

Torture and Rehabilitation

XXXIX. International Post Graduate Course on Victimology, Victim Assistance and Criminal Justice

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29th May 2025

Lecture outlines

1. Definition
2. General characteristics of torture
3. Impact of torture
4. The mandates and activities of Danish Institute against Torture (DIGNITY)
5. Rehabilitation model for torture victims

Legal definition of torture

1. Torture is a deliberate action
2. Torture is inflicting severe pain or suffering, physically or mentally
3. Torture has a purpose to evoke confession, information or to punish
4. Torture is performed by the state or is sanctioned by those acting in an official capacity

UN Convention against Torture, article 1

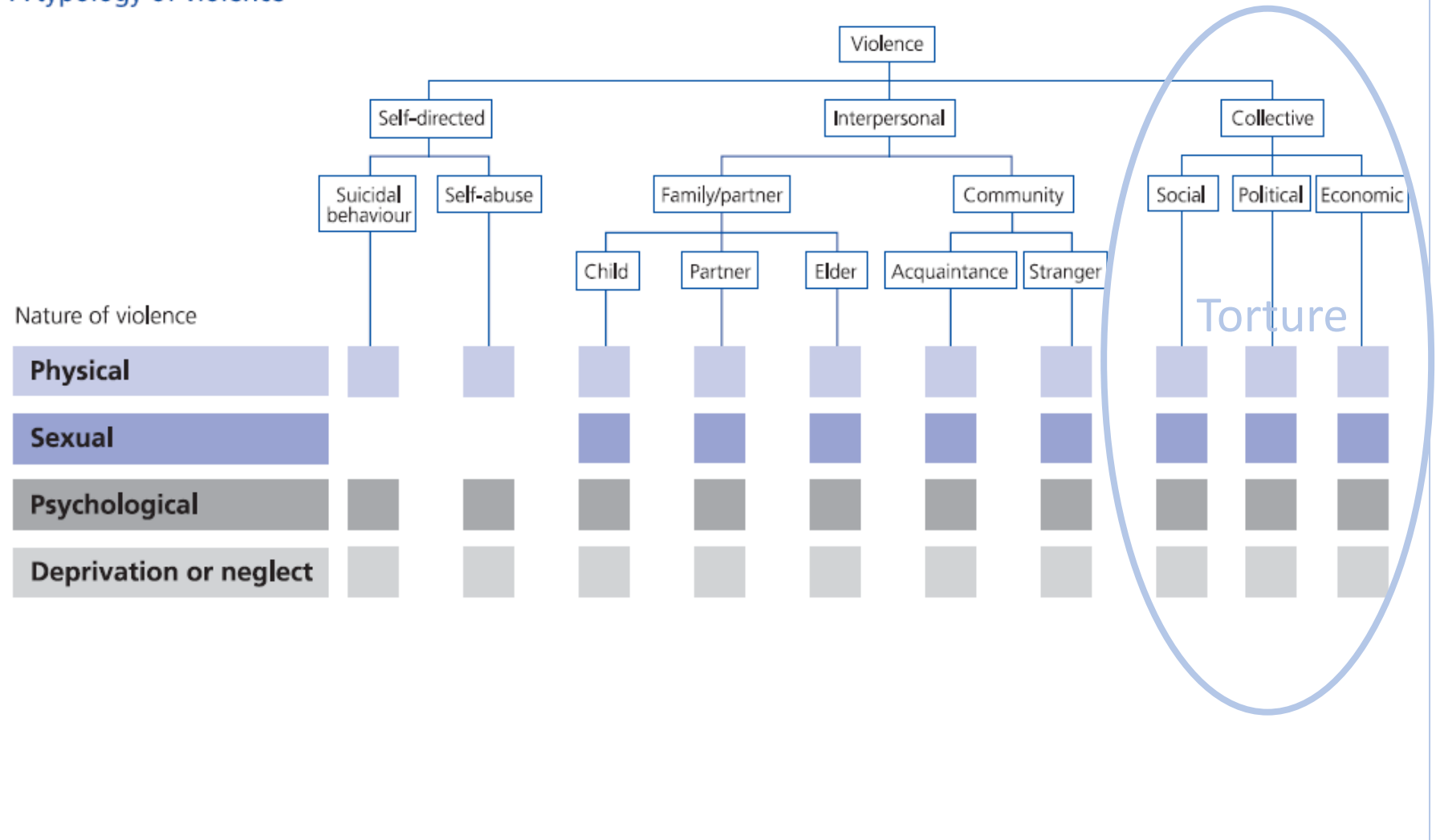
This definition was restricted to apply only to nations and to government-sponsored torture and clearly limits the torture to that perpetrated, directly or indirectly, by those acting in an official capacity

