

# AFTER EFFECTS



Psychological symptoms of torture frequently include anxiety, depression, irritability, paranoia, guilt, suspiciousness, sexual dysfunction, loss of concentration, confusion, insomnia, nightmares, impaired memory, and memory loss.

Survivors of torture are often unwilling to disclose information about their experiences. They may be suspicious, frightened, or anxious to forget about what has happened. These feelings may discourage them from seeking the help they need.

Treatment for both physical and psychological after-effects requires a great deal of sensitivity on the part of healthcare professionals. For example, it is important to remember that those seeking psychiatric help are healthy people who have been systematically subjected to treatment intended to destroy their personalities, their sense of identity, their confidence, and

their ability to function socially. Survivors may need assistance in understanding their experience, and help in rebuilding their identity.

J. Reid and T. Strong, in Torture and Trauma (1987), identify some situations that may induce feelings of terror:

Encounters with Officialdom (especially those in uniform such as hospital staff, police, immigration officials);

Signing forms (some of which state that false declarations may result in prosecution, fines or imprisonment - cautions a survivor cannot take lightly);

Disclosing personal or family details (even date of birth, residential address, etc.);

Admission to hospitals (especially psychiatric hospitals, which may resemble prisons);

Doctors (whom they may have encountered in prison advising the torturers about how much abuse the victim could endure or how to cause maximum pain without killing the victim);

Staff of government agencies (whom some fear may be reporting their activities to government security agencies, and they, in turn, to representatives of the governments from which they fled).

Physicians need to understand that surgical and examination instruments and procedures may be those used in torture, so all procedures should be carefully explained. Some treatments, such as physiotherapy, need to be conducted with special awareness of possibly lower pain thresholds.

Survivors of torture and their families may also lose some of the values and beliefs that may have sustained them before they went through trauma. They may be unable to trust people and, consequently, become disillusioned. These are just some of the more pervasive and long-lasting effects of torture.

Dr. Philip Berger, one of the founders of CCVT, has stated that when he began to conduct education on torture among those from the medical profession in 1977, he was met with disbelief. He was told that torture probably existed somewhere and was conducted sometime, but not to

any significant degree that would require a specialized response. This denial works on many levels. Torture is a barbarous practice, one which most people would prefer to avoid. This avoidance occurs on at least three levels: denial on the part of the victim; denial on the part of the helper; and denial on the part of society as a whole. It is the extent of this denial which allows both the practice of torture and its effects to continue and endure.