

Newsflash – SIG on Pain from Torture, Organized Violence, and War

Purposes of the SIG

- To promote the recognition and appropriate treatment of pain resulting from torture, organized violence, and war.
- To promote mutual education and training of health care workers who care for survivors of torture, organized violence, and war, and those who work in pain services.
- To promote liaison and exchange of information between pain treatment services and organizations working with survivors of torture, organized violence, and war.
- To foster research on all aspects of pain resulting from torture, organized violence, and war.
- To establish an international forum within the pain field for discussion and action, using knowledge about pain to mitigate the health effects of torture, organized violence, and war.

SIG business meeting

Our SIG business meeting is on **Thursday August 30, 17:00 – 18:00, Suite 3, level 2, south wing**. Do come along and join in. If you want to join the SIG, please apply at the IASP desk in the exhibition area. We are interested in initiatives related to the work of the SIG, in volunteers to carry them through, and in supporters even if they have no space at the moment to take on extra work.

Other events at the Congress

There are several areas of work of relevance to the work of this SIG:

Tuesday PT006 Observation-based assessment of functional ability in torture victims. A-L Morville, K Amris, B Danneskiold-Samsøe, M Eklund, L-K Erlandsson.

Tuesday PT054 Multiple sensory profiles in the feet years after torture – a controlled QST study. K Prip, AL Persson, BH Sjolund.

Thursday PH198 The impact of imprisonment on the health rights of inmates: a case study of Soroti prison – Eastern Uganda M Akiror

Additionally, the area of perceived injustice is addressed by a topical workshop on Thursday (*TW48 11-12.30, Amber 5/6*), and by posters on Tuesday, *PT542*, and Friday, *PF532*. This has not yet been explored with survivors of human rights abuses and organised violence, as far as we are aware.

Film: Doctors of the Dark Side

A new film by an American psychologist, Martha Davis, documents the involvement of doctors and of psychologists in designing and participating in torture, and in covering up the results. *Doctors of the Dark Side* showed painfully clearly how the presence of health care professionals in interrogations makes the non-medical interrogators feel that what they are doing is safe, permissible, because if it were not, surely the doctors would stop it. Physician and psychologist collective refusal to be involved would probably have significantly curtailed torture in Abu Ghraib and Guantamo. A 2006 news item shows the head of Army intelligence, Lt. Gen. Kimmons, stating that "No good intelligence is going to come from abusive practices. I think history tells us that."

The film also describes the reactions of the relevant professional organisations: the American Medical Association and the American Psychiatric Association, which made clear statements proscribing members' direct involvement in torture; and the American Psychology Association, which until the decision was overturned by members' campaigning, took the position that the interests of the state took precedence over the rights of prisoners. Despite the change of policy, it still fails to act on complaints against psychologists who helped to design and engineer torture methods.

The film deservedly won a prize at the 2012 United Nations film festival. It is well-argued, and uses an unfussy narrative to pull together diverse sources. If you want to screen it, you can apply on the website, www.doctorsofthedarkside.com, which has more information and a trailer. At the screening I attended, it was followed by discussion of professional ethics in the audience's home countries, led by doctors and psychologists involved in human rights work within and outside their professional organisations.

Reparation and rehabilitation, accountability and impunity

Although both reparation and rehabilitation of the victim of human rights abuses are written into international law, they often fall outside the activities of governments and NGOs. At a recent conference (International Congress of Psychology, Cape Town, July 2012) I heard several different accounts of health professionals' involvement in these processes. While in ideal circumstances, a survivor of human rights abuses who provides testimony that helps to bring his/her abusers to justice can be empowered and find resolution and even healing of longstanding distress, judicial processes are not designed to foster the wellbeing of witnesses. Further, since there is rarely any compensation or restitution (also part of the same statutes), the witness returns home to his/her continuing struggles to establish a decent life. Besides, many people are asked to provide witness statements but never see their abusers brought to court; others seem their abusers brought to court only to lie, or to be acquitted.

All those who spoke, about human rights trials and processes in Argentina, Cambodia, and South Africa, agreed that preparing and giving witness statements is often distressing and disturbing, as is questioning in court, seeing the abusers, and experiencing the outcome as somehow unsatisfactory, leaving them needing more individual therapeutic help. That is not to minimise the benefits of court cases: some witnesses in the Argentinian trials had at last discovered what had happened to their loved ones among the many thousands of 'disappeared', their main reason for participating. But it was a salutary reminder that while accountability and justice is hugely important, the psychological costs for witnesses are often overlooked, and are not seen as the business of the courts, leaving it for witnesses to find their own help, or for health care professionals to get involved. "Revealing is healing", as a poster for the S African Truth and Reconciliation Commission, is wishful thinking in the large majority of cases.

Amanda C de C Williams