World Medical Association's Declaration

- The World Medical Association's Declaration of Tokyo in 1975, which proscribes physician involvement in torture, uses a briefer, less legalistic definition which omits the element of severity of suffering but which otherwise embodies the elements of torture cited above.
- “Torture is the deliberate, systematic or wanton infliction of physical or mental suffering by one or more persons acting along or on the orders of any authority, to force another person to yield information, to make a confession, or for any other reason.”

WHO typology of violence

A typology of violence



Conflict between legal and other definitions

Some professionals in the torture rehabilitation believe that the legal definition is too restrictive and that the definition of politically motivated torture should be broadened to include all acts of organized violence.

Using WHO definition, we can also include torture perpetrated by the following groups:

- punishment allowed by national laws, even if the punishment uses techniques similar to those used by torturers such as [mutilation](#), [whipping](#), or [corporal punishment](#) when practiced as [lawful punishment](#).
- [gangs](#), [hate groups](#), [rebels](#), or [terrorists](#) who ignore national or international mandates;
- random violence during war

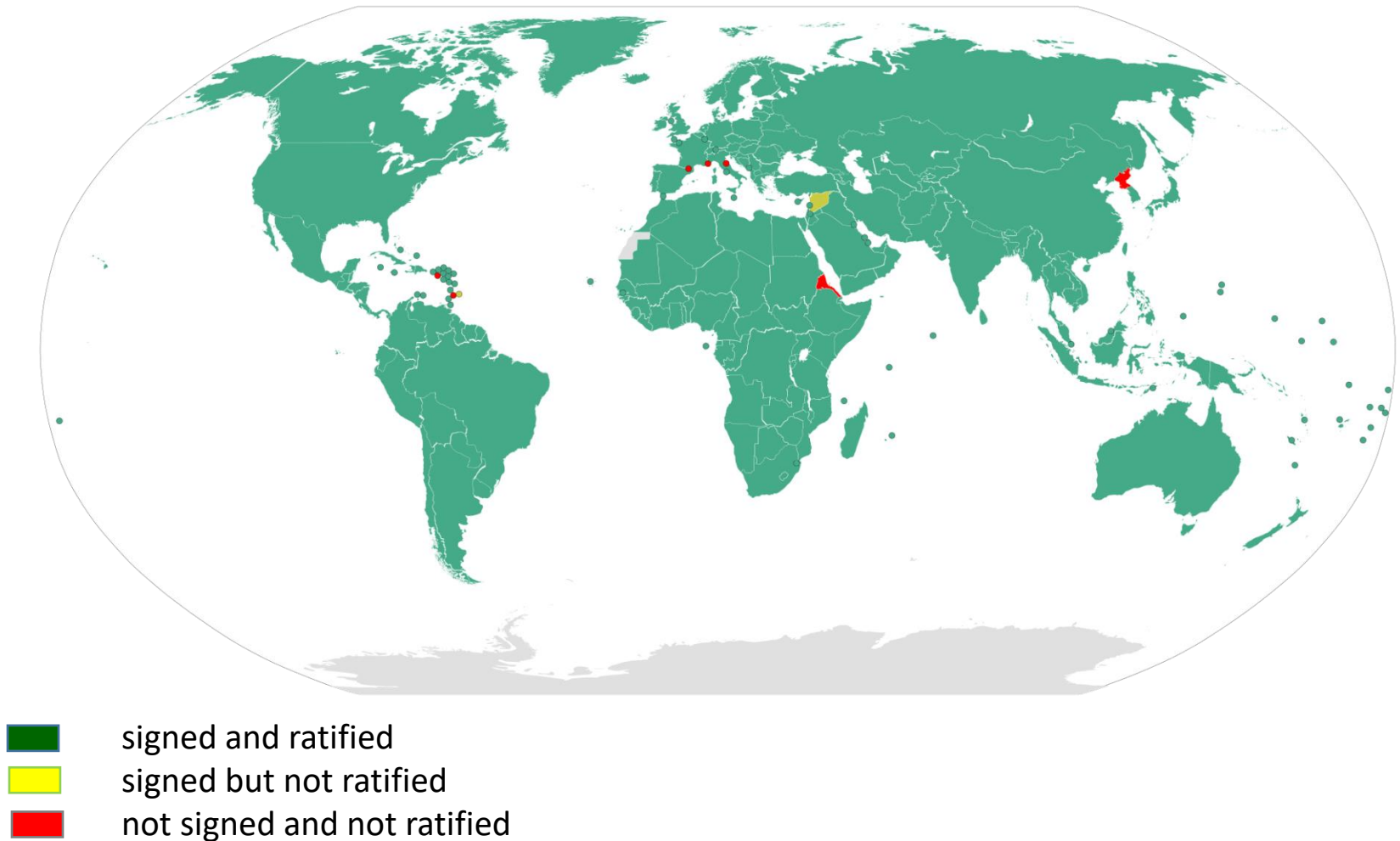
Definition of ill treatment (cruel, inhuman and degrading treatment or punishment- CIDTP)

