Volume 89 Number 867 September 2007

INTERNATIONAL REVIEW of the Red Cross

TORTURE

Interview with Dr Abdel Hamid Afana*

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Do you differentiate between torture and inhumane or degrading treatment in your work with torture victims? If yes, how do you define the different notions?

When it comes to differentiating between torture and cruel, inhumane or degrading treatment, torture is, generally speaking, a more serious violation of human rights, personal integrity and dignity.

* The interview was held on 12 September 2007 by Toni Pfanner, Editor-in-Chief of the *International Review of the Red Cross*.

I personally think there are three main differences between torture and cruel, inhumane or degrading treatment and punishment. The first one, which we all know, is the severity and intensity of pain inflicted on victims. From the political and legal point of view, this is a grey zone, as there is no exact point where cruel, inhumane or degrading treatment reaches the threshold of torture. It is even more difficult to evaluate psychological suffering. In fact, recent research studies show that the long-term effects of humiliation and humiliating treatment such as threats and other psychological manipulations are similar to physical torture.

The second and third distinctions are those highlighted by Manfred Nowak, the UN Special Rapporteur on Torture. He underlined that, legally, the purpose of torture is usually to extract information or to force a confession – which is not necessarily the case in all instances of torture. Anyway, law enforcement officials must aim at a fair balance between the legitimate purpose of an interrogation and the interference with the person's rights and integrity. The other distinction is the element of powerlessness. The perpetrators assume the victim to be in a situation of powerlessness, which usually means deprivation of personal liberty and in which they are in complete control of the person. This makes the victim extremely vulnerable to any type of physical or psychological torture. As long as the person is thus under the direct control of the law enforcement officials, the use of physical or mental coercion is considered especially harmful.

It must, however, be stressed that in any case, both torture and cruel, inhumane or degrading treatment are absolutely prohibited.

In your experience, do the victims differentiate between torture and inhumane or degrading treatment? Can you give us some examples of torture methods?

They generally complain about having been tortured and tell us about their experiences without differentiating between torture and CIDT. What they have experienced largely depends on their background. In the western world, for example, most of the people we deal with are refugees. They tell us about different methods of torture, including physical torture, as well as about beatings, psychological manipulation, humiliating treatment and exposure to force and stress. Other types of people, such as prisoners, also complain that they were tortured, especially during interrogation in the detention centre. The methods they describe are very often clearly methods of torture. In my own field of experience, a very common complaint is what we call the ''Palestinian hanging'', which consists of tying the arms of the prisoners behind their backs and hanging them up by their wrists. They further complain that they were deprived of sleep, blindfolded, exposed to constant loud noise and bright lights.

The methods you mentioned include both physical and psychological methods of torture.

Physical torture was traditionally used in previous centuries and decades, but is also still used today. Psychological torture is a new method that was developed more recently. Maybe, in the future, there will even be cultural torture.

Psychological torture is about reprogramming the victim to surrender to an alternative world offered by the abuser. It is an act of deep, ineradicably traumatic programming. Unfortunately, psychologists are often involved in developing and executing interrogation strategies, in preparing a psychological profile for the detainee, or participating in the interrogation of the detainee and giving feedback to the interrogators. A well-known example is the alleged use of SERE (Survival Evasion Resistance and Escape) interrogation techniques in Guantánamo, based on the advice and consultancy of psychologists. This implication of medical personnel is very worrying, as their profession seeks to protect the welfare and rights of those with whom they interact professionally.

To come back to the definition of psychological torture: psychological torture is long-lasting and very severe. It is a technique which aims at causing a regression among victims. Regression is basically a reaction to extreme anxiety and stress and leads to behavioural defects. The victim begins to lose the competence to deal with complex situations or to cope with interpersonal relationships. This has long-term negative consequences. The victims feel helpless and powerless and lose respect for themselves. In fact, psychological torture is about instilling feelings of guilt and shame in the person. All these dramatic memories can further lead to a traumatic disorder. This trauma has been discussed extensively in scholarly writings.

