

Foreword

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(Translated by Anika Krstić)

*"One remembers even the bloodiest of wars more willingly than his own imprisonment. In war he was a hero, even he wasn't. Maybe not personally, but at least indirectly – through the overall heroism of war. Because war – by mercy of perversely understood history and human mission – is something heroic, even when it is bloody, filthy, senseless, inhuman. In captivity, slavery, incarceration, prison and in the concentration camp there is nothing heroic, although there could be heroes of endurance, honour and kindness. Here everything is **conceptually** bloody, filthy, senseless, inhuman, although on the individual level it can sometimes be healthy, clean, purposeful and humane, occasionally even epically sublime. But even then the principle remains – in captivity, one is never a hero, but the hero is merely a man in captivity"*

(Borislav Pekić: "Years Eaten by Grasshoppers" ("Godine koje su pojeli skakavci"))

Dungeons, just like concentration camps, have something in common with hell (or the purgatory). Forcible attachment to one specific place, suffering of various degrees and kinds. All this they have in common. Dungeons and concentration camps are one of the realities of human life, while hell and purgatory are fairytales of Christian faith. Now one could ask: which served as the model for which – dungeon for the hell or the idea of hell for our dungeon?"

(Ivo Andrić: "Signs Along the Road" ("Znakovi pored puta"))

The idea to put together this book came after two years of work in the Centre for Rehabilitation of Torture Victims (CRTV) within International Aid Network (IAN) Belgrade. It is the expression of a long-felt need of professionals in IAN to share their experiences in rehabilitation of torture victims with the wider expert, professional and scientific public.

IAN began working in 1997 as a Trauma Centre. It was established by an enthusiastic group of friends who decided to use their knowledge and energy (all initial members of IAN were either psychologists or psychiatrists) to assist people traumatised by wars in order to restore faith in oneself and others, during the times of severe social crisis in Serbia prompted by the Milosevic regime. The importance of rehabilitation of the traumatised population was seen both in terms of healing the individual and in contributing to the development of civil society and democracy.

The results of IAN activities to date are quite significant. IAN experts have provided over 5000 clients with highly qualified psychological and medical assistance. Immediately after the NATO air strikes against Serbia, IAN became involved in distributing humanitarian aid, reaching over 70.000 people with various essential items necessary for their survival. IAN Repatriation unit, providing return-related services for refugees from Croatia and Bosnia, has assisted over 10.000 beneficiaries. Thousand or more refugees have acquired new professional skills, knowledge and competencies through the IAN vocational and skills training programmes. IAN has assisted with development of about 20 grassroots organisations and NGOs throughout Serbia, as well as supported the self-organisation efforts of its clients, through assistance to associations of refugees and former camp inmates. Continued media presence was aimed at sensitising the public to the problems of IAN clients. Over one hundred collaborators and tens of volunteers have helped in the implementation of IAN projects, at the same time gaining new knowledge and valuable experience that they later used in other organisations and institutions. IAN made it possible for the domestic expert and professional public to hear some of the most prominent experts from various fields dealing with issues of stress, trauma and torture.

The core activity in IAN, which distinguishes it from other local and international NGOs in Serbia and Montenegro, is the psychological and psychiatric assistance for particularly vulnerable social groups. Key support for further development of the organisation in this direction was provided by the British charity Catholic Agency for Overseas Development (CAFOD), as well as through the assistance of the European Union for developing services for rehabilitation of torture victims. The programme for rehabilitation of torture victims was established in September 2000, and the individual work with clients began in January 2001. Through professional and staff development, made possible thanks to the funding by European Union, IAN became increasingly capable of responding to the challenges of complex project requirements. Together with the change of the overall way of functioning, new formal relations have been established with the state institutions, which have partly opened the doors to cooperation with NGOs after the fall of Milosevic regime. One of the most sensitive and initially the most difficult tasks was to establish the contact with clients – torture victims, to overcome their initial reluctance,

refusal, fear, mistrust and shame, as well as to inform them about the possibilities offered by the Centre.