- Boundaries between torture and CIDTP difficult to identify
- Sharp distinctions not necessary as it is courts' responsibility to determine torture vs. CIDTP in individual cases
- Essential elements of CIDPT include:
 - Intentional exposure to significant mental or physical pain or suffering;
 - By or with consent of state authorities
 - NOTE: CIDPT is “less severe” and **does not require intent or a specific purpose**

A global pushback against human rights

- According to the Amnesty International yearly report 2021-22, torture and other ill-treatment occurred in 141 countries, which is over $\frac{3}{4}$ of the world.
- In 2024, 174 states have ratified the 1984 the UN Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment (CAT).

2024 Map of the world with parties to the UN Convention against Torture



Motivation

- Punishment
- Deterrence
- Interrogation
- Revenge/Hatred
- Political education
- Sadism

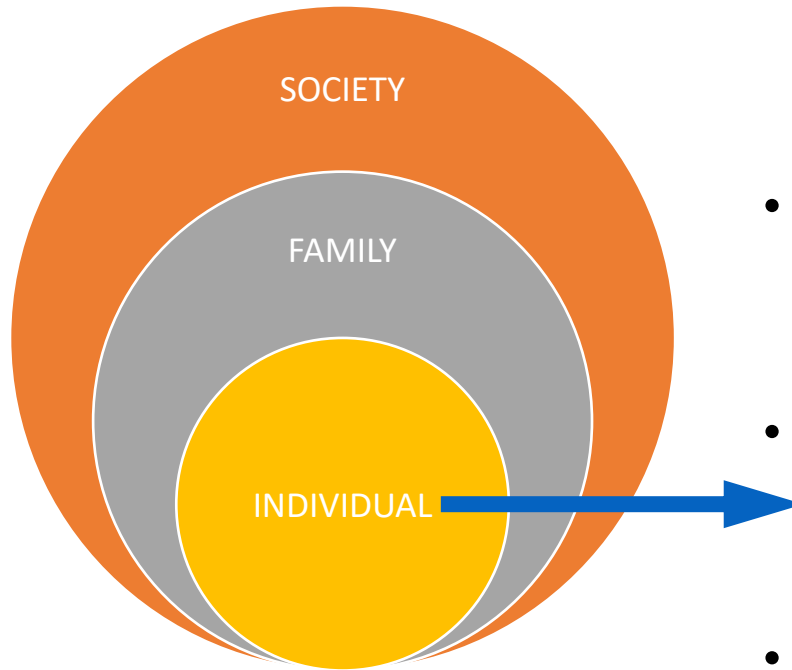
Yale Torture Experiment

https://www.youtube.com/watch?v=9DxSKTSoA_E

Impact of torture

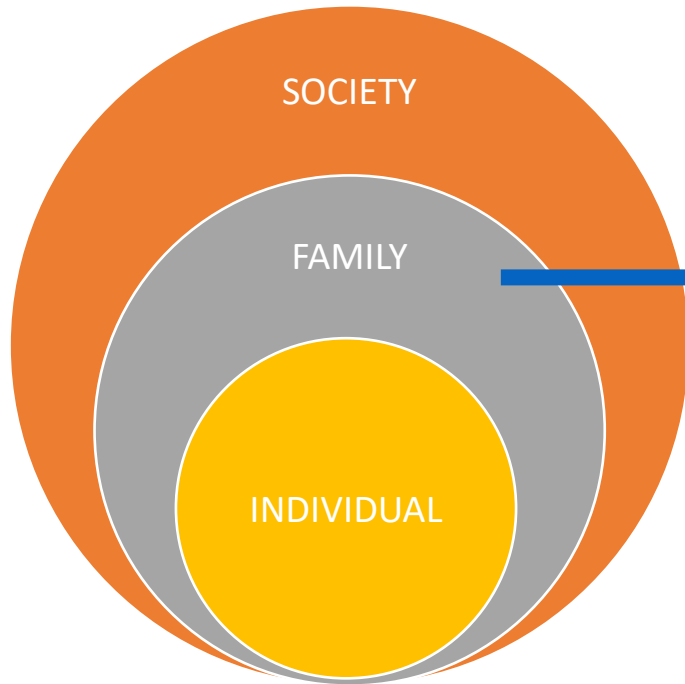


Impact of torture on individual



- Short or long term physical and mental symptoms
- Unemployment and financial burdens
- On relationship between individual and his/her intimate relationship
- On relationship between individual and society

Impact of torture on family