Could you elaborate more on this trauma and the typical symptoms you find among torture victims? According to your clinical experience, what are the long-term effects of psychological torture?

As I mentioned before, psychological torture is often more severe and long-lasting than physical torture. What is problematic is that frequently it remains undetected, as the physicians in public health care centres are often not sufficiently trained and the victim is reluctant to speak about his or her experiences.

If you look at the types of psychological symptoms after torture, there are probably two kinds. The first kind is limited to the individual person. Torture creates a feeling of shame, guilt and disgrace because of the degradation and humiliation the victims have experienced. This leads to transformations of the personality, to a loss of self-esteem and self-worth. In my experience, this is usually accompanied by symptoms of both anxiety and depression. What is also very common among survivors of torture are manifestations of self-directed aggression, and often they withdraw from society and have symptoms of post-traumatic stress disorder (PTSD). This means victims react with emotional numbness, increased arousal, insomnia, irritability and restlessness. Anxiety and depression, withdrawal, unhappiness, loneliness, lack of interest in life and avoidance of reminders of the prison experience are all symptoms of psychological trauma and manifestations of PTSD. While the consequences of physical torture such as headaches and pain are very clear and easy to track down, these effects produced by psychological torture are more long-lasting and harder to treat.

The second kind of symptom is the displacement of anger. The anger and aggression experienced by torture survivors is often displaced onto other people,

particularly the family. Usually the most vulnerable groups, namely the victims' children or their wives, are targeted. So torture does not only have an impact on the victim but also on the family, and consequently on the community as a whole. This is also why an organization that gives help to torture victims must extend its work to their families and communities.

Can these consequences of torture and the way certain methods are perceived vary, depending on the individual, or the political, religious or cultural setting? One could imagine, for example, that a detainee who believes very strongly in a cause has fewer difficulties in bearing some forms of behaviour than someone who does not have such a strong conviction.

That is absolutely true. Culture is very important when it comes to analysing the trauma itself, as well as the reaction of society to such a trauma. Firstly, it is of great importance to promote the culture of no torture and to prevent torture from becoming a widespread practice. In fact, culture and religion form a symbolic system of values, beliefs and ideas that shape and influence its members. One of the primary characteristics of culture is that it provides a context for survival. It has a regulatory function which assists in dealing with events, such as torture, as well as their causes. The way torture is perceived in a society, and the way society looks at torture victims, has a great influence on how the victims themselves cope with it. From my clinical experience with Palestinian prisoners, I know that upon release they are considered heroes and get a lot of social support from the community and from their extended family. This, of course, makes it easier for them to cope with the physical and psychological consequences of torture. Social support is thus a key issue in coping with the trauma, and it varies from one culture to another.

Can the phenomenon of torture influence the society as a whole?

A society is composed of individuals and families, including the extended family, that form small communities and finally these communities form a bigger society. Victims obviously belong to families, and if the victim has the typical psychological symptoms of torture survivors that we have already discussed, this will influence and affect his or her behaviour within the family and especially towards the children. The children of torture victims can even end up experiencing similar symptoms, such as withdrawal from society, anxiety, often accompanied by low achievements in school, which leads to drop-out and all the consequences of it. From that psychological perspective, families of torture victims are affected and will not be productive in the community, they will not effectively participate, use the community resources and contribute to the development of the community. In addition, torture spreads fear and anxiety among the community members and this has a negative impact on community development and democracy in that community.

In order to cope with these problems it is necessary to have a society that is supportive of torture victims. Here is where non-governmental organizations, the government and human rights activists must come in to create public and

community awareness about the types of social consequences torture and trauma have. I believe that most, if not all, means of assessing torture are individually based and thus probably emphasize the diagnosis of PTSD, depression, anxiety and other medical disorders, while giving less emphasis to the macro-consequences of torture that include families and communities at large. Every traumatized individual and every dysfunctional family must also be seen in their social and political context.

