

Rebuilding lives

**25 Years
Rebuilding
lives
United Nations
Voluntary Fund
for Victims of
Torture**



UNITED NATIONS



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Foreword

The establishment of the United Nations Voluntary Fund for Victims of Torture by the General Assembly in 1981 was a key contribution to the development of a holistic framework to prevent and respond to torture. In creating the Fund, the international community signalled that while efforts to formulate standards that would reinforce the absolute prohibition of torture were underway, its global prevalence called for immediate action to ensure that rehabilitative services were available to victims and their families.

Since its creation, the Fund has provided essential financial support to many organizations in all parts of the world, which in turn, have enabled victims to begin dealing with the devastating physical and psychological consequences of torture. As you will read in the following pages, the Voluntary Fund has evolved and expanded over the past twenty-five years to become one of the largest humanitarian trust funds in the United Nations. I am confident that you will be moved by the strength, perseverance and endurance of the victims whose personal stories are told in the book.

The Fund has been complemented by a series of international legal obligations that explicitly prohibit torture, including in the Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment and its Optional Protocol, Inter-American Convention to Prevent and Punish Torture, the European Convention for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment and its protocols.

As the contributions in this book make clear, the right to be free from torture and cruel, inhuman or degrading treatment is not subject to any limitation, in any circumstances. Nevertheless, recent developments have shown that the absolute ban on torture is under attack, often in the context of measures to combat terrorism. Some Member States of the United Nations have questioned the absolute character of the prohibition and some disregard the prohibition altogether and subject their citizens and others to torture and ill-treatment, often in a manner that appears widespread and systematic.

In a worrying trend, individuals are being arrested, detained and interrogated by authorities with no apparent intention of bringing them to trial. Numerous cases from a variety of jurisdictions testify to the fact that the integrity of the judicial process is compromised by torture or conditions of detention conducive to torture. Indeed, in many cases, the circumstances of arrest, detention and interrogation would in any credible jurisdiction amount to such an abuse of process that trial jurisdiction, if it ever existed, could never be exercised. The recourse to these methods is thus a complete

repudiation of the rule of law. A broad range of safeguards is available to prevent this practice, yet too many States have not incorporated them in their legislation, or if they have, do not respect them in practice.

These developments make clear that eradication of the practice of torture demands a multifaceted strategy. But an appropriate response does not need to be complex. Safeguards can be introduced to build public confidence in the criminal justice system and to reduce the risk of torture. For instance, an independent medical examiner could perform thorough examinations prior to, and following, an interrogation. Simultaneous filming of an interrogation and a timepiece could ensure that no interruptions had occurred. In instances where public confidence in the police and the judiciary is low, more resource-intensive responses may be required.

In our efforts to prevent torture, strategies should be simple and straightforward. The protection and promotion of the rights of victims must be prioritized and remain at the core of these efforts. The best way to do this is to make comprehensive rehabilitative services, including medical, legal and humanitarian aid, available for victims of torture, and allow those who are closest to the victims, the grass-roots organizations, to deliver those services. In providing financial support, the United Nations Voluntary Fund for the Victims of Torture continues to play a central role in combating the persistence of torture around the world. I hope that in reading the pages that follow, you will be encouraged to support our efforts to bring the practice of torture to an end.

Louise Arbour

United Nations High Commissioner for Human Rights

May 2006

Introduction

This year marks the twenty-fifth anniversary of the United Nations Voluntary Fund for Victims of Torture (UNVFVT). On this occasion, we wanted to reflect on the past and consider opportunities to improve our work in the future. More importantly, we felt it was essential to pay tribute to the organizations we support who provide critical rehabilitative services to victims of torture. We could think of no better way to do this than through this visual and accessible awareness-raising publication related to the rehabilitation of victims of torture.

Rebuilding Lives focuses on five Fund-supported projects in Australia, Bosnia and Herzegovina, Chile, Pakistan and Rwanda, representing the five regions of the world. The projects are described in brief articles supplemented by a series of photographs. These should allow readers to have a greater understanding of the experiences of torture victims and the rehabilitative services provided by the organizations.

Throughout the book, we have included statements from past and present members of the Fund's Board of Trustees, written in their personal capacity. Taken together, these statements provide a comprehensive picture of the development of the Fund from its inception to the present. Board members identify issues that require more attention in the future and contribute suggestions to enhance the operations of the Fund to better respond to the needs of organizations assisting victims of torture.

In addition to these overviews and statements, *Rebuilding Lives* includes three back-ground chapters summarizing many of the fundamental issues often raised in relation to torture. The first of these chapters describes the legal definition of torture under international law, explains what makes torture different from other human rights violations, and ways in which it can be effectively addressed at the national, regional and international levels. The second chapter outlines the medical diagnosis of torture and various treatment options for victims. It also considers why, and how, torture happens and details the wide-ranging and long-lasting impact of torture on victims. The third chapter provides a historical perspective of the development of the Fund and how it functions today. It also examines a number of Fund-supported projects to illustrate innovative treatments and programmes developed to assist victims.

Every day, millions of individuals the world over suffer torture and its after-effects. Combating torture requires concerted and sustained efforts by Governments, the United Nations and civil society at the local, national, regional and international levels. Until there is an end to torture, there will be a need for mechanisms such as the United Nations Voluntary Fund for Victims of Torture. I hope you will be inspired by the stories of strength, courage and solidarity found in the following pages and will join us in the struggle against torture.

Sonia Picado

Chairperson, United Nations Voluntary Fund for Victims of Torture

May 2006

Rwanda: Talking about it helps

Birgit Virnich/Dorris Haron Kasco

Organization **Kanyarwanda** Location **Kigali, Rwanda** Founded **1991** Type of assistance provided **medical, psychotherapeutic, social** Number of victims assisted in 2005 **1201 victims and family members** Number of nationalities of victims **one** Funded programme **Centre Africain de Réhabilitation des Victimes de la Torture et de la Répression (CARVITORE)** Number of staff for project **four**



Bernhard visits the church where his family was murdered.



Marie suffered repeated sexual violence at the hands of the Interahamwe.



Cyprien continues to suffer from the consequences of torture.

Night falls in Kigali. Clouds of smoke peacefully rise from the densely built-up hills of Rwanda's capital. Bernhard* wakes up with a start, bathed in sweat. In his dream, he smells the fragrance of incense. The church of Mburabuturo is crowded. The prayers of the congregation are more fervent than usual. The priest is hearing confession.

People are sleeping on the floor. Others are dozing in the pews. The church is the only place where they feel safe. Bernhard's wife and children settle down for the night. Outside, the people on the street seem strangely restless. Bernhard runs into drunken, loitering militiamen. They demand identification, his cigarettes and his money. When he has nothing left, they taunt him and laugh. They throw his identification into the air. They shove him. Their laughter gets louder, so loud that it wakes him up. It was only a dream. A nightmare.

For Bernhard, the nights are sheer agony. It is then that the 53-year-old former electrician relives the utter helplessness he felt that night in April 1994. He wants to run back into the church to save his family. Inside, inconceivable horrors are taking place. Bernhard wants to scream, to stop the incensed mob. The memories are like a festering sore. His face is drenched in tears. The pain that he manages by day is unleashed with a vengeance in the dark. The recurring nightmares threaten his sanity. He desperately tries to get some sleep.

On a nearby hill in Kigali, images of death plague 51-year-old Cyprien in his sleep. Soldiers chase him around a church with a machete. An evil witch throws human bones into a latrine. These nightmares haunt him. Cyprien is forced to watch the rape and murder of his wife by the Interahamwe militia of the Hutu. They cut the tendons in his hips with an axe. The militiamen think he is dead. For hours he lies on a heap of bodies in a church. He still smells the corpses. He is nearly thrown in a mass grave with the dead. With frenzied laughter, the soldiers stand over the bodies saying, "We'll finish this later." He will never forget those words.

Night after night, Cyprien's horrifying experiences return to him in a confusion of bizarre dreams. Sometimes, when he is unable to escape these thoughts during the day, he feels the past is driving him mad.

Operating since 1991, Kanyarwanda is a Kigali-based organization that is dedicated to the protection of human rights. Since 1994, the Centre has provided medical care, as well as psychological and social rehabilitative services to victims of torture under its CARVITORE programme (Centre Africain de Rehabilitation des Victimes de la Torture et de la Répression).

Marie, now a 34-year-old mother of two, fell into the hands of the Interahamwe in western Rwanda. Each day, when the sun turns its back on Rwanda, Marie's memories return. After dark, she is plagued by debilitating stomach pains and headaches. She still hears the drone of the transistor radio messages of the Hutu militia calling for violence. She jumps at the slightest sound outside the house, fearing they have returned for her. Over a period of three months, Marie was repeatedly raped by five contemptuous, brutal and insolent Interahamwe soldiers.

"What is the point of life if you can never feel joy?" Marie asks. She sends her children to school with apparent indifference. Her two children cannot understand their mother's depression. She believes she will struggle with these feelings of worthlessness for the rest of her life.

During the day, staff members at Kanyarwanda provide Marie with encouragement, knowing the strength that lies beneath her seemingly proud demeanour. With the assistance of the Kanyarwanda social workers, Marie found doctors who were experienced in treating victims of torture who helped her to identify connections between her physical and mental symptoms that resulted from the torture she suffered.

Since 1991, Kanyarwanda has developed several networks, including one comprised of doctors who treat victims of torture. In many instances, where victims are unable to afford medical

treatment, the Centre covers the costs. For many years, the organization has also fought for Rwandan women who were raped during the genocide to be recognized as victims of torture. As a result of their efforts, a network was established to connect seven groups of women from different provinces who were victims of rape.

Tassiana, the 50-year-old Coordinator of Kanyarwanda attempts to capture the magnitude of the genocide through statistics. She recognizes that this provides little consolation for the victims, but argues that sometimes it helps to frame the incomprehensible in numbers. Tassiana removes a list from her drawer. It's her personal list of 94 names. "My father's relatives," the social worker says matter-of-factly. It took Tassiana 10 years to record her personal losses. "So I don't forget," she declares resolutely. When her inner demons threaten to get the upper hand, she prays.

"Talking about it helps," Irene, the Centre's trauma expert, explains to Bernhard. Despite his shyness, she encourages him to speak about his experiences. Time and again, she has called on him to help with small electrical jobs around the Centre or to request materials. On many occasions, he simply lacks the energy to carry out his former occupation.

Cyprien is the last person to meet with 31-year-old Irene, whose warm smile reflects her unshakeable optimism. As a survivor, Irene believes strongly in the importance of helping others. Over the years, Cyprien has undergone several operations to repair his injuries, arranged and financed by the Centre. Although he now relies on crutches, Cyprien always finds his way to Kanyarwanda. Cyprien notes that if he didn't have the meetings with Irene to look forward to, he would have gone mad long ago. His conversations with her enable Cyprien to face his life again. Irene encourages him to write down his experiences, which he does with meticulous care in a dog-eared diary. He wants to use these notes to bring the perpetrators to justice at one of Rwanda's *Gacaca* tribunals, which were influenced by Rwanda's traditional village courts.

In these courts, lay people were trained to judge and sentence their fellow citizens. The Government hopes that the tribunals will enable the people of Rwanda to come to terms with the genocide. Unlike Bernhard, Cyprien believes in the efficacy of the *Gacaca* tribunals. He hopes that the interrogation of detainees in front of their fellow villagers will lead to the truth and, where appropriate, their punishment. Only then will he have the peace of mind to look for a job like the one he once had as a janitor in a coffee factory.

Irene is trying to find another adviser to join them at the centre. While the staff provides advisory services, they too are survivors of the genocide. Everyone in this tiny East African nation experiences moments when the traumatic memories of the past threaten to overwhelm them: social workers, nurses, doctors, teachers and priests. They all need help at one time or another. Yet, many have demonstrated the courage to cope. There is no mistake that the atrocities committed during those months in 1994 reverberate to this day.

"To date, there has been no legal verdict or other action that could begin to make amends for the barbaric killings," Tassiana says despondently. And so, the tiny steps the survivors are taking in their daily lives are seen as crucial to their individual and collective survival. It is the only way they will be able to conquer the demons of the night.

"The killing has to end," Bernhard murmurs. He has been talking to other victims who regularly gather in front of the Centre. He recalls that he was 10 years old when he first heard about a massacre. Then they began to happen with alarming frequency, 1973, 1980, 1994. "How can you look towards the future when every ounce of energy is invested in trying to come to terms with the past?" Bernhard wonders out loud as he makes his way home at dusk. As the sun sets over Kigali, the images of the past threaten to assail Bernhard, Marie and Cyprien. But with each passing day and with the assistance of the trauma centre, the shadows become shorter and the survivors take their next steps towards hope.

* Pseudonyms have been used throughout.



After hiding in a forest, this woman managed to walk to a neighbouring village where she found refuge with the man who is now her husband.



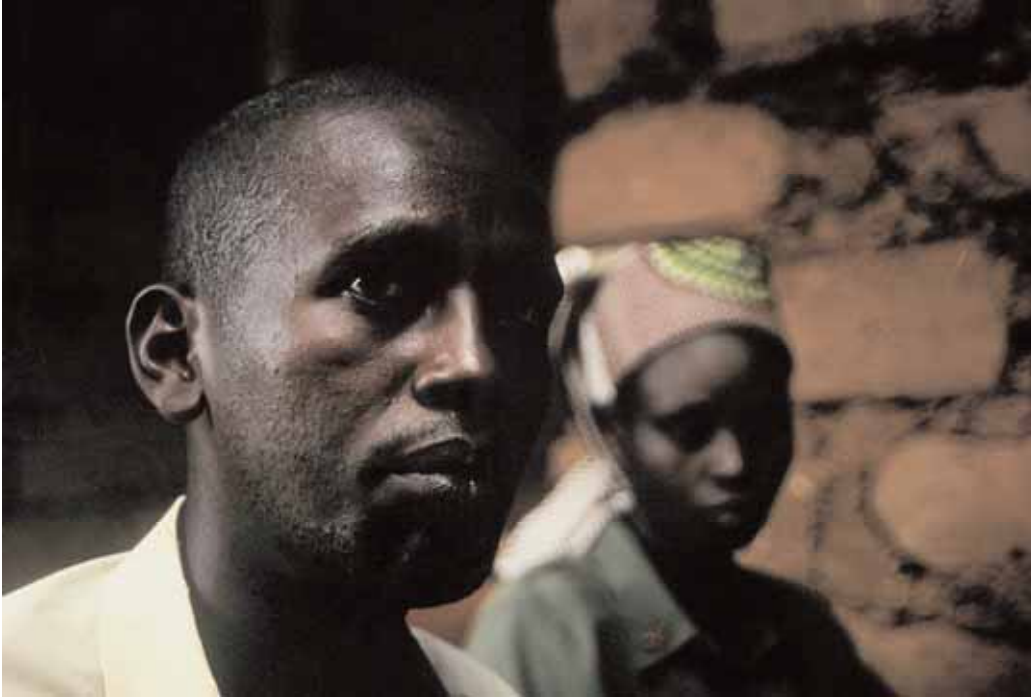
This woman's jaw was surgically removed as a result of the injuries she sustained during the genocide.



This woman is very willing to show her numerous scars and discuss what happened to her and her relatives.



This young man hardly sleeps because of nightmares.



This couple has found hope through building their house with the assistance of Kanyarwanda, which also provides them with psychological aid.



Orphans like these found refuge in the homes of other survivors.



Many children live on the streets and do their best to survive.



With Kanyarwanda's assistance, women who were raped during the genocide have created a support network enabling them to set up small businesses.



This is the site of a series of massacres. The survivors of Bisesero continue to discover mass graves. The bones are exhumed and buried in a memorial built for this purpose.



These posters found throughout the country ask people to participate in the *Gacaca* tribunals.



Life continues for victims who now live side by side with those who committed the genocide.

A time to renew our commitment

Savitri Goonesekere. Sri Lanka. Member, UNVFVT Board of Trustees 2006–2009

Despite the impressive contributions of human rights treaty bodies, the UNVFVT and other international and national institutions, including courts in national jurisdictions around the world, the continued practice of torture is a blight on all our societies. A twenty-fifth anniversary is a time to celebrate achievements and to recognize the work of UNVFVT, the non-governmental organizations (NGOs) it has supported, and the generosity of donors who have contributed to the Fund. It is also a time to renew our commitment to the creation of societies with zero tolerance for this type of violence.

Many countries with an emerging body of jurisprudence on fundamental rights focus on litigation strategies and financial compensation for victims as the most important means of providing remedies and relief. Victims are forgotten and left to resume their lives. I recall a much publicized case in my own country where a young girl who was tortured in police custody was granted compensation by the court. I was recently told by the judge who decided the case that the girl had committed suicide a short time later. In many countries where there is careful monitoring and litigation in cases of torture, the concept of follow-up, assistance and rehabilitative services for victims is still unknown. The Fund needs to share best practices with civil society organizations to create broader awareness of the need to incorporate these elements into their traditional work on the subject of torture. We also need to obtain the support of the private sector, particularly as a number of organizations are striving to present an image of corporate responsibility in the community.

A new and distressing phenomenon that has emerged in some countries is violence perpetrated against human rights defenders, judges, and victims of torture who seek to exercise their legal rights and secure remedies. This is evidenced by increasing numbers of extra-judicial killings committed with the complicity of law enforcement agencies, including the police. The Fund must foster and support work that seeks to address these problems if we are to sustain our efforts at the national level on behalf of victims of torture. Programmes that attempt to adhere to international human rights standards during investigations in the context of internal armed conflict and terrorism should also be perceived as a dimension of victim support. They can contribute to creating a more humane culture in investigation and law enforcement and prevent the worst excesses of torture.

Making torture history

J. Oloka-Onyango. Uganda. Member, UNVFVT Board of Trustees 2006–2009

I am not sure that the practice of torture has decreased very much since the adoption of the Universal Declaration of Human Rights in 1948, despite a greater global awareness about this gross and debilitating violation of fundamental human rights. At the time of the Declaration, the world thought it was adopting an instrument that would effectively respond to the atrocities committed in places like Auschwitz, Treblinka and Sobibor. Thirty-six years later, the Convention against Torture was adopted to translate the moral imperative of the Declaration into legally binding obligations. Although the Convention has been widely ratified and cited, it is also one of the least respected international instruments. Everyone argues that they abhor torture, yet many sanction their forces to persecute, disable and maim their opponents, be they real or imaginary.

While Hitler's death camps are part of history, their progeny are very much with us today. Recent events reflect that no country can claim to be free of the scourge of torture. Coming from a region of the world where torture is unfortunately endemic, including among the most democratic and benevolent countries, it is clear that there needs to be renewed attention paid to this practice. Let us make torture history.

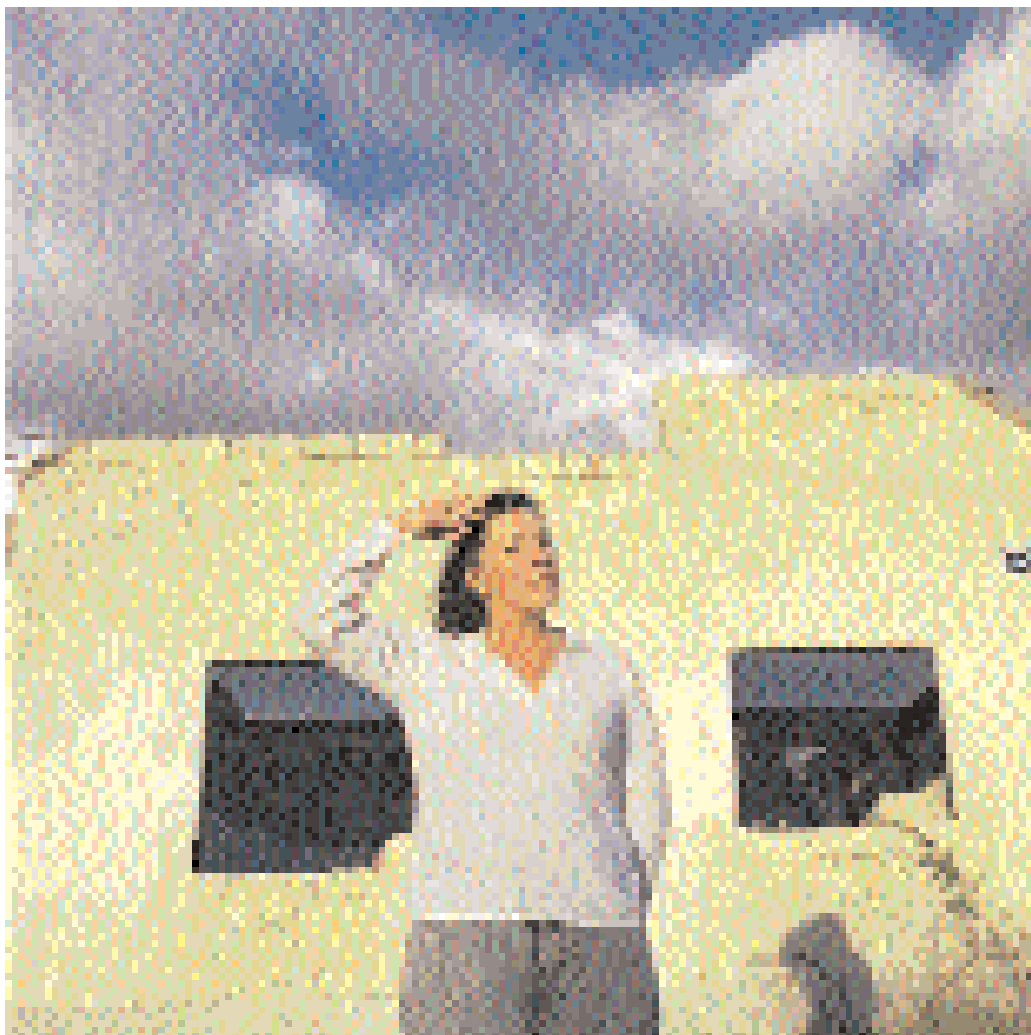
At the same time, it is important to be aware of other actors who may be found culpable of acts of torture, including non-State actors such as private militias and paramilitaries. Consequently, the approach to the elimination of torture needs to be a multifaceted one, targeting the State and its traditional instruments of coercion and violence such as the police and intelligence services, but also those who do not hold State power. State-sanctioned torture is not only perpetrated by strangers, but can be inflicted by those closest to the victim, for instance, a spouse, a parent or a teacher.

Against this background, I hope that the Fund can expand its activities to correspond with the scope and scale that torture has assumed in the contemporary world. I hope to see greater support for training and sensitization efforts which focus on the debilitating effects of torture and more resources allocated to publicity for anti-torture and victim rehabilitation work. I would also like to see the Fund adopt a more proactive approach to seeking out organizations for funding (especially in countries where the Fund is unknown), rather than supporting only those groups that apply for assistance. I believe that the Board should engage in more strategic and policy-oriented discussions with grantees, rather than simply operating in the manner of a bank. I have no doubt that the idea of the Fund is a noble one, but there is a need to consider how its monetary foundation can be reinforced with intellectual contributions that support the struggle against the pandemic of torture.

Bosnia and Herze- govina: All sitting in the same waiting room

Nick Hawton/Ziyah Gafic

Organization **Association for Rehabilitation of Torture Victims – Centre for Torture Victims (CTV)**
Location **Sarajevo, Bosnia and Herzegovina** Founded **1997** Type of assistance provided **medical, psychotherapeutic, social, practical** Number of victims assisted in 2005 **450** Number of nationalities of victims **four** Funded programme **Rehabilitation of victims of torture and their families in Bosnia and Herzegovina** Number of staff for project **14**



Rusmira was in her 30s when the war in Bosnia started. Her husband was killed in front of her and she was held in the concentration camp at Keraterm in northern Bosnia with her two children where she was repeatedly raped and beaten by the camp commander, who was the headmaster at the primary school she had attended. After a few months, Rusmira was released and eventually moved abroad. She later testified at the United Nations International Criminal Tribunal for the Former Yugoslavia in The Hague.



Emir was working at a petrol station in the town of Visegrad when war broke out. Persuaded by his Serb neighbours that he would be safe and allowed to leave the area, he gave himself up. Instead, he and 49 others, mostly relatives and friends, were rounded up, beaten and transported to a remote location where they were to be executed. At the execution site he decided to run, despite having his hands tied behind his back and being guarded by several Bosnian Serb paramilitaries. Against all odds, he escaped. The 49 other people on the bus had all been killed.