During the first year of working with torture victims, CRTV IAN has developed precise and elaborated procedures and criteria for contacting, admittance and internal procedures regarding the clients. We have established psychological-psychiatric, medical (general and specialised) and legal sections, which allow a multidisciplinary approach to treatment and provision of highly expert assistance by professionals from different fields, to all clients and in one place. The well-organised mobile team allows additional coverage of numerous refugee centres, psychotherapy groups in other towns and organising house calls. The Centre has developed links and cooperation with many local and international NGOs and government agencies. A documentation and research centre was created with an extensive clients' database and a library. We have provided educational activities for IAN members and staff, as well as individuals from other institutions and organisations. Regular supervision and team clinical discussion of case studies are ongoing. IAN experts were often present in the public media, which gave an opportunity to continually sensitise general and expert public to the issue of torture. CRTV IAN has so far had several thousand interventions in the Centre and in the field, continued group psychotherapy work in several towns in Serbia and Bosnia, initiated court proceedings for redress on behalf of clients, as well as significant success in advocating for change of legal acts and regulations that would improve protection for the interests of our clients. IAN has established regular cooperation with a variety of medical institutions, with the Serbian Commissariat for Refugees, as well as with many local and international NGOs and agencies. IAN is a member of several regional networks. CRTV IAN is also an accredited member of IRCT (International Rehabilitation Council for Torture Victims, Copenhagen) and a member of BA.N (Balkan Network for Prevention of Torture and Rehabilitation of Victims).

CRTV was originally established to provide assistance for victims of torture in FR Yugoslavia (now Serbia and Montenegro). Almost all clients with the experience of torture had survived this in their domicile countries - Croatia, Bosnia and Herzegovina and Serbia (in Kosovo). Over 95% of clients were refugees or internally displaced persons, who came to the current place of residence during one of the many refugee influxes. The majority of them are of Serbian nationality and came from the said areas in different times: in 1991 (Slovenia and Croatia), 1992 (at the beginning of the war in Bosnia), 1995 (after the Croatian army operations "Lightning" and "Storm") and in 1999 (from Kosovo and Metohija). From the outset the Centre has defined a policy of openness for all, regardless of ethnic background. This policy was more concretely formulated through removing the item on nationality in regular administrative forms. Thereby the Centre has sacrificed precise data on the ethnic structure of beneficiaries, but has certainly gained trust of all clients, including those from the minority groups.

Most of our clients are persons with multiple traumatisations. There were over 60% of immediate victims of torture, while the most frequent other stressors were exile (about 95%) and loss of property (over 70%), loss of close person (over 20%), being wounded in war (over 10%) with additional exposure to many other war-related stressors. Over 60% of clients had currently diagnosed PTSD. The most frequent stressors not related to war usually referred to precarious material and financial conditions (about 55%) even the lack of basic existential needs (about 45%).

Our clients are individuals who lost their physical and psychic health, their loved ones, relatives, friends, their home, place of origin, neighbours, their safety, ability to work, as well as ability to provide for themselves. However, the most difficult losses to bear are those invisible and immeasurable ones, from the intimate psychic sphere of victims, linked mainly with the loss of capacity for emotional exchange, inability to experience personal and family happiness, loss of confidence in institutions, other people and themselves, as well as the loss of dignity and hope.

CRTV staff has also provided assistance to persons who were not victims of torture as defined by the UN Convention against Torture and Other Inhuman or Degrading Treatment or Punishment.² The majority of clients (about 60%) referred to psychiatric examination were victims of torture. Others were refugees or internally displaced persons who did not fall into the category of torture victims, but who have sought assistance due to serious psychic and other health problems caused by other war related and post war stressors, or families of torture victims.