Do you have the feeling there are communities or cultures that have accepted torture or certain methods of torture or cruel, inhumane or degrading treatment?

I don't think torture is accepted in any culture, but the meaning of torture and the social representation of torture may vary. Unfortunately, we have little knowledge about the representations of torture in different cultures. Without going into details, the origin of the word "torture" indicates that it is meant to cause harm and to "twist" the personality of a person. In a number of cultures, like Asian cultures and mainly in Buddhist terms, torture is derived from a religious ritual which is called *karma*. In the Arab culture, torture means "*Tatheeb*". The word in Arabic sounds very harsh; literally it means "the infliction of pain" by others using various means of torture. It doesn't put victims in a position of blame, which is important for therapeutic recovery. If you say that word in Arabic, a person hearing it might tremble just from listening to it and from its sound.

What leads a person to commit torture? Is there a kind of predisposition for a person to become a torturer, or is it mainly the institutional setting, the obedience of orders, that leads a person to torture?

In my view, the fact that torture is practised regularly and systematically in different countries with different cultural and religious backgrounds and that it has been practised for centuries shows that the reasons for which people become torturers, the origins of their actions, are not culturally specific. When it comes to explaining why people torture their fellow human beings, I think one must differentiate between three types of torture.

The first one is called functional torture. It refers to torture that is practised with the aim of extracting confessions. It aims at breaking the victim's personality and resilience in order to make that person talk. In many cases, such types of torture are committed under a slogan of "protection of public security", but it is also a tool for repressing political opposition. It harms the community as such and the democratic development of a country.

The second type of torture tends instead to be a strategy of the torturers to cope with their own problems. Often torturers wish to regain control and to re-establish their power over someone else. By practising torture, torturers regain their self-confidence and self-worth. Some torturers also displace their negative emotions by inflicting pain on someone else. They may experience humiliation, rage, envy or hatred, and when they displace their negative emotions onto their victims, the victim becomes a symbol for them of everything that is negative in

their own lives. There are, of course, forms of torture that are clearly sadistic. In those cases, torture satisfies the emotional needs of the torturers themselves. Many torturers derive pleasure and satisfaction from these sadistic acts of humiliation and from torturing others. To them, inflicting pain and suffering upon others is a kind of fun. Most importantly, those types of torturers do not empathize with the painful reactions that are generated in their victims.

A third type is possibly torture as a political strategy, a way of protecting the interests of one group and of keeping control over both the people and the political resources. Here loyalty, group affiliation and belonging are so strong that they overshadow ethical, moral and legal considerations of torture.

Can torturers also become victims? Have you, for example, had cases where torturers sought psychological help? Are there typical traits that you find in every torturer?

It is possible that victims become torturers and torturers become victims. I don't think there is a typical profile of a torturer. At the end of the day, torturers are human beings and they have both good and bad instincts. These instincts, common to every human being, are influenced and controlled by many factors, such as society, the rule of law and social justice. As far as I know, torturers don't have any particular common denominators. Their actions may be a result of the combination of their personality and environment. In many cases, these people are brainwashed or have certain ideologies, and the practice of torture is mainly meant to protect the authority or the governing body. Furthermore, torturers are most probably desensitized to torture and not aware of its psychosocial consequences. They are trained to obey orders without analysing or questioning them. In most situations, they are trained to adopt a win-lose approach, not to analyse, to discuss and to raise their voice against the orders of the authority.

You mentioned that physicians and psychologists increasingly play a role in developing methods to extract information from a person. What role do you believe psychologists and physicians should play in this process?

Traditionally, physicians and other health and mental health professionals are mainly involved in rehabilitation of victims. They draw up a case history, do a physical examination, and evaluate whether there is physical evidence of torture. Of course, the professional ethical code strictly prohibits medical professionals from playing a role in torturing people. But I am not only critical of some who are being part of torture. I also find it very unfortunate that physicians and psychologists have not widened their role in society.

