

The Kovler Center

The dilemma of revictimization

By

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The Kovler Center in Chicago, USA, was founded in February 1988 under the auspices of *Traveler's and Immigrant's Aid of Chicago*, and is devoted to providing holistic treatment for survivors of torture. The Kovler Center was established in response to the recognition of growing numbers of refugees who have experienced torture and who have sought asylum in the United States. The center has provided services in three main areas:

1. Social/Case Management (food, shelter, clothing, transportation, translation, language skills)
2. Clinical/Health Care (medical and dental services, psychological/psychiatric services, forensics, physiotherapeutic services)
3. Legal (preparation of forensic reports to document a case, preparation of court documents for political asylum, provision of support for other legal transactions)

Torture

Torture is the most extreme violation of human rights. It is a brutal, dehumanizing experience. The methods of torture attack the physical and psychological being as a means of destroying the victim's personality. This is done with the aim of demobilizing the victims so that they cannot exercise their legitimate power and right to control their own lives. The effect of torture is that the victim's family, friends, colleagues, and neighbourhood are similarly demobilized. Families and communities fear that their actions may result in more severe torture for the victim, and that they themselves may become potential targets for the torturers. Torture survivors include, therefore, the individual victims and members of their family and community.

Globally, refugees pose a challenge

to governments in whose lands they attempt to take refuge. It is estimated that 30-60% of refugees are torture survivors. Many remain silent and endure their pain and anguish in isolation. Others, however, are identified and engage in the long process of rehabilitation. As more health professionals become involved, obstacles in the healing process are being documented. A particularly damaging difficulty for the torture survivor is revictimization. Although revictimization is often alluded to in the literature on the treatment of torture survivors, it is not directly addressed. It is, however, widely covered in the literature regarding the rape victim. There are many obvious parallels between victims of rape and torture. These include the experiencing of the degradation and depersonalization, and the falling of the burden of proof on the victim. In addition, rape is often part of the torture experience.

Documenting the crime

It is well documented in the literature on rape that, once the crime is reported, the victims begin a long ordeal in which their body is the evidence. The subsequent medical examination(s) for documentation of the physical evidence of rape subjects the victim to an impersonal examination of a personal and humiliating experience. The examinations mirror the abusive crime, contribute to the depersonalizing experience, and may often precipitate a horrifying re-living of the abuse. Similarly, the torture survivor's experiences are mirrored in their interactions with health care professionals. In many countries, health professionals participate in torture, lending a heightened intensity to interactions with them.

Torture survivors, like rape victims, are in a precarious legal position that compromises the rights of the victim. They must prove that the event actually occurred, that they are innocent of some yet unidentified wrongdoing, and that they are of deserving character. The legal system is experienced, not as an advocate for victims, but as an ad-

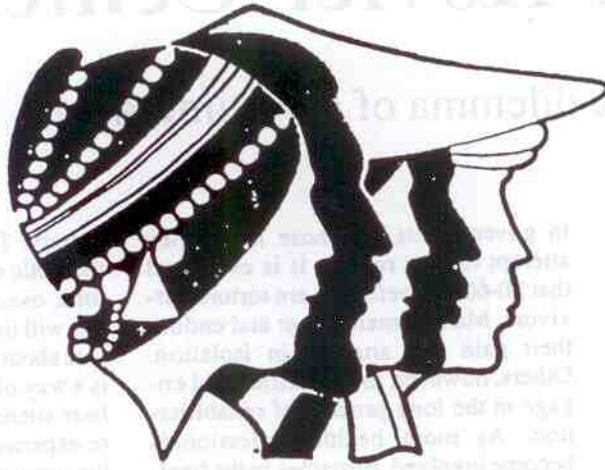
versary. This experience compliments the tactic of torturers of telling the victims, overtly or by inference, that no one will listen to them, believe them, or care about what happened to them. This is a way of increasing the likelihood of later silence. The torturer's tactics are re-experienced and reinforced when the survivors are in a situation in which their stories are not believed.