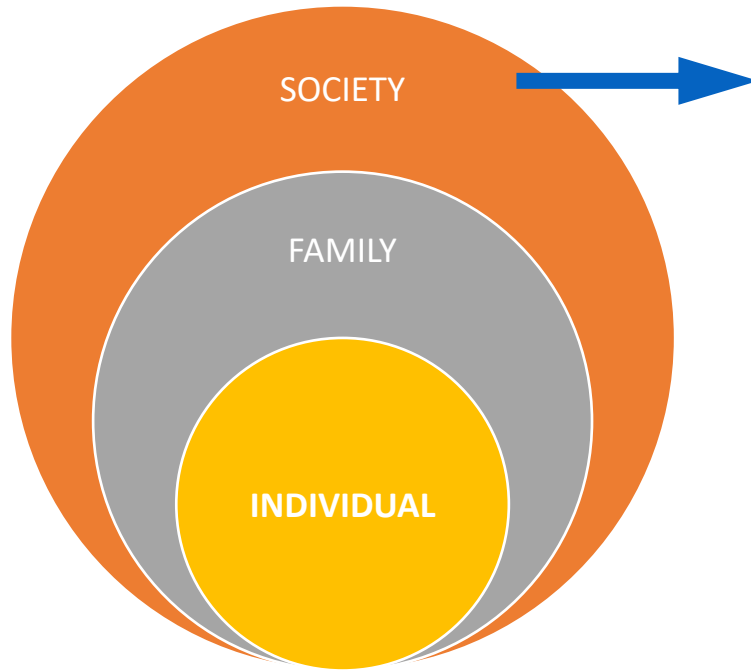
- Torture leads to family traumas that cause:
 1. secondary or trans-generation trauma
 2. different forms of family dysfunction
 3. disruptions in course of family development
- Financial burdens
- Assessing the effects of torture on victim's family dynamics is crucial in torture assessment

Lessons from earlier studies

Our previous research showed that anger and hatred play a significant role in the persistence of chronic pain and PTSD in war victims (including rape victims) in Kosovo. This has a profound impact on their families, mentally, physically, socially and financially (Wang *et al. Conflict and Health*, 2012, 6:4) (Wang SJ *et al. Conflict and Health*, 2010, 4:16)

1. Anger, hatred, military or police phobia and inferiority complexes can amplify pain experience.
2. The effects of violence are not confined to individuals. Emotional disturbance can be contagious among family members.
3. When someone lives with persistent pain, everybody in the household shares the burden of the resulting anxiety, stress and depression. Healthy family members are overloaded by assuming the duties of the person in pain/suffering=>interruption of employment of schooling.
4. The prevalence of mental problems and non-specific pain associated with the financial burden on a family, as well as unemployment rate in the post-conflict setting are inter-linked.