Warehouses like this in the Bosnian town of Brcko were the scene of horrific crimes that took place in the spring and summer of 1992. Adult Muslims were tortured and starved here and many were killed. Today, the warehouse is used by a local furniture company.



Saed was held in the Heliodrom Camp in Mostar during the war. There were no lights or proper sanitation. Five people slept on half a blanket. He was forced to work on the front line digging trenches, was severely beaten by a guard after he tried to take an extra ration of bread because of his ulcer and lost a third of his body weight during his months in captivity. His wife did not know if he was alive or dead. Saed rarely speaks about the camp or his wartime experiences. When he does, his wife covers her face and cries. These days they live on the outskirts of Mostar and raise chickens.



Mustafa worked at the Coca-Cola plant on the outskirts of Sarajevo before the war broke out. He and his neighbours were held in a school, a garage, a sports hall and an army barracks. They were tortured, including through sexual abuse. Ten members of his family were killed in the notorious "Kula" barracks. "The guards formed a sort of zigzag line and we had to pass between them. They beat us with everything they had: rifles, metal bars and small sacks of bullets. Sometimes I feel the pain today in my legs and knees." He was eventually freed in a prisoner exchange. Today, Mustafa runs an organization that searches for the missing from his hometown.



Brcko is a small town in northern Bosnia on the River Sava, known for its port. Terrible crimes took place here after Bosnian Serb forces overran the area in 1992. Bodies of some victims were thrown into the river.

He still wakes up at night, screaming about the river. How the mutilated bodies would drift downstream, how he dragged the bloated corpses up onto the bank, their decomposed limbs sometimes breaking off in his hands. He helped bury 130 people, Muslim civilians killed by Bosnian Serb paramilitaries and tossed into the currents of the River Drina.

Samir* is 40, but looks older. He sits on the sofa, occasionally rocking and holding his Red Cross registration documents in his hand. At times, he stops and stares out of the window at the rain falling on the trees in the distance. His wife and young son are sitting next to him. She has made us coffee. His son is smiling at me, the stranger who has come to their home to hear his father's story.

When the vicious tide of the Bosnian war swept through eastern Bosnia, Samir, a Muslim, found himself trapped in the town of Zepa. When the town fell to Bosnian Serb forces in the summer of 1995, he, along with many others from the town, decided to cross the River Drina into Serbia. They preferred to take their chances with the regular Serb security forces rather than the Serb paramilitary forces that roamed eastern Bosnia.

"We crossed the Drina at night and were soon captured and taken to a prison camp. For five days we were given nothing to eat or drink. We had to sleep on concrete floors. The Red Cross discovered the camp but the authorities refused to let them in." Prisoners were taken away for questioning and came back beaten. The men could only go to the outside toilet if they made the sign of the cross. If they failed to do this properly, they were refused.

Samir suddenly stands up in front of me and pulls out a chair. He kneels on it, exposing the soles of his feet. "This is how they used to make me sit. They used police sticks and wooden poles to beat my feet. Afterwards, I could only walk on my knees. Sometimes, even today, I lose control of my feet."

"Another time, I was taken into the woods blindfolded, my hands tied behind my back. They loaded their guns as if they were going to shoot me. And then they stopped. Nothing happened and we all went back to the camp. It was only a mock execution. In November, in the midst of winter, one prisoner was taken out into the cold with no clothes on and they poured freezing water over him. They used verbal abuse...telling us all our families had been killed but they had spared the young women so they could 'serve them.'" Samir looks out of the window again. "And there was sexual abuse as well. It happened many times."

Samir and his fellow prisoners were freed in April 1996, nearly four months after the war had ended. These days he and his wife and three children live in a village a few kilometres from Sarajevo. He is unable to work because of his poor health. He has heart problems, difficulty sleeping, and his memory is bad. He sometimes forgets where he lives. There is minimal help from the State because of limited resources. He says he has no future. He wakes up at night and screams about the river. "I don't like being alone," he tells me.

Samir is just one of the thousands of people who have been helped by the Centre for Torture Victims in Sarajevo, an organization whose primary aim is to provide rehabilitation services to victims of torture through a wide range of activities. The Centre was founded in April 1997 with the support of the Denmark-based International Rehabilitation Council for Torture Victims. In July 2002, CTV was transformed into a locally based NGO. Over the years, financial support has been received from donors, the most important of which include the European Commission and the UNVFVT.

"The scale of the problem is huge," says the Centre's Medical Director, Dr. Dubravka Salcic. "We estimate there were around 200,000 people directly tortured, and three to four times that number who were indirectly tortured. By 'indirectly,' I mean family members of torture

victims...and people forced to witness other people being tortured...who have also suffered the consequences. There were more than 600 detention centres around the country. Torture was commonplace in many of them.

"After the war, NGOs grew up like mushrooms after rain. But unlike them, we wanted to concentrate on the single issue of torture and not get distracted by other issues. This way, we have been able to offer a better service to our clients," Dr. Salcic tells me in the organization's offices in the centre of the Bosnian capital. CTV is the base for a small team of dedicated professionals, including psychiatrists, general practitioners, physiotherapists, psychologists, a social worker, a field worker and four administrators.

"We are registered throughout Bosnia and that means Muslim, Serb and Croat areas. We do not distinguish between nationalities. Sometimes, we have Serbs and Muslims, from different sides of the conflict, who sit in the same waiting room ready to see members of our staff. For us, occasions like this are all part of the reconciliation process," says Dr. Salcic.

Reconciliation is not an easy process in a country that witnessed such ruthless brutality. Much of the brutality was directed towards women.

Rusmira, a Muslim, was 30 years old when her world began to fall apart. Born in the northern Bosnian town of Prijedor she was married with two girls when the shooting and expulsions began. Bosnian Serb paramilitaries quickly took over the town. For the first few weeks, she and her family stayed one step ahead of the gunmen by moving from village to village.

"On 24 July, men with balaclavas came to the house where we were staying. They viciously beat my husband in front of the children and me. His head was bleeding. They tied his hands with wire and took him away. A few days later I saw him again for the last time. It was in the prison camp they had set up. He was shot dead in front of me, along with dozens of others. His blood sprayed onto my clothes."

Rusmira, now 44, is sitting in front of me. There is an album of family photographs on the table between us. She pauses to light another cigarette. "I was taken to the house outside the camp and kept there. I used to see prisoners being brought to the cornfield behind the house, their hands tied behind their backs. That's where they were shot. And then, one night, the camp commander came to me. My daughters were in the bedroom sleeping. He used a knife to strip me. I fought back. He stabbed me and then raped me. It was just the first time. It happened this way, night after night, week after week. I told myself I would survive. He said he wanted me to survive because it would be more painful for me than dying. He was my former headmaster."

Rusmira, who has received advice and assistance from CTV, was eventually freed as part of a prisoner exchange and now lives in Western Europe. She has provided evidence at the ICTY, against those who carried out such crimes.

"When the Centre for Torture Victims first began, we had to be very proactive in encouraging people to contact us. To put it bluntly, many people simply didn't realize they had been tortured and that they might need help. Our field work was absolutely vital," says Dr. Cakovic, 30, who has worked as a general practitioner at the Centre for the past four years.

"But gradually, through word of mouth, through the media and through our own campaigning, more and more people became aware of our existence and the services we could offer. And then the floodgates opened. It came to the point where we could barely cope."

The Centre currently organizes mobile teams that travel to different parts of the country. A team will travel to an area and spend several days offering as much professional advice as possible. They have been particularly active in Mostar and the town of Brcko in north-east Bosnia. "It's important to prepare the ground before we go into a community, so members of the team will usually phone ahead and speak to our potential clients, explaining our work

* Pseudonyms have been used throughout.

and identifying their needs,” says Dr. Cakovic. Depending on those needs, a team may include a general practitioner, psychiatrist, social worker and psychologist. “This multidisciplinary approach is vital. Individuals and families have been affected by their experiences in so many ways – from the need for housing, to claiming a pension to receiving medications. Rehabilitation is central to what we’re trying to do.”

Milorad enters the room slowly, sits down at the kitchen table and begins to smoke. Through the course of his story, he smokes continuously, extracting and lighting his cigarettes with ease, despite having the use of only one arm. By profession, Milorad was a teacher for children with special needs. A Serb from Orasje in northern Bosnia, his life was irrevocably changed when war erupted in the spring of 1992. Many Serbs decided to withdraw to the Serb-held town of Brcko. Milorad decided to stay in his hometown.

“It was my town, where I belonged. Why should I leave?” he asks. “I was arrested by Croatian forces on 11 June. We were taken to a local school. After the questioning, Croats and Muslims were allowed to leave but all the Serbs were kept behind. We were eventually taken to a prison camp. Because I was married to a Croat, the guards were not particularly bad to me. But other Serbs were regularly beaten. I witnessed some Serbs who were so thirsty – they’d been refused water – they were forced to drink their own urine. At least one of them died.

“Every day we were taken out to dig trenches on the front line, frequently under fire from the Serb positions. Our guards would deliberately try to provoke us, trying to find an excuse to beat us. One day in September 1992, I made the mistake of talking back to one of the guards. Other prisoners warned me I shouldn’t have done so and that I should be careful. A couple of days later, I was chopping wood close to the front line. I heard a shot and, the next thing I knew, my hand was hanging off. I fell into a trench and then I saw the guard who had provoked me earlier. The shot could not have come from the other side of the front line because of the angle. The guard had taken his revenge on me. In all, I spent seven months in the camps. I lost about a third of my body weight during that time.”

And then there is the story of Emir. He was working at a petrol station in the south-eastern town of Visegrad when war broke out. “We hid in the woods and watched as our village was burned to the ground by Serb paramilitaries. We could hear the gunfire as people were shot.” Along with dozens of others hiding in the woods, he was eventually persuaded to leave the forests and was promised transport out of Bosnia.

“There were 50 of us on a bus. We had originally been told we would be going to Macedonia but then the plan changed and we were told we were to be exchanged for Serb prisoners. But then the beatings started and I gradually began to fear that we were not going to be exchanged at all. After hours on the bus we were driven up a small hill and then let off the bus. We were marched off in a column, two by two. I was at the end. Our hands were tied behind our backs with wire. There was still a glimmer of hope that we were being exchanged – we were not far from the front line.

“But then the first two were called forward. They were standing close to a bush, about 20 metres away from me. They were shot at point-blank range. Their bodies tumbled backwards into, what I later discovered, was a cave, hidden by the bush. The rest of us froze. There was no shouting, no panic, no crying, just total paralysis. They had executed 10 of us, most of them friends and relatives of mine. The Serb commander ordered the two guards at the back of the line to go forward and take part in the murders. It was then that I felt this tug on my shoulder. I turned. There was no one there. They continued to kill. I said to myself, ‘this is it, this is it.’ I turned and began to run, my hands still tied. I made it six or seven metres before I felt the warmth of the bullets passing me. After 30 metres, I fell into some leaves and glanced back. I couldn’t see anyone following. I kept on running.”

It was another four hours before Emir eventually found sanctuary in a Muslim village. After recovering from his injuries, he made his way to Bosnian-held territory. Six years later, he brought investigators from the ICTY to the scene of the killings. On entering the cave, they found 49 bodies. All those he had stood in line with had been shot and thrown into the cave. He was the only survivor, the only witness.

To assist victims of torture like Emir, CTV has adopted a holistic approach. As part of their efforts to provide practical and professional help to thousands of victims of torture, the staff members dispense medications, listen to the stories of victims and try to help them deal with their recurring nightmares.

In addition to dealing with individual cases, CTV is firmly committed to addressing some of the broader issues related to torture. By carefully monitoring and recording each case, the Centre has developed a valuable body of knowledge about methods of torture, its impact and the long-term consequences for victims and their families. The Centre plays a crucial role in preparing clients for the trauma of giving evidence at the ICTY in The Hague. Staff members regularly participate in international conferences on torture.

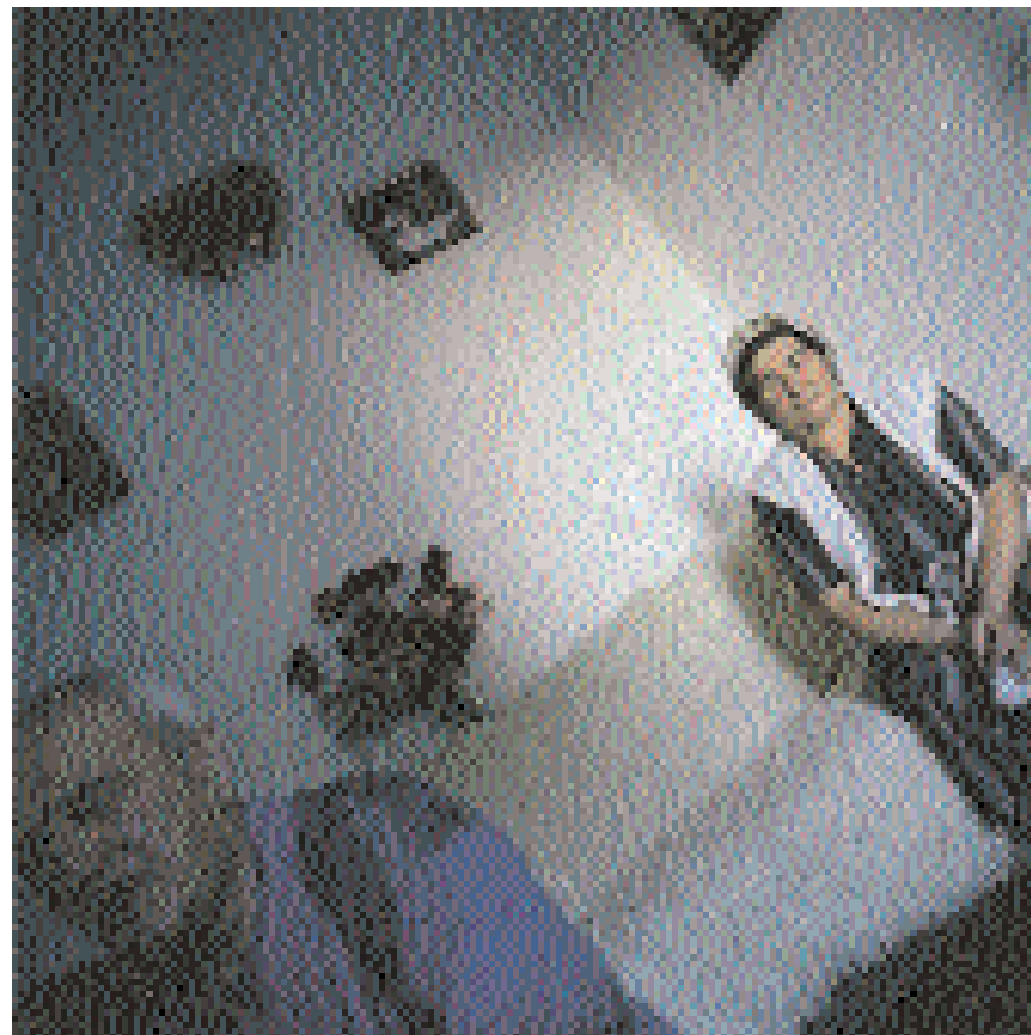
Another key aspect of the Centre’s work is in the area of prevention. The Centre has run more than 60 seminars, attended by more than 1,500 Bosnian police officers. Issues covered include what acts constitute torture, the potential consequences for perpetrators and victims, and international agreements ratified by Bosnia and Herzegovina. Officers have also researched case studies so they are able to recognize and respond to cases of torture.

Dr. Cakovic says the real need is for long-term planning. “It is very difficult to treat people with such profound mental and physical wounds without the security of long-term funding. For example, someone may need medication for the rest of their life but we may only be able to provide it for 12 months. It’s impossible to structure treatment or development. Much of our time is spent juggling the needs of our clients with the need to apply for funding – which is not an ideal state of affairs.”

“Since 1997, we’ve treated about 2,000 direct torture victims and about 6,000 indirect torture victims,” says Dr. Salcic. “We’re very proud to have helped so many people. The problem is that there are so many more out there. The wounds are deep and it is not only the victims of torture we have to think about, but also the families of the victims, especially the children. The work we are doing at the Centre is needed...now and in the years to come.”



Amir used to be a captain of one of the ships on the River Sava. He was educated at the Belgrade Naval Academy, and travelled around the world as part of his job.



When war started in his home town of Brcko, Amir and his family were captured by the Serb Army and imprisoned in the notorious "Luka" ("port") camp. Conditions were primitive and beatings were frequent. Many people died. The camp commander called himself the "Serb Hitler." Amir's son was severely beaten and his daughters were frequently assaulted.



An abandoned military barracks close to the notorious Heliobrom Camp at Mostar, where thousands of Bosnian Muslims were imprisoned in 1993.



Ibrahim was imprisoned in the same camp with Amir. They often meet and talk about their experiences during the war. Ibrahim shows how he was pushed against the wall and beaten by Serb guards.



Samir lives with his wife and three children in a modest, unfinished house he built on the outskirts of Sarajevo. He spent the war in the besieged Bosnian town of Zepa. Like most adult males, he joined the Bosnian Army to protect the small enclave that had been declared a United Nations Safe Area. Samir's wife was deported with their children to free territory, while he decided to cross the River Drina. He was arrested and interned in a prison camp in Serbia where he was tortured. He was released in April 1996, five months after the signing of the Dayton Peace Accords.



After the war, and having no alternative, Samir rejoined the Bosnian Army. He was soon discharged because of his health and now suffers from insomnia, heart problems and depression. His feet are still affected by the beatings he received in the camp.





Before the war, Milorad was a teacher in a school for children with special needs. He was arrested by Croatian forces in his home town of Orasje in northern Bosnia and was forced to dig trenches on the military front line. He was shot by a Croatian guard and subsequently had his arm amputated below the elbow.

A quiet strength

Elizabeth Odio Benito. Costa Rica. Member, UNVFVT Board of Trustees 1983–2003

For two decades, I proudly served as a member of the Board of Trustees for the United Nations Voluntary Fund for Victims of Torture. During that time, in the course of our work, we were happy to approve funding for a wide range of projects offered by numerous impressive organizations. The UNVFVT has always played a crucial role in assisting these organizations and for many, this support is central to their capability to provide multi-faceted services for their clients.

Nevertheless, the Fund remains an unsung hero among initiatives designed to respond to grave human rights violations such as torture. It may be less visible on the international scene than other entities working on the issue of torture, including the Special Rapporteur on Torture, the United Nations Committee against Torture, the Optional Protocol to the Convention on Torture and the European Committee for the Prevention of Torture, but the UNVFVT is the only mechanism which provides direct assistance to victims. In fact, the humanitarian component of the International Criminal Court Trust Fund for Victims was partially modelled on the UNVFVT.

I am convinced that the UNVFVT must continue to be supported. However, to surpass its current objectives and ensure that the Fund is able to extend assistance to organizations working with an increasing number of victims of torture, the Fund will require enhanced financial support from Member States of the United Nations.

Supporting civil society

Krassimir Kanev. Bulgaria. Member, UNVFVT Board of Trustees 2006–2009

Torture is a crime that is universally condemned at the national and international levels and yet continues to be widely practised. There is no doubt that its eradication depends on the unanimous determination of those with a duty to prosecute and punish its practice. This is particularly relevant at a time when we hear voices that want to compromise and condone the use of torture. But eradication of torture depends even more on the active initiatives of civil society – of the human rights organizations and individual human rights defenders at the grass-roots level, who monitor practices of torture, offer legal aid and rehabilitation to its victims and campaign for its prevention and punishment. It is through their work that we can identify successes in combating torture in recent years. Mindful of the risks that they are exposed to, I admire their courage and determination. I believe it is the support of an active civil society that is the essence of the work of the United Nations Voluntary Fund for Victims of Torture. I myself come from these circles and understand the risks and uncertainties civil society actors face. But I am also aware of their determination, faith, solidarity and capacity for compassion. The Fund should identify and support the programmes that exemplify these characteristics and I am proud to contribute to these endeavours.

Fighting torture: The contribution of international law

Walter Kälin

1. Torture is outlawed

The abolition of torture as a *lawful* means of coercing an individual to confess a crime is one of the biggest achievements of human civilization.

From the thirteenth century, torture was frequently approved in continental Europe by the judiciary as a legally acceptable means of obtaining confessions in criminal proceedings in the absence of two eye witnesses. Many victims confessed to crimes they had not committed in order to stop the pain as the “agony of torture created an incentive to speak, but not necessarily to speak the truth.”¹

Recognition that torture was an ineffective means of obtaining information, coincided with an emerging acceptance within Western Europe of the idea that human beings possessed an inherent dignity that should never be violated. The 1789 French “Declaration of the Rights of Man and of the Citizen” asserted that, “[m]en are born and remain free and equal in rights” (article 1). In accordance with this principle, the Declaration established guidelines on the treatment of individuals, including a provision that stated, “if an arrest is deemed indispensable, all harshness not essential to securing of the prisoner’s person shall be severely repressed by law” (article 9). The combined impact of these developments taking place in the late eighteenth and early nineteenth centuries led to the abolition of torture as an instrument of penal procedure in Europe.

The legal prohibition of torture meant it could no longer be used to extract confessions that would be admissible as evidence in legal proceedings. However, torture continued to be practised as a way of obtaining information, or to punish and intimidate groups and individuals. The use of torture had become so prevalent during the Spanish civil war of 1936 to 1939, in Nazi Germany, in the prisoner-of-war camps across Asia and in Stalinist Union of Soviet Socialist Republics that in the immediate aftermath of the Second World War, Governments and members of the public called for the urgent need to prohibit torture and similar practices.

This pressure led Governments to draft provisions related to torture in several international documents and human rights instruments which were adopted in quick succession, namely:

- article 5 of the 1948 Universal Declaration of Human Rights stating that “No one shall be subjected to torture or to cruel, inhuman or degrading treatment or punishment;”
- common article 3 to the 1949 Geneva Conventions on international humanitarian law prohibiting “mutilation, cruel treatment and torture” during internal armed conflicts “at any time and in any place whatsoever;” and

- article 3 of the 1950 European Convention on Human Rights outlawing in absolute terms “torture or inhuman or degrading treatment or punishment.”

These provisions established the foundation for the prohibition of torture in international law and provided the basis for the incorporation of explicit prohibitions of torture into national constitutions and in the laws of many other countries.

This foundation was reinforced in 1966 with the adoption of article 7 of the International Covenant on Civil and Political Rights (ICCPR), which reaffirmed the absolute prohibition of torture and cruel, inhuman treatment or punishment. This prohibition was reflected in the 1969 American Convention on Human Rights and the 1981 African Charter on Human and Peoples’ Rights, and included in article 37 of the 1989 Convention on the Rights of the Child and article 10 of the 1990 International Convention on the Protection of the Rights of All Migrant Workers and Members of Their Families.

The 1984 adoption of the Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment (CAT) was a key step in the fight against torture. At the time of the adoption of the CAT, the prohibition of torture was well entrenched in international human rights law and international customary law. As a result, the CAT does not explicitly prohibit torture. Rather, it takes this prohibition as a given, elaborating a concise definition of torture as well as the specific steps that must be taken by States to make the ban on torture a reality.

In addition, the prohibition of torture has been emphasized through international agreements, and by virtue of international customary law, is also binding on States irrespective of their acceptance of these conventions. International customary law is predicated on States consistently behaving in a certain way because they are obliged to do so and therefore treat digressions from the norm as breaches of law. While it is true that torture is widespread, it is not a lawful exercise of State sovereignty, but rather a violation of basic legal obligations. As a result, no State can claim the sovereign right to practise torture.

These prohibitions of torture are binding upon States, not individuals, and consequently, it is States, not individual perpetrators, who are responsible for acts of torture. This does not mean that individuals are not bound by some elements of international law. Article 7 of the 1998 Rome Statute of the International Criminal Court specifies that acts of torture by individuals may be considered as crimes against humanity where they are carried out as part of a widespread or systematic attack directed against any civilian population or if they are undertaken in accordance with, or to further, a State or organizational policy to commit the attack, including when it is carried out by and on behalf of non-State actors. Similarly, if torture is carried out by an individual in the context of an international or internal armed conflict, it is punishable as a war crime (article 8).

