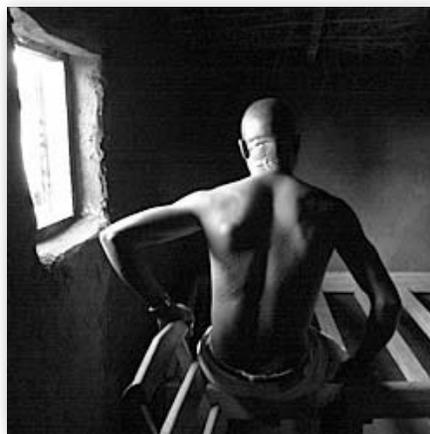


CHAPTER 1



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HEALING
the
HURT

TORTURE

REHABILITATION:

A WORLDWIDE

MOVEMENT

CHAPTER 1

HEALING THE HURT

TORTURE REHABILITATION:
A WORLDWIDE MOVEMENT

IN THIS CHAPTER

- THE NATURE of Torture
- THE TORTURE Rehabilitation Movement
- A TOOL FOR Human Rights

They told me, 'You'll be alone with this for the rest of your life. You'll die with this alone.' But when I heard about... the Center, I knew the torturers had lied.

— CLIENT AT CENTER FOR VICTIMS OF TORTURE, MINNESOTA

The practice of torture is so extensive that it could be called an epidemic (Gangsei, 2003). Government agents or others with official sanction practice torture in more than 104 countries (Amnesty International, 2005).

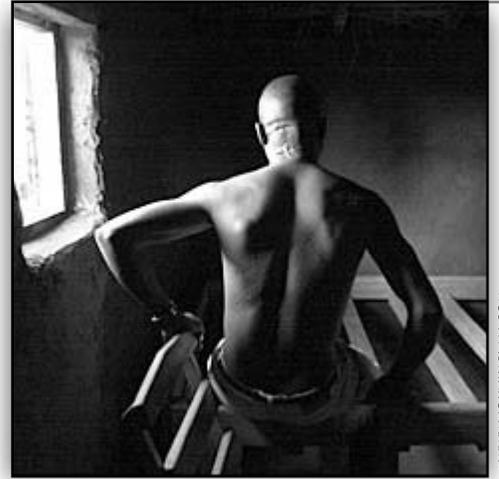
In response to the needs of torture survivors, a growing number of treatment centers offer resources and restorative services to survivors of torture. These facilities gain number and strength annually. From the first program established in Denmark in 1982, nearly 250 programs and centers serve survivors and their families in 75 countries today.

Medical, psychological, social, legal, and other services assist survivors in overcoming the long-term consequences of torture as they regain and rebuild their lives. Specialized treatment centers, with other non-center-based services, constitute a worldwide rehabilitation movement on behalf of torture survivors.

THE NATURE OF TORTURE

TORTURE DEFINED

The United Nations Convention Against Torture is a carefully negotiated definition approved by the United Nations system and ratified by 100 nations in 1989. According to the Convention, torture is:



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"I WAS FORCED TO watch as three men lifted a heavy rock and crushed my mother's head," Aiah Tomboy, 29, of Soewa, Kono district, Sierra Leone. "I could not bear to watch and burst into tears. Because I cried, a guy came and cut me in six places with a machete."

... 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 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.

Although the Convention is widely accepted as the foremost legal and political definition of torture, interpretations vary. Psychological, medical, and sociological representations reflect professional cultures, as well as other root factors and belief systems. For example, the World Medical Association in 1975 distinguished torture more broadly:

...torture is defined as the deliberate, systematic or wanton infliction of

A TOOL FOR HUMAN RIGHTS

"Our role is an extremely strategic one for the human rights community, because our purpose is to regain the human leadership that was stolen, to put it back to work. But secondly, through the treatment centers, the human rights community regains hope."

— DOUGLAS JOHNSON,
DIRECTOR, THE CENTER
FOR VICTIMS OF TORTURE,
MINNESOTA

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. This characterization may include 1) torture perpetrated by rebels and terrorists acting outside of an official capacity; 2) violence during war that is random; and 3) punishment allowed by governments that uses techniques that are similar to the techniques of torturers.

Rehabilitation specialists commonly define torture as the calculated, systematic infliction of suffering by at least one person upon another. A key component is the complete physical control of the victim by the perpetrator (Nightingale, 1990). Once seen as a product of foreign totalitarianism and repressive regimes, torture is a weapon of terror used also in war, prison, and chaotic political situations.

