

# **Against Torture – The Road to a Healthy Individual and Society: Centre for Rehabilitation of Torture Victims - IAN Belgrade**

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## **Abstract**

*As the result of efforts to provide comprehensive assistance to torture survivors and victims of war trauma, IAN has established the Centre for Rehabilitation of Torture Victims - IAN Belgrade (CRTV - IAN), which provides free of charge psychiatric, psychological, medical and legal assistance to people who have survived war related trauma, victims of political and civilian torture and violence, torture victims' family members and people traumatised by the NATO air strikes. The Centre began to work in September 2000 in Belgrade, with financial support by European Commission. The Centre staff consists of experts in torture and trauma related disorders, psychiatrists and psychotherapists, clinical psychologists, forensic medicine experts, experts in law, sociology and biophysics. Key aims of the Centre are to provide comprehensive rehabilitation for torture survivors and work on prevention of torture and violence, as a precondition for mental and physical health of individuals in the society. These aims are achieved through activities ongoing in four units of the Centre: Rehabilitation unit, Legal unit, Documentation, education and research unit, and the Administration unit.*

## **YEARS OF STRESS**

### **MIGRATIONS**

The last twelve of years have been filled with traumatic experiences that struck a larger part of our country's population. The war in the neighbouring area resulted in mass migrations of its population. According to the data provided by the UNHCR and the Serbian Commissariat for Refugees, today there are about 650,000 refugees living in Serbia. Among them there are about 300,000 internally displaced persons from Kosovo. This number represents a significant percent of the total population and it is huge for a country with serious economic problems. The 1,300 ethnic Serbs who disappeared in Kosovo and about whose fate nothing is known should not be forgotten either. Their families are under chronic stress, still unable to go through the process of farewell and mourning. The majority of refugees have been exposed to multiple stressors of high intensity.

The UN sanctions lasted for 3.5 years, and their consequences cannot be measured. The war and economic difficulties also led to the migrations of about 300,000 persons who found their place of residence in a third country.

### **BOMBARDMENT**

The bombardment lasted for eleven spring weeks of 1999 presenting an intensive acute stress, which was superposed to the already existing chronic stress. People became anxious, apathetic, helpless and hopeless. It is alleged that there were 1200 civilian victims, 79 of them children, while 5000 people were wounded or disabled. The economic damage has been estimated to about 30 billion dollars, but the damage to the natural environment caused by depleted uranium bombs should not be neglected either.

### **PRISON CAMPS**

Several thousand persons having been detained in the camps of Bosnia and Croatia live in Serbia now. Many of them were exposed to various types of psychological and physical torture (see Opacic & Jovic, in this monograph). Their experience is certainly the hardest, their suffering and that of their family is unmeasured. This monograph is to a great extent dedicated to them.

## SOCIAL TRANSITION

The war and years-long political turmoil led to social disintegration and an increase in delinquency, aggression and violence. Social transition has also contributed to the occurrence of numerous psychological problems in the population while constant stress contributed to anomie, alienation, helplessness and uncertainty.

The war, exile and torture caused degradation, poverty, dehumanisation and death of many people. All that, accompanied with the stress of chronic deprivation may have biological, psychological and social consequences..

## STRESS CONSEQUENCES

It has been shown that posttraumatic stress disorder is a frequent, but not the only severe stress sequelae. Other disturbances like depression, somatisation disorder, generalised anxiety and personality changes, generalised anxiety and personality changes may be developed as consequences of psychological trauma. In our environment, apart from stress disturbances there is alcohol and drug abuse on the rise, as well as the suicide and homicide prevalence of suicide and homicide. Rates of morbidity and mortality due to psychosomatic and somatic disorders have also increased significantly. Nobody will ever be able to count late and silent victims of psychosomatic diseases caused by stress. Besides, the burnout syndrome, or the exhaustion syndrome, along with the syndrome of chronic fatigue are frequent diagnoses, especially among doctors, psychiatrists and psychologists who shared the fate of their patients and worked under difficult conditions throughout the years of stress.

