



REHABILITATION: A priority need for torture victims

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CSVN Fact Sheet on Rehabilitation
for Torture Victims | September 2015
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THE UNITED NATIONS CONVENTION AGAINST TORTURE (UNCAT)

ARTICLE 14

EACH State Party shall ensure in its legal system that the victim of an act of torture obtains redress and has an enforceable right to fair and adequate compensation, including the means for as full rehabilitation as possible.

BACKGROUND

An act of torture causes severe pain or suffering either physically or mentally on the victim. The aim of any torturer is to break the victim and this also leads to the destruction of the identity of the victim and the breaking of their personality. Torture always creates continuing after-effects in the victim's life, often scarring them physically or mentally for life. Once broken, a victim will need to undergo rehabilitation in order to regain his or her life, dignity and self-worth.

What is the impact of torture on victims and survivors' lives?

Torture affects individual survivors, their families, communities and whole societies. In fact, torture has a traumatic and life-changing impact, which requires a number of interventions to enable its victims to be as fully functional as possible.

Most common psychological impacts of torture on victims explained:

ANGER: Anger is a very common response to torture and is often not only directed toward the perpetrator of the torture, but it can also be directed to many others including other authority figures or people who hold some form of control. A wish to revenge the perpetrator may be powerful to the victim for years. It may be difficult to let go of the anger as the person may then interpret it as surrendering to the perpetrator. Anger is often a cover-up emotion for other emotions such as shame, humiliation and powerlessness. Victims may also turn the anger inward and blame themselves for the torture or feel angry that they did not do more to protect themselves or their families. Interventions to deal with this anger include understanding anger, assertiveness training, dealing with underlying emotions and relaxation techniques.

BEREAVEMENT: Torture victims often have to deal with many losses as a result of the torture. They may have lost loved-ones who have also been tortured, they may have lost aspects of their physical functioning if their physical injuries are permanent and they may have lost their status or sense of identity. Interventions in dealing with loss must include understanding the loss and the meaning it has for the person.

MOOD DISTURBANCES: The most common mood disturbances for torture victims are depression and anxiety. Symptoms of depression include sleep disturbances, changes in appetite, tearfulness, hopelessness, suicidal thoughts and low motivation. Symptoms of anxiety may include, excessive worry, expecting bad things to happen, being hyper-alert or over-sensitive. Depression and anxiety often occur together or people may suffer from both at different times. Mood disturbances affect the way people can effectively make plans or find solutions to problems and as a result minor or simple problems may get worse. Interventions for dealing with depression and anxiety include cognitive-behavioural therapy, relaxation techniques, motivation to increase activities and medication.

TRAUMA REACTIONS: It is very common for torture victims to experience trauma reactions following torture. These can be any or a combination of the following, flashbacks, nightmares, re-living the torture, intrusive and frightening thoughts, hyper-arousal, avoidance, guilt, shame or humiliation and substance abuse. These trauma reactions can seriously affect some victims' functioning and ability to lead normal lives. Interventions include cognitive-behavioural therapy, exposure to the trauma, symptom management, relaxation techniques, mindfulness techniques or medication.

FAMILY BREAKDOWN: When torture victims experience psychological changes, it impacts on their families. When victims are angry and ashamed, or depressed they often want to isolate themselves and the people around them get affected. These psychological changes can cause conflict within families. People affected by torture may also experience economic changes which affect their families. Interventions in dealing with family breakdown can include treating the individual affected by torture, but family counselling – an intervention targeting the whole family unit, can be very effective and can lead to increased understanding and empathy for one another.

PAIN: The physical injuries sustained during torture often impacts on victims' functioning for years after the event and sometimes people are left with permanent disabilities. Pain is often a constant reminder of the torture experience and victims can feel that pain is a way that the torture still has control over them. Pain can cause depression, lack of concentration, irritability, anger, withdrawal and isolation. Psychological interventions for pain include relaxation and mindfulness techniques, pain management and motivation to comply with medication.

COGNITIVE DIFFICULTIES: Sometimes victims may have suffered head injuries as a result of the torture experience. They may exhibit memory loss, poor concentration, decreased executive functioning, impaired planning ability or poor coordination as a result.