Often they perceive their role as being limited to the rehabilitation of victims and give less attention to the causes of torture, as they interpret these cases as political. However, it must not be forgotten that when we talk about torture, we are talking about basic human rights and there is a clear link between health and human rights. We have to return to the broad definition of mental health, or health itself, that extends beyond cultural borders and embraces environment, family, and community factors. This perspective goes beyond the purely medical

aspect. Physicians and psychologists must take a proactive role and move from being not only providers of care but also facilitators of care who enable victims to be actively involved in their community development. As the shame, humiliation and severe trauma prevent victims from seeking help and support, access to rehabilitation must be facilitated and the services provided must include not only the biomedical approach but also engagement in the fight against impunity, against the denial of torture practices, as well as in the fight against irregular renditions, even those with so-called diplomatic assurances. Thus, the role of medical professionals has to be widened beyond rehabilitation and medical professionals have to be vocal and proactive.

As you know, the ICRC and other humanitarian agencies and medical or religious personnel visit prisoners. They may possibly interrupt the interrogation process or may even involuntarily become part of it. When it comes to prisoners who have been tortured, do you think such an intervention is helpful?

One must be cautious to let the victim be in control of the interview. First, it is important to explain who you are and why you are there, in order to decrease their apprehension and possibly their fear. During the whole conversation, the detainee should only talk as much as he or she feels comfortable and should be able to stop the interview at any time he or she wishes. If the prisoner stops the interview at some point, the visitor or delegate should not feel insulted, but understand it.

It is essential that the person who pays the visit is trained and prepared to cope with cultural differences and sensitivities. Very simple things such as shaking hands can be an icebreaker for an interview, whilst the same small gesture can be completely inappropriate in certain cultural settings. So before going to a prison, one should become familiar with all these cultural gestures and the cultural background of the person one is going to visit.

Such visits may also have an investigative aspect. The ICRC, for example, reports its findings to the prison authorities in order to achieve improvements in the treatment of the detainees. In order to do that it is necessary to ask a number of questions regarding the treatment or even specific methods of treatment used. How can this be done without opening wounds or retraumatizing the prisoners?

I don't think these questions will cause damage to the prisoners as long as they are in control of the interview and the delegates explain to them why they need this information. What is important is to have privacy, to assure them that you are not being observed or overheard and that the information they give you is strictly confidential and will not be used for anything other than to improve the conditions in the prisons. All will depend on whether the interviewer makes the victim feel comfortable and reassured. Obviously, this requires certain skills, including very basic communication skills and sensitivity. In addition, the interview must be prepared carefully. Also, in order to prevent possible unhealthy

consequences that might arise after the visit itself, it is indispensable to repeat the visit.

Let us now take a closer look at your work, namely the rehabilitation of torture victims. Is it possible to successfully rehabilitate a person that has been tortured?

Yes, I believe it is possible to rehabilitate torture victims. The aim of rehabilitation interventions is to enable survivors to become productive members of their communities. As you might know, the International Rehabilitation Council for Torture Victims (IRCT) is an umbrella organization for centres throughout the world that are carrying out pioneering preventive and rehabilitation activities.. In the last couple of years, we have tried to look at rehabilitation in its wider perspective. We are convinced that both physical, psychological and community intervention are essential in order to enable victims to cope with their experiences, and that a ''bio-psycho-social, legal and political'' approach is thus necessary to achieve that aim. This means that rehabilitation in its wider sense includes not only the individual perspective of treatment, but also work with the community to ensure that the victims will get the support needed for themselves and their family.

Of course there are different approaches to rehabilitation, used by different therapists and in different IRCT member centres. It is hard to say which method is the best approach. Beside cognitive behavioural therapy, which has both cognitive focus (negative symptoms such as those of PTSD) and behavioural intervention sessions to treat victims of torture, the psychoeducation content here is very important. Some centres used the psychodynamic therapy as an intervention method at the individual level, where the emphasis is placed on the unconscious representation of traumatic events and their relation to life events. Other centres use cognitive processing therapy (CPT), which is based on information processing theory. Of course, we use many other intervention methods, such as eye movement and desensitization reprocessing (EMDR), while anxiety management and various forms of individual therapy have been shown to reduce PTSD symptoms and reduce social maladjustment.