Our studies reveal that a significant percentage of refugees suffer from chronic posttraumatic stress disorder (Lecic-Tosevski, Draganic, Jovic, Ilic, Drakulic & Bokonjic, 1999). That diagnosis, that is, the measure of stress is important since it should guide the process of medical treatment. The highest disorder was recorded in persons who were exposed to sexual abuse and severe torture. (Gavrilovic, Lecic-Tosevski, Knezevic & Priebe, 2002), which is in compliance with the findings by other authors. However, it should be emphasised that healthy persons also showed high distress following a severe bombardment trauma as well as that the distress severity is related to coping strategies (Ilic, Jovic & Lecic-Tosevski, 1998; Gavrilovic, Lecic-Tosevski, Dimic, Pejovic-Milovancevic, Knezevic & Priebe, 2003).

IAN – The International Aid Network has been established to provide aid to traumatised persons in our country. The Centre for Rehabilitation of Torture Victims as its integral part is designed for the most severely traumatised persons, those who were exposed to various types of torture, their treatment and rehabilitation as well as the prevention of all types of ill-treatment, which is a condition for mental and physical health of an individual and society. The Centre is presented in the lines to follow below.

## CENTRE FOR REHABILITATION OF TORTURE VICTIMS

As results of efforts to provide comprehensive aid to war trauma victims, within the IAN there has been established the *Centre for Rehabilitation of Torture Victims (CRTV)* which provides free psychiatric, psychological, medical and legal assistance to war trauma survivors, civil and political torture and violence victims, family members of torture victims and people traumatised by the NATO bombardment. The Centre commenced its work in September 2000 in Belgrade, and it is financially supported by the European Commission.

Actively involved in the work of the Centre there are experts on torture and trauma-related disturbances, psychiatrists and psychotherapists, clinical psychologists, forensic and legal experts as well as those in sociology and biophysics. Psychologists working with the IAN Trauma Centre are engaged in making the first contact with a client and a psychological assessment.

### CENTRE OBJECTIVES

The key objectives of the Centre comprise the following: 1) provision of comprehensive rehabilitation to the torture survivors and 2) prevention of torture and violence. The specific objectives are:

- Provision of psychotherapeutic, psychosocial, medical and law assistance to torture, war and violence victims;
- Organisation of support and assistance to discriminated groups or those ones whose human rights are endangered on ethnic, religious, gender or other grounds (e.g. children and women – family violence victims, ethnic cleansing victims, etc.);
- Establishment of co-operation with governmental and non-governmental organisations aimed at the improvement of torture victims' protection and treatment;
- Organisation of activities to improve the identification, treatment and prevention of psychological and social consequences of torture (education of primary health-care physicians and other torture victims professionals);
- Dissemination of knowledge and consciousness in connection with nature, consequences and methods of torture and violence prevention (through magazine/newspaper/journal articles, public lectures, participation in radio and TV programmes, etc.);
- Prevention and treatment of secondary traumatisation (the burnout syndrome) that is the assistance to supporters.

The stated objectives are implemented through activities in charge of four Centre units:

1. Rehabilitation unit
2. Law unit
3. Documentation, education and research unit
4. Administrative unit.

## REHABILITATION UNIT

The key objective of this unit is to provide psychiatric, psychological, medical and social assistance to torture victims. The assistance is organised according to the pre-set procedure.

### **Procedure and Instruments**

The first contact with the client is usually established via telephone when the first interview is appointed. After the initial interview and based on previously determined criteria the psychiatrist assesses whether the client enters in the further Centre procedure. The detailed clinical assessment is made after the client has been acquainted with the process of diagnosis establishment and treatment and after he/she has signed the form of his/her informed approval. (The following instruments are used for the purpose of the establishment of a diagnosis: *Structured clinical interview for DSM-IV axis I disorders* (SCID-I; First, Gibbon, Spitzer & Williams, 1996), *Clinician administered PTSD scale* (CAPS; Blake, Weathers, Nagy, Kaloupek, Gusman, Charney & Keane, 1995) and dissociation, stress and personality questionnaires, such as *Dissociative Experience Scale* (DES; Bernstein & Putnam, 1986), *Impact of Event Scale* (IES; Horowitz, Wilner & Alvarez, 1979) and *Revised NEO Personality Inventory* (NEOPI-R; Costa & McCrae, 1992; Mc Crea & Costa, 1996) and the other ones. The assessment is repeated following the expiration of a certain period (of three months and a year). All the data are stored in the client's personal file and are used for the psychotherapy evaluation as well as for research purposes.

### **Rehabilitation of Torture Victims**

The rehabilitation of torture victims develops through the following activities:

#### a) SOS Telephone Service for Torture Victims

The work on the SOS telephone help-line includes the problem identification, provision of necessary information and referring of clients to the Centre Rehabilitation Unit. The SOS telephone counsellors are trained to provide psychological assistance to the caller.