Physical and psychological means of torture may include:

- Beatings and mutilations
- Asphyxiation and submersion
- Mock executions and threats
- Electric shock
- Over- or under-sensory stimulation
- Rape
- Humiliation and threats
- Witnessing the torture or murder of others
- Denial of food, medical care and sanitary surroundings

Torture constitutes a major life event, a traumatic experience not expected to occur to anyone in a lifetime (Nightingale, 1990). Torture destroys individuals and sends them back to their communities as examples to others. As a tool of repression, torture is the most effective weapon against democracy.

THE PREVALENCE OF TORTURE

It is difficult to establish a precise number of torture victims worldwide. Experts project that between 5% and 35% (Baker, 1992) of the world's refugees (11.5 million in 2004, according to U.S. Committee on Refugees and Immigrants) are torture survivors. In Minnesota, a recent community-based study of Oromo and Somali refugees found an overall prevalence rate of 44% exposed to torture. Torture exposure varied by ethnicity and gender among these East African populations, ranging from 24% of Somali men to 69% for Oromo men studied (Jaranson, et. al, 2004). The number of torture survivors in the United States is estimated at 400,000 to 500,000.

THE TORTURE REHABILITATION MOVEMENT

In the 1970s and 1980s, a number of individuals and facilities treated survivors of torture in repressive regimes in the southern hemisphere and in other conflict-torn regions of the world (Jaranson and Popkin, 1998). Cambodia, Laos and Vietnam in Southeast Asia; post-colonial Africa; countries with military regimes in Central and South America; and Greece, Turkey, and Northern Ireland in Europe represent some of the troubled regions of that era. Treatment services operated under difficult conditions, with arrest and harm possible for both practitioners and clients.

In the 1970s, torture treatment work received a boost from Amnesty International (AI), which formally established a network of over 4,000 physicians in 34 countries (Amnesty International, 2000). The purpose of this work was to examine and treat survivors of torture. Services eventually expanded to address the medical needs of survivors as well as the other complex needs of clients: social, psychological and legal.

In 1979, the Danish AI medical group examined torture victims at Copenhagen University Hospital in

Denmark. Three years later, they founded the Rehabilitation and Research Centre for Victims of Torture (RCT) in Copenhagen as an independent institution. The Canadian Centre for Victims of Torture opened in Toronto in 1983, followed by the Center for Victims of Torture in Minneapolis, Minnesota, in 1985.

The establishment of these centers and others represents a global movement. The number of treatment centers and resources has expanded dramatically in the past two decades, and networks have formed for the purposes of support, knowledge-sharing, research-gathering, and political impact.

In 2003, the International Rehabilitation Council for Torture Victims (IRCT), an independent network of programs and centers, published a directory of 177 rehabilitation centers and programs in 75 countries.

The National Consortium of Torture Treatment Programs (NCTTP) is the network of torture treatment providers located in the United States. The member programs gathered for the first time as a group in 1998 and the NCTTP incorporated in 2001. Of the 35 programs represented by NCTTP, 24 were 5 years old or less in 2004.

A TOOL FOR HUMAN RIGHTS

Many survivors of torture were national and community leaders in their own countries, targeted for their leadership. Others were tortured as part of political strategies of social control.

Torture rehabilitation helps restore survivors to their full capacities and roles. At the same time, the rehabilitation movement helps communities understand and cope with the intentional legacy of fear. Healing communities is a prerequisite to developing open, democratic cultures.

The rehabilitation movement represents a

potentially powerful tool for human rights in countries with active or recent repression. In countries of refuge, rehabilitation centers develop new constituencies against torture and in support of human rights.

The U.S. Congress' 1998 passage of the Torture Victims Relief Act (TVRA) was significant progress in the torture rehabilitation movement. It authorized funding for domestic and international programs that provide medical, psychological, legal, and social services to victims of torture. In addition, the TVRA designated funds to promote research and to provide training for health care providers outside of treatment centers. In 2003, Congress reauthorized the TVRA through 2006.

CONCLUSION

The movement to provide specialized treatment to survivors of torture is relatively new. It is growing in strength as professionals become aware of the nature of torture and respond with appropriate services.

There remain places in the world, including parts of the United States, where substantial numbers of torture survivors live, but where no rehabilitative programs exist.

The established network of providers offers a rich vein of experience and expertise for sharing with individuals and organizations wishing to offer professional services to survivors in these areas.

Education, resources, and consultations offered by the established treatment centers to mainstream medicine, mental health, social, and legal services providers will help to build new networks of support for torture survivors. ■

FOR MORE INFORMATION

For more information on TVRA, see **CHAPTER 8**.



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