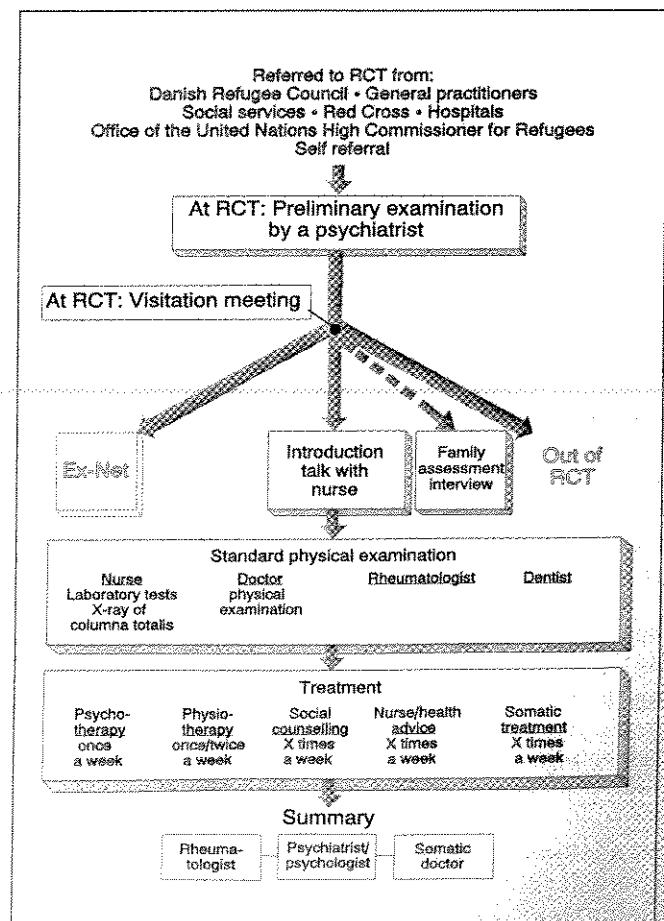
### Physiotherapy

Physiotherapy for torture survivors is conventional physiotherapy – only adapted to this group of patients.

Individual treatment starts with application of hot packs, massage, and exercises, and continues with more specific manual therapy methods, relaxation techniques, breathing exercises, etc.

### Swimming

A nearby indoor swimming pool is rented once a week so that clients can have water adapting exercises and swimming lessons under the supervision of RCT physiotherapists.



The client's way through the system.

#### *Fitness training room*

There is a fitness room at RCT which the clients can use under supervision by a physiotherapist.

#### *Aid appliances*

The physiotherapist helps to support the clients with aid appliances, e.g. shoe support and good shoes with flexible soles (because of sequelae after falanga torture) and corset (because of severe back-pain), etc.; this is a very important part of physiotherapy for these clients.

#### *Social counselling*

Social counselling is given according to need. The social advisor at RCT is the link between the client and a social advisor in the community.

#### *The process of integration*

The RCT social advisor tries to help the client in his process of integration in Denmark. The client should gradually be able to take over the contact with the community social advisor.

#### *Housing/accommodation*

The social advisor tries to help the client with his housing/accommodation. If, for example, the client has a rented room and feels that it reminds him of his prison cell, she will try to help him to find a two-roomed flat. If the client lives with his family, the advisor will try to find a suitable apartment; this is often difficult, because the housing situation in Denmark, as in many other countries, is difficult.

#### *Family reunification*

If the client's wife and children are still in his home country, the social advisor will try to contact the authorities in order to reunite the family.

If the client has small children, the social advisor will help to enrol them in nursery, kindergarten or school. This will help the children's integration in Danish society and give the parents time to participate in Danish courses, treatment at RCT, etc.

#### *Courses in Danish*

When the client is going to learn Danish it is sometimes

necessary to give individual lessons, at least in the beginning, because of the client's lack of concentration. He might later be able to join a group course in Danish.

#### *Job training and education*

If the client has an education from his own country, he might need supplementary qualification or training in order to get a job in Denmark. The social advisor will try to help him with this, but the high level of unemployment in Denmark will not make it easy.

#### *Somatic treatment*

The doctor at RCT mainly treats torture-related symptoms. If necessary the client is referred for treatment to the University Hospital or other medical specialists who are supervised by RCT in the treatment of torture survivors.

### **Summary**

A summary of treatment by the rheumatologist, psychiatrist/psychologist, and somatic doctor is made at the end of treatment at RCT. With the client's permission, this is sent to his general practitioner.

### **Interdisciplinary conferences**

There are weekly interdisciplinary conferences during treatment, at which all the health professionals discuss the progress of the clients. In addition, there are special meetings every 2nd or 3rd month (or more if needed) at which only the health professionals working with one particular client participate in order to discuss his case more thoroughly.

### **Trying to avoid burned-out symptoms**

Only half the working time is used for treating the clients – because of the risk of becoming “burned out”. The rest of the time is used for conferences and for teaching health professionals in Denmark and abroad about torture and its sequelae, and the treatment of torture survivors.



# TORTURE

## Physiotherapy to torture survivors

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RCT IRCT

Borgergade 13  
DK-1300 Copenhagen K  
Denmark  
Phone: +45 33 76 06 00  
Telefax: +45 33 76 05 00