The dissolution of the Yugoslav state at the beginning of the nineties was accompanied by large-scale catastrophic events such as war, casualties, mass destruction and exile. Among other things, this war was an inter-ethnic and inter-religious conflict. All warring sides were characterised by extreme nationalism. There are testimonies about all forms of violence - from mental torture and physical punishment, through rape to deliberate mutilation and killing. Hatred was sometimes and in some places so drastic that the treatment of enemy and its civilian population was devoid of basic remnants of respect for human and ethnical codes, let alone the application of international humanitarian law in conflict. The plight of the civilian population was enormous. Due to the mixed structure of the population in territories for which the war was fought, all warring parties resorted to "ethnic cleansing", which implied not only the expulsion, but also dispossession or

1 The overall number of clients assisted in the Centre and in the field during the past two and a half years is about 2500 (of which 1058 have undergone detailed reception and diagnostic procedure as a part of the overall psychological and psychiatric treatment).

2 UN Convention against Torture, Art.1 (1984): Torture is "any act by which severe pain or suffering, whether physical or mental, is intentionally inflicted on a person for such purposes as obtaining from him or a third person information or a confession, punishing him for an act he or a third person has committed or is suspected of having committed, or intimidating or coercing him or a third person, or for any reason based on discrimination of any kind, when such pain or suffering is inflicted by or at the instigation of or with the consent or acquiescence of a public official or other person acting in an official capacity. It does not include pain or suffering arising only from, inherent in or incidental to lawful sanctions."

destruction of property (especially real property) with intention to prevent potential later (or post-war) return and repatriation of refugees and survivors.

It is important to stress that many torture victims had been detained neither for criminal offences, nor due to their political convictions, but only because they were members of a different nation. They were tried for alleged crimes against other citizens and other criminal acts, or for alleged political offences - insurgency against the state; but what they really felt was that they were victimised because they belonged to a different ethnic group.

In post war period the traumatised individual evidently searches for his/her (new) place, new networks and meaning (function). He/she is terrified, distrustful, with seriously shaken system of values. Survival in the stage of reparation (reconstruction) does not fall behind the one in war - paradoxically, war actually represented a structured form, within which the lack of freedom of the individual implied a "release" from any responsibility for one's life and actions.

It was only at the end of war, which came in 1995 for Croatia and Bosnia and in 1999 for Serbia, that we were able to see the consequences of that war: devastated economy, mass exile, unemployment, broken families, overall poverty, amid which war profiteers and shady "businessmen" kept getting richer and organised crime flourished. In Serbia the practice of black market economy was widespread, condoned and even encouraged by the state, which implied criminalisation of a large part of the population forced to survive by smuggling various goods. All this impeded the adequate provision of psychosocial support to the most vulnerable people.

Some of the traumatised individuals came to seek help for the first time only several years after the war had ended. While during the war due to highly dynamic events and fight for mere survival they did not have time to "look into themselves" and their personal problems, in the more "relaxed" post-war period traumatised individuals began to experience the surfacing of and persecution by their wounded past, which made them unable to "live normally in peace".

Very often the clients - torture victims said that during the war they did not pay attention to their disorders, because "there was no time for that". Many of the traumatised had not sought assistance before, despite their problems, because of their resistance to being reminded of traumatic events during the healing process.

Many refugees did not receive a welcome in their new environment. This was particularly painful for torture victims. Having survived torture and exile, many of them "... became victims for the third time, this time victims of the conscience of the community where they sought refuge, hope and consolation, but did not find them." (Jovanovic, Hrcic, Popovic & Jankovic, 2002)³. Over 50% of refugees - CRTV clients stated that they do not

³ Jovanovic, A., Hrcic, J., Popovic, V., Jankovic, N. (2002): Medical and legal aspects of exile (Medikolegalni aspekti izbeglištva). In: Jovan Maric (editor): Mental health of refugees, internally displaced and expelled population (Mentalno zdravlje izbeglog, raseljenog i prognanog stanovništva). Beograd, Megraf. pp.135-138.