2. Torture is intentional infliction of severe suffering for a specific purpose

A detailed definition of torture can be found in article 1 of the CAT, which provides that in order for an act to be characterized as torture, it must include three basic elements. These are (1) severe physical or mental pain or suffering that (2) is inflicted for a specific purpose such as obtaining information or confession or to punish, intimidate or coerce the victim or a third person (3) by or at the instigation of or with the consent or acquiescence of a public official or other person acting in an official capacity. Excluded from this definition is pain or suffering that is “inherent in or incidental to lawful sanctions.” In other words, even lawful forms of punishment, such as an extended prison sentence, may cause pain and suffering. Yet this may be an unavoidable consequence of the punishment and does not in itself inevitably constitute torture. However, particularly cruel forms of punishment that are authorized by law, such as the execution of a death penalty in the gas chamber may be considered torture because these penalties do not result in swift death, but instead cause prolonged suffering and agony.²

3. Torture is dehumanizing

The legal definition of torture fails to capture the essence of this grave form of human rights violation. Torture entails the infliction of pain but this may also occur as a side effect of life-saving medical treatment. What, then, is the essence of torture, and why did States, through customary international law and treaties, recognize the need for an absolute ban of torture?

Those who negotiated the key provisions on torture in the Universal Declaration of Human Rights and the Geneva Conventions were not naive idealists, but diplomats and politicians who had experienced the horrors of the Second World War. They knew that torture was dehumanizing, with deeply traumatizing effects that destroy the personality of the victim. In comprehending the horrors of torture, the drafters concluded that it must be banned in the interest of humanity. United Kingdom Representative Charles Sommors Cocks reflected a widespread sentiment when he proposed during the elaboration of the European Convention on Human Rights that the Council of Europe declare, “that all forms of physical torture, whether inflicted by the police, military authorities, members of private organizations or any other persons are inconsistent with civilized society, are offences against Heaven and Humanity,” and that for these reasons, “torture cannot be permitted for any purpose whatsoever, neither for extracting evidence, for saving life or even for the safety of the State.”³

The Vienna Declaration and Programme of Action of the 1993 World Conference on Human Rights stressed that torture should be considered as “one of the most atrocious violations against human dignity” because, as Peter Kooijmans, the first Special Rapporteur on torture and other cruel, inhuman or degrading treatment (the Special Rapporteur on Torture), accurately asserted, it “annihilates the human personality.”⁴ Manfred Nowak, the present Special Rapporteur on Torture, describes torture as

“a direct attack on the core of the human personality,”⁵ as it reduces victims to absolute helplessness, turns them into mere objects, and destroys their dignity as human beings. Torture wounds the body and constitutes a direct attack on the soul. Torture inflicts injuries that may never heal. Indeed, as the reports in this book testify, the consequences of torture often traumatize victims for the rest of their lives. And it is well known that torture has long-lasting harmful effects on the husbands, wives and children of victims.

Just as torture traumatizes victims and their families, society also suffers when torture has been inflicted on an individual. Chilean writer Ariel Dorfman uses forceful words to describe the price that is paid by society:

“Torture... plac[es] the victim outside and beyond any form of compassion or empathy, [and] demands of everyone else the same distancing, the same numbness, on the part of those who know and close their eyes, those who do not want to know and close their eyes...and ears and hearts. Torture does not, therefore, only corrupt those directly involved in the terrible contact between two bodies...Torture also corrupts the whole social fabric because it prescribes a silencing of what has been happening between those two bodies, it forces people to make believe that nothing...has been happening, it necessitates that we lie to ourselves about what is being done not far from where we talk, while we munch a chocolate bar, smile at a lover, read a book, listen to a concerto, exercise in the morning. Torture obliges us to be deaf and blind and mute. Or we could not go on living. With that incessant awareness of the incessant horror, we could not go on living.”⁶

The devastating and multigenerational effects of torture on victims and society justify the conclusion that acts of torture breach, as the European Court of Human Rights has stressed, “the fundamental values of democratic societies,”⁷ and endanger the very foundations upon which such societies are based.

4. Torture can and must be stopped

States must abstain from torture: Torture has been declared to be amongst the ultimate human rights violations and, as such, the prohibition must be fully implemented by States. The prohibition of torture, first and foremost, obliges States to refrain from torturing anyone. International human rights law, in particular the CAT, details what States must do to stop and eradicate torture. The duty to respect this fundamental human right in any circumstance has proven insufficient to stop the practice of torture. However, if implemented effectively, the steps outlined in the CAT should eradicate torture.

States must prevent torture: Because of the far-reaching psychological effects of torture, prevention is key. The CAT obliges each State party to “take effective legislative, administrative, judicial or other measures to prevent acts of torture...” (article 2). Such measures include the integration of information regarding the prohibition of torture

in training programmes for public officials, in particular police and other law enforcement personnel who may be dealing with persons deprived of their liberty (article 10), and the systematic review of “interrogation rules, instructions, methods and practices as well as arrangements for the custody and treatment of persons subjected to any form of arrest, detention or imprisonment” (article 11). The Committee against Torture, which monitors the implementation of the CAT, considers the inclusion of an explicit prohibition of torture in a State’s criminal law to be a vital preventive measure.

The Optional Protocol to the CAT establishes “a system of regular visits [to be] undertaken by independent international and national bodies to places where people are deprived of their liberty, in order to prevent torture and other cruel, inhuman or degrading treatment or punishment” (article 1). The Protocol creates an international Subcommittee on Prevention of Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment and obliges States to create national preventive mechanisms by tasking designated domestic bodies to undertake regular visits to places of detention to identify measures that may prevent ill-treatment.

Experience in Europe, where the European Convention for the Prevention of Torture and Inhuman or Degrading Treatment created a similar mechanism of preventive visits in 1987, shows that unrestricted, independent visits by expert bodies to places of detention can significantly contribute to the prevention of torture. These bodies are able to examine conditions of detention and make recommendations for immediate improvements, establish a continuing dialogue with personnel and authorities responsible for detainees and offer them practical advice. Their very existence has had a deterrent effect on law enforcement authorities and detention personnel. Antonio Cassese, first President of the European Committee for the Prevention of Torture, suggests that the system of preventive visits “represents a forceful ‘incursion’ of ethical principles into power. It consecrates and reaffirms ethical values...by rendering them functional through the establishment of a body of international inspectors.”⁸

States must investigate acts of torture and punish torturers: Impunity for acts of torture is the key reason that torture remains so widespread. As a result, action must be taken at the national level to investigate and prosecute acts of torture. The CAT provides that an individual who claims to have been a victim of torture has the right to complain to, and have their case promptly and impartially examined by, competent authorities where there is reasonable ground to believe that an act of torture has been committed (articles 12 and 13). In turn, States must ensure that their national legislation criminalizes all acts of torture, and imposes sentences that reflect the seriousness of the crime.

State authorities must also take steps to prosecute individuals present in their jurisdiction who are allegedly responsible for acts of torture and ensure that sentences are commensurate with the seriousness of the crime. In situations where a person suspected of committing acts of torture is found abroad, the Committee against Torture has emphasized that the State where the torture took place should request that the individual is returned to face trial. When such a request is made, the CAT obliges States

parties to extradite individuals to the State making the request. If a State refuses an extradition request, it should prosecute the individual itself. In this way, States parties to the CAT can ensure that, wherever a suspect is found, alleged torturers can be held accountable in a court of law.

States must rehabilitate torture victims: Psychological damage inflicted by torture continues long after the physical wounds have healed. Human rights law recognizes that reparation and compensation for victims may enhance the healing process by supporting the victim's sense of justice. The CAT obliges States parties to ensure "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" (article 14).

States must not transfer individuals to countries where they would be at risk of torture: A State is prohibited from transferring an individual to another State where that person would face a substantial risk of torture. This applies regardless of the legal characterization of the transfer, whether by extradition, expulsion or deportation. Transfer in these circumstances is inhuman and is therefore prohibited under international human rights law. Specifically, article 3 of the CAT absolutely bans the expulsion, return or extradition of "a person to another State where there are substantial grounds for believing that he would be in danger of being subjected to torture." This prohibition is also enshrined in other international and regional instruments. There is also an extensive body of decisions focusing on this ban from the Committee against Torture, the Human Rights Committee and the European Court of Human Rights.

5. States and individuals responsible for torture can be held to account

Violations of these obligations are a reality in many States. In too many instances, those responsible are not held accountable.

In a world without protection for human rights, victims of ill-treatment had to accept their fate as lawful and proper. Today, those who experience the agony of torture in isolation may find consolation in knowing that their torturers are legally accountable and may be held responsible for their actions at the international level. As legal obligations, human rights provide a yardstick to assess and punish violations. In order to hold States and individuals accountable, the international community has created a series of organs to monitor and implement the prohibition of torture at the universal and regional levels.

United Nations treaty bodies, in particular the Committee against Torture and the Human Rights Committee, address violations of the prohibition of torture on a regular basis. These Committees, created by the CAT and ICCPR, respectively, consist of independent experts who are elected by the States parties to these treaties. The Committees meet to consider reports submitted by the States parties on measures that have been taken to implement their human rights obligations at the national level, the factors and

difficulties they have encountered in doing so, and the steps taken or planned to address these problems. These issues are discussed with a State party delegation. The Committee adopts conclusions and recommendations known as "concluding observations."

These treaty bodies are also empowered to examine individual petitions submitted by victims of torture if the State in question has accepted the competence of the Committee to consider these complaints. The decisions of these Committees (called "views") are not binding in a strict legal sense, but are highly authoritative statements on whether or not the State concerned has violated its obligations. In addition, if the Committee against Torture receives reliable information of well-founded indications of the practice of torture in a State party, it may seek the cooperation of the country concerned to investigate these allegations.

1503 Procedure of the Commission on Human Rights: The 1503 procedure allowed complaints to be submitted by individuals or groups claiming to be the victim of human rights violations or by any person or group with direct and reliable knowledge of the alleged violations. Many of the complaints submitted focused on allegations of torture. The criteria for submission of a complaint were less restrictive than under the treaty body system, but this confidential procedure did not allow for individual redress. Rather, it had the potential to draw attention to a particular situation and to act as a preventive/early warning system by revealing patterns of gross and reliably attested violations of human rights. The procedure was amended in 2000 by the Economic and Social Council to improve its efficacy, facilitate dialogue with Governments and ensure more meaningful debates related to complaints. It remains to be seen whether the Human Rights Council, created in March 2006 to replace the Commission on Human Rights, will keep this procedure.

The United Nations Special Rapporteur on Torture is an independent expert mandated by the United Nations Commission on Human Rights to transmit urgent appeals on current and past allegations of torture and undertake fact-finding visits to countries that issue a formal invitation. The Special Rapporteur reported annually to the Commission on Human Rights and the General Assembly and, in doing so, initiated discussions about particular situations at the highest political levels, which could result in a resolution condemning the practice of torture in a particular country. It is anticipated that the new Human Rights Council will retain this mandate.

International criminal tribunals, the International Criminal Court in The Hague (Netherlands), the International Criminal Tribunal for the Former Yugoslavia (ICTY, The Hague) and the International Criminal Tribunal for Rwanda (ICTR, Arusha, United Republic of Tanzania), as well as the Special Court for Sierra Leone (Freetown, Sierra Leone) are empowered to try cases of torture amounting to crimes against humanity and war crimes. These Courts have the authority to hold individuals accountable for such acts.

Regional human rights courts, such as the European Court of Human Rights in Strasbourg (France) and the Inter-American Court of Human Rights in San José (Costa Rica), can adjudicate complaints brought against a State party and render binding judge-

ments. The Inter-American Court also issues advisory opinions. Both Courts have dealt with torture on many occasions. These mechanisms are complemented by the Inter-American Commission of Human Rights, which investigates instances of torture that come to its attention, and the European Committee for the Prevention of Torture, which carries out visits to places of detention in all Member States of the Council of Europe with a view to preventing ill-treatment. The African Court on Human and Peoples' Rights was established by a protocol in 1998 which entered into force in 2004. Although its judges were appointed at the last session of the Assembly of the Heads of States and Governments of the African Union, it has not yet met. Meanwhile, the African Commission on Human and Peoples' Rights actively addresses instances of torture through its Special Rapporteur on Prisons and Prison Conditions in Africa and its individual complaints mechanism.

National courts: National courts are key in the fight against torture. They adjudicate criminal prosecutions of torture and make decisions on compensation for victims in criminal and civil cases. National courts also decide on requests for extradition of alleged torturers. In all these areas, they should be guided by the overall objective of international law to eradicate torture.

6. Torture must remain absolutely prohibited

Faced with increasing threats from national and international terrorist groups and networks, the worldwide consensus on the absolute prohibition of torture since the Second World War is showing signs of fracture. Some Governments have attempted to circumvent the prohibition by relying on a narrowed interpretation of the meaning of torture and cruel, inhuman and degrading treatment or punishment, rendering suspected terrorists to States where they will be ill-treated, and accepting confessions extracted abroad under torture as evidence in criminal trials. In public discussions, an argument is frequently advanced that torture of suspected terrorists should be permitted to extract information that could prevent an attack and save lives. This so-called "ticking bomb" argument attempts to rationalize torture on the grounds that the commission of a lesser evil may be justified to avert a greater evil.

Evidence clearly shows that torture is inefficient. A terrorist who knows the location of a bomb is likely to send the police in the wrong direction, while the victim falsely believed to be a terrorist will say whatever the torturer wants to hear. Torture does not guarantee that the truth will be revealed.

Torture or ill-treatment cannot be justified. It is beyond doubt that all international human rights instruments recognize the absolute prohibition of torture and inhuman or degrading treatment or punishment. This prohibition applies at all times and in all situations, without exception. Derogation is never permitted, including during times of national emergency (article 4 (2) of ICCPR; articles 2 (2) and 15 of CAT). The absolute and non-derogable nature of torture has been reaffirmed time and again by international human rights organs and courts.

The prohibition is justified and must be maintained. Superior courts in different national jurisdictions recognize that torture is abhorrent. Most recently, the Judicial Committee of the House of Lords proclaimed that evidence tainted by torture is excluded on "grounds of its barbarism, its illegality and its inhumanity."⁹ The Indian Supreme Court has referred to torture as "a naked violation of human dignity and degradation which destroys, to a very large extent, individual dignity, and whenever human dignity is wounded, civilization takes a step backward."¹⁰ This dignity is an inherent attribute of every human being.

Permitting of torture in exceptional cases in order to save the lives of many others would inevitably lead to its widespread use. In the face of anticipated terror attacks, the pressure to extract information from as many suspects as possible would become more urgent. Yet no State which has resorted to torture "in exceptional cases" has been able to limit its use. Torture can never be justified. To permit its use is the beginning of a very slippery slope. The price to be paid by individuals, society and humanity as a whole is simply too high.

¹ John H. Langbein, "The Legal History of Torture," in *Torture: A Collection*, Sanford Levinson, editor (Oxford, Oxford University Press, 2004), p. 97.

² Communication No. 469/1991, *Chitat Ng v. Canada*, Views adopted 5 November 1993, CCPR/C/49/D/469/1991 (1994).

³ Council of Europe, *Collected Edition of the "Travaux Préparatoires" of the European Convention on Human Rights*, Volume II (Dordrecht, Council of Europe, 1976), pp. 2-3.

⁴ Peter H. Kooijmans, "The Role and Action of the UN Special Rapporteur on Torture," in *The International Fight Against Torture*, Antonio Cassese, editor (Baden-Baden, Nomos, 1991), p. 71.

⁵ Statement of the Special Rapporteur on Torture, Manfred Nowak, at the 61st session of the United Nations Commission on Human Rights, Geneva, 4 April 2005.

⁶ Ariel Dorfman, "Foreword: The Tyranny of Torture," in *Torture: A Collection*, Sanford Levinson, editor (Oxford, Oxford University Press, 2004), pp. 8-9.

⁷ *Selmouni v France*, 25803/94 [1999] ECHR 66 (28 July 1999).

⁸ Antonio Cassese, "The European Committee for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment," in *The International Fight Against Torture*, Antonio Cassese, editor (Baden-Baden, Nomos, 1991), p. 151.

⁹ *A (FC) and others (FC) v Secretary of State for the Home Department*, [2005] UKHL 71 at 112.

¹⁰ *Basu v State of West Bengal* (1997) 1 SCC 416 at 438.

Addressing the health implications of torture: The task of the therapists

Helen Bamber and Michael Korzinski

It is unacceptable and disturbing that, at the beginning of the twenty-first century, the practice of torture continues unabated throughout the world. If the initial momentum to eradicate this practice had been maintained, torture should have been eradicated long ago and relegated to the pages of human history. Instead, we are struggling to meet the needs of yet another generation of survivors. A renewal of our efforts to fight for the abolition of torture and to bring its perpetrators to justice is required.

International instruments such as the Universal Declaration of Human Rights and the Convention against Torture provide legal obligations crucial to the fight against torture. These instruments and other international human rights treaties were drafted at a time when the world was raw from the effects of war and its unspeakable atrocities. As documents, they represent the noblest of human aspiration, and through the legally binding obligations they create, establish a demarcation line that should never be crossed. The practice of torture is a Pandora's box. Once opened within a society, it has severe and enduring consequences for communities, families and individuals. Care for victims must be understood in relation to the international framework protecting human rights and condemning abuses. Like the practice of good medicine, treatment and prevention go hand in hand.

Perpetrators, victims, survivors, and carers are bound together. Their behaviour, and how they act in relation to one another, are affected by the site of torture and the location of care. For instance, a clinician may be confronted by a 25-year-old asylum-seeker whose allegations of torture have not been believed and who faces the prospect of being returned to the country where the torture allegedly took place. Medical practitioners are obliged to provide the best care possible to patients who present clinical evidence of being tortured, irrespective of their legal status in the country in which they are found.

Such situations have become more common as immigration policies are increasingly influenced by political agendas designed to decrease the number of people who are granted asylum. This places a unique set of demands upon carers, including doctors, psychologists and social workers. It raises complex questions and concerns regarding one's role and responsibilities as a clinician under these circumstances. The doctor/practitioner must, in fact, become a human rights practitioner and utilize his or her medical understanding to advocate on behalf of the patient.

At the Helen Bamber Foundation, we have seen cases where the Government's denial of torture and refusal of an asylum-seeker's application has initiated a patient's psychotic breakdown. Victims often experience denials of their claims that they have

been tortured as a renewed trauma, reminding them of denials from perpetrators in their country of origin. When a therapeutic relationship has been established with a doctor or counsellor over time, it is possible to contain the patient's impulse towards self-annihilation. In situations where a protective relationship has not been established, we have witnessed horrific acts of self-harm. One patient was brought to us for help after he had survived self-immolation, which he considered preferable to the prospect of being returned to his country and tortured. Third-degree burns now cover over 60 per cent of his body.

The same practitioner must make difficult clinical decisions about how to best care for an 85-year-old former prisoner of war who, at the end of his life, experiences flashbacks and nightmares about the torture he experienced 60 years ago in a concentration camp. All those who care for torture survivors must wrestle with these complex issues. There are no simple formulas or easy answers.

Torture has far-reaching health implications for victims. Much has been learned over the past 60 years about the nature of torture, and how to provide the most appropriate care for survivors. This knowledge has been gained through careful listening and learning from those who have survived. Professionals from a range of theoretical orientations have utilized their expertise and, when necessary, have adapted their techniques or developed new ones. The key to understanding the psychological and physical consequences of torture is recognizing the omnipotent power and control that the torturer exercises over a victim. The victim is forced into a position of isolated helplessness and must maintain a primary relationship with the torturer, who is implacable and committed to the destruction of the victim's dignity and well-being. Sexuality, intimacy, trust, touch, love, a sense of self and power over one's own body are all co-opted to achieve the torturer's goals. It is often stated that the aim of torture is to extract information. However, we have found that the underlying purpose of torture is to kill the spirit.

Torture is a perversion of all that is good in human relationships. A woman who has been sexually tortured tells us that she loathes her body and cannot endure her husband's touch. The moment she stood before her torturers, blindfolded and stripped naked, she knew her world would never be the same. She was forcefully reminded of this by her torturers. The cries of other women, women she heard but never saw, continue to torment her. Their suffering compounded her own suffering. Her husband does not know that she has been raped. She feels as though her body no longer belongs to her. She does not dare reveal the rape to her closest friends or community because of the stigma of being a "defiled" woman.

The same suffering is experienced by men who have been sexually tortured. Many psychological terms and diagnoses have been applied to such feelings. In some instances, this clinical diagnosis restores an individual's dignity and affirms the normality of their basic human responses to such extreme and denigrating events. Such phenomena are well documented in the academic literature on torture and are familiar to those working in this field.

We have learned that caring for torture survivors can be like navigating a labyrinth. Our role is not limited to documenting head injuries, photographing scars or writing forensic reports, although such efforts are an extremely important part of a person's recovery. Each day, we must face the reality that what has benefited one client may be ineffective or inappropriate for another. Every person has a unique developmental history and cultural background. To play a meaningful role in their recovery, we must first understand what torture means for that person.

How can a woman who has been tortured ever feel at home within her skin? How can she rediscover her own body and sexuality? How can she trust a man again? Recovery is measured by an individual's capacity to develop healthy human relationships, and to return to the routine of ordinary life. As practitioners, the role that we play in this process depends on our professional ability to adapt our techniques and to learn about our clients through listening.

Our work with women who have been trafficked for the purposes of prostitution has taught us that the sheer brutality of torture can occur anywhere, even in a second-floor north London flat. The techniques used in breaking the spirits of these women are familiar to us. They attest to the changing patterns of oppression in the world and the simple fact that the word "torture" should no longer be reserved for victims of the State. In our work, we have developed new therapeutic interventions to address a person's sense of physical damage.

We are currently working with victims whose husbands, wives and children were "disappeared" during previous conflicts. We help them to grieve for their losses and to remember their loved ones as they were, as whole people and not simply as forgotten victims of torture and war. We have a poet in residence whose gift for language has helped many clients find the words for experiences that have no words. We use the skills of our psychiatrist, not to pathologize our clients, but rather to support those whose trauma has led to more serious forms of mental breakdown. This is a rare occurrence, however, as our collective efforts focus on prevention and the promotion of our clients' resilience and creativity as survivors.

Throughout the years, the United Nations Voluntary Fund for Victims of Torture has shown imagination and creativity in funding a wide range of responses in the myriad of circumstances in which survivors, and those who care for them, are living. It is this flexibility and insight that contribute to meeting the needs of survivors around the world. As long as torture continues to be practised, the Fund will be a necessary resource in the fight against torture and the rights of survivors to receive the care they require to assist them in their recovery. One can only work towards a future where torture has been abolished and the Fund will no longer be necessary.

Medical diagnosis and treatment

The methods of physical and psychological torture that have been used across cultures and in different parts of the world have been extensively documented. Victims of torture may be subjected to one or more torture techniques, ranging from physical beatings, stress positions, sexual violation or mock execution. Other victims have been forced to witness the torture of strangers or loved ones. Torture techniques exist along a continuum and vary in terms of their sophistication and ability to “break” the person.

The impact of torture on a survivor depends on a wide range of personal and external variables. Strong political and religious beliefs may enable a person to be more resilient. Indeed, some individuals resist the term “victim” and have struggled to transform and draw strength from their experience. Others feel they have suffered irreparable physical harm and psychological trauma. In some instances, they have been unable to reconcile the experience with their sense of self.

Evidence suggests that, even in the presence of extreme physical pain, psychological torture is the most severe traumatic experience that can be suffered as it threatens to destroy an individual’s sense of self. Some techniques leave horrific scars, cause neurological damage or muscular skeletal injuries, while other techniques leave no overt “physical signs.” Torture also damages a person’s self-esteem, their capacity to form and maintain relationships and cope with the complexities of life. Torture has the inherent capacity to fundamentally alter the way a person feels within their bodies and the way in which they relate to the world around them.

As torture affects individuals at all levels of their being, the methodologies and treatment paradigms often involve a wide range of medical disciplines including neurology, orthopaedics, physiotherapy, paediatrics, sexual health, general medicine, psychology, psychiatry, psychotherapy, psychopharmacology, traditional healing, complementary medicine and community and social work. Taken together, these disciplines play an important role in assisting survivors in their recovery.

However, therapeutic care and the rehabilitation of torture survivors are complex and often contentious fields. There are many ongoing debates about the “medicalization” and “pathologizing” of the experiences of torture victims which ignore the role that political and social justice can play in the healing process. It has also been argued that little is understood about “recovery in the context of ordinary living” and that the so-called “trauma industry” of practitioners has itself become implicated in the business of “manufacturing victims.” Concerns have also been raised about the imposition of Western medical and therapeutic models on non-Western societies. Such debates have unfortunately

polarized advocates and care practitioners, yet these divisions have no place in day-to-day assistance. If assessments and care are to be holistic, all variables must be considered. It is the role of the clinician to bridge these divisions for their clients.