THE UN COMMITTEE AGAINST TORTURE

GENERAL COMMENT NO. 3

ALL TORTURE VICTIMS have a right to rehabilitation, which should be:

- Holistic, including medical and/or psychological treatment, social, vocational and legal support
- Available, appropriate and accessible without discrimination
- Provided in a way that guarantees the safety and personal integrity of the victims, their family and their caretakers
- Provided at the earliest possible point in time after the torture event
- Provided without a requirement for the victim to pursue judicial remedies, but solely based on recommendations by a qualified health professional

The right to rehabilitation for torture victims

The psycho-social well-being of torture victims remains an integral component for redressing the harm done to victims' lives and therefore rehabilitation for victims should not be an after-thought or an add-on; it is rather a fundamental process for restoring the broken lives back to the state they were in before the torture experience. Furthermore, rehabilitation for torture victims is not only a need that victims have; it is also a right under Article 14 of the UN Convention against Torture. This right is also provided for in international human rights law and international humanitarian law.

South Africa, as a party to the UN Convention against Torture – has obligations towards torture victims to ensure that:

- The domestic laws provide an effective right to rehabilitation for torture victims.
- State policies and budgets enable availability and accessibility of appropriate holistic rehabilitation services to all victims of torture and ill-treatment within the borders of South Africa.
- All victims of torture and ill-treatment have a free choice between state or non-state rehabilitation services, that all costs associated with the services are covered by the state (either directly or indirectly) and that the validity of non-state services are fully recognised.
- Victims of torture and ill-treatment have access to rehabilitation services at the earliest point after their victimisation, including by giving access based on a mental and physical health evaluation.
- Victims pursuing remedies are afforded victims' status and access to psychological support at the earliest time.
- Create a safe, trusting and enabling environment for accessing and providing rehabilitation services, including confidentiality of victims' information.
- Recognise the obligation under Article 14 of the UNCAT does not relate to available resources and cannot be postponed.

THE ROBBEN ISLAND GUIDELINES

PART III

...STATES should ensure that all victims of torture and their dependants are offered appropriate medical care, have access to appropriate social and medical rehabilitation provided with appropriate levels of compensation and support. In addition there should also be a recognition that families and communities which have also been affected by the torture and ill-treatment received by one of its members can also be considered as victims

Recommendations for ensuring rehabilitation for torture victims in South Africa

The Centre for the Study of Violence and Reconciliation (CSVr) has been providing psychosocial services to victims of torture over the last six years. The Centre has also conducted community dialogues and research studies on the needs of torture survivors. Based on this work, key recommendations are provided about what needs to be done to meet the needs of torture survivors in South Africa: It is recommended that:

- The State through the Departments of Health, Social Development, SAPS and Justice and Correctional Services, prioritises rehabilitation of torture survivors.
- Various government departments are trained on the torture, its effects and impact on victims' lives and their need for rehabilitation and psychosocial support.
- Existing government initiatives such as the Victim Empowerment Programme (under the Department of Social Development) need to be strengthened to also include torture victims under the programme and social workers providing psycho-social support to victims need to be trained on dealing with torture victims. The Department of Health also needs to be strengthened and capacitated to provide rehabilitation services to torture victims in different hospitals and healthcare centres in South Africa.
- There is a need for a dedicated national budget for torture victims to enable victims to access these services free of charge in government institutions such as hospitals and clinics.
- Knowledge exchange initiatives and engagement with other governmental rehabilitation initiatives needs to be facilitated for learning purposes for South Africa.
- Communities as well as families should not be left behind in any strategy that seeks to rehabilitate victims of torture as they are also directly and indirectly affected by torture: Rehabilitation strategies must therefore be built on communal support systems and be victim-led.
- Traditional methods of healing also need to be incorporated into rehabilitation strategies since African communities especially men still shun the idea of counselling and receiving psycho-social support.

ABOUT CSVr

CSVr is a multi-disciplinary institute involved in research, policy formation, psycho-social rehabilitation, service delivery, education and training, as well as providing consultancy services. The primary goal of CSVr is to use its expertise in building reconciliation, democracy and a human rights culture in preventing violence in South Africa and in other countries in Africa.

ABOUT THE CSVr CLINIC

The trauma clinic consists of professionally trained clinicians who provide individual, group and family counselling to victims of torture. CSVr has developed an African Rehabilitation Model which is a contextually-informed, evidence-based psychosocial model for the rehabilitation of torture victims. CSVr provides training, capacity-building and awareness raising to help people understand the effects of trauma and torture and to break the cycle of violence.



CSVr
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