Impact of torture on society



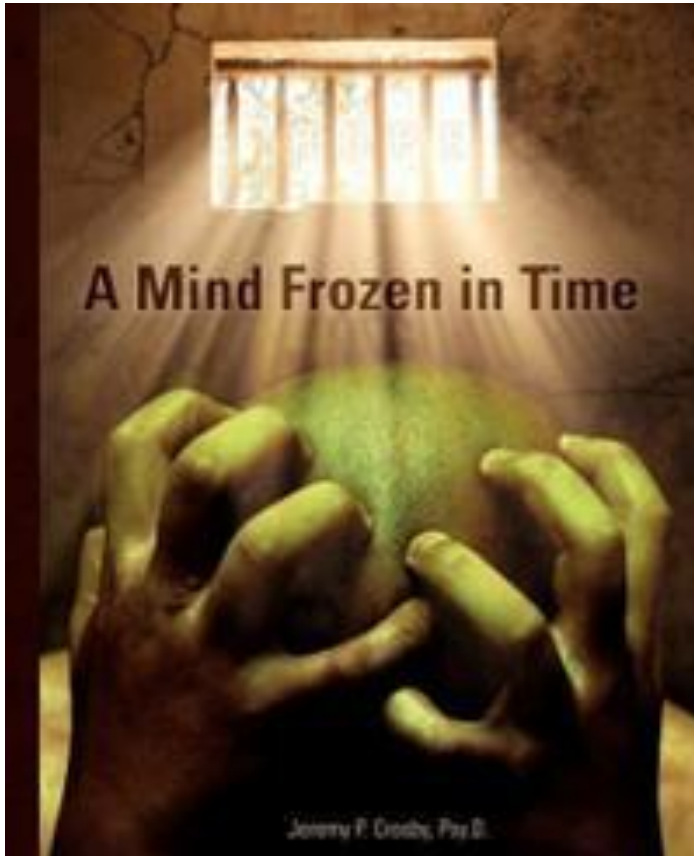
- can terrorize entire community or population
- creates an atmosphere of pervasive threat, chronic fear, terror, inhibition, hopelessness, anger or hatred
- creates repressive ecology: a state of generalized insecurity, lack of confidence and rupture of social fabric.
- can break or damage will and coherence of entire communities

Common physical symptoms of torture

- Acute torture damages such as wounds, fractures, burns, concussions, infections, damage to nerves and vessels
- Chronic pains
- Sexually transmitted illnesses
- Difficulty in walking
- Reduced hearing
- Missing teeth
- Problems with the sexual function and the brain function



Psychological consequence of torture



There is a complex relationship between torture and its symptomatology.

The psychological responses to torture are affected by multiple factors.

Common psychological symptoms

- Post trauma stress disorder (PTSD)
- Anxiety
- Phobia
- Depression
- Sleep disorder and nightmares
- Irritability and difficulty concentrating
- Bursts of anger
- Weakened impulse control
- Lack of faith and belief in the surrounding world

International standards for torture prevention

- Apply to all legal systems in the world
- Prohibition is absolute, applying at all times and in all circumstances as provided in:
 - Universal Declaration of Human Rights, 1948
 - International Covenant on Civil and Political Rights, 1966
 - European Convention on Human Rights (1950), the American Convention on Human Rights (1978) and the African Charter on Human and People's Rights (1981).
 - Convention Against Torture and Other Cruel, Inhuman and Degrading Treatment or Punishment (UNCAT), 1984
 - Geneva Conventions (1949) and Additional Protocols (I and II)
- Failure to prohibit torture in domestic law will not release the state from its international legal obligations

UN convention against torture and other cruel, inhuman or degrading treatment or punishment (UNCAT)

- ✓ Universal prohibition against torture was realized only in the aftermath of WWII in 1948
- ✓ The “Torture Convention” was adopted by the General Assembly of the United Nations on 10 December 1984 (resolution 39/46). The Convention entered into force on 26 June 1987 after it had been ratified by 20 States.
- ✓ The Torture Declaration was intended to be the starting-point for further work against torture.