feel accepted in the new environment. On several occasions experts have written about the drama of encounter between refugees and their hosts. They mainly wrote about problems of cultural differences, economic burden, even competition. (Cavic, 20024). Another phenomenon in this war has not been sufficiently analysed: many refugees "Western Serbs" have faced criticism from a part of the local population for having surrendered too easily, abandoning the frontlines in a cowardly manner and leaving their homes to the mercy of their enemy. In summer 1995 such an opinion gained a much more cruel dimension than mere reproach: Serbian Ministry of the Interior (MUP RS) conducted an action contrary to the international Convention on the Status of Refugees from 1951, Protocol to this Convention from 1967, as well as in contravention with the Serbian Law on Refugees. It is explicitly prescribed (Art. 33 of the Convention) that "no Contracting State shall expel or return ('refouler') a refugee in any manner whatsoever to the frontiers of territories where his life or freedom would be threatened on account of his race, religion, nationality, membership of a particular social group or political opinion." Between June and September 1995 this constituted no obstacle for the officials from the Ministry of the Interior to deprive of liberty several thousand refugees, without a court order or well founded suspicion that they have committed an offence, and under armed escort and constant threat transport them across the state border to the territory of Croatia and Bosnia and Herzegovina, from which they had fled. Many of the detained were subsequently sent to the town of Erdut in Eastern Slavonia, while others were sent to Manjaca in Republika Srpska (B&H), where the paramilitary camps were located. In both camps the detainees have been systematically subjected to intimidation, humiliation, ill treatment and other forms of torture; after these "preparations" they were transported to the frontlines and forced to take part in the armed conflict.

Similar fate befell some torture victims from Croatian and Bosnian prison camps, who were sent back to the frontlines almost immediately after having been released through the exchange of prisoners, without an adequate medical and psychiatric treatment and rehabilitation that would have protected them from further traumatising. Instead of getting consolation and understanding, some of them were reproached for having surrendered to the enemy and thereby "disgraced" themselves as soldiers and officers.

In the post-war period, war veterans, refugees and displaced persons, torture victims and other traumatised individuals become a reminder of a traumatic historical period. In the attempt to catch up with the new rhythm in the slow and difficult process of state constitution as well as economic and social recovery, many citizens feel the need to suppress painful memories of the civil war, economic sanctions and NATO air strikes.

This perpetuates the initial tendency of abuse when the exchanged prisoners were looked upon as traitors (and some of them were immediately sent back to the frontlines to "redeem" themselves), continued by unlawful arrests and forcible mobilisation of refugees in 1995, until the present day when a part of the society does not see them as victims for

4 Cavic, T. (2002): Psychological problems of refugees (Psihološki problemi izbeglica). In: Jovan Maric (editor): Mental health of refugees, internally displaced and expelled population (Mentalno zdravlje izbeglog, raseljenog i prognanog stanovništva). Beograd, Megraf. pp.37-43.

which this society (the state) is partly responsible, but rather as a burden and an obstacle. The so-called "restoration of human capital" in the post-war period does not only imply acceptance of the war traumatised people as active participants in the post-war recovery of the society and democracy, but also the acceptance of these people as individuals: it is only with them and their traumas that we can work through the suffering inflicted upon all by this war; without them, by hiding from their traumas, we forfeit the chance to face our own misconceptions, hatred and suffering, our own wounds that must be healed if we do not want to transfer them to the next generations.

The co-existence of nations in this region is inevitable and all must put an effort into overcoming hatred and desire for revenge, and especially into mitigating the consequences of the transgenerational transference of trauma, which is a potential time bomb for future generations. Certainly all sides in the conflict have well documented testimonies of torture victims, which means that all conflicting sides had their own victims and perpetrators.⁵ Torture victims are probably the most traumatised part of the surviving population after the war and consequently they are the most vulnerable and most painful part in the process of social healing, establishing confidence in institutions, in own values and possibilities of reconciliation and cooperation with our neighbours, former enemies in war. This book is about such an undertaking, about a hand offered in assistance and establishing the initial trust in the long-term process of rehabilitation of torture victims, for whom the loss of basic trust in other human beings is the most difficult trauma.