#### b) Psychotherapeutic Centre

The Centre organises psychotherapy for the torture victims, which comprises individual, group and family therapy. The therapy type which is applied depends on the type of therapist's education and type, that is, severity of disturbance. The group therapy is also applied in the form of group analysis or psychodrama, modified for the work with torture victims. For the reason of frequent family dysfunction in our clients, the family therapy is indicated in certain individual cases. The prevention and treatment of secondary traumatisation, that is, the burnout syndrome ("assistance to supporters"), represents additional Centre activity.

#### c) Medical Centre

The key objective is the provision of medical assistance to torture victims. Torture victims are at risk for developing various psychosomatic and somatic diseases so that medical protection represents a requisite supplement to psychological assistance. The CRTV clients are provided medical assistance at the MEDIAN clinic and within mobile teams, in the form of free internal-medicine, cardiological and neurological examinations (which include the glycaemia analysis, blood pressure check, physical examination, electrocardiography, neurological examination, electroencephalography, cardiac and abdominal ultrasonography). The MEDIAN employs the neurologists and internal medicine specialists.

#### d) Mobile Team

The mobile team objective is to increase the accessibility of our Centre to its beneficiaries located/residing outside the Belgrade district as well as to those beneficiaries who are not able to come to the Centre (disabled clients, elderly persons, etc.). The mobile team activities encompass the following: a) direct contact and provision of assistance to clients in the field; b) collecting data on potential beneficiaries; c) dissemination of information on the work of the Centre among potential beneficiaries, their organisations and other organisations providing assistance.

#### e) Internal Seminars within the Rehabilitation Unit and Group Supervision

The seminar is aimed at the presentation of cases, group supervision and discussions on improvements in the technique of work with torture victims.

f) Improvement of Psychological Treatment through: continuous education of employees and adoption of new methods of treatment (passing on knowledge), permanent supervision and evaluation of successfulness of the methods applied and discovery of new, culturally-specific models of torture victim treatment.

## LAW UNIT

The law unit provides legal and forensic assistance to torture victims aimed to ensure respect of their fundamental human right, protection from victimisation and assistance in realisation of their rights and compensation. Legal experts counsel their clients, and, if necessary, represent their interests within the legal system. Forensic experts perform forensic expertise aimed at assessment of medical consequences of torture and provide support to the legal protection of clients. The forensic specialist keeps records on physical signs of torture. The records prepared – medical protocol may be used as evidence either in a possible lawsuit or in criminal procedures or claims for compensation. Legal experts provide assistance to torture victims in the Centre premises and represent an integral part of mobile teams.

## DOCUMENTATION, EDUCATION AND RESEARCH UNIT

Torture and PTSD psychological consequences research is a field of psychology and psychiatry in which innovations throughout a last dozen of years have made a major breakthrough. In accordance with this, the key objective of this unit is to collect and systematise data on CRTV clients and other torture victims (who are not CRTV clients), with special emphasis placed on systematic research of the type and severity of trauma and torture as well as their physical, psychological and social consequences. This unit is engaged in the following activities:

*a) Creation of database of CRTV clients*, which involves the registration of clients and type of torture they were exposed to, psychological and social consequences of torture as well as the evaluation of types of assistance provided by the Centre.

*b) Collection, systematisation and interpretation of data* on war and other types of torture victims; traumatic experiences, type and intensity of trauma and torture and their physical, psychological and social tortures and psychological changes occurring in the course of treatment. The data serve as a basis for provision of timely assistance, treatment evaluation and better understanding of disturbances related with the experience of a traumatic event.

*c) Sharing of experience and information* with other similar centres world-wide, professional and scientific institutions specialised in torture victim research work and treatment, local and international organisations for protection of human rights.

*d) Publication and presentation of research work* and other activities at the national and international level, in relevant journals.

e) *Organisation of trauma-related information centre.* The basic Centre activities encompass collection of books, scientific and other publications, video and other types of educational materials on torture and violence. It is accessible to professionals and non-professionals interested in torture issues.

## ADMINISTRATIVE UNIT

The main objective of this unit is the office management including and handling of all administrative issues.