The trauma results in a constellation of symptoms called the Post-Traumatic Stress Disorder. The dynamics of the disorder are best understood by the interaction between two factors: the painful intrusive memories of the trauma, and the defences used to ward off these memories. The questioning during investigations, hearings, etc. is an extremely emotional event for the survivor. The story is rarely recounted without an actual sensory re-living of the experience (physical pain, tastes, sounds, smells). It is not simply a recollection of events.

Loss of control

Torture destroys an individual's sense of personal control. Tactics include unexpected shining of a flashlight in a victim's face, intermittent awakenings for observation, tying victims hands behind their backs so that they cannot cover their faces, around-the-clock scrutiny, and intrusive face-to-face interrogation. Individuals being tortured are usually physically isolated or else made to feel isolated. The physical logistics of questioning torture survivors recapitalates psychologically the torture and isolation.

The taken-for-granted expectation of eye contact is an almost impossible task for the torture survivor. Staring also undermines the survivor's sense of control. Precipitated by the experience of someone's stare, the survivor relives the experience of being constantly observed and stared at without any control. The torture survivor has frequent loss of composure while being interviewed. These displays of emotion are experienced as a loss of control accompanied by intense feelings of vulnera-



bility and defencelessness. The survivor has a need to recompose and control such displays as much as is permissible by the questioning process.

Loss of memory

The inability to remember everything that happened is another frustrating aspect for the survivor and investigator alike. Memory difficulties may be the result of defence mechanisms being employed psychologically to protect the individual from the intensely painful recollections and to assist in minimizing the re-living of the trauma. They may manifest themselves in a variety of ways, such as denial that torture occurred, minimization of the experience, blocking of memories, and dissociation (temporary absence of consciousness for a threatening memory).

Another possibility is the lack of memory storage due to the overstimulation of events during the torture. In other words, some details are never entered into memory storage and therefore are not retrievable. Unfortunately, sometimes these memory difficulties contribute to problems of credibility when a survivor seeks political asylum, seeks to bring the torturer to justice, or gives testimony for other reasons.

Guilt

Guilt is another primary issue for torture survivors. An irrational self-blame, which unfortunately is reinforced by the investigative process, exists for torture survivors. It is two-fold. They may blame themselves for "allowing" the torture to happen, and they may question themselves as to why they survived while others were mercilessly killed.

Also, when the torture and murder of a person associated with the survivor occurs, the survivor usually blames himself or herself. Survivors may believe that because of their association with that person, he or she was killed. Tremendous feelings of guilt exist.

The process of rehabilitation

Torture is the most traumatic experience a human being can have. It leaves profound wounds, not only in the survivor, but also in the family and community. Rehabilitation is a process of healing that occurs gradually. It involves a reclaiming of personal power and control, and a rebuilding of trust in other human beings. The act of giving testimony lends itself to a revictimization of the survivor. Many of the logistics, such as medical documentation of abuse and repeated questioning, precipitate painful re-living of the actual torture, an overwhelming feeling of loss of control, intense guilt, degradation, and depersonalization.

Control is at the core of the torture experience and of the rehabilitation process. Trusting is difficult for survivors of torture. There is a strong need for victim advocacy to help survivors to regain a sense of control in their lives. The survivor needs an available network of support to counteract the impersonal and unsupportive treatment by investigating agencies. The survivor's therapist is a likely advocate and provider of a supportive context within which the procedure of retelling the torture events can take place. The therapist's presence at questionings can be an important source of emotional support for the survivor, since the relationship exists within the context of rehabilitation. The Kovler Center has been

administering a comprehensive care programme for torture survivors for five years. Our work with clients includes contact with professionals from medical, social, legal, and governmental agencies. The documentation and investigation of torture for each client results in a revictimization experience.

The Kovler Center supports due process of inquiry and law, and advocates for a context of procedural flexibility. We recommend specific accommodations to the psychological well-being of the torture survivor. Standard or usual procedures can be modified to obviate the depersonalization, degradation, loss of control, memory lapses, and feelings of guilt characteristic of revictimization in torture survivors. These modifications of procedure will have no substantive negative impact on due process. They may, in fact, enhance due process by creating an appropriate context for full disclosure of the torture survivor's experiences.

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