From the outset, one of the aims of CRTV IAN was to gather, systematise and interpret data. In this effort much care and attention was invested into preparing the clients for such kind of work, baring in mind their vulnerability, risk of retraumatisation and the overall sensitivity of their problems in communication and the already shaken trust in others. All clients were equal in the treatment, regardless of their willingness to participate or not in the part of the process related to assessment and evaluation. Those who have accepted willingly had to sign a statement of informed consent prior to the application of research instruments. Publication and presentation of the research, as well as the obligation

⁵ Until the end of January 2004, the databases PILOTS (<http://biblioline.nisc.com/scripts/login.dll>) and MEDLINE (<http://www.ncbi.nlm.nih.gov/PubMed>) contained 77 indexed papers related to torture and its consequences in Yugoslav wars of 1991-1995 and 1999.

First reports about torture victims, survivors from prison camps and dungeons appeared immediately after the establishment of longer ceasefire and exchange of war prisoners between conflicting sides in Croatia in 1992. The following papers were published in Serbia:

Petrovic, B., Popovic, V., Dabovic, C., Prorocic, S., Popovic, V., Dobrivojevic, I., Micovic, M., Milovanovic, R., Polovina, N., Divac, Lj. (1992) Torture and stress of combatants and prisoners (Torture i stresovi boraca i zarobljenika). In: Kalicanin, P., Bukelic, J., Ispanovic, V., Bjelogrić, M., Paranosic, V. (Eds.). *Stresovi rata* pp. 3-60. Beograd: Institut za mentalno zdravlje.

Petrovic, B., Popovic, V., Dabovic, C., Prorocic, S. and Dobrivojevic, I. (1993) The abuse of arrested and confined persons: a special form of war stress in the civil war in Yugoslavia. In: Kalicanin, P., Bukelic, J., Ispanovic-Radojkovic, V. and Lecic-Tosevski, D., (Eds.) *The stresses of war*, pp. 161-171. Belgrade: Institute for Mental Health.

and need to exchange new knowledge and clinical experience with other experts and centres regarding the consequences of torture were the natural steps that followed.

This book is an attempt to present in an integrated way the above activities, positive and negative experiences, new knowledge and insight obtained during the work with torture victims. The collected papers only partly reflect the scope, diversity and challenges of the work that the Centre has done in the past two and a half years. They vary in type, style and issues they focus on. Thereby they reflect the portrait of the Centre, which encompasses various groups of professionals, and represent their interests, knowledge and skills, as well their desire to convey their authentic personal experiences to the reader. For all these reasons the editors have structured this book in a way that gives priority to the wide scope of various topics rather than to a compact thematic unit; to the authentic expression and real experience rather than to a coherent and consequential style; to the freedom of various, sometimes conflicting approaches, viewpoints and theoretic orientations rather than a unique direction and systematic account.

Consequently, we have respected the difference in usage of various terms. The most frequently discussed term was in fact torture. Although there is an adequate word for torture in Serbian language (*mucenje*), we accepted the freedom to use both terms in all other combinations: "žrtve mucenja", "žrtve torture" (torture victims), as well as "torturisane osobe" - tortured persons (clients, patients, the ailing, etc.). We renounced from giving any recommendations to the authors regarding linguistic purity, bearing in mind that in our language, especially in medical and other scientific terms, it is now customary to use words from other languages.⁶

It is worth mentioning that this book has taken long time to prepare. Some of the papers had been finished in April 2003, while some others were only finalised at the beginning of 2004. Potential discrepancies in statistical data used by authors of various papers derive from the fact that they were written over a longer period of time, during which changes occurred in data reported and referred to.

All case studies in this book are the result of work with clients in CRTV IAN. Names of the clients are not stated, while the initials, socio-demographic characteristics and circumstances have been altered with the view of protecting the identity of clients.

The latter section of the book title (its toponimic part) - "The Yugoslav experience" does not refer primarily to the geographic, state or national denomination of the book's authors or torture victims it speaks about. The title was given at the very beginning of the work on this book, before the country changed its name into the State Union of

⁶ Serbian translation of the most frequently used scientific terms in this publication: *dijagnoza* (d'a??s?) = diagnosis, identifying and determining a disease; *rehabilitacija* (lat. *rehabilitatio*) = rehabilitation, re-establishing, returning to the previous state; *stres* (engl. *stress*) = great force, power, pressure, effort, strain; *terapija* (gr. *θεραπεία*) = therapy, healing, caring for; *tortura* (lat. *tortura*) = torture, suffering, great pain; *trauma* (gr. *τράυμα*) = trauma, injury, wound, while *psihicka trauma* (psychic trauma) = powerful mental distress; *tretman*, *tretirati* (fr. *traiter*) = treatment, to treat (someone).