The literature depicting the emergence of new torture techniques testifies to the cruel imagination of torturers. Clinical assessments and forensic reporting of a person’s injuries are facilitated by current country information. This enables clinicians to consider individual accounts in light of what is known about the practice of torture in particular regions of the world and to determine whether they are consistent with known practices, or an example of new techniques. Assessments by clinicians and the documentation of testimonies by human rights defenders have been used to develop a comprehensive catalogue of torture techniques practised around the world. The emergence of patterns of torture techniques has exposed torturers and responsible Governments and has assisted professionals in their work with victims of torture.

Assessment of a torture victim can be a challenging task. On the most basic level, human beings find it difficult to discuss events that make them feel ashamed. Torture victims are frequently unable to provide a coherent account of their experiences or feelings. As a result, care must be taken to establish trust, enabling a person to feel safe enough to disclose the most painful experiences. In this way, clinical interviews can play a critical role in restoring a victim’s belief in the humanity of others. This requires a skilled practitioner who can decide on the most appropriate course of treatment.

Clients must be engaged at every step of this process. Clinicians must not impose a particular agenda or recreate a situation that resonates with an individual’s torture experiences. There is a risk that a structured clinical interview could be experienced as an interrogation and could re-traumatize the client. Clinicians must refrain from judgement and be flexible in their approach as the methods that work for one person may not work with another.

Tremendous strides have been made in the recognition, validation, care and treatment of torture victims. Nonetheless, as long as the practice of torture continues throughout world, there will be a need for others to bear witness and advance the principles of care through professional exchange and shared knowledge.

A former chairman's recollections

Hans Danelius. Sweden. Member, UNVFVT Board of Trustees 1983–1988

From the early 1970s, I was actively engaged in efforts to strengthen international standards to protect against torture. My attention was equally directed to the enhancement of preventive measures and the implementation of rehabilitative measures.

The September 1973 military coup in Chile was one of the events which demonstrated the need for protection against torture and triggered international action. The subsequent and widespread practice of torture led the General Assembly to establish the Trust Fund for Chile in 1978. The Fund would receive contributions and distribute humanitarian, legal and financial aid to persons whose human rights had been violated by detention and imprisonment in Chile.¹ Politically controversial from its inception, it was soon determined that it would be preferable to establish a voluntary fund with a global mandate to assist victims of serious human rights violations. As the United Nations had focused much of its attention on combating torture, it was agreed that a Fund should be created to provide assistance to victims of torture.

At the time, concerns were raised that provision of support for victims of torture could be viewed as tacit acceptance of the practice of torture. Nevertheless, in 1981, the General Assembly adopted resolution 36/151,² which extended the mandate of the Trust Fund for Chile and “re-designated” it as the United Nations Voluntary Fund for Victims of Torture. The new Fund was created “to make it capable of receiving voluntary contributions for distribution, through established channels of humanitarian assistance, as humanitarian, legal and financial aid to individuals whose human rights have been severely violated as a result of torture and to relatives of such victims.” As I had been the Chairman of the Trust Fund for Chile, I was asked to serve as the first Chairman of the UNVFVT Board of Trustees, which I did until 1988, when I was appointed Justice of the Swedish Supreme Court.

During its first years, the Board of Trustees held regular meetings in Geneva and, on at least one occasion, in New York. During these meetings, fund-raising was a priority. With the help of our efficient Secretary, Thomas McCarthy, my colleagues on the Board – Elizabeth Odio Benito (Costa Rica), Waleed Sadi (Jordan), Ivan Tosevski (the former Yugoslavia) and Amos Wako (Kenya) – and I organized meetings with Permanent Missions to explain our activities and increase awareness of the Fund. We also initiated contact with private foundations and tried, with moderate success, to generate interest among the mass media.

Our fund-raising efforts bore fruit. In 1986, twenty-five Governments had contributed, or pledged contributions to the Fund; some more than once, totalling nearly \$1.5 million (USD). This amount may appear unimpressive, but at the time, it was seen as a successful result. The main contributors were Western States, yet the Board was also pleased to receive donations from States in Africa, Asia and Latin America. We believed it was important as a matter of policy to obtain contributions, however modest, from a large number of geographically and politically diverse States to add to the credibility and reputation of the Fund. Contributions were also received from NGOs and private individuals, while donations from private foundations were more infrequent.

The applications to the UNVFVT explained the various projects and programmes, as well as their financial needs. Grants were given to projects and aid programmes rather than to individual victims of torture. These were primarily distributed to centres for treatment and rehabilitation of victims of torture, regional programmes to help victims of torture in a particular region, and programmes to help victims in specific countries.

The Board of Trustees was impressed by the work carried out in a number of countries by centres which gave medical and psychological aid to torture victims. One of the first to be established was the Copenhagen Centre for the Rehabilitation of Torture Victims, with which the Board of Trustees established close contact. There was also a certain emphasis on Latin American countries. Some assistance programmes for refugees in Central America received the support of the Fund. However, there were also programmes in other parts of the world, particularly Africa, that received support from the UNVFVT. Although the Board of Trustees acted from a humanitarian perspective, we were concerned that support given to some projects could be interpreted as politically motivated or hostile to certain regimes, which would harm the Fund's reputation.

Whenever possible, the Board of Trustees sought to arrange meetings with organizers of the largest projects. In several cases, such meetings could not easily be arranged, generally because organizers were unwilling or unable to leave their countries. Due to the risks some organizations faced, grants occasionally had to be transferred through indirect channels. As a result, confidentiality was a necessity and we were cautious about the publication of country names.

Reporting procedures were admittedly less sophisticated than they are today; however, project organizers were requested to account for, and report on, the money spent. In practice, it was difficult to monitor the projects in a timely and specific manner. It is important to recognize that these were the early years of the Fund, a time when the Board of Trustees sought innovative ways to perform its tasks in an efficient, yet practical, manner. I believe these efforts were relatively successful and that the UNVFVT was able to support many valuable causes. Since then, there has been an expansion of the activities of the Fund. I would like to think that these positive developments are due in part to the efforts of the Board of Trustees during these difficult pioneer years.

¹ General Assembly resolution 33/174 of 20 December 1978.

² General Assembly resolution 36/151 of 16 December 1981.

The United Nations Voluntary Fund for Victims of Torture: Assisting the victims

United Nations Voluntary Fund for Victims of Torture, Office of the United Nations High Commissioner for Human Rights

1. Establishment of the Fund

For more than fifty years, the United Nations and the international community has recognized that the prohibition of torture is absolute and non-derogable, in contrast to some human rights protections which may be restricted under limited circumstances, such as the right to equality or the manifestation of religion or culture. Torture cannot be justified under any circumstances, including during a state of emergency or a time of war.

The Universal Declaration of Human Rights, adopted by the General Assembly on 10 December 1948, was the first international instrument to prohibit torture, providing that “[n]o one shall be subjected to torture or to cruel, inhuman or degrading treatment or punishment.”¹ Recognized as one of the ultimate human rights violations, the international community reiterated the prohibition against torture in subsequent international and regional instruments,² including the 1949 Geneva Conventions and their Protocols.

By 1975, evidence of serious human rights violations in Chile led the United Nations to express its strongest condemnation of “constant and flagrant violations of human rights which have taken place... in Chile, including the institutionalized practice of torture, cruel, inhuman or degrading treatment or punishment, arbitrary arrest, detention and exile.”³ The Commission on Human Rights established an Ad Hoc Working Group⁴ to monitor the situation and several years later, in light of continuing violations, the General Assembly established the United Nations Trust Fund for Chile.⁵ The Fund received voluntary contributions from Member States and distributed humanitarian, legal and financial aid to individuals whose human rights had been violated by detention or imprisonment in Chile.

The General Assembly continued to follow the human rights situation in Chile closely, but it also noted with “deep concern” in resolution 36/151 (1981) that acts of torture were occurring in various other countries around the world.⁶ It considered the plight of all torture victims and recognized the need to provide them with assistance in a “purely humanitarian spirit.”⁷ Controversy surrounded the creation of a more comprehensive fund and generated intense debates in the General Assembly and the Commission on Human Rights,⁸ but the General Assembly agreed there was a need to take action to provide substantive assistance to victims of torture. Acting on the recommendation of its Third Committee, the General Assembly extended and expanded the mandate of the Trust Fund for Chile,⁹ and established a new fund with a global reach, the United Nations Voluntary Fund for Victims of Torture.

To address the concerns of Member States which had opposed the establishment of a global fund, the General Assembly built two safeguards into the Fund’s mandate. First, priority was given to victims in States where the human rights situation had been the subject of resolutions or decisions adopted by United Nations bodies such as the General Assembly, the Economic and Social Council and the Commission on Human Rights. Second, concerns were raised that in disbursing compensation to individual torture victims, the Fund could be perceived as making allegations¹⁰ of torture or demonstrating support for groups making such allegations, particularly if grants were used to seek legal reparation and compensation. In response, it was agreed that contributions would be distributed through organizations which were “qualified to channel assistance in accordance with normal United Nations practice.”¹¹

The resolution provided that the UNVFVT would be administered by the Secretary-General, and operations would be managed by a Secretariat and a five-member advisory Board of Trustees selected from the five regional groups. The Fund would receive and distribute voluntary contributions from Member States, NGOs and individuals, and had more freedom than its predecessor to operate without a strict geographic focus. Rather than limiting its attention to a particular country or region, the Fund would provide assistance to victims of torture and their families in all parts of the world.

Nigel Rodley, the former Special Rapporteur on Torture, observed that the establishment of the Fund for Victims of Torture constituted a concrete humanitarian initiative for the benefit of torture victims which emerged at a time when limited progress had been achieved in the implementation of international standards prohibiting torture and other ill-treatment.¹² Optimism about the potential impact of the Fund was reflected in a message by the Secretary-General to the first meeting of the Board of Trustees which promised, “[t]his Fund will provide an excellent opportunity to demonstrate to the peoples of the world that the United Nations, in addition to its role as the conscience of mankind in promoting respect for human rights and fundamental freedoms, is able to respond in a concrete way to the needs arising from violations of human rights.”¹³

2. Evolution of the Fund and development of assistance programmes

Resolution 36/151 mandated the UNVFVT to distribute voluntary contributions through established channels of assistance that would provide “humanitarian, legal and financial aid to individuals whose human rights have been severely violated as a result of torture,” and their relatives who have been directly affected by the victim’s suffering. The Fund is entirely reliant on the annual voluntary contributions that are received from Governments, NGOs, individuals and private enterprises. These contributions are disbursed by the Fund to a wide variety of organizations providing rehabilitative services to torture victims when specific conditions are met. Accordingly, the UNVFVT is the primary connection between donors and organizations providing assistance to victims of torture.

The Fund provides for immediate and direct remedies independent of State action and is recognized as one of the principal international mechanisms providing remedies for victims of torture. However, it is less well known than the United Nations Committee against Torture and the Special Rapporteur on Torture, which monitor torture.

The Fund is administered by the Board of Trustees and the Secretariat, which have worked together over the past twenty-five years to enhance its effectiveness, accountability, scope and reach.

The Board of Trustees: In accordance with resolution 36/151, the Board of Trustees is comprised of a Chairperson and four members representing each of the five geographical regions, Africa, Asia, Eastern Europe, Latin America and the Caribbean, and Western European and Other States Group. Board members are appointed by the Secretary-General, in consultation with their Governments, from amongst experts with wide experience in the field of human rights, ideally with knowledge of fund-raising and project management. Appointments are for a period of three years, which can be renewed one time. Since term limits for membership did not exist until 2005, the composition of the Board remained static for many years. A new Board, appointed in August 2005, met for the first time in April 2006.

The Board of Trustees has met annually since 1983 to consider new or ongoing project applications, approve the extension of grants, set guidelines for applicants including admissibility criteria and consider policy issues for administration of the Fund. The first Chairperson of the Fund, Hans Danelius, has said that, in practice, the Board of Trustees makes "specific and concrete proposals to the Secretary-General, who, as a rule, adopts the Board's proposals."¹⁴ During its meetings, the Board has also held ad hoc consultations with donors. The Board has sometimes met with project leaders in order to better understand the complexities that are faced by organizations providing services to victims of torture. Outside of annual meetings, members have focused on the development of fund-raising initiatives, leading to substantial increases in contributions from donor Governments, making the Fund one of the largest humanitarian trust funds managed by the United Nations.

The Secretariat: The Secretariat is made up of staff members working at the OHCHR who are responsible for all administrative functions of the Fund and is the first point of contact between the Board of Trustees and organizations. The Secretariat's efforts to respond to the demands of the Fund have resulted in streamlined administrative procedures, strengthened relationships with an increasing number of organizations, improved accountability measures and a financial outlook that is characterized by growth and stability, primarily achieved by encouraging donor Governments to increase their annual contributions. The significant increase in contributions (from \$497,668 in 1985 to \$3,067,946 in 1995 to \$10,035,374 in 2005 (USD)) allows the Fund to disburse assistance to a large number of organizations that are providing dedicated rehabilitative services to victims of torture.

The beneficiaries: In keeping with its admissibility guidelines, the UNVFVT provides funding to organizations whose beneficiaries are victims of torture (or their direct family members)¹⁵ as defined by article 1 of the 1975 Declaration on the Protection of All Persons from Being Subjected to Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment (Declaration on Torture). Article 1 (1) defines torture as the intentional infliction of severe physical or mental pain or suffering by, or at the instigation of, a public official, which is (1) intended to obtain information from him or her or another person; (2) punishment for an act that person has committed or is suspected of committing; or (3) to intimidate him or her or another person.

Since the adoption of resolution 36/151 by the General Assembly, the international community has elaborated more detailed definitions of torture, including in article 1 of the 1984 Convention against Torture. The definition in article 1 (1) retains the elements of the Declaration while at the same time elaborating on these to include acts which (1) are intended to obtain a confession from an individual or a third person; (2) are inflicted as punishment for an act that has been or is suspected to have been committed by a third person; or (3) "for any reason based on discrimination of any kind." It also provides that torture may be inflicted with the "consent, acquiescence of a public official or other person acting in an official capacity." The Fund's decision to adhere to the definition found in the Declaration on Torture in its admissibility guidelines has proved controversial.

When considering requests for assistance, the Fund has recognized the dynamic nature of international law and, in practice, accepts broader interpretations of the definition of torture that are favourable to victims, including those applied by the Human Rights Committee, the Committee against Torture, the Committee on the Rights of the Child and any other competent international body. The Fund has supported numerous projects that assist individuals deemed to be victims according to an expanded definition.

Types of projects that are funded: Over the past twenty-five years, thousands of legally registered NGOs¹⁶ have submitted grant applications to the Fund requesting direct project funding for a period of up to one year. Applications outline the aims, nature, justification, administrative operations and intended beneficiaries of the projects. The majority of projects that received support in the Fund's early days addressed the immediate needs of victims and their families with projects providing medical, psychological and social rehabilitation services being favoured. Projects offering legal assistance were supported less frequently due to the Board's concerns that this could be construed as allegations of torture by States. Divisions of funding along categorical lines mirrored rigid theoretical debates taking place between care-providers in different regions on the most appropriate, and effective, means of treating victims of torture.

We now know that the complexities of the after-effects of torture require a comprehensive range of multidisciplinary services, including medical, psychological, social, economic, legal, humanitarian and other forms of assistance. Innovative treatments are generally administered at independent institutions by highly trained and qualified staff, including physicians, psychologists, lawyers and social workers who are

committed to implementing international standards of care for victims of torture. Regardless of the services provided, Fund-supported organizations must be able to demonstrate that they work in accordance with the principle of non-discrimination. In other words, assistance must be made available to victims without distinction of any kind, including “race, colour, gender, language, religion, political or other opinion, national or social origin, property, birth or other status.”

The early days of the Fund were characterized by an approach of strict confidentiality. Meetings between members of the Board and project organizers could often not be arranged due to serious risks they faced when leaving their countries. The Board of Trustees took care to protect organizers and beneficiaries from unnecessary risks. The names of countries and projects were also kept confidential, as the support to some projects could be interpreted as politically motivated or hostile to the countries concerned.

Today, although confidentiality is maintained with respect to individual cases, it is no longer considered essential to protect the confidentiality of organizations and their staff. Indeed, for numerous organizations, support from the Fund validates and enhances their work with victims.¹⁷ In many cases, organizations find that their affiliation with the Fund is a source of protection for staff and clients.

Overall, the Fund has been recognized as “fulfilling its mandate and having a positive impact on victims of torture.”¹⁸ Reviews of projects undertaken in Austria, Bangladesh, Canada, Chile, Rwanda and the United States of America demonstrated that the Fund grants are being put to good use. According to a recent project survey, a significant number of organizations indicated that they could not survive without assistance from the Fund, while more than half of reporting organizations made clear that a reduction in their funding would have a negative impact on their operations resulting in fewer clients and fewer services. Likewise, victims frequently report that the services they receive are crucial to their rehabilitation and enable them to rebuild their lives.

Geographic representation of supported organizations: In 2005, the overwhelming majority of grants were disbursed to projects in Western Europe and North America (63.1 per cent) while the least amount of funding was granted to projects in Africa (7.4 per cent) (see Table page 102). As a result, there have been concerns raised about the geographic imbalance of projects funded. These figures partially reflect the fact that many of the world’s torture victims do not seek assistance until after they have arrived in a country of asylum where they feel safe and can seek help. They also reflect the fact that fewer grant requests come from outside Western Europe and North America. It has been suggested that proactive measures should be undertaken to promote the availability of the Fund in other regions and countries.

Types of funding: In addition to providing operational information on their projects, organizations are required to submit a detailed budget proposal, including the total grant requested, which cannot exceed one third of the project’s total budget. Organizations must provide proof of additional sources of funding, distinguishing between secured and envisaged funding. The Board of Trustees authorizes the payment of grants under one of four categories, namely prompt, pending, emergency and seed

funding. Prompt grants are disbursed to organizations when their applications are in order and all requirements have been met. Pending grants are conditional on the fulfilment of funding guidelines, including the submission of a complete application form, and occasionally after an on-site visit has been undertaken.

Outside the regular reporting schedule, organizations may request emergency assistance for projects which are already supported by the Fund. These requests are reviewed by two or three members of the Board. In exceptional situations, a victim of torture may apply for emergency funding on the condition that there are no relevant projects in the victim’s country. These applications should be accompanied by medical and other supporting documentation that shows that the individual is suffering from the after-effects of torture. Applications should, wherever possible, also include information on the context in which the torture took place, the identification of the torturers, the type of torture suffered and its after-effects, the kind of assistance required and the estimated cost of assistance. If medical assistance is required, a detailed medical report must be submitted which describes the extent to which the victim’s suffering is the result of torture, the medical needs of the victim and the estimated cost of treatment.

The admissibility requirements of the Fund provide that projects aimed at establishing a new organization are inadmissible. In 2005, the Board of Trustees made an important exception:

Reaching torture victims in post-war Iraq: Plastic surgery for victims of punitive ear amputation in the Basra area

It began as a straight forward idea. The Denmark-based International Rehabilitation Council for Torture Victims (IRCT) would fund a project to provide reconstructive surgery to dozens of Iraqi victims of punitive ear amputation – a brutal method of torture that was systematically practised by the Ba’athist regime under the leadership of Saddam Hussein. Sometimes performed without anaesthesia, this particular kind of torture was primarily used against army defectors and caused its victims extreme pain. In some instances, the foreheads of victims were branded with an “X” to indicate that their mutilated or missing ears were not the result of a congenital condition or accident. The practice was undertaken to ensure stigmatization and to send a public message about the consequences of insubordination. Victims suffered from continuous pain, reduced hearing, infections and tinnitus. Their lives were marred by anxiety, nightmares and insomnia. Feelings of inadequacy and extreme self-consciousness impacted their personal relationships and made it difficult for many to find a spouse.

IRCT knew that reconstructive surgery could restore or replace a missing or mutilated ear by prosthesis. Successful treatment also had the potential to

improve the quality of patients' lives by reducing or removing physical symptoms and scars. Perhaps most importantly, surgery could help to restore an individual's confidence and initiate a process of rebuilding his self-esteem.

Although the total number of ear amputees is not known, Iraqi NGOs have registered close to 450 victims in the southern Iraqi region of Basra and estimate that the national total may exceed several thousand. While some patients could receive treatment outside of Iraq, the majority had no access to treatment. IRCT envisioned a project that would allow victims to be treated in Iraq, yet they were aware that the required medical expertise was not available. Without the necessary start-up funding, the organization could not secure large-scale donations that would enable it to conduct highly specialized training for surgeons and nurses in Iraq.

In 2005, the exceptional recommendation of the Board of Trustees to fund the project before operations were under way was approved. The UNVFVT grant enabled IRCT to initiate phase one of the project that served as the basis for securing additional financial support from the European Commission and the Danish Ministry of Foreign Affairs.

IRCT is working in close cooperation with a leading expert in reconstructive ear surgery, Dr. David Ross of the London Clinic. In the project's first phase, which ended in mid-December 2005, three surgeons and one nurse from the Basra region travelled to London, where they took part in an intensive training programme led by Dr. Ross, who offered his services at no cost. During that time, two victims of punitive ear amputation travelled to London and received reconstructive ear surgery in the London Clinic. Both operations were successful and the patients were pleased with the results.

The second phase will focus on intensive treatment and training over the next two years. Dr. Ross will supervise and monitor a number of training sessions in Basra, and local surgeons and nurses will train peers from the rest of the country under the auspices of Iraq's first full-scale rehabilitation centre for torture victims, the Al Faud Centre for Medical and Psychological Rehabilitation. The expected end result of the project is that the Iraqi health-care system will have the capacity to treat each of the country's victims of punitive ear amputation, giving them the opportunity for a new life.

Monitoring processes of the UNVFVT: Since the early days of the Fund, its Secretariat and Board of Trustees have developed a series of monitoring procedures to improve accountability. Organizations that have received a grant must submit a confidential narrative report at the end of the year which includes information on the number of victims receiving assistance, as well as case studies of ten anonymous victims assisted.

Information on victims should be broken down by sex, age, nationality, legal status and type of assistance provided. The purpose of these studies is to help the Board and the Secretariat understand the type of assistance that is provided by the organizations. A financial report must also be submitted, along with a detailed project summary which explains how the grant was used. Finally, organizations must arrange for an audit to be conducted by independent auditors.

To ensure the Fund's financial accountability, and to improve understanding of the work being done by organizations at the national level, the Secretariat visits each funded organization at least once every four years. Between January 2000 and June 2006, 190 projects were visited by the Secretariat or by representatives of the United Nations field offices. Confidential reports on these visits are presented to the Board at their annual meeting.

If the Secretariat receives information between annual sessions of the Board that a project has been mismanaged, the Guidelines of the Fund provide that the Secretariat may decide to withhold payment of a grant or request that a funded organization does not spend a received grant until the situation has been clarified.

In some instances, the Secretariat or the Board may request that an organization refund a grant if it was spent in a manner not approved by the Board, where follow-up reports have not been submitted or are unsatisfactory, or for other reasons explained by the Secretariat. As a result of these measures 20 projects have lost their funding since 2003.

3. The Fund and regional, ethnic, cultural and political diversity

Providing assistance to torture survivors is key in the quest to eradicate torture. A critical aspect of the work of the Fund has been extending support to organizations that have adapted their programmes and services to respond more effectively to the regional, ethnic, cultural and political diversity of their clients. It is widely recognized that there is no one way to treat victims of torture. With the support of the Fund and other donors, each organization has focused on the development of innovative and comprehensive rehabilitative programmes that respond to the different needs of clients.

Support given to organizations has affected the lives of victims of torture in three primary areas. First, at the institutional level, funding has enabled organizations to develop their internal capacity to assist victims, and enhance the quality and quantity of services provided. One of the first organizations supported by the Fund, the Center for Victims of Torture (CVT) in St. Paul/Minneapolis, Minnesota, provides crucial multi-disciplinary rehabilitative assistance to victims from every region of the world, which includes access to primary health care, the provision of basic housing, clothing and food, psychological treatment, job skills, educational and social development training, legal assistance and family reunification. Since 1999, CVT has also used its funding to provide care, rehabilitative and repatriation services to victims of torture in camps for refugees and internally displaced persons in Guinea and Sierra Leone. Group inter-

ventions and individual counselling sessions are made available to victims who were tortured during internal conflicts in Liberia and Sierra Leone.

Organizations such as these have also inspired the establishment of other institutions providing complementary assistance. For instance, part of the CVT grant has been allocated to an “International Technical Assistance and Training Project” which has focused on developing the capacity of partner rehabilitation programmes in Africa, Asia, Eastern Europe, Latin America and the Middle East. Institutional support has included strengthening clinical skills, establishing administrative infrastructures and creating more effective public education programmes.