Are there also collective therapies?

In the rehabilitation of torture victims there is group therapy. Being part of a group gives them the feeling that they are not alone, that there are people who have experienced the same fate and have the same difficulties in coping with the consequences. This may give their suffering and their symptoms a more global dimension and shows them that their reaction is a normal reaction to an abnormal situation: abnormal methods were used that caused abnormal suffering.

At the same time, these therapies must be accompanied by a community approach where the family and the community are involved in a therapeutic setting.

We invite both the traditional and the religious leaders to take part in psycho-education, we offer them courses and train them to help traumatized people. This training can consist of basic communication skills, of showing them

how to listen to torture victims and how to focus on their emotions. They can also learn more complex skills, such as understanding the symptoms, exploring the reasons for them, and teaching the victims to face the challenges. We furthermore train the family and show them how to behave in an emergency situation until they get the help of a professional. This holistic approach to rehabilitation is very important.

So to answer your question: yes, victims can be rehabilitated and can be treated.

What kinds of victims seek advice in your centre and where do they come from?

The IRCT is an international movement; the secretariat, which does not provide any sort of therapeutic interventions, is based in Copenhagen. We have more than 140 centres all over the world providing psychosocial and community interventions in aid of torture victims. These centres are based in diverse geographical locations and diverse cultural backgrounds, and work in difficult financial and political circumstances. In non-conflict countries, most of the victims are likely to be refugees, asylum-seekers or immigrants from conflict or post-conflict countries. In low and middle-income countries, the types of people who come to the centres have usually been tortured by the police and law enforcement agencies. Often they are political activists and political prisoners. It is worth mentioning that in total, these centres rehabilitate around 100,000 victims and their families every year.

It is obviously better to prevent than to cure. Does your centre also engage in preventative activities, in fighting impunity of those who are responsible for acts of torture?

As I mentioned before, through our member centres we promote a holistic approach to torture. As rehabilitation must be accompanied by preventative activities, the centres promote respect for the Convention against Torture (CAT) and its optional protocol. We also offer education and training courses for law enforcement personnel. Furthermore, through our advocacy we are supporting the work of governments and multilateral institutions, like the UN, the OSCE, and others, as well as campaigns against torture, particularly on the International Day against Torture. On that day, namely 26 June, every centre organizes activities in different parts of the world to sensitize people and raise awareness of the problem of torture. And of course, every centre also carries out research activities and trains health and legal professionals. The goal is, among others, to implement the Istanbul Protocol, a set of guidelines for the assessment of persons who allege torture and ill-treatment, to bring the perpetrators to justice and to secure reparations for victims.

However, I would like to stress that the human and economic resources available to meet the increased incidence and prevalence of torture are limited. Of some 20 million refugees and internally displaced people, around five million are thought to have been subjected to various forms of torture. As mentioned earlier,

the IRCT member centres manage to treat around 100,000 victims annually. Clearly, this is not enough. We therefore lobby various institutions, urging them to provide both human and financial resources to rehabilitate torture victims all over the world, and we are working hard to secure these resources. One of the main challenges today is that while the prevalence of torture is very high and unfortunately even increasing, the financial and human resources to fight it and rehabilitate its victims are not meeting the needs, for the scale of torture is overwhelming and a valid macroscopic instrument to measure its impact not only at the individual level but also at both the family and community levels is virtually non-existent.

We must understand that human beings interact with their environment, and that well-being results in a feeling of hope and altruism. We all know that an oppressive political environment is damaging to both individuals and communities. We know, too, that health professionals must have an active role in upholding basic human rights, and must join communities in their struggle to combat torture and impunity and to promote dignity and peace.