## OTHER ACTIVITIES

- Education of professionals on torture issues. Education includes psychiatrist and psychologists; mental health and primary health care workers; NGO sector staff working with torture victims within non-psychosocial programs; women activists of the centres for the aid to female torture victims and feminist associations; school psychologists, and the like.
- Continuous education of CRTV personnel.
- Publication of professional papers on torture (a large number of papers have been published in international and national journals so far).
- The CRTV work and research results have been presented at a large number of international and world congresses.
- Activities aimed at raising public awareness on the nature and consequences of torture and violence and methods of their prevention.
- Communication and co-operation with other centres for rehabilitation of torture victims, especially in the territory of the former Yugoslavia.
- Co-operation with non-governmental organisations working on the protection and promotion of women's, minorities and torture and violence victims human rights.
- Continuous media promotion – the number of beneficiaries depending on the publicity of our service, advertising of our activities represents a prerequisite of optimal project efficiency.

## CO-OPERATION

The IAN co-operates with the Schools of Medicine and Philosophy, University of Belgrade, Belgrade Mental Health Institute, Military Medical Academy Belgrade, and various colleges world-wide. Besides, there is a continuous co-operation with Commissariat for Refugees as well as a large number of local and international non-governmental organisations and agencies, predominantly in the field of information sharing (Caritas, Autonomous Female Centre, Lastavica, Hello There /Zdravo da ste/, Family /Familija/, /Frog/ Žaba, Post Pesimists /Post pesimisti/, CARE, Group 484 /Grupa 484/, Red Cross, Handicap International, JEN, DRC, OXFAM, ICVA, UNICEF, etc.).

The IAN is a member of several international networks: ECRE (European Council for Refugees and Exiles, [www.ecre.org](http://www.ecre.org)) – the focus group on South East Europe; SEE-RAN (South East European Refugee Assistance Network, [www.see-ran.org](http://www.see-ran.org)) supported by the Danish Ministry of Foreign Affairs Programme for Peace and Stability, FRESTA ([www.fresta.org](http://www.fresta.org)),. The IAN-CRTV is accredited within the IRCT (International Rehabilitation Council for Torture Victims, Copenhagen, [www.irct.org](http://www.irct.org) ), also being a member of the Balkans Network for Prevention of Torture and Rehabilitation of Victims - B.A.N ([www.bannet.org](http://www.bannet.org) ).

The CRTV is a participant in the multi-centric international study STOP (Priebe, Gavrilovic, Schuetzwohl, Lecic-Tosevski, Ljubotinja, Bravo Mehmedbašić & Franciskovic, 2002) (a study on the treatment behaviour and outcomes of treatment in persons with posttraumatic stress following conflicts in the former Yugoslavia). This study commenced in 2002 and will last up to 2005. It is supported by the European Commission and it is conducted by the following Centres: the St. Barts Medical School of the University of London; the Centre for Economic Evaluation, Institute for Psychiatry, London, Great Britain; the Technical University, Dresden, Germany; the International Centre for Rehabilitation of Torture Victims, Zagreb, Croatia; the Centre for Torture Victims, Sarajevo, Bosnia and Herzegovina; the Centre for Psychotrauma of Psychiatric Clinic, University of Rijeka, Croatia. The project objective is to examine the reasons why certain traumatised persons actively ask for assistance while the others are passive, helpless and apathetic. Other objectives are the evaluation of the existent types of treatment effects on symptoms, quality of life and social functioning of clients and establishment of the relationship between the cost of treatment and its effectiveness. Apart from that, the co-operation with the European Community centres will improve the work of our Centre, and that with the centres of the former Yugoslavia will, probably, conduce to the process of reconciliation.

## CONCLUSION

A high level of trauma-and-torture-induced posttraumatic stress reactions represents a major problem of public health care in our country. The mental health experts face a

challenge of preventing malignant memories and their pernicious effects as well as examining a chain of interactions among the environment, personality and trauma-induced behaviour.

It is necessary that preventive programmes be designed for traumatised persons to enhance the quality of their life, prevent the chronic occurrence of symptoms as well as possible serious complications to be expected, if all the aforementioned facts are taken into consideration. To prevent lasting scars, such as personality changes and intergenerational transmission of trauma, from being left on the psyche, probably, falls within the most important ones. We hope that the CRTV and IAN activities contribute to this aim. Also, it is to be hoped that the continuation of our Centre work will help towards breaking out of a vicious circle of events initiated and maintained by the repeated trauma throughout the recent years.

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