Second, the experience gained by organizations funded by the UNVFVT over the past twenty-five years has contributed to advances in scientific knowledge and the development of specialized treatment in rehabilitation for torture victims. Advances in the provision of services have been complemented by greater awareness of the specific, and often divergent, needs of victims.

The Trauma Centre for Survivors of Violence and Torture in Cape Town, South Africa, has focused much of its attention on the provision of assistance to survivors of torture and incarceration in the apartheid era, many of whom are former political prisoners, detainees and individuals returning from exile. The Centre has also broadened its mandate to assist the growing number of refugees who have fled human rights abuses in their own countries. In addition to the availability of individual and group-based psychotherapy and counselling sessions, survivors who may not respond to more traditional forms of therapy are encouraged to participate in activities such as storytelling groups and workshops to create personal memory boxes. The Centre also conducts outreach work and capacity-building initiatives for the vast numbers of survivors living in impoverished communities who are geographically isolated from rehabilitative services.

The Commission on Human Rights of El Salvador (CDHES) has developed similarly innovative means to reach potential beneficiaries. Since 1990, the organization has collaborated with indigenous community leaders to implement a mobile health-care project entitled “Community Assistance to Victims of War and Victims of Torture.” Leaders from communities particularly affected by the conflict in El Salvador contact the organization where there are concerns that community members have been victims of torture. A team of health workers from CDHES visits these communities in order to provide general health-care services. At that time, the team psychologist conducts interviews to identify individuals who may have been victims of torture. Further assistance is provided to victims through private or group therapy sessions. As intermediaries, community leaders encourage victims to attend the mobile health clinic and ensure that an otherwise unreachable group of victims receives the assistance it needs.

Third, rehabilitative programmes offer victims the opportunity to challenge the cycle of terror they experience on a daily basis, enable them to break the silence, reflect on what they have endured and take action to rebuild their lives.

In Italy, two organizations, the NAGA Associazione Volontaria di Assistenza Socio-Sanitaria e per i Diritti di Stranieri e Nomadi in Milan and the Consiglio Italiano Per i Rifugiati in Rome, have formed music and dance groups as part of their psychosocial rehabilitation programmes. At NAGA, victims are encouraged to play music, sing and generate sounds to stimulate their imagination and creativity and to bring about feelings of relaxation, joy and peace. Consiglio Italiano Per i Rifugiati has developed five-month theatre workshops which encourage victims to be involved in acting and music and dance performances. These activities can empower victims to regain a sense of control over their bodies and voices which may have been affected by torture and a constant state of uncertainty. Through their organizations, these musical and theatre groups have mounted performances within the centres and at public events, giving victims the confidence to tell their stories, express themselves creatively and take the first steps towards building a new life.

Home for Human Rights in Sri Lanka has set up a self-employment venture for victims who have lost their occupations as a result of torture. In consultation with project field officers, coordinators from the organization assess the employment status and capacity of beneficiaries, and consider opportunities that may be available in the local village. Victims receive initial grants to start a new business or return to a previous occupation requiring capital. Successful ventures include fishing, vegetable gardening, carpentry, agriculture, sewing, photography and animal husbandry. The project is helping victims to re-establish their livelihoods, reintegrate into their societies and thereby live with dignity.

4. The Fund, its commitment and new challenges

Twenty-five years after its creation, the Fund is now considering innovative ways to support the ever-increasing number of organizations seeking assistance to address the needs of victims of torture. More than ever, it is critical that steps are taken to strengthen the network of existing organizations and to enable new organizations to provide essential services to victims of torture and their families.

The Board continues to play a central role in these efforts. It reinforces the credibility, accountability and transparency of the Fund in relation to donors and supported organizations. Yet it is recognized that the Board has the potential to enhance its role by adopting a more proactive approach to the establishment of priorities, developing policy guidelines, undertaking an impact assessment of its work and considering alternative avenues for fund-raising. For example, the Board could encourage increased interaction between United Nations entities working on the issue of torture at both the national and international levels. A joint declaration adopted since 1998 by the High Commissioner for Human Rights, the Committee against Torture, the Special Rapporteur on Torture and the Board of Trustees is issued each year on 26 June, the International Day in Support of Victims of Torture. Further interaction could be encouraged to share lessons learned and to prevent unnecessary overlap.

Rehabilitation and social integration of victims will remain the central focus of the Fund. However, the Fund must adapt and respond to the challenges it will face in the coming years. In addition, implementation of its existing policies and the development of strategic approaches will require the full financial support of donors. This approach must be adopted in order for the Fund to fulfil its envisaged objective as “an appropriate symbol of the concern of the United Nations – the last refuge of the weak and oppressed – for human rights in general and the rights of torture victims in particular.”¹⁹ For many victims around the world who have survived torture, these efforts will enable them to begin rebuilding their lives.

- 1 Article 5, Universal Declaration of Human Rights. The definition of this article and article 7 of the International Covenant on Civil and Political Rights are expanded in the 1975 Declaration on the Protection of All Persons from Being Subjected to Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment, General Assembly resolution 3452 (XXX).
- 2 International standards, principles and codes of conduct have been established for law enforcement and health-care personnel relating to the treatment of prisoners, victims of torture and the investigation and documentation of torture. See the *Istanbul Protocol: Manual on the Effective Investigation and Documentation of Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment*, 1999.
- 3 General Assembly resolution 3448 (XXX), 9 December 1975, para. 1.
- 4 Commission on Human Rights resolution 8 (XXXI), 27 February 1975.
- 5 General Assembly resolution 33/174 of 20 December 1978.
- 6 Ibid.
- 7 General Assembly resolution 36/151 of 16 December 1981.
- 8 The Soviet and Byelorussian representatives expressed strong reservations to the establishment of the UNVFVT and the effective abolishment of the Trust Fund for Chile on the grounds that it ran counter to the resolutions adopted by the General Assembly on the issue and undermined assistance to victims in Chile. A/C.3/36/SR.62, para. 57, A/C.3/36/SR.65, para. 14 and A/C.3/36/SR.67, para. 65. The Soviet delegate asserted that the new fund would signal “implicit recognition that torture was a normal, everyday occurrence.” A/C.3/36/SR.66, para. 20. See also Nigel Rodley (2002). *The Treatment of Prisoners under International Law*, 2nd ed. (Oxford, Oxford University Press), pp. 166–170.
- 9 Ibid., Rodley, p. 169.
- 10 Rodley, op. cit., p. 167.
- 11 E/CN.4/SR/1637, para. 42, as cited in Rodley, op. cit., p. 170.
- 12 Rodley, op. cit., p. 166.
- 13 United Nations Information Service, United Nations Office at Geneva, Press Release (SG/SM/480; HR/1361), 21 March 1983, 2, as cited in Rodley, op. cit., p. 170.
- 14 Hans Danelius, “The United Nations Fund for Torture Victims: The First Years of Activity,” *Human Rights Quarterly*, 294 (1986).
- 15 Applications concerning victims of other forms of organized violence or domestic violence are inadmissible.
- 16 Applications from governmental, parliamentary or administrative entities, political parties or national liberation movements are inadmissible.
- 17 “Civil and political rights, including the questions of: torture and detention.” *Report of the Office of Internal Oversight Services on the evaluation of the United Nations Voluntary Fund for Victims of Torture*. E/CN.4/2005/55, 5 November 2004, para. 22.
- 18 Ibid.
- 19 A/C.3/36/SR.62, para. 32.

LIST OF DONORS AND DONATIONS BETWEEN 1982 AND 2005

List of donors

Total donations between
1982 and 2005 in USD

Countries

Algeria	89,318	Netherlands	4,309,335
Andorra	91,155	New Zealand	277,727
Argentina	66,033	Nicaragua	5,000
Armenia	1,096	Norway	1,903,247
Australia	136,813	Peru	4,480
Austria	23,420	Philippines	30,613
Bahrain	25,000	Poland	30,000
Belgium	979,309	Portugal	110,000
Bhutan	1,000	Republic of Korea	94,988
Bosnia and Herzegovina	608	San Marino	4,376
Botswana	500	Saudi Arabia	40,000
Brazil	55,000	Senegal	1,160
Bulgaria	1,000	Serbia and Montenegro	5,000
Cameroon	14,130	Slovenia	5,825
Canada	545,169	South Africa	183,680
Chile	76,000	Spain	1,136,484
Costa Rica	14,753	Sri Lanka	9,000
Croatia	5,000	Sudan	2,500
Cyprus	22,060	Sweden	3,400,885
Czech Republic	57,095	Switzerland	789,284
Denmark	4,967,704	Thailand	20,000
Finland	3,285,131	The former Yugoslav Republic of Macedonia	1,000
France	1,727,763	Togo	1,540
Germany	2,411,302	Tunisia	22,965
Greece	184,400	Turkey	24,939
Guatemala	4,989	Uganda	737
Haiti	295	United Kingdom of Great Britain and Northern Ireland	2,071,315
Holy See	8,000	United States of America	38,124,550
Hungary	11,200	Venezuela (Bolivarian Republic of)	20,996
Iceland	71,255	Yugoslavia (Prior to 1990)	5,000
Indonesia	6,986		
Iran (Islamic Republic of)	10,867		
Ireland	1,063,394		
Israel	60,000		
Italy	1,113,610		
Japan	1,210,520		
Jordan	1,000		
Kenya	13,894		
Kuwait	10,000		
Libyan Arab Jamahiriya	110,000		
Liechtenstein	106,122		
Luxembourg	172,708		
Malta	7,800		
Mauritania	11,168		
Mauritius	3,999		
Mexico	35,000		
Monaco	137,633		
Morocco	11,500		
Nepal	2,000		

NGOs/Institutions

NJCM Netherlands	38,615
Japanese Lawyers International Solidarity Association	168
United Nations Staff Geneva	13,397

Individuals and institutions

Ms. Marcela Adamski	200
Ms. Sandra Colliver	90
Mr. and Mrs. Thomas and Ingeruth Frankl	610
Mr. and Mrs. Kerr	500
Mr. Christian Lampert	353
Ms. Rita Maran	300
Mr. Daniel Prémont	620
Mr. Yorio Shiokawa	1,010
Mr. David Solberg, Pt HVAC	125
Mr. Predrag Zivkovic	72
Kluwer Law International	81

Donors from 1982–2005



Note: The boundaries used on this map do not imply official endorsement or acceptance by the United Nations.

LIST OF ORGANIZATIONS AND ACTIVITIES FINANCED BY THE FUND IN 2005, BY REGION

<i>Name of organization</i>	<i>Country</i>	<i>Type of assistance provided</i>
African States		
Action pour l'éducation au droit	Democratic Republic of the Congo	Medical, psychological, legal
African Centre for Treatment and Rehabilitation of Torture Victims	Uganda	Medical, psychological, social, legal, financial
Centre for the Study of Violence and Reconciliation	South Africa	Psychological
Centre africain de la prévention et de la résolution de conflits	Senegal	Medical, social, legal
Centre d'Accueil et d'Orientation des Victimes de la Torture	Morocco	Medical, psychological, social
Concerned Christian Community	Liberia	Medical, psychological, financial
Fondation IDOLE	Cameroon	Psychological, social
Hebrew Immigrant Aid Society	Kenya	Social, legal, financial
Independent Medico-Legal Unit	Kenya	Medical, psychological, legal
Kanyarwanda	Rwanda	Medical, psychological, social
La Voix des Sans-Voix pour les droits de l'homme	Democratic Republic of the Congo	Medical, social
Litigation Fund Against Torture	Kenya	Social
Mwatikho Torture Survivors Organization	Kenya	Medical, psychological, legal
Observatoire Congolais des Droits Humains	Democratic Republic of the Congo	Medical, psychological, legal, social
Oeuvres sociales pour le développement	Democratic Republic of the Congo	Medical, psychological, social, financial, legal
Prisoners Rehabilitation and Welfare Action	Nigeria	Medical, psychological, financial, legal
Rwandan Women's Community Development Network	Rwanda	Medical, psychological, social
Solidarité pour la promotion sociale et la paix	Democratic Republic of the Congo	Medical, social, legal
Trauma Center in Yaoundé	Cameroon	Medical, psychological, social, financial
Trauma Centre for Survivors of Violence and Torture	South Africa	Medical, psychological, social, legal
Une Femme qui en Soulève une Autre	Democratic Republic of the Congo	Medical, psychological, social, legal, financial
Women's Aid Collective	Nigeria	Psychological, social, legal, financial

Asian States

Asian Federation Against Involuntary Disappearances	Philippines	Psychological
Asian Indigenous and Tribal Peoples Network (AITPN)	India	Medical, social, legal
Balay Rehabilitation Centre	Philippines	Medical, psychological, social, legal, financial
Bangladesh Rehabilitation Centre for Trauma Victims	Bangladesh	Medical, psychological, legal financial
Centre for Care of Victims of Torture	India	Medical, psychological, social, legal
Gaza Community Mental Health Programme	Occupied Palestinian Territories	Psychological, social
Home for Human Rights	Sri Lanka	Medical, psychological, social, legal
International Rehabilitation Council for Torture Victims	Iraq	Medical
Khiam Rehabilitation Centre for Victims of Torture	Lebanon	Medical, psychological, social
Mandela Institute for Human Rights	Occupied Palestinian Territories	Medical, psychological, social, legal
Naogaon Human Rights Development Association	Bangladesh	Medical, psychological, social, legal, financial
Organization of the Parents and Family Members of the Disappeared	Sri Lanka	Medical, psychological, financial
Physicians for Human Rights	Israel	Medical, psychological, legal
Public Committee Against Torture in Israel	Israel	Legal assistance
Rehabilitation Centre for Victims of Torture	Pakistan	Medical, psychological, social
Restart Tripoli Centre	Lebanon	Medical, psychological
Rural Effective Social Development Organization	Bangladesh	Medical, financial
Society for Social Research, Art and Culture	India	Medical, psychological, social
The Korean Rehabilitation Centre for Torture Victims and families	Republic of Korea	Medical, psychological, legal, financial
Top India Trust	India	Medical, psychological, social
Treatment and Rehabilitation Centre for Victims of Torture	Occupied Palestinian Territories	Medical, psychological, social
Yosua Prison Ministry	Indonesia	Medical, psychological, social, financial

Latin American and Caribbean States

Abuelas de la Plaza de Mayo	Argentina	Psychological
Asociación para la Salud y el Desarrollo Integral de Momostenango	Guatemala	Medical, psychological, social, financial
Association of Christians for the Abolition of Torture	Brazil	Medical, psychological, social, legal
CAPS/Lima	Peru	Psychological and social
Centre for Legal and Social Studies	Argentina	Medical, psychological, social, legal
Centro Alternativas	Chile	Medical, psychological, social
Centro de Estudios Fronterizos y Promoción de los Derechos Humanos	Mexico	Medical, psychological, legal, social
Centro de Salud Mental y Derechos Humanos	Chile	Medical, psychological, social
Comisión de Derechos Humanos de El Salvador	El Salvador	Medical, psychological
Comisión de Derechos Humanos	Peru	Medical, psychological, social, legal, financial
Comité para la Defensa de la Salud, Ética Profesional y los Derechos Humanos	Argentina	Medical, psychological, social, legal
Equipo Argentino de Trabajo e Investigación Psicosocial	Argentina	Medical, psychological, social, legal
Equipo de Denuncia, Investigación y Tratamiento del Torturado y su Núcleo Familiar, Corporación de Promoción y Defensa de los Derechos del Pueblo	Chile	Medical, psychological, legal
Equipo de Estudios Comunitarios y Acción Psicosocial	Guatemala	Social, psychological
Fundación de Ayuda Social de las Iglesias Cristianas	Chile	Medical, psychological, social, legal, financial
Fundación Ecueménica para el Desarrollo y la Paz	Peru	Medical, psychological, social, legal
Hebrew Immigrant Aid Society	Ecuador	Social, legal, financial
Instituto de Terapia e Investigación	Bolivia	Medical, psychological, legal, social
Red de Apoyo	Venezuela (Bolivarian Republic of)	Medical, psychological, social, legal
Réseau Sud pour la défense des droits humains	Haiti	Medical, legal, financial
Richmond Fellowship	Peru	Training
Social Rehabilitation Service	Uruguay	Medical, psychological, social
Terre des homes	Colombia	Medical, psychological, social
Tortura Nunca Mas	Brazil	Medical, psychological, social, legal
Union des formateurs animateurs du Sud en éducation civique et le respect des droits humains	Haiti	Medical, legal

Eastern European States

Albanian Rehabilitation Centre for Torture Victims	Albania	Medical, psychological, social
Assistance Centre for Torture Survivors	Bulgaria	Medical, psychological, social, legal
Association for Rehabilitation of Torture Victims – Centre for Torture Victims	Bosnia and Herzegovina	Medical, psychological, social
Association of Concentration Camp Inmates, Sarajevo	Bosnia and Herzegovina	Social, financial
Centre for Torture Victims	Bosnia and Herzegovina	Medical, psychological, social
Centre for Torture Victims – International Aid Network – Medica Zenica	Bosnia and Herzegovina, Serbia and Montenegro	Medical, psychological, social
Centre for Victims of Political Persecutions	Poland	Medical, psychological, legal
Cordelia Foundation	Hungary	Medical, psychological
Empathy	Georgia	Medical, psychological, social
Fund Against Violation of Law	Armenia	Medical, psychological, social, legal
Georgian Centre for Psychosocial and Medical Rehabilitation of Torture Victims	Georgia	Medical, psychological, social, legal
Human Rights Society	Russian Federation	Medical, psychological, legal
ICAR Foundation	Romania	Medical, psychological, social, legal
International Aid Network	Serbia and Montenegro	Medical, psychological, social, legal
International Medical Rehabilitation Centre for the Victims of Wars and Totalitarian Regimes	Ukraine	Medical, psychological, social, legal
International Rehabilitation Centre for Torture Victims	Croatia	Medical, legal, financial
Khorezm Regional Department of Human Rights Society of Uzbekistan	Uzbekistan	Medical, social, legal
Kosova Rehabilitation Centre for Torture Victims	Kosovo, Serbia and Montenegro	Medical, psychological, social
Medical Rehabilitation Centre for Torture Victims “Memoria”	Republic of Moldova	Medical, psychological, social, legal
Romanian Independent Society of Human Rights	Romania	Legal
Society of Citizens Assisting Migrants	Czech Republic	Psychological, legal
Soldiers’ Mothers of St. Petersburg	Russian Federation	Medical, psychological, social, legal
Stichting Russian Justice Initiative	Russian Federation	Legal

Western European and Other States

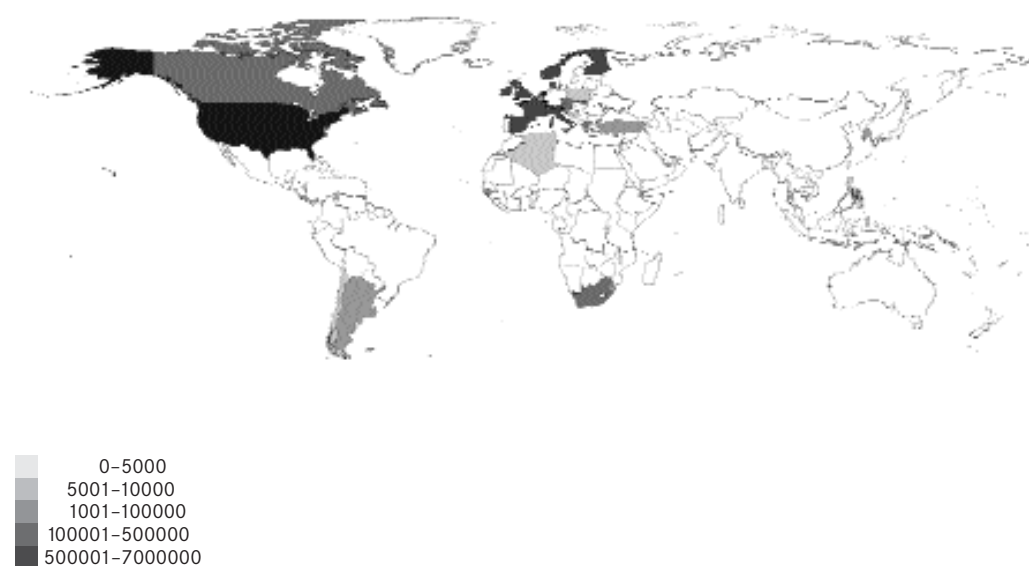
Advocates for Survivors of Trauma and Torture, Baltimore	United States of America	Medical, psychological, social, legal
Amigos de los Sobrevivientes	United States of America	Medical, psychological, social, legal, financial
Appartenances	Switzerland	Psychological
Arab Community Centre for Financial and Social Services	United States of America	Medical, psychological, social, legal, financial
Association for Services to Torture and Trauma Survivors	Australia	Psychological, social
Asian-Americans for Community Involvement	United States of America	Medical, psychological, social, financial, legal
Association pour les victimes de la répression en exil	France	Medical, psychological, social, legal
Associazione Volontaria di Assistenza Socio-Sanitaria e per i Diritti di Stranieri e Nomadi	Italy	Medical, psychological, social, legal
Bellevue Association	United States of America	Medical, psychological, social, legal
Boston Medical Centre	United States of America	Medical, psychological, social, legal
Bundesweite Arbeitsgemeinschaft der psychosozialen Zentren für Flüchtlinge und Folteropfer	Germany	Training
Calgary Catholic Immigration Society	Canada	Medical, psychological
Canadian Centre for Victims of Torture	Canada	Psychological
Caritas-Köln	Germany	Psychological
Casa dei Diritti Sociali – Focus, Rome	Italy	Psychological, social, legal
Centre for Survivors of Torture	United States of America	Medical, psychological, legal
Centre for the Treatment of Torture Victims	Germany	Medical, psychological, social, legal
Centre for Victims of Torture	United States of America	Medical, psychological, social
Centre d'accueil et de soins Primo Levi	France	Medical, psychological, social, legal
Centre d'action social, réhabilitation et adaptation (SOHRAM-CASRA)	Turkey	Medical, psychological, social, legal, financial
Centre for Advocacy, Support and Education for Refugees	Australia	Legal assistance
Centre for Multicultural Human Services	United States of America	Medical, psychological, social, legal
Centre for the Treatment of Torture Victims	Germany	Medical, psychological, social, legal
Centre international de ressources juridiques	Canada	Legal
Centre médico-psycho-social pour réfugiés et victimes de torture	Belgium	Medical, psychological, social
Centro Astalli	Italy	Social, legal, financial
Centro por la Justicia y el Derecho Internacional	United States of America	Legal
Comité médical pour les exilés	France	Medical, psychological, social
Croix-Rouge Suisse	Switzerland	Medical, psychological, social
Edmonton Centre for Survivors of Torture and Trauma	Canada	Psychological
El Rescate Legal Services	United States of America	Legal
Exil España, Fundació Concepció Juvanteny	Spain	Medical, psychological, social
Exilio Hilfe für Flüchtlinge und Folterüberlebende e.V.	Germany	Medical, psychological, social, legal
Fédération internationale des ligues des droits de l'homme	France	Legal
Greater Boston Legal Services	United States of America	Psychological, legal

Gulf Coast Community Care	United States of America	Medical, psychological, social, legal
OMEGA Health Care Centre	Austria	Medical, psychological, social
HEMAYAT	Austria	Medical, psychological
Human Rights Foundation of Turkey	Turkey	Medical, psychological, social
Human Rights Initiative of North Texas	United States of America	Medical, psychological
International Institute of Boston	United States of America	Psychological, social
International Institute of New Jersey	United States of America	Psychological, social, financial
Italian Refugee Council	Italy	Medical, psychological, social, legal
Khmer Health Advocates	United States of America	Psychological
Kurdish Human Rights Project	United Kingdom of Great Britain and Northern Ireland	Legal
Legal Aid Foundation	United States of America	Legal
Lowell Community Health Center	United States of America	Medical, psychological, social, financial
Lutheran Children	United States of America	Medical, psychological, social
Marjorie Kovler Centre for the Treatment of Survivors of Torture	United States of America	Medical, psychological, social, legal
Médecins sans frontière /les projets Belges	Belgium	Psychological, social
Medical Foundation for the Care of Victims of Torture	United Kingdom of Great Britain and Northern Ireland	Medical, psychological, social, legal
Medical Rehabilitation Centre for Torture Victims	Greece	Medical, psychological, social, legal
Medici contro la tortura	Italy	Medical, psychological, social, legal, financial
Minnesota Advocates for Human Rights	United States of America	Legal
Organisation mondiale contre la torture	Switzerland	Medical, social, legal
OSIRIS	France	Medical, psychological
Ottawa-Carleton	Canada	Psychological
Parcours de jeunes	France	Medical, psychological
Penal Reform International	United Kingdom of Great Britain and Northern Ireland	Legal
Physicians for Human Rights	United States of America	Medical, psychological, legal
Prisoners of Conscience Appeal Fund	United Kingdom of Great Britain and Northern Ireland	Financial
Programme for Torture Victims	United States of America	Medical, psychological
Provident Counselling	United States of America	Medical
Red Cross Centre for Tortured Refugees in Stockholm	Sweden	Medical, psychological, social
Red Cross Centre for Victims of Torture in Falun	Sweden	Psychological, social
Red Cross Rehabilitation Centre for Torture and War Victims in Göteborg	Sweden	Medical, psychological, social
Red Cross Rehabilitation Centre in Uppsala	Sweden	Psychological, social
Redress Trust	United Kingdom of Great Britain and Northern Ireland	Legal
Refuge, Inc.	United States of America	Psychological, social
Refugio, Bremen	Germany	Psychological
Refugio, Munich	Germany	Medical, psychological, social, financial
Rehabilitation Centre for Torture Victims	Denmark	Medical, psychological, social

Rehabilitation Centre for Torture Victims	Turkey	Medical, psychological, legal
Réseau d'intervention auprès des personnes ayant subi la violence organisée	Canada	Medical, psychological, social
Response International/London	United Kingdom of Great Britain and Northern Ireland	Medical, psychological, social
Rocky Mountain Survivors Center	United States of America	Medical, psychological, legal
Roskill Union and Community Health Service, Inc.	New Zealand	Medical, psychological, social
Safe Horizon, Inc.	United States of America	Medical, psychological, social, legal
Service d'aide psychologique spécialisée aux immigrants et réfugiés	Canada	Psychological
SPIRASI Centre for the Care of Survivors of Torture and training	Ireland	Medical, psychological, social, legal
Sudanese Victims of Torture Group	United Kingdom of Great Britain and Northern Ireland	Medical, legal, financial
Survivors International	United States of America	Medical, psychological, social
Survivors of Torture, International	United States of America	Medical, psychological, social, legal

The Centre for Justice and Accountability	United States of America	Legal
The Treatment and Rehabilitation Unit3 for Survivors of Torture and Trauma	Australia	Medical, psychological, social, financial
Torture Abolition and Survivors Support Coalition	United States of America	Medical, psychological, social, legal, financial
UDC-Gruppen ApS	Denmark	Medical, psychological, social, legal, financial
Unité de médecine des voyages et des migrations	Switzerland	Medical, psychological
Utah Health	United States of America	Medical, psychological, social, legal
Vancouver Association for Survivors of Torture	Canada	Psychological, social
Verein ZEBRA	Austria	Medical, psychological, social, legal
Women Against Rape	United Kingdom of Great Britain and Northern Ireland	Psychological, social, financial, legal
Xenion Psychosoziale Hilfen für politisch Verfolgte e.V.	Germany	Medical, psychological

Donors in 2005



Countries with projects in 2005



Note: The boundaries used on these maps do not imply official endorsement or acceptance by the United Nations.