Serbia and Montenegro. This, however, is not the key reason for this clarification: this title gives the best chronotopical description of the time-space in which the collective and individual traumatic experience dealt with in this book had been taking place.

OVERVIEW OF CONTENTS

War and losses

Through the chapter entitled "*Yugoslav Wars 1991-1999 and some of their social consequences*" the first part of the book gives an overview of the political context in the last stage of the break-up of former Yugoslavia; the stage where the political feuds had slid into armed conflict. The paper describes specific features of the Yugoslav wars: ethnic cleansing, improvised camps and other places of detention and the prominent role of paramilitary formations. In the last part of this chapter, based on available sources of information, an attempt is made to establish the total of human casualties in these wars.

Humanitarian response: organisation and action

The second part of the book deals with the ways of organising humanitarian assistance in FR Yugoslavia (FRY) after the beginning of war, in the situation when the state was under UN and EU sanctions, "negatively marked" and when even the UN humanitarian agencies such as UNICEF and WHO were only allowed monitoring and observing missions, while UNHCR was unable to use funds for assistance to former Yugoslav countries in the then FRY.

The chapter entitled "*Psychosocial assistance in humanitarian interventions - six years of experience in IAN (1997-2003)*" gives an account of the beginnings and further development of activities of the International Aid Network - IAN, with an overview of basic principles of work in various segments of the comprehensive assistance programme for torture and trauma victims as the framework in which specific project activities were implemented.

The chapter "*Against torture – road to a healthy individual and society: Centre for Rehabilitation of Torture Victims – IAN Belgrade*" presents the project of rehabilitation of torture victims, aims of the Centre, its organisation and activities.

The chapter entitled "*Activities of CRTV - IAN mobile teams*" outlines one of the most important activities of the Centre, the work of its mobile teams, their experience and future plans.

Torture: victims and consequences

Through empirical research, the third part of the book presents the results of establishing psychiatric and medical sequelae of torture and other war related trauma of CRTV IAN clients.

The chapter entitled *"Socio-demographic and psychiatric profile of clients in the Centre for Rehabilitation of Torture Victims – IAN Belgrade from 2001 to 2003"* presents the way of systematisation and analysis of comprehensive data on our clients: demographic characteristics, social problems, health and psychic disorders and other traumatic consequences of war.

In order to clarify the complex phenomenon of torture in the context of war in former Yugoslavia, the chapter on the *"Types of Torture"* outlines the principles of how the special questionnaire was designed covering 81 different forms of psychological, physical and sexual abuse, as well as its metric characteristics, done on the sample of CRTV IAN clients. The analysis of frequency of torture types in the examined sample has shown that clients of our centre had very often been subjected to extreme types of torture.

Our clients represent a population with high risk of developing somatic diseases. Aim of the research presented in the chapter on *"Somatic disorders of clients in the Centre for Rehabilitation of Torture Victims: one year of experience in MEDIAN"* was to establish the frequency and type of somatic disorders of CRTV IAN clients and torture victims from refugee camps visited by MEDIAN physicians during field work. The 63% of patients were diagnosed primarily with cardiovascular diseases, while 11.8% had confirmed diseases of internal glands.

Stress, trauma, torture and dissociation

Fourth part of the book consists of three chapters with topics related to research of consequences of (traumatic) stress.

Taking as a starting point the current results of research into the consequences of stress on the complex functioning of physiological systems of the human body, the author of the paper entitled *"About a mathematical model of the psychobiology of stress reaction"* shows the role of mathematical modelling in understanding biological processes, as well as in the possibilities of predicting the stress reaction in non-linear dynamic systems. The model of stress reaction is described that links its psychological and biological aspects, with emphasis on individual differences.