NUMBER OF PROJECTS RECEIVING FUNDING IN 2005 BY AMOUNT AND REGION

Grants (USD)	Africa	Asia	Eastern Europe	Latin America	Western Europe	TOTAL
4,000-10,000	9	4	3	4	6	26
10,001-20,000	7	3	4	5	14	33
20,001-30,000	4	4	3	3	22	36
30,001-40,000	4	2	2	5	15	28
40,001-50,000	2	2	4	5	14	27
50,001-60,000		2	1	1	4	8
60,001-70,000					3	3
70,001-80,000		1	1	1	8	11
80,001-90,000					2	2
90,001-100,000				1	1	2
100,001-200,000					2	2
Over 200,000					1	1
TOTAL	26	18	18	25	92	179

AMOUNTS AND PERCENTAGES REQUESTED AND GRANTED BY REGION

	Africa	Asia	Eastern Europe	Latin America	Western Europe	TOTAL
Amount requested (USD)	1,184,550	1,309,230	1,126,800	1,441,500	8,460,236	13,522,316
Percentage of total requested	8.7%	9.7%	8.3%	10.7%	62.6%	100%
Amount granted (USD)	479,000	539,000	543,500	828,000	4,080,000	6,469,500
Percentage of total granted	7.4%	8.3%	8.4%	12.8%	63.1%	100%

PERCENTAGE OF PROJECTS REQUESTING AND RECEIVING ONE THIRD OF THEIR BUDGETS BY REGION

	Africa	Asia	Eastern Europe	Latin America	Western Europe	TOTAL
Combined budgets of all projects (USD)	3,832,370	5,036,880	4,323,600	4,424,638	48,315,418	65,932,906
One third of combined budgets of all projects (USD)	1,277,457	1,816,303	1,441,200	1,471,476	16,098,473	22,104,909
Percentage of projects requesting one third of total budget	92.7%	72%	78%	97.9%	52.5%	
Percentage of projects receiving one third of total budget	37.5%	29.7%	37.7%	56.2%	25%	

INTERNATIONAL AND REGIONAL INSTRUMENTS WHICH ADDRESS THE ISSUE OF TORTURE

- 1948** Universal Declaration of Human Rights (article 5).
1949 Geneva Convention (III) relative to the Treatment of Prisoners of War (articles 3, 17, 87).
1949 Geneva Convention (IV) relative to the Protection of Civilian Persons in Time of War (articles 3, 32).
1950 European Convention on Human Rights (article 3).
1966 International Covenant on Civil and Political Rights (article 7).
1969 American Convention on Human Rights (article 5 (2)).
1975 Declaration on the Protection of All Persons from Being Subjected to Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment.
1977 Protocol Additional to the Geneva Conventions of 12 August 1949, and relating to the Protection of Victims of International Armed Conflicts (Protocol I) (article 75).
1977 Protocol Additional to the Geneva Conventions of 12 August 1949, and relating to the Protection of Victims of Non-International Armed Conflicts (Protocol II) (article 4 (2) (a)).
1981 African Charter on Human and Peoples' Rights (article 5).
1984 Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment.
1985 Inter-American Convention to Prevent and Punish Torture.
1987 European Convention for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment.
1989 Convention on the Rights of the Child (article 37).
1990 International Convention on the Protection of the Rights of All Migrant Workers and Members of Their Families (article 10).
1993 Protocol Number 1 and Protocol Number 2 to the European Convention for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment.
1994 Arab Charter on Human Rights (articles 4 (c), 13).
1998 Rome Statute of the International Criminal Court (articles 7 (1) (f) crime against humanity; 8 (2) (a) (ii), (c) (i) war crime).
2002 Optional Protocol to the Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment.

MEMBERS OF THE BOARD OF TRUSTEES
Past

- Hans Danelius, Sweden, 1983-1988
 Ribot Hatano, Japan, 1992-2005
 Elizabeth Odio Benito, Costa Rica, 1983-2003
 Waleed Sadi, Jordan, 1983-1991
 Ivan Tosevski, The former Yugoslav Republic of Macedonia, 1983-2005
 Theo van Boven, Netherlands, 2004-2005
 Amos Wako, Kenya, 1983-2005
 Jaap Walkate, Netherlands, 1989-2005 (deceased)

Present

- Savitri Goonesekere, Sri Lanka, 2006-2009
 Krassimir Kanev, Bulgaria, 2006-2009
 Joseph Oloka-Onyango, Uganda, 2006-2009
 Sonia Picado, Costa Rica, 2004-2009
 Derrick J. Pounder, United Kingdom of Great Britain and Northern Ireland, 2006-2009

SPECIAL RAPPORTEUR ON TORTURE AND OTHER CRUEL, INHUMAN OR DEGRADING TREATMENT

- Manfred Nowak, Austria, 2004-2007
 Theo van Boven, Netherlands, 2001-2004
 Nigel Rodley, United Kingdom of Great Britain and Northern Ireland, 1993-2001
 Peter Kooijmans, Netherlands, 1985-1993

A vision of the future

Sonia Picado. Costa Rica. Member, UNVFVT Board of Trustees 2004–2009

As one of the newest members of the UNVFVT Board of Trustees, it is with pride and commitment that I write this statement as a contribution to the publication commemorating the Fund's twenty-fifth anniversary.

At the Board's twenty-fourth session held in April 2005, I was impressed by its work of the past twenty-five years. I congratulate all former members of the UNVFVT Board, as well as the professional Secretariat. The fact that Louise Arbour, High Commissioner for Human Rights, is so committed to the Fund, gives us reason to approach its future with optimism. The Board could consider:

1. Campaigning to ensure the commitment of all States to eradicate torture, as well as all forms of cruel, inhuman or degrading treatment or punishment. Emphasis must be placed on the pursuit and enforcement of these crimes under international customary law.
2. Since an increasing number of reports show that the practice of torture is frequently justified as a means to protect national security, we must emphasize that fighting terrorism cannot involve the violation of individual human rights. Seminars and training of Government officials at all levels should be considered.
3. The report of the Office of Internal Oversight Services (OIOS) on the evaluation of the Fund should be carefully reviewed at the next meeting of the UNVFVT. This will enable the Fund to follow up on the most important recommendations of the OIOS, including the need to improve the geographical balance of project funding, particularly in Africa. In addition, all new organizations working with victims of torture should receive technical and administrative training to assist them in fulfilling the admissibility requirements.

Consideration should be given to identifying, through the Office of the High Commissioner for Human Rights, and other sources such as NGOs in the field, organizations that are in compliance with the Fund's admissibility requirements if their work is perceived as helping in the eradication of torture and rehabilitation of victims. The Board has requested that the Secretariat analyze the possibility of establishing a budget line that could provide assistance for this specific and necessary work.

The Fund has done an outstanding job over the past twenty-five years and it should be commended for those efforts. However, due to the current geopolitical climate, the number of victims of torture is growing, and more funding is necessary. It is hoped that countries which have donated generously in the past will maintain or increase their level of support. It is essential, however, that new financial sources be found through more aggressive means of fund-raising.

Victims of torture from all parts of the world must live with the nightmare of their experiences for the rest of their lives. While these people are the true beneficiaries of the Fund, the organizations involved in this humanitarian work cannot survive without the support they receive from the Fund.

During its meetings, the Board, the Secretariat and all involved are committed to ensuring that funding is available to those who need it most. The meetings are a wonderful human experience marked by professional efficiency and open hearts. Commemorating this anniversary provides us with a reason for hope, a reason to believe that human solidarity is possible, and a reason to keep fighting for peace and respect for human rights.

Australia: The daunting task of rebuilding lives

Bob Burton/Rahraw Omarzad

Organization **The Treatment and Rehabilitation Unit for Survivors of Torture and Trauma (TTRUSTT)** Location **Brisbane, Australia** Founded **1985** Type of assistance provided **medical, psychological, social, financial, practical** Number of victims assisted in 2005 **1,152 victims and family members** Number of nationalities of victims **more than 30** Funded programme **The treatment and rehabilitation of victims of torture and their families** Number of staff for project **four (currently two)**



Dr. Urquhart and a Spanish interpreter meet with Gloria during one of her appointments at TTRUSTT, where she receives medical, social and practical assistance. She received assistance from TTRUSTT 20 years ago, and was referred to the centre by her family doctor a year ago following a family member's serious illness.



Jasminka during a weekly appointment at TTRUSTT. She was referred by her family doctor for treatment because of severe trauma. Jasminka is making good progress and has recently returned to English-language studies and part-time work.



Blanca has regular appointments at TTRUSTT. She was referred by her doctor because of an acute onset of post-traumatic stress disorder precipitated by the serious illness of a family member.



Nasrin's family has received assistance from TTRUSTT since their arrival in Australia four years ago. Nasrin and her husband are learning English. Her husband and her older son are working part-time and their other children are enrolled at school.



John, who suffered severe trauma in the past, and his family have recently settled in Australia. TTRUSTT is assisting all family members.



This young couple welcome staff members of TTRUSTT to their home.
The husband regularly attends TTRUSTT.

With a beaming smile and sparkling dark eyes, Fatima* excitedly reveals that she has just been offered a job at a major accountancy company. The job offer represents a turning point in her life and she is keen to get home to share her good news with her mother.

Fifteen years earlier Fatima, now in her early twenties, and her family fled their war-torn country and took shelter in a refugee camp in a neighbouring country. The United Nations High Commissioner for Refugees (UNHCR) facilitated their relocation to Brisbane, the sub-tropical capital of Queensland, Australia. With only one other relative in Brisbane, Fatima's family turned for assistance to the small non-profit organization, the Treatment and Rehabilitation Unit for Survivors of Torture and Trauma.

"TTRUSTT was so important for our family," Fatima says. "Whenever we needed help, they were there for us. When I arrived in Brisbane, I didn't know a word of English. With the organization's help I went to the Mater Children's Hospital School and played with other kids and picked up English words. Then they helped find a school for me." Last year, Fatima completed a university degree in accountancy and, with assistance from the organization, found a temporary job as an administrative assistant. While she no longer needs help from TTRUSTT, her mother still seeks their assistance to cope with the trauma she experienced in her home country and to deal with the difficulties of settling in Australia.

The powerhouse behind TTRUSTT is Dr. Aidene Urquhart, a psychiatrist with an unwavering commitment to providing the best possible support services for victims of trauma and torture. "If support can be provided to young family members," she explains, "they can usually rebuild their lives. It is often harder for parents who have directly experienced torture and often shielded their sons and daughters from much of the trauma."

In 1985, while working in the Department of Child Psychiatry at the Mater Children's Hospital in Brisbane, Dr. Urquhart noticed that victims of torture and trauma began appearing as patients. "It quickly became apparent that attending to their medical needs alone was insufficient." Initially, a collaborative project was developed involving a range of community support groups. As information about the project spread through the refugee community, so too did the demand for its support services. In June 1995, TTRUSTT was formally registered as an independent non-profit group.

Each year, approximately 1,000 refugees arrive in Brisbane while another 12,000 find sanctuary in other parts of the country. In the early 1980s, the majority of asylum-seekers in Australia had fled political repression in Chile or the civil wars of El Salvador, Guatemala, Honduras or Nicaragua. Subsequent groups of refugees had fled the political upheavals of Afghanistan, Bosnia and Herzegovina and the Islamic Republic of Iran, and, more recently, the conflicts of Burundi, Ethiopia and the Sudan.

"Each successive group is different," Dr. Urquhart notes. "What they have in common is that when they are in their own country they are in survival mode, but when they get here and feel more secure, the magnitude of their trauma and injuries become much more apparent."

The unobtrusive two-storey office building is situated across the road from the Mater Children's Hospital and is located conveniently close to public transport hubs in Brisbane's inner city. The unadorned, cream-coloured walls and high-ceilinged offices create an atmosphere of reassurance and calm.

While the environment is soothing, the pressure felt by the three staff members at TTRUSTT is immense. In 2005, the organization provided assistance to more than 1,100 victims of torture and trauma and their families from over thirty nations. On any given day, up to 20 people may attend the clinic. Appointment times are often grouped according to language requirements in order to make efficient use of interpreters.

* Pseudonyms have been used throughout.

The last appointment finishes at 6 p.m. each day. The TTRUSTT staff spends its time liaising on behalf of clients with nearly 100 community groups and Government agencies that provide complementary services ranging from subsidized transport, specialist medical services, access to housing and legal support.

One of the attractions of resettlement in Australia is that it is remote from the origins of the victims' trauma. On the other hand, the distance means that they are separated from the support of family members and friends. Many victims consequently feel isolated and overwhelmed by the daunting task of rebuilding their lives. In addition to the social isolation and language barriers they face, they may feel despondent in a strange country with few work prospects, all of which can cause or exacerbate poor health. For those who were previously employed, owned their own home and belonged to an extended family network, the contrast in lifestyle is profound.

"What many of them say to us is that they feel like a fish out of water," Dr. Urquhart states. "You can't help them by just providing a safe environment and social support. They need a lot of other support to assess the extent of their medical needs and then you need to understand the family dynamics," she says.

Most victims attend prearranged appointments at the organization. It is not uncommon, however, for a highly distressed individual to walk into the office or call seeking urgent help. "Sometimes it is a matter of getting an interpreter on the phone, passing the handset backwards and forwards until we can work out what the problem is and reassure them we can help," she says. "We have to respond then and there or we might never see them again."

The TTRUSTT Community Officer, Ana Bran, who has worked for the organization for the last 14 years, notes that arranging for appropriate accommodation is one of their biggest challenges. "Finding good accommodation is a crucial step in creating a sense of security. Sometimes it can take 15 or 20 phone calls just to find a possible house or flat."

Ms. Bran has occasionally had to reassure wary real estate agents that these individuals will be good tenants. Torture survivors may also have specific accommodation needs. "Some people who were tortured in prison don't want to live in a house that has exposed internal brickwork that reminds them of a prison cell," says Ms. Bran. Those who were trapped in multi-story apartment blocks during war may only feel safe with ground-floor accommodation. Others may only feel secure on upper floors. The limited stock of public housing has forced many victims and their families into the private real estate market where appropriate and affordable housing for families on a threadbare budget is scarce.

Some torture victims, who were unaware of TTRUSTT when they arrived in Brisbane, encountered indifferent responses from Government agencies. "When we first arrived we didn't know anyone...we were given a flat but told we had to move on in one month," says Blanca, who fled a civil war. After a few weeks in Australia, her husband committed suicide. More than a decade later, Blanca still turns to the organization for support. "I don't know what I'd do without them," she says.

Since the establishment of TTRUSTT, the Australian Government has funded a national network of other non-profit groups to provide support services for victims of torture. However, funding guidelines have resulted in an emphasis on short-term projects. One translator who worked in a Government-funded agency and spoke on condition of anonymity, expressed dismay that staff members were expected to close client files as quickly as possible. "We were told that we could only have three meetings with the same person...after which they would have to be referred to someone else. It is a bureaucratic restriction that limits the ability to build up trust in both us as individuals and the agency," she says.

Another survivor, Gloria, recounted the experience of an adolescent asylum-seeker. "There was one boy who went to a Government-funded service and on each of his three visits he had to explain his traumatic experiences to a new person. Not surprisingly, he stopped going."

In contrast, TTRUSTT offers unlimited support. Previous beneficiaries frequently return during times of personal crises. For those who call on TTRUSTT, Dr. Urquhart's leadership of the organization from its inception and Ms. Bran's 14 years of service are crucial to a sense of continuity and familiarity. "It is a feeling that you can come at anytime and ask for anything. It is such a beautiful feeling to know there is someone standing beside you," Natasa says. "It is a feeling that you can call and they understand you, it is a feeling of friendship and security." Miroslav adds, "We feel at home here. They care and want to help." Both current and former clients reserve their highest praise for Dr. Urquhart. "I think I speak for all her clients. Without her, I don't know what I would have done," Nermina says.

In spite of its positive efforts, the organization leads a hand-to-mouth financial existence. Over the last decade, TTRUSTT has received modest, but diminishing grants from the United Nations Voluntary Fund for Victims of Torture. "Fund-raising for victims of torture and trauma is not easy and with such a small staff we can't afford to divert scarce staff resources," Dr. Urquhart says.

Two years ago, a funding squeeze forced the organization to end its weekly four-hour group therapy sessions. "As much as we would have liked to continue them, we just couldn't," Dr. Urquhart says. "Victims would all look forward to those meetings so much that they would get up at four in the morning to cook special dishes to bring for lunch." Although the focus of the sessions was creative art activities, the ultimate goal was facilitating a social support network for participants. "The groups were really important. They were a place where clients could access interpreters and talk to clients from other countries. Many people miss coming to those groups," Dr. Urquhart notes. It's a view endorsed by Miroslav. "In that group you felt like family...it would be good if they came back."

Organizations offering similar services in Australia receive financial support from Government agencies. Yet, TTRUSTT maintains there are significant advantages to financial independence from the Government. Ms. Bran says that while independence from Government funding makes it difficult for the organization to fulfil all of its objectives, some refugees are wary of turning to a Government-funded agency after suffering persecution at the hands of their own Government. "The fact that we are funded by the United Nations is reassuring," she says, "especially for those who came here after receiving assistance from the UNHCR."

Despite the organization's registration of more than 1,000 victims and their family members, a significant demand for services remains unmet. Occasionally, the first contact from the family of torture victims with TTRUSTT will be after a family member, usually a young male, has committed suicide. "It is one of the worst things we have to deal with because we know that it was avoidable," Dr. Urquhart said.

Dr. Urquhart frequently works until late in the evening. But she is adamant about the value of the work of TTRUSTT. "I see the difference we make in such a short period of time," she says. "I know they couldn't get the same sort of help elsewhere and we can't turn our back on them."



This couple arrived in Australia ten years ago and have been clients of TTRUSTT since that time.



Marta, with Dr. Urquhart and an interpreter. She has received assistance from TTRUSTT since her arrival in Australia eighteen years ago. Marta is coping well with family and full-time work responsibilities.



Ana during a recent meeting at TTRUSTT. Her family received assistance from TTRUSTT when they arrived in Brisbane fifteen years ago. Her family settled well, and all her children graduated from university and are working full-time.



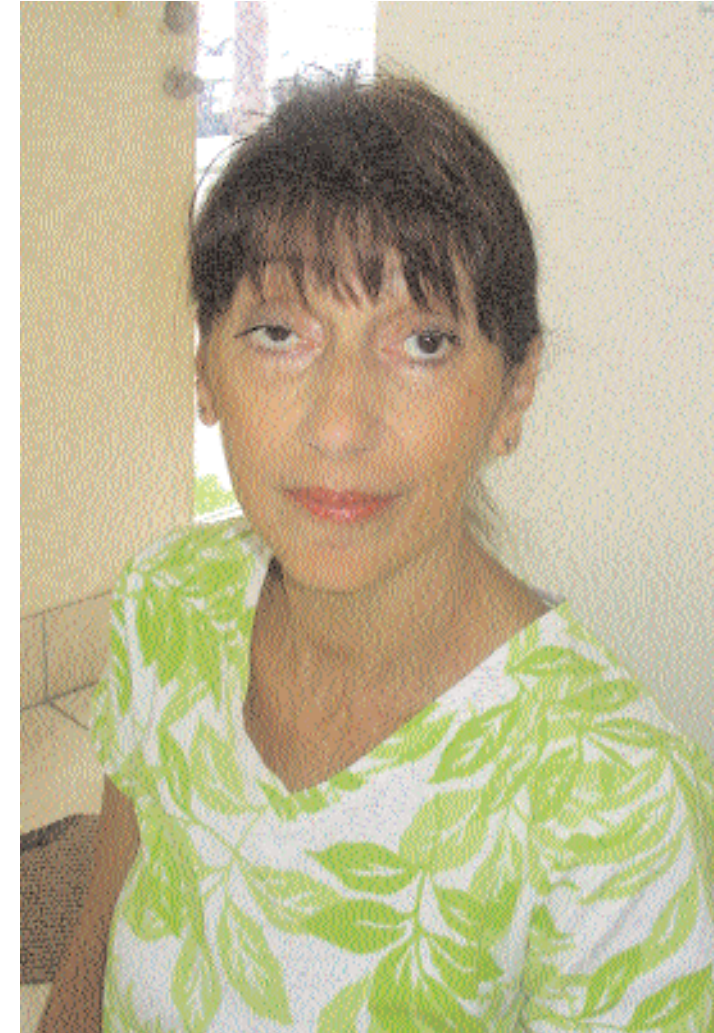
Ismet's family has attended TTRUSTT since their arrival in Australia ten years ago. All family members are working or studying full-time.



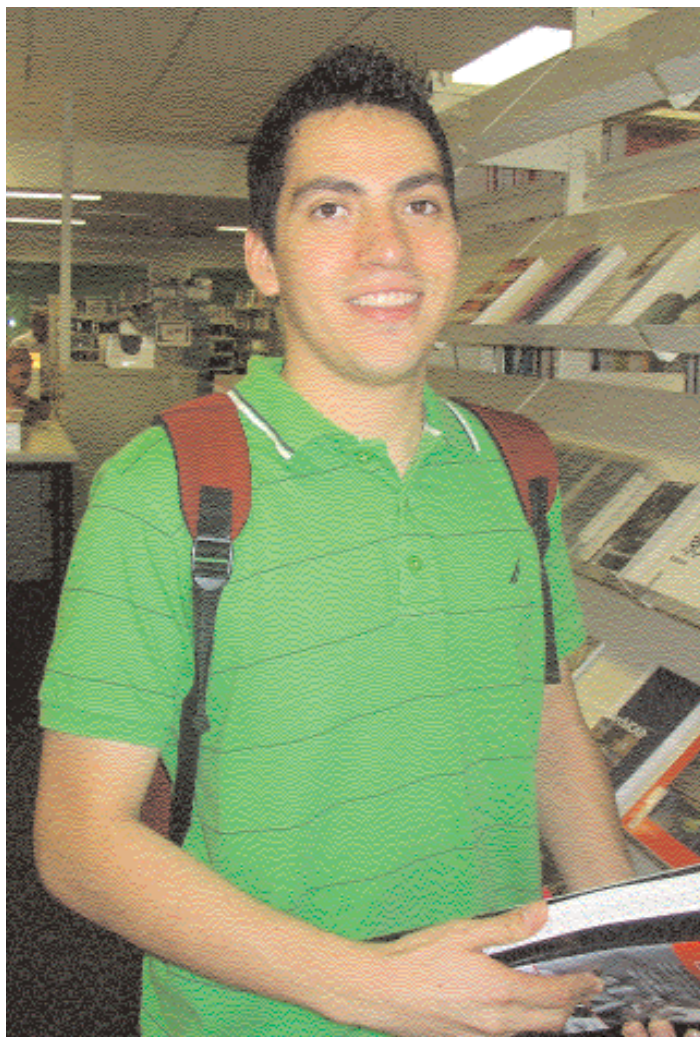
Zoreh and Habib's family arrived in Australia three years ago and were referred to TTRUSTT in 2004.



Muna's family have been receiving assistance from TTRUSTT since their arrival in Australia eleven years ago.



Sarah has been receiving assistance from TTRUSTT since her arrival in Australia ten years ago.



Carlos' family received assistance from TTRUSTT sixteen years ago when they arrived in Australia. Carlos is now a university student. His mother continues to keep in contact with TTRUSTT.



Saba is the daughter of a TTRUSTT client. She works as an assistant pharmacist.



Three generations of a family welcome Dr. Urquhart and Ms. Bran to their home. The family have received assistance from TTRUSTT since their arrival in Australia ten years ago. The youngest members of the family are studying or working full-time. The parents continue to attend TTRUSTT on a regular basis.



Another family welcomes members of TTRUSTT. The family have received assistance from the organization since their arrival in Australia seven years ago. All family members are now working or studying full-time. The parents maintain regular contact with TTRUSTT.

The Fund and the international community

Ivan Tosevski. The Former Yugoslav Republic of Macedonia. Member, UNVFVT Board of Trustees 1983–2005

As a result of my experience as a member of the Board of Trustees, I believe we must build on, and continue to strengthen, the positive impact of the UNVFVT. Specifically, we need to increase the number of donor States and the amount of their financial contributions, the number of NGO projects that are supported and, perhaps most importantly, a focus on more effective forms of rehabilitation of victims of torture and their families.

In light of the importance of the work of the Fund, I believe it was critical for the United Nations OIOS to evaluate its activities and impact and make recommendations for its further improvement. The OIOS report provides a serious analysis of the activities of the Fund, its Board of Trustees and the Secretariat. I am convinced that the implementation of many of these proposals will improve the results of the Fund. In particular, I have always appreciated the high level of engagement of the Secretariat. In the last several years, the Secretariat has undertaken hundreds of visits to the projects of NGOs and their information was crucial for the Board of Trustees to make informed decisions concerning grant requests. Nonetheless, if the Fund is to reinforce its support for victims of torture, oversight must be strengthened.

My basic concern has always been the participation of the international community in the financial support of the Fund. Only one third of Member States provide financial support to the Fund. As far as the existing regions are concerned, almost two thirds of the grants have come from the Western European and Other States Group. The Board of Trustees has suggested, during its regional fund-raising meetings and in its annual reports to the Secretary-General, that even small, symbolic grants can be instrumental for the work of the Fund. It would appear that some positive steps have been taken in this direction, and I hope that all Member States of the United Nations will become participants in the Fund.

I would like to draw attention to the basic practical document of the Fund, the Guidelines of the Fund for the Use of Organizations. Without these rules established by the Board of Trustees and the Secretariat, it would be difficult for the Fund to take proper action. We began drafting the Guidelines during our first session in New York and the next two or three meetings were primarily devoted to this task.

Our primary objective has been to establish clear relations between the Fund and NGOs. “Applications by governmental, parliamentary or administrative entities, political parties or national liberation movements are inadmissible” and “the priority in allocating grants goes to projects providing direct medical, psychological, social, economic, legal, humanitarian or other forms of assistance to torture victims and members of their family.”¹

Both the Fund and NGOs have followed the Guidelines and they remain the most important tool for assisting the rehabilitation of victims of torture.

¹ UNVFVT, *Guidelines of the Fund for the Use of Organizations*, April 2005.

The Fund and Africa

Amos Wako. Kenya. Member, UNVFVT Board of Trustees 1983–2005

When the UNVFVT was established by General Assembly resolution 36/151 on 15 December 1981, many countries in Africa were ruled by military dictators or were governed under one-party rule. The practice of torture was widespread throughout the continent. There was a glaring absence of organized political opposition or civil society groups to highlight human rights violations, and fewer still that provided assistance to the victims of such violations. Professional bodies of lawyers and doctors had not formally taken up the issue of human rights.

The main challenge facing the Board of Trustees at that time was to recognize that while there were indeed many victims of torture in Africa, there were few individuals, civil society groups or organizations through which assistance could be channelled. In those early days, the Board consequently went out of its way to identify appropriate individuals and organizations through whom such assistance could be directed.

The Board has always attached high priority to the training of medical personnel for the treatment of victims of torture. A number of doctors from Africa were sponsored to train at the Rehabilitation and Research Centre for Torture Victims (RCT) in Copenhagen, which at that time was the only centre with relevant expertise. Others attended seminars and workshops, most of which were funded by the UNVFVT, which focused on training medical personnel on how to treat victims of torture. Financial support was also provided to allow Dr. Inge Genefke, the founder of RCT, to undertake trips to Africa, where she conducted a number of intensive training courses for members of the medical profession.

With the struggle for multiparty democracy, civil society groups including professional bodies of lawyers and doctors multiplied in Africa, leading to an awareness of human rights throughout Africa. Together with the medical training programmes the Fund had supported, a number of organizations were identified through which funds could be channelled to assist victims of torture.

The Fund increased its assistance to Africa to a level where, for instance, in 2002, 22 of 145 organizations financed by the Fund were from Africa. This resulted in African projects receiving \$871,900 (USD) out of a total of \$7,458,170 (USD). However, Africa continued to receive the least of the five regions, despite the fact it has one of the biggest problems with torture. But this may not be the complete picture, as many of the European and North American projects that receive funding assist victims from Africa who have fled to those regions or have projects based in Africa. Although progress has been achieved, the initial challenges faced by the Board remain.

In terms of contributions to the Fund, although Africa is the least developed of the continents, more African Governments should make contributions to demonstrate their support for the Fund. I therefore record my appreciation and thanks to countries such as Algeria, Botswana, Cameroon, Kenya, Libyan Arab Jamahiriya, Mauritania, Mauritius, Morocco, Senegal, South Africa, the Sudan, Togo, Tunisia and Uganda which made contributions to the Fund during my time on the Board.

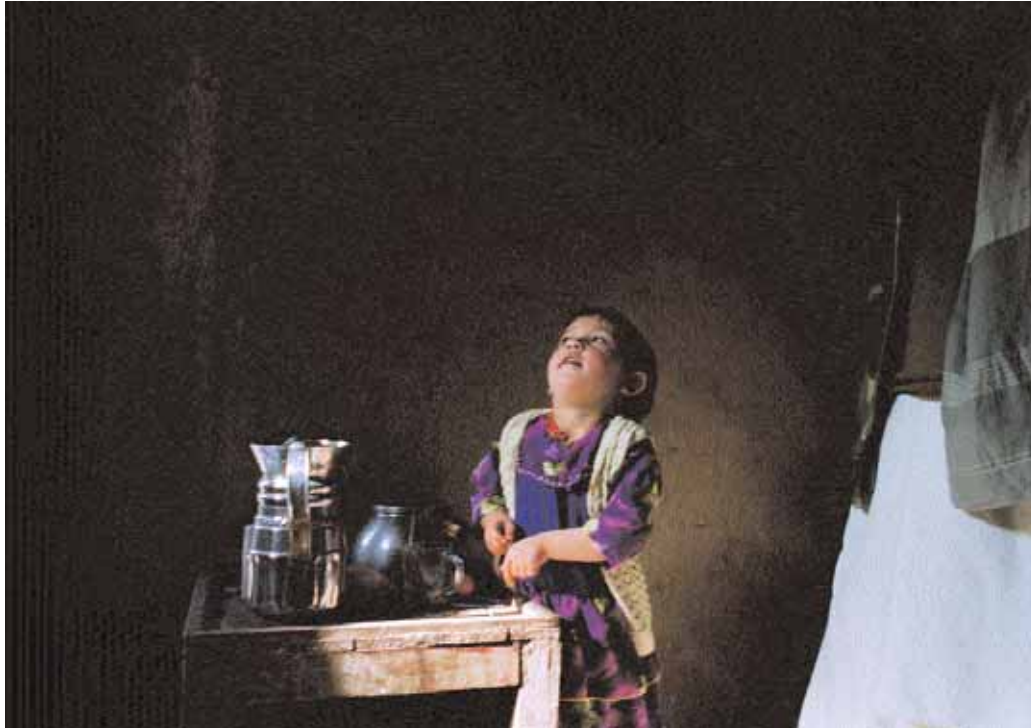
Pakistan: Becoming confident over the years

Rina Saeed Khan/Ilse Frech

Organization **Sach Struggle for Change** Location **Islamabad, Pakistan** Founded **1994** Type of assistance provided **medical, physiological, psychological, legal, social, financial** Number of victims assisted in 2005 **1,321 victims and family members. 3,518 primary and secondary victims** Number of nationalities of victims **six** Funded programme **Sach Rehabilitation Centre for Victims of Torture** Number of staff for project **13**



Fourteen-year-old Samina is in the fourth grade and dreams of being a lawyer. Samina was raped by her father from the age of seven years and was later raped by police officers while in protective custody at the age of nine. She now lives in an Islamabad shelter provided by the Sach organization.



The youngest daughter of the Shah family together with her father at home in refugee Camp No. 6. Ahmed and his wife and their eight children are ethnic Tajiks, a Dari-speaking minority in Afghanistan. They fled Afghanistan 20 years ago. Ahmed was arrested in 1979 for suspected membership in the mujahideen movement. He was tortured for six years while in prison.



Ahmed Shah's wife relaxes on the first day of *Eid* (Muslim religious holiday), after preparing a meal for members of her immediate and extended family. She has various health problems, which are treated by the Sach medical team in the Haripur Centre.



The Shah family prepares food for the special meal during *Eid*.
The women wear their best clothes in celebration of this important occasion.



Abdullah, the nephew of Ahmed Shah, is an ethnic Uzbek and lives in Mazaar-i-Sharif, Afghanistan. Abdullah was arrested in 1997, when the city was under the control of the Taliban. He was imprisoned for six months and was beaten repeatedly over a one-month period before his release. He now suffers from chronic kidney problems and travels to Pakistan for treatment. His mother has volunteered to donate one of her kidneys to him.



The courtyard of the house of Dr. Ali Masood's sister. Dr. Masood is one of the doctors who work for Sach in the Jalozai Camp.



The female members of the Shah family celebrating *Eid*.

“What happened to me...is like a film that is constantly running through my mind. When I close my eyes, I can see it over and over again,” says 27-year-old Haider,* an Afghan refugee and torture victim now settled in Islamabad. Haider’s shyness makes it difficult for him to open up. He smiles nervously and his legs tremble uncontrollably as he tells his story.

One night in 1996, while living in Kabul, Haider was dragged from his house by representatives of the Taliban and held prisoner on the grounds that he was Tajik and an alleged communist. After nearly two months of severe beatings and torture, he was taken to a hospital in Kabul from which he escaped to Pakistan.

Haider is not alone. Thousands of Afghans living in Pakistani refugee camps were tortured during the civil war that followed the communist coup in 1978. There were reports of torture committed by and against the Tajiks and Uzbeks, the Pashtuns and the Hazaras. At one time, over three million Afghan refugees who had fled the violence were living in camps in Pakistan. After the United States-led invasion of Afghanistan in 2001 and the subsequent defeat of the Taliban regime, allegations emerged that torture had been committed by the occupying forces and elements within the Afghan Northern Alliance. While most Afghan victims living in Pakistan have had time to recover from their physical wounds, their emotional scars remain.

Today, Haider and others are recovering as a result of the assistance they have received from Sach Struggle for Change. In 1994, this Islamabad-based organization began working for the rehabilitation and reintegration of survivors of torture. Each year, Sach receives funding from the United Nations Voluntary Fund for Victims of Torture to continue its work. “This funding is very important to us because it is specifically for torture victims and it is secure money every year which helps us to run our rehabilitation programme,” says Khalida Salimi, the Executive Director and founder of Sach.

Khalida notes, “our first interaction with torture victims is always from the medical point of view. Our doctors assess the victims and then recommend counselling and physiotherapy along with a psychiatric evaluation. We currently have a team of four doctors, three counsellors, one physiotherapist and a Chinese traditional healer who work together on each case ...throughout the rehabilitation process.” As the work is emotionally taxing, Sach has recently initiated staff training called “Care for caregivers” which provides practical advice on how to diffuse stress.

Rabia Fazal, the physiotherapist at Sach, works with victims who suffer from unhealed wounds, infections, swollen joints, chronic pain, muscle numbness and damaged kidneys as a result of torture. In Haider’s case, beatings would begin at 11 each night and would last until dawn or until he was unconscious. “They would ask me questions like, ‘Why are you a Tajik?’ or ask me to give them names and addresses of other Tajiks. I had no reply for them so the beatings continued,” says Haider. After 50 days in captivity, the Taliban sent him to the hospital. “I thought I was going to die, but I was conscious enough to give the doctor my father’s phone number.” Haider’s father paid the doctor and secured his son’s release. With his feet bundled in bandages, Haider and [his wife] Farah were immediately put on a bus for Peshawar in north-west Pakistan.

“When he came to us, Haider would walk on his toes, since it was too painful for him to place his soles on the floor. There was numbness in his calves, his muscles were weak and his kidneys were damaged,” says Rabia. Initially, he was hospitalized for kidney problems. Haider was also taught to walk again and he learned yoga for relaxation.

For expert psychiatric evaluation, Sach refers its clients to Dr. Rizwan Taj, the head of the psychiatric department at a nearby hospital, who offers his services to Sach’s clients at

no cost. Haider has received extensive treatment from Sach since 2000 and is generally well adjusted. Yet, he continues to have flashbacks and requires counselling from time to time. He has been diagnosed with post-traumatic stress disorder. “Just last week, Haider came to me in tears. He still has a lot of fears. As an Afghan refugee living in Pakistan, he feels a lot of insecurity,” explains Shazia Azhar, who has worked as a counsellor with Sach for several years.

Haider fears for his life in Kabul and there have also been two attacks on his life in Islamabad. Haider says his only hope is to resettle his family abroad. The UNHCR, however, has rejected his application. He is appealing their decision. “I’m scared. If something happens to me, what will happen to my children? They are afraid for me and pray that their father will be OK. I just want a better life for them now,” says Haider. “Even though my application was rejected, I am still happy for others when they are resettled abroad. I even go to the airport to see them off,” says Haider.

Haider lives in a small, rented apartment on the outskirts of Islamabad with his wife, Farah, their nine-year-old daughter and three young sons. Haider is the sole breadwinner, but does not like to be away from the apartment for long. He is only comfortable when he is at home with his wife and children. Haider speaks Pashto, Tajik, Persian and Urdu and is now employed as an interpreter at Sach. “We got him this job...to help him reintegrate into society. He is very good at his job and has become confident over the years. Meeting other torture victims is also good therapy for him because he says that he no longer feels so isolated when he hears others’ stories,” says Shazia. “Whenever a new torture victim arrives, he identifies with their emotional distress and really helps them to relax and open up and to share their experiences with us.” Haider adds, “when I see others in pain, I want to help them. I don’t want them to go through what I’ve been through.”

Close to 48 per cent of torture victims who seek treatment at Sach are Afghan nationals. Sach has opened satellite centres in refugee camps located in Haripur, Jalozai and Dera Ismail Khan in the North West Frontier Province bordering Afghanistan. Although there is relative calm in Afghanistan and the Taliban regime is no longer in power, many refugees refuse to return to their home country despite increasing pressure from the Government of Pakistan. “The situation is not good in Afghanistan. We are much safer here in Pakistan,” says 50-year-old Ahmed Shah, who lives in Camp No. 6 in Haripur, a two-hour drive from Islamabad.

A cheerful man with twinkling eyes, Ahmed has lived in Pakistan for nearly 20 years and has built up a thriving handicrafts business in the local bazaar. In 1979, when Ahmed was living in the mountains near Kabul, he was arrested by the communist regime and accused of belonging to the Mujahideen. He was imprisoned for nearly seven years in Kabul and was regularly beaten with wooden sticks and iron rods. Once released, Ahmed moved to Pakistan with his wife and eight children. Today, he works as a volunteer with Sach which helped him build up his business through training in handicrafts and a small grant of PKR 8,000 (approximately \$133 USD) to buy raw materials. “I am very happy living in Haripur now. The doctors here at Sach’s office give us free medicine and look after us. We are very grateful to them.”

Ahmed’s 30-year-old nephew, Abdullah, recently arrived in Pakistan and is receiving treatment at the Haripur satellite centre. An ethnic Tajik, he was tortured in Afghanistan by the Taliban when they occupied the town of Mazaar-i-Sharif in 1997. He was arrested and then beaten for more than a month while imprisoned in a Kandahar jail. He has been diagnosed with kidney failure and his mother has offered to donate one of her kidneys to him. Sach is trying to raise the money for the operation.

“We have links with different doctors and hospitals in the area and they give us discounted rates for operations and treatments,” explains Shazia, who visits the Haripur camp regularly. “Ahmed Shah has really developed into a community leader. He has done well for himself and

* Pseudonyms have been used throughout.

his large family. Our philosophy is that instead of giving the refugees fish, why not teach them to fish for themselves. Aside from the counselling and medical check-ups and physiotherapy, we provide the refugees with educational training and income generation training. Ahmed learned these handicrafts skills at our workshop and went on to start his own business, which is very successful.”

Most refugees living in Haripur are successful entrepreneurs and have developed thriving carpet-weaving and handicraft businesses. Although they visit Afghanistan regularly, most have no desire to return permanently. There are 20 camps in Haripur, where more than 30,000 Afghans live. Their homes are simple mud structures built around central courtyards. There is no proper sanitation system, yet they have access to clean drinking water through water pumps. Their biggest fear is being caught without their legal documents by local police.

Human rights reports allege that abuse of suspects in police custody is a systematic problem in Pakistan. One particularly harrowing story involves 14-year-old Samina, who is from a small rural community in Toba Tek Singh in central Punjab, and was a victim of domestic violence and police torture. From the age of seven, Samina was raped by her stepfather. At the age of nine, she ran away from home. When the police found her, she was taken into custody and repeatedly raped by police. This is alleged to be a common practice in Pakistan, where women in police custody without connections or resources are reportedly often raped. “It’s about power and control. The police feel the victim is completely helpless and in their hands and they can do as they like,” explains Khalida.

A local journalist visiting the police station noticed the little girl behind bars and published an article about her. Public outcry led the police to contact Sach which gave her shelter and assistance. Samina bravely told her story to the judge, who granted Sach protective custody. Her mother filed a habeas corpus petition to have her daughter released into her custody but the judge ruled that she should not be returned to the home where she had been repeatedly raped by her stepfather.

Today, Samina lives in a Sach shelter in Islamabad, and has begun to attend school. This painfully shy young girl appears frightened. She has suffered from bed-wetting, nightmares and feelings of isolation. “She does not like to talk about what happened to her and only confides in her counsellor,” says Khalida, who has taken charge of Samina. “Now, she just wants to forget the entire experience and not bring it up anymore. She is looking towards the future instead.” She was recently admitted to a private school after intensive lessons allowed her to catch up with children of her age. Samina smiles when asked about her school. She says that when she grows up, she wants to become a lawyer.

There is hope for the future, however, as police stations in Lahore and Islamabad are improving their practices and their treatment of inmates. Sach is currently involved in efforts to train the police in appropriate methods of investigation. The response has been positive.

Sach is also working in prisons in Pakistan, where torture is alleged to be commonplace. “There are reports of beatings, humiliation, prostitution, verbal abuse and sleep deprivation. These are widespread practices,” confirms Khalida. Sach sends teams of doctors and lawyers to large prisons like Kot Lakhpat jail in Lahore and Adiala prison in Rawalpindi. “There is constant abuse of power in prisons and jails. The problem is that the basic rights of an individual are not protected.”

The Government of Pakistan has not yet ratified CAT. “Sach has been lobbying the Government to ratify the Convention,” explains Khalida. “We have organized several seminars and invited Government ministers. We have also started a media campaign to highlight this issue and are consulting with lawyers. We are hopeful that ratification will happen soon.”

Despite the efforts of organizations like Sach, victims of torture struggle to live normal lives. While Samina is unable to articulate her experiences, Haider offers us a glimpse of his suffering. “I think today, I am only 20 per cent alive. The other 80 per cent of me is dead. I don’t know why this had to happen to me. There was no justice in it,” he says through his tears. “I’m still scared...I still find it hard to sleep at night.” Shazia places a supportive hand on his shoulder.



The outskirts of the Haripur Afghan refugee camp.



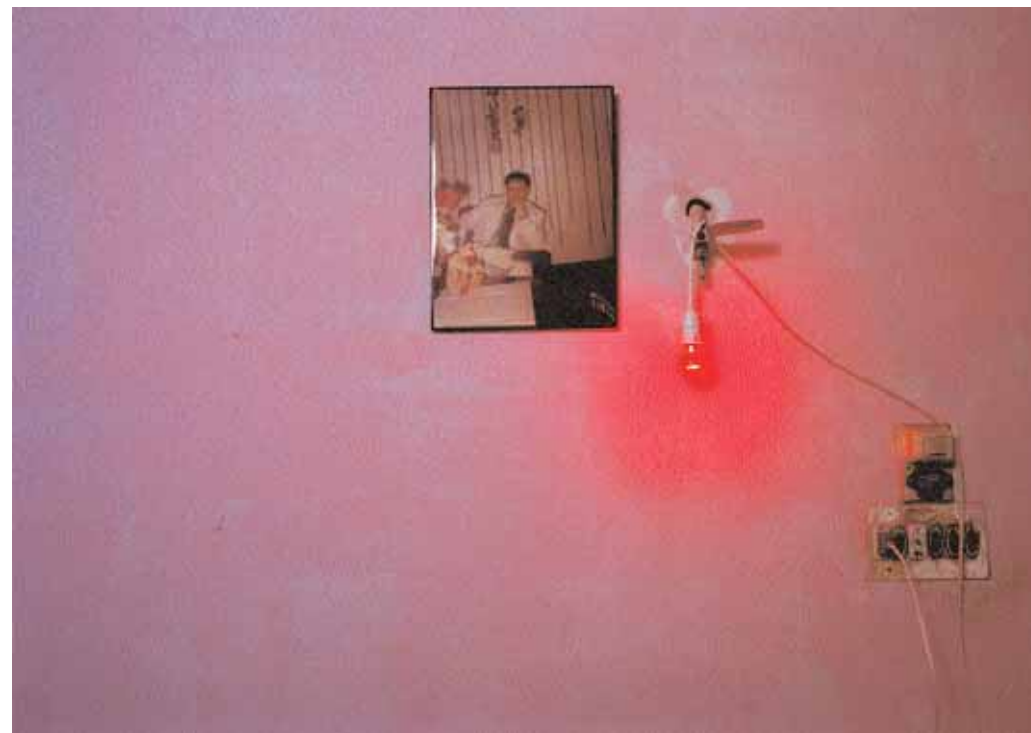
Belongings of the Shah family.



The Shah family at home in Camp No. 6 in Haripur.