The *"SRD-10"* is the short scale for rapid assessment of the level of stress related dissociative symptomatology and was designed in CRTV IAN. The scale measures dissociative disorders of memory, attention and emotions. The paper entitled *"SRD-10: Short scale for assessment of stress related dissociative symptomatology"* provides empirical arguments in favour of the assumption that this scale is effective in measuring dissociative phenomena, generally and more specifically the stress related ones.

This scale was also used in the research presented in the chapter on *"Torture and dissociation"* for assessing the dissociative symptomatology in various war traumatised groups of people. The research has shown that torture victims have the highest score on the SRD-10 scale. The results obtained in the research show that the experience of torture is linked to the most drastic indicators of the post-traumatic stress, as well as that dissociative symptoms have an identical or even higher importance than the intrusion and avoidance symptoms for understanding post-traumatic stress.

Therapy and rehabilitation I: treatment of torture victims

The following two chapters are dedicated to treatment of torture victims; the two-way influence that occurred between trauma victims and their helpers-healers. The first part relates to the use of various treatment methods and the latter to the detection and combating malignant secondary effects of trauma on therapists and members of families of torture victims.

The follow-up of the effects of therapy, through evaluating the degree of clients' recovery, is presented in the paper entitled *"Changes in the intensity and frequency of psychiatric problems related to traumatic experience after three months of treatment"*. It gives an overview of the established changes in the quality and intensity of the symptomatology of the post-traumatic stress disorder and comorbid disorders after three months of psychotherapy.

The delicate nature of psychotherapeutic work with torture victims implies a gradual revival of the injured basic trust. Premature insistence on elaborating the traumatic experience could have an adverse effect and the therapist must possess tactfulness and the sense of timeliness and empathy. Elaborating the extreme helplessness during torture, fear of complete annihilation and death, persecuting feelings as well as reactive desires for escape and revenge are the inevitable contents in the elaboration of traumatic experience. The aim of therapy is to reconstruct, reintegrate and separate from the therapist, with final inclusion of the client into social life. The chapter on *"Psychoanalytic psychotherapy with torture victims"* elaborates issues of criteria for including the patient into psychotherapy and choosing the type of psychotherapy, the indications and counter-indications for applying psychoanalytic psychotherapy as well as the motivation of the client to accept such treatment, specific patient-therapist relationship and specific features of the setting, adapting the technique itself, as well as characteristics of the course and closure of therapy.

"Specific Aspects of the Group Work with Torture Victims" is a chapter that presents the experience with a specific group of clients - torture victims, who had been connected even before the formal establishing of the group for therapeutic purposes. Unfortunately, this binding element happened to be the joint and simultaneous traumatic experience of combat, captivity, torture and finally life together in a new environment. The paper shows stages of group work that began as socio-therapeutic one, but grew into a modified group-analytical approach due to the increased group capacity.

The paper on "*Characteristics of the group socio-therapeutic work with elements of psychodrama with torture victims*" presents an experience with another group in conditions of fieldwork, with which psychotherapy with elements of psychodrama was applied. The author gives an account of certain characteristics of this type of psychosocial support through the two-year experience of leading groups of torture victims.

Within the assistance programme for torture victims in the CRTV, as a part of the integrative therapeutic procedure, the cognitive behavioural technique of Eye Movement Desensitization and Reprocessing (EMDR) was also applied and proved effective in treatment. The chapter on "*EMDR in treatment of posttraumatic stress disorder with prisoners of war*" lays out the theoretical concept of this method, together with some specific features of working with torture victims shown in the case study.

Pharmacotherapy with torture victims is an indispensable part of the integrative therapeutic approach and the attempts have proven justified to apply it in our Centre. In the paper entitled "*Therapy with torture victims: integrative model and the importance of pharmacotherapy*" presents reasons, indications and ways of applying pharmacotherapy in CRTV, with an overview of the type and quantity of medication prescribed.

Therapy and rehabilitation II: the wounded healer

Traumatic experience can have a malignant power of contaminating other people from the victim's surroundings, especially the immediate family members. The phenomenon of secondary traumatising and the risk of emotional and overall psycho-physical exhaustion and burn-out are frequent in helpers who work with traumatised patients intensively and/or over a longer period of time.

Emotional reactions of helpers are closely linked with the empathic relationship with traumatised individuals and re-experiencing their traumatic events. The paper entitled "**Torture in the therapy environment: counter-transference in working with victims of organised violence**" points to the practical potential of understanding the psychoanalytical concept and some of the specific aspects of counter-transference reactions in working with torture victims, which primarily relate to the dynamics of post-traumatic states and repetitive reiteration of trauma in the transference situation.

Irradiation of traumatic feelings from the patient - client to the counsellor - helper has spilled over to the next level - the supervisor. Three years of experience in supervising the provision of psychological assistance to traumatised individuals and torture victims is shown in the paper on "*IAN counsellors in group supervision*". The supervisors had a dual role: training the supervised counsellors in establishing the dynamic diagnosis and analysis of the patient's biography, but more importantly - training the supervised in recognising their own feelings related to the client. It analyses the phenomenon of spill over of feelings from therapy into the supervision group. The phenomenon of the "wounded healer" was thereby also extended to the supervisors.

The paper on *"Secondary traumatisatisation and counselling of torture victims' family members"* focuses on the secondary victims of torture - spouses and children. It shows the disintegrative, pathogen influence of one individual's trauma on the functioning of the family structure, accompanied by the creation of a closed cycle of circular retraumatisation. The paper also stresses the necessity to apply a flexible model of therapeutic interventions.

Legal and psychiatric aspects of torture

International legal standards and domestic regulations that define the concept of torture, procedures before international and domestic bodies through which the legal protection of torture victims is exercised represent the focus of the paper entitled *"Legal aspects in rehabilitation of torture victims"*. The manner of exercising this kind of protection is elaborated through relevant case studies. The necessity is stressed to harmonise the domestic legislation in the field of human rights with international standards.

The legal system of the State Union of Serbia and Montenegro envisages the possibility to initiate proceedings for compensation of non-material damages for all persons who have suffered mental pain, fear or physical pain, if the PTSD has occurred within the deadlines given for filing such claims. The paper on *"Legal consequences of the belated occurrence of the posttraumatic stress disorder"* deals with a legal problem (lack of clarity) related to the possibility of a belated occurrence of PTSD, many years after the confrontation of the injured party with the traumatic event. Namely, in the current jurisprudence, the belated occurrence of PTSD is taken into account only if its clinical picture becomes evident within the statute of limitations prescribed by the *Law on Obligations*, and the treatment of the disorder is either ongoing or has been completed recently. Otherwise the claim is rejected as being outside the statute of limitations. CRTV IAN Belgrade has addressed an initiative to the Serbian Supreme Court to issue a legal instruction by which the statute of limitation would be extended, thereby allowing for the beginning of the statute of limitation to be counted from the moment of diagnosing the disorder, irrespective of whether it has occurred within the time limits prescribed by law.

One of the most important aspects in rehabilitation and social reintegration of torture victims is redress, through which the victim does not only get the moral and legal compensation, but also the psychological satisfaction through restoring the confidence into social institutions. Finding, convicting and punishing the perpetrator of torture are a deeply internal psychic need of the victim, the only path to deliverance from the toxic effects of the understandable desire for revenge. The post-war period in the region is characterised by trials for war crimes, both before international and local tribunals. Witnesses are exposed to dangers of secondary traumatisatisation, retraumatisation and renewed victimisation, which can lead to worsening of the existing PTSD symptoms. The necessity of psychological and psychiatric preparation of witnesses before the trial, protection during the trial, as well as collaboration between judicial bodies and psychiatric and psychological services is presented in the paper entitled *"Psychological preparation of witnesses - torture victims as prevention of retraumatisation"*. Examples are given from the practice of CRTV IAN and

the collaboration with the Croatian NGO *Altruist - Centre for protection of human rights and freedoms*, related to the trial of eight former Croatian police officers that were indicted for abuse and ill treatment of prisoners in the Lora camp in Split, Croatia.