Five-year-old Ahsen. Ahsen and his elder brother, Mian, and his sister, Saira, often worry about their father, Haider, who was severely tortured. At meal times, they pray that nothing bad will happen to him.



Haider and his wife, Farah, live in a rented apartment on the outskirts of Islamabad near the Sach Outreach Centre. Apart from his job at Sach, Haider spends most of his time with his family.



Mian and Ahsen playing at home.



Dr. Masood is an ethnic Pashtun. He spent one year in a Kabul prison following his arrest in 1995. He was tortured after being accused of spying for the Taliban. Dr. Masood now works as a doctor at the Sach satellite centre in Jalozei Camp.



Boys playing in an alley next to their home at Camp No. 6.

The victim’s perspective

Theo van Boven. The Netherlands. Member, UNVFVT Board of Trustees 2004–2005

The United Nations Voluntary Fund for Victims of Torture was created at a time when United Nations human rights bodies and mechanisms, to the extent that they were focusing on violations of human rights, drew attention to factual practices, issues and developments. The persons who as perpetrators or victims were implicated in human rights violations remained largely outside the purview of public United Nations interest. It was therefore key that in 1982 the United Nations General Assembly decided to establish a victim-oriented mechanism with the purpose of rendering support to NGOs that provide assistance and rehabilitative services to victims of torture and their relatives. It was during those years when greater numbers of refugees from countries where torture occurred were seeking safety and protection in other nations. Centres for rehabilitation of torture victims responded by expanding and intensifying the scope and nature of their humanitarian work.

In the same period, the United Nations strengthened the normative basis for preventing and combating torture through the creation of monitoring mechanisms. A treaty-based Committee against Torture and a Charter-based Special Rapporteur on Torture were created to act as supervisory instruments to address the evils of torture. These mechanisms have developed a victim-oriented approach and receive and examine complaints and send urgent appeals to State authorities on behalf of persons whose physical integrity is in immediate danger. With the Fund, these mechanisms provide a complementary framework for victim protection. There is, however, a need for these bodies to coordinate closely and draw lessons from each other’s experiences and insights.

The United Nations Sub-Commission for the Promotion and Protection of Human Rights entrusted me to undertake a study on the right to restitution, compensation and rehabilitation for victims of gross violations of human rights and fundamental freedoms. I stressed that, “...the perspective of the victim is often overlooked. It appears that many authorities consider this perspective a complication, an inconvenience and a marginal phenomenon. Therefore, it cannot be stressed enough that more systematic attention has to be given, at national and international levels, to the implementation of the right to reparation for victims of gross violations of human rights. In the United Nations this requirement can be met in standard-setting work, studies, reporting, relief and redress procedures and practical activities such as those designed by the United Nations Voluntary Fund for Victims of Torture...”¹

Since I completed this study, an assessment of the functioning of the Fund has been conducted. It was concluded that, while there is room for enhancing its effectiveness, the Fund is fulfilling its mandate and having a positive effect on victims of torture as well as on the organizations working with victims.² Notably, the experiences of the UNVFVT were taken into account in the establishment of the Trust Fund provided for in article 79 of the Rome Statute of the International Criminal Court.

Other international measures have also been developed to address the needs of victims, including the Basic Principles and Guidelines on the Right to a Remedy and Reparation for Victims of Gross Violations of International Human Rights Law and Serious Violations of International Humanitarian Law.³ These will serve as an important point of reference for Governments, institutions and groups that believe addressing the plight of victims is a fundamental requirement of justice. The Basic Principles and Guidelines combine State responsibility with human compassion and solidarity and strengthen the legal and moral underpinnings of the work of the UNVFVT. As a practical guide, they further outline the rights of victims to remedies and reparations, including medical and psychological rehabilitation, legal assistance and social services.

Over the years, it has become clear that the Fund has progressively served the cause of victims of torture and stands out as a champion of the victim’s perspective. Through the continued support of donors and the efforts of the Fund and its Board of Trustees, the UNVFVT and the victim’s perspective will remain integrally linked.

¹ E/CN.4/Sub.2/1993/8, para. 133.

² E/CN.4/2005/55.

³ General Assembly resolution 60/147, 16 December 2005.

Chile: Memory has secret boxes

Patricia Verdugo/Olivia Heussler

Organization **Corporación de Promoción y Defensa de los Derechos del Pueblo (CODEPU)**
Location **Santiago, Chile** Founded **1980** Type of assistance provided **medical, psychological, legal, social** Number of victims assisted in 2005 **130 victims and family members** Number of nationalities of victims **one** Funded programme **Reporting, investigation and treatment of victims of torture and their relatives** Number of staff for project **11**



Every Thursday, family members of the disappeared and of women and men who were tortured gather at 38 Londres Street. Graffiti has been sprayed on the walls of this building, which was once a notorious torture prison.



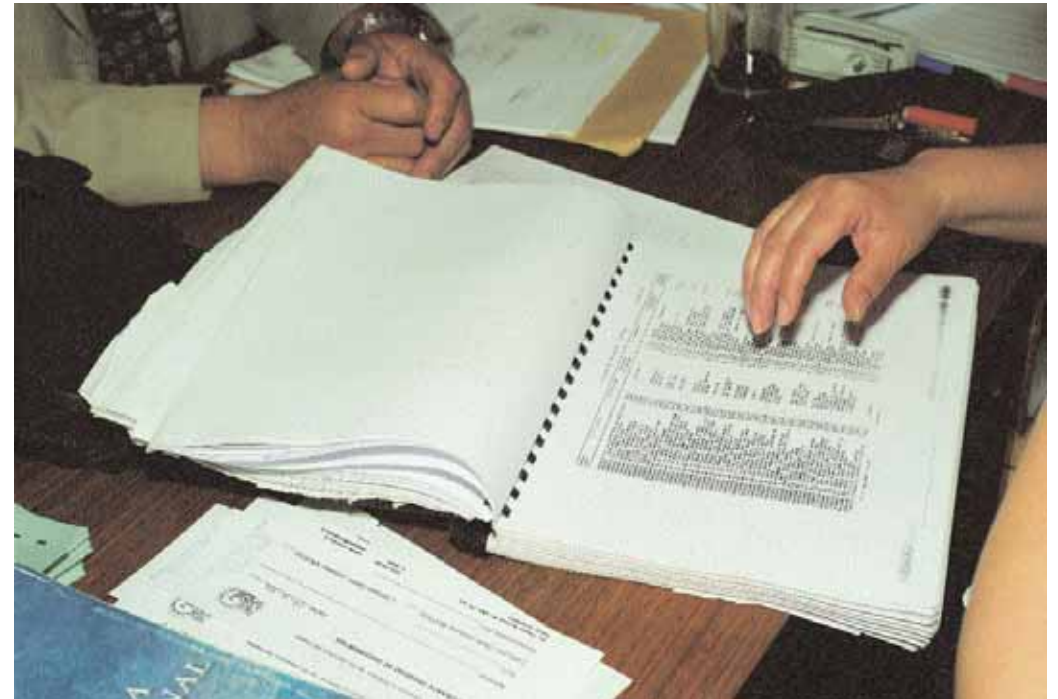
La Moneda, the presidential palace which was attacked in September 1973 by General Pinochet.



Dr. Paz Rojas is the Director of CODEPU. She is standing in front of the Centre's many files on torture victims.



At CODEPU, victims of human rights violations register for compensation from the President Allende Foundation based in Madrid.



Victims of human rights violations are registered at the Centre.

Viviana Uribe, Executive Manager of the Centre.



Margarita Durán, also working at the Centre, was detained and tortured at 38 Londres Street.



Women and men from the CODEPU "Tejas Verde" support group. With assistance from Dr. Paz Rojas, a sense of normalcy has been reintroduced into their lives.

Three women, Paz, Viviana and Margarita, are the main characters of this story. It is a story that occurs on a daily basis in Santiago de Chile and speaks of the power of solidarity and the devastating consequences of torture. The slight stature of the women conceals the enormous inner strength that sustains them. Their smiles convey the peace they have found in providing a safe haven for fellow survivors.

December 2005. The three women are working at the offices of CODEPU in downtown Santiago. It is summer in South America and the heat has slowed their efforts. The number of people outside the organization's door has dramatically increased in recent weeks. These are the final days to apply for the payments that will be distributed to Chile's torture victims under the "Fundación Presidente Allende"¹ based in Madrid.

Viviana Uribe, Executive Manager of CODEPU, explains that, according to international law, there are four key elements to reparation. "Victims must receive fair and adequate compensation. Justice must be done. Conditions must be created to avoid repetition of the tragedy. Finally, victims must be morally acknowledged." CODEPU is contributing to this process through the registration of victims. At its offices alone, nearly 25,000 victims were registered and provided evidence. CODEPU's few workers desperately needed the assistance of volunteers. Margarita Durán was one of those who stepped in to help. Margarita, like Viviana, is 54 years old. To see them sharing coffee during a short break in their long and tiring work day, one would never imagine the horrors they had experienced in their lives.

Freedom from a psychological prison

Margarita Durán's nightmare began with the military coup of September 1973. Her family lived in La Legua, a popular, but economically oppressed, neighbourhood in south-west Santiago. The shelling of the tanks left a trail of dead and wounded. Her father and two of her cousins were among the thousands of prisoners taken to the National Stadium, which had been turned into a prison camp. Some days later, she and her 17-year-old sister were arrested and held in detention for several hours. It was a time of emergency for her family. The idea of taking refuge at an embassy or seeking asylum outside Chile never crossed her mind. She had to stay and help. She was arrested once again, this time with her boyfriend.

"His name was Luis, like my father. We had planned to marry at the end of 1973, not imagining that by then, we would be under a dictatorship," remembers Margarita. Instead, it was the beginning of a series of events that would leave indelible scars. The soldiers took the couple to a torture centre at 38 Londres Street, situated in the middle of Santiago, just a few metres from the colonial church of San Francisco. It was many years before she learned of its exact location.

She remembers as if it were yesterday. Her voice becomes a whisper as she chokes back tears. "I was tied up and blindfolded. When an official took the blindfold away...I saw Luis, my boyfriend. He and four other friends were hanging from a beam, with their arms wide open and their hands tied. They each looked like Christ, hanging on the cross. In front of them, the soldiers stripped me and they raped me," says Margarita.

She saw the horror in Luis's eyes and heard his shouts muffled by the gag. "I signalled to him. I think I shrugged my shoulders to let him know that it did not matter. The rape was a brutal act, but I knew that if I cried it would be worse for him and my friends. Nevertheless, he was so distraught that he collapsed, he fainted. I thought he had died. I started shouting as if I had gone mad and they stopped raping me."

Three days later she was released into bushes at the side of the road. With great difficulty, she struggled to untie herself and found her way home. The next day, she heard on the radio that five "extremists" had been killed while trying to blow up an electricity tower. Yet, in her mind's eye, she could see the five men hanging "Christ-like" from a beam.

She went to Santiago's morgue to identify the machine-gunned bodies. Luis had been shot in the forehead. With the certainty of his death, Margarita was spared the anguish of not knowing, an agony experienced by more than 1,000 families in Chile whose loved ones have been "disappeared." In the midst of her mourning she remembers the relief of getting her period. "I was so afraid I might be pregnant."

At the end of January 1974, the situation deteriorated. The Durán family moved to a safe refuge, but relatives and friends of the family were tortured until their whereabouts were disclosed. Taken to the centre at 38 Londres Street, Margarita was tortured with multiple blows and electricity. She was raped in front of her father. "My father is 85 years old and has never been able to talk about what happened." She does not remember the physical pain of having electrical current applied to her nipples, vagina and mouth. "I only know that I shouted, asking them to kill me." The family was then moved to Tejas Verdes, a concentration camp, where spiders and mice were also used in torture.

Murders and disappearances of her family continued. Burdened with this pain, Margarita went into exile, first to Argentina, then to Canada. She was married and had a son, yet acknowledges the traumatic impact her experiences had on her sexual life. "I never managed to talk to my husband about what happened. When I reacted badly he would say over and over again that he was not my torturer and that I had to separate things." Ultimately, they divorced.

Once democracy was restored in Chile, Margarita returned to begin the long and difficult process of recovery. She found psychological help at CODEPU and gave testimony on television. She then testified at an appeal hearing related to Luis's murder. When two of the torturers of 38 Londres Street (General Brigadier Miguel Krassnoff and Colonel Marcelo Moren) were found guilty, Margarita had a vision of a large metal gate opening widely. Her therapist interpreted this as Margarita's liberation from her psychological prison.

Now a warm and smiling volunteer at CODEPU, Margarita explains that she sees her son as the main reason for her sense of renewal. "I was living in limbo, nothing really mattered to me. But my son made me aware that I had given birth to someone who had the right to be happy. I told myself that I could not inflict on him so much pain, so much sadness. As a mother, I was responsible for my actions. I decided to change and I have managed it."

Hunting torturers

Viviana Uribe says that the process of reparation for torture victims was reactivated following the 1998 arrest of General Pinochet in London on the basis of a Spanish extradition warrant. Until then, the former dictator retained a stronghold on Chile. Following the transfer of power to democratically elected Patricio Aylwin in 1990, General Pinochet maintained his position as commander-in-chief of the Armed Forces. In 1998, he took up a lifetime appointment as Senator in the Chilean Senate.

"When they saw Pinochet arrested and accused of torture and murder, survivors realized that they were living evidence against him. The nightmares, fears, pain and crying returned. They recognized that their half-hearted expectation that justice might be done had somehow become possible. They saw themselves as 'subjects of law' and realized that the time had come to do something about it. Victims expressed mixed feelings of euphoria over Pinochet's arrest, depression over their powerlessness, and regret at not doing enough to bring about justice."

CODEPU, formed in 1980 during Chile's dictatorship, was immediately overwhelmed by the number of requests for psychological and legal assistance. The eight staff members had to multiply their efforts. At the height of the demand, 120 staff members, including lawyers, doctors, psychologists, teachers, investigators and documentalists, worked at the organization. When the transition to democracy began in 1990, the State established the Truth and

Reconciliation Commission (also known as the “Rettig Commission”) to investigate the murders and disappearances of dissidents. In 1991, President Patricio Aylwin offered an apology to the victims and their families on behalf of the State. Economic compensation, including health benefits, was provided.

At the same time, a slow and difficult legal process was initiated to identify those officers responsible for the atrocities. General Pinochet took every opportunity to obstruct the course of justice, refusing to provide necessary information and establishing a code of silence among his officers. Until the end of 1998, the State unsuccessfully attempted to break that code to determine the whereabouts of the disappeared and to secure justice for those who had been murdered. Torture victims were consigned to silence. General Pinochet’s arrest triggered a new dynamic for victims.

Viviana explains, “in 2001, 44 victims initiated legal action for torture they had suffered in the War Academy of the Air Force. As judges became sensitized to the issue, they instructed the Legal Medical Institute of Chile to issue reports on the matter. This was followed by a lawsuit relating to the torture inflicted by the Tejas Verdes regiment. It only took one victim to provide the name of one torturer. This led him to provide the names of others, as he saw himself trapped. That’s what led to the first confrontations between torturers and victims.”

After taking steps to confront the criminals, and once victims received medical certification regarding their physical and psychological injuries, they could begin the painful healing process, one that Viviana began years earlier. Her husband was murdered. Her sister and sister-in-law were “disappeared” and she was tortured before going into exile. “Everything is within me,” she says serenely.

Viviana’s strength is drawn from a decision to face the issue head on. Her first goal was to look for the disappeared. She and her friend Erika Hennings, also a victim, obtained the cooperation of two women, former political prisoners who became Directorate of National Intelligence (DINA) informants after they had been psychologically broken by torture. The objective of their project was to map the repression and its perpetrators. They began by tracing the names until they found their addresses.

“They looked at us and said, ‘they have arrived,’ as though they had been waiting for the victims to find them. Other torturers were surprised and held their heads in their hands in disbelief. We begged them to help us find our disappeared. We even went to a prison to speak with one of the most vicious torturers, Osvaldo Romo. We left the place vomiting,” she remembers.

She knows that memory can contain secret boxes. For many years, she was unable to recall the face of her torturer and rapist until one day in court. She saw a man walking in the hallways of the court and was unable to control the nausea. “I started to vomit and realized it was him.” His identity was subsequently confirmed by the judge.

A conspiracy of denial and silence

Step by step, with tremendous difficulties, the Chilean Government finally recognized the need to appropriately address issues faced by torture victims. In 2004, an eight-member National Commission on Political Imprisonment and Torture was formed at the request of the President. While the Commission received the testimonies of more than 35,000 survivors, it is estimated that a similar number of victims felt unable to speak to State officials about their experiences. The Commission’s ‘Valech Report’ paved the way for economic and moral reparations. When President Ricardo Lagos received the thick report on torture practised by the State at 1,132 sites, he stated, “So we might never live it again, so we will never deny it again.”

Torture victims were given space in the media in 2004. However, once the Valech Report was made public (excluding the list of torturers prepared by the Commission, which was declared secret) and Congress authorized compensation for victims, the issue disappeared from the political agenda. Nevertheless, cases against Pinochet continued to impact on the victims. CODEPU responded to the release of the report by registering torture survivors who had not previously submitted their testimony.

It has been a long and arduous journey, as Dr. Paz Rojas, neuropsychiatrist and president of CODEPU, is well aware. Dr. Rojas began helping torture victims in November 1973. At that time, she volunteered with the Comité Pro Paz (created by several churches) and, together with other doctors, established a clandestine clinic to assist the first prisoners to be released. Ten months later, she was forced to leave the country as a result of threats of capture from the secret police (DINA). In France, she continued to assist victims in exile. When she returned to Chile, she became a member of CODEPU and in 1983 she received backing from the UNVFT for the project “Reporting, Investigation and Treatment of Victims of Torture and their Relatives.” The experience of Dr. Rojas over the past 30 years has been instrumental in the training of new therapists.

The Greek origin of “trauma” means “wound.” “Torture trauma,” notes Dr. Rojas, “represents the extreme cruelty of human beings against other human beings, their relatives and society as a whole. The experience leaves victims without words to express what they have lived through. There is no language and what prevails is denial and silence.”

When words finally emerge in therapy, they are merely descriptive. As Dr. Rojas notes, “victims cannot communicate what cannot be told, the trauma in their lives.” Their silence masks the feelings of guilt that they have survived while others have not. “To a certain extent ...it is largely related to the need for an explanation, ‘Why not me? Why the others? Who decided it and why?’ To the victims’ silence we must add the silence of a society that denies the presence of the survivors, since accepting it would entail accepting the existence of extreme evil. This denial probably responds to the ancestral need to hide cruelty as a human phenomenon.”

In 2000, General Pinochet was stripped of parliamentary immunity and the Supreme Court of Chile upheld an earlier decision that there were sufficient grounds to prosecute him. In 2002, the Court ruled he was mentally unfit to stand trial. Several years later, a United States Senate investigation found General Pinochet had millions of dollars hidden in foreign accounts, leading to charges of tax evasion and corruption. In January 2006, he was ruled mentally fit to stand trial by the Supreme Court and again stripped of his immunity in a human rights case. This vacillation between justice and impunity has affected the well-being of victims.

Meanwhile, human rights work in Chile carries on at full steam. The work of women like Margarita Durán, Viviana Uribe and Paz Rojas provides hope for those attempting to heal their wounds, mitigate their pain and seek justice and appropriate forms of reparation. More importantly, this work provides a source of hope that we can prevent another tragedy.

¹ In 2005 the Foundation received \$9 million (USD) in a settlement from Riggs Bank after the bank acknowledged it had assisted former dictator Augusto Pinochet in hiding millions of dollars, despite a 1998 Spanish judicial order to freeze his assets.



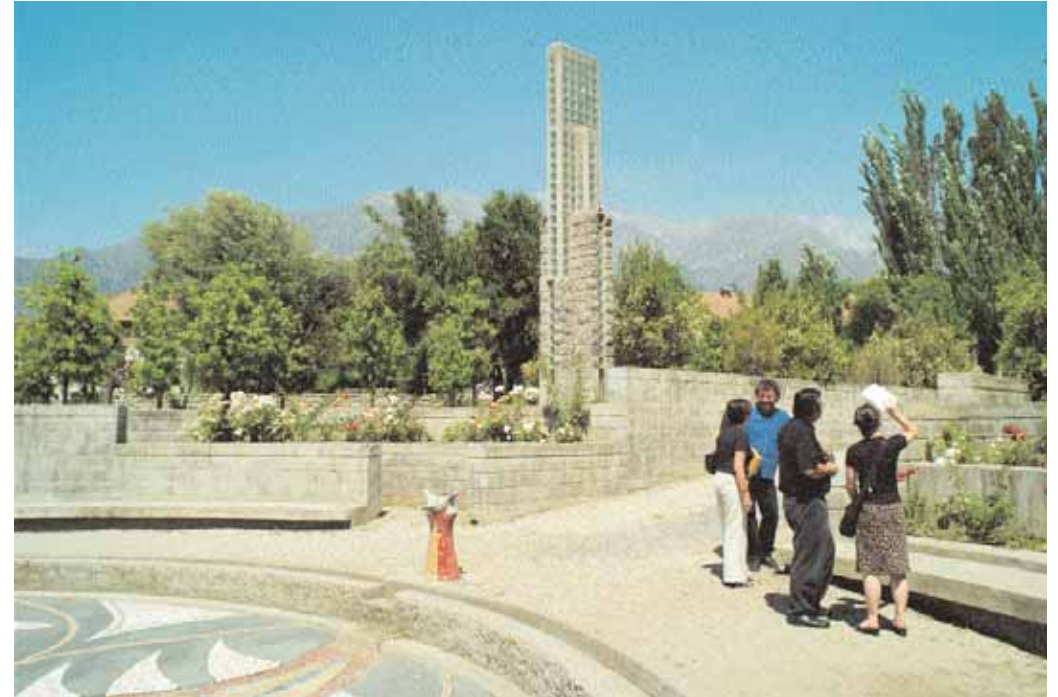
The torture prison at 38 Londres Street.



Relatives of the disappeared and victims of torture light candles at 38 Londres Street.



A model of the torture tower at Villa Grimaldi torture prison. The prison was a complex of buildings where political prisoners were interrogated and tortured by the DINA, during the dictatorship of General Pinochet. The prison was in operation from mid-1974 to mid-1978. Approximately 5,000 detainees were brought to Villa Grimaldi during this time, at least 240 of whom were “disappeared” or killed. Michelle Bachelet, the current President of Chile, was detained and tortured here.



Villa Grimaldi now houses a museum and serves as a commemorative site for victims and their relatives.



The personal belongings of victim Carmen Cecilia Bueno Cifuentes.



In the new Chile, Carolina works as a street artist.



Photographs of victims in the Villa Grimaldi museum.



Former employees and workers laid off during the Pinochet era protest outside La Moneda for an appropriate pension, testifying to the freedom they now enjoy.



A courtroom in Santiago where one of the cases against General Pinochet is being heard.



One of General Pinochet's defence lawyers, Mr. Pablo Rodriguez Grez, leaves the courtroom after losing the "Colombo Case," 7 December 2005.



The Memorial in the General Cemetery in Santiago commemorating 3,197 murder victims.



This woman, whose sister was a victim of the Pinochet regime tends the site of the monument which states: "Todo mi amor está aquí y se ha quedado pegado a las rocas, al mar, a las montañas." ["All my love is here and it remains fixed in the rocks, the sea and the mountains."]

ABBREVIATIONS AND ACRONYMS

CAT: Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment

CDHES: Commission on Human Rights of El Salvador (El Salvador)

CODEPU: Corporación de Promoción y Defensa de los Derechos del Pueblo (Chile)

CTV: Association for Rehabilitation of Torture Victims – Centre for Torture Victims (Bosnia and Herzegovina)

CVT: Center for Victims of Torture (United States of America)

Declaration on Torture: Declaration on the Protection of All Persons from Being Subjected to Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment

ICCPR: International Covenant on Civil and Political Rights

ICTR: International Criminal Tribunal for Rwanda

ICTY: International Criminal Tribunal for the Former Yugoslavia

IRCT: International Rehabilitation Council for Torture Victims

NGO: Non-governmental organization

OHCHR: Office of the United Nations High Commissioner for Human Rights

OIOS: Office of Internal Oversight Services

Special Rapporteur on Torture: Special Rapporteur on torture and other cruel, inhuman or degrading treatment

TTRUSTT: The Treatment and Rehabilitation Unit for Survivors of Torture and Trauma (Australia)

UN: United Nations

UNHCR: United Nations High Commissioner for Refugees

UNVFVT: United Nations Voluntary Fund for Victims of Torture

IMPRESSUM