UN Convention against Torture and Istanbul Protocol

United Nations

CAT/C/GC/3



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

Distr.: General
16 November 2012

Original: English

Committee against Torture

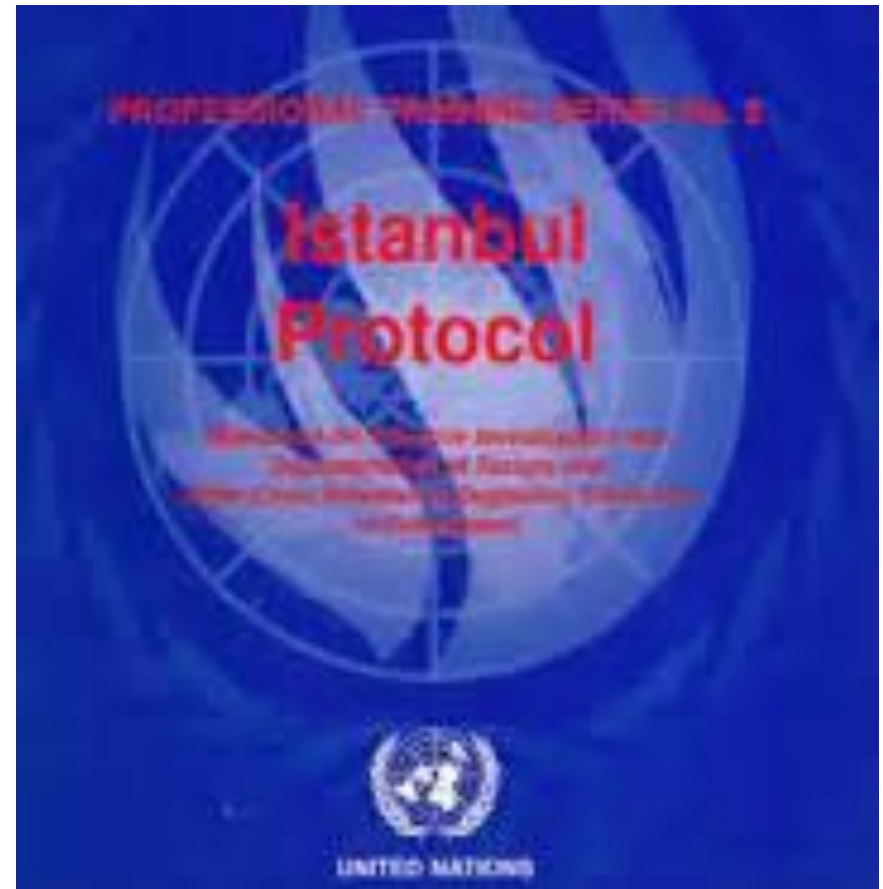
Convention against Torture and other Cruel, Inhuman or Degrading Treatment or Punishment

ADVANCE UNEDITED VERSION

General Comment No. 3 of the Committee against Torture

Implementation of article 14 by States parties

1. This general comment explains and clarifies to States parties the content and scope of the obligations under article 14 of the United Nations Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment. All States parties are required to "ensure in its legal system 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." The Committee considers that article 14 is applicable to all victims of torture and acts of cruel, inhuman or degrading treatment or punishment (hereafter "ill-treatment") without discrimination of any kind, in line with the Committee's General Comment No. 2.
2. The Committee considers that the term "redress" in article 14 encompasses the concepts of "effective remedy" and "reparation". The comprehensive reparative concept therefore entails restitution, compensation, rehabilitation, satisfaction and guarantees of non-repetition and refers to the full scope of measures required to redress violations under the Convention.
3. Victims are persons who individually or collectively suffered harm, including physical or mental pain or suffering, economic loss or substantial impairment of



Istanbul Protocol

- The Manual on Effective Investigation and Documentation of Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment (Istanbul Protocol) outlines international legal standards on protection against torture, and guidelines for effective legal and medical investigations into allegations of torture.
- The Istanbul Protocol became a United Nations official document in 1999.
- The guidelines apply to human rights investigations and monitoring, political asylum, and care of survivors of torture.

<https://www.ohchr.org/documents/publications/training8rev1en.pdf>

Standard protocol, but non-standard documentation

- The Istanbul Protocol is a guideline, much like care paths or clinical guidelines. It sets out principles and is not a standard data collection format.
- The current state is that most of the medico-legal documentation is in the form of a narrative affidavit or report, subject to errors in omission, lack of consistent terminology or conclusions, illegible handwriting, with limited ability to review for quality or collect prevalence data.
- Thus, just as in other areas of medicine, we see the need for standardization, both as documentation and training tools

The content of Istanbul Protocol

- The interview in private:
 - History of social background and pre-detention health
 - Detention and abuse
 - Circumstances of detention, place and conditions
 - Methods of torture and ill-treatment
 - Immediate reactions and acute symptoms
 - Sub-acute and chronic symptoms
- The physical examination
- The psychological assessment

The central register of the ministry

- Hour, date and place for alleged torture
- Security body implicated, if possible ID of implicated officers
- Place of apprehension and detention
- Nature of the allegations, forms of torture and reasons for its use
- Relevant findings and conclusions of the doctor in the police station.
- Most important findings and conclusions of the expert examination
- Details of the body that did the criminal /disciplinary inquiry,
- The result of the inquiry and any prosecution
- The implementation of sanctions

Principles for the effective investigation and documentation of TCIDT

- Clarification of facts and establishment of individual and state responsibility
- Means to prevent recurrence
- Facilitation of prosecution and indication of needs for redress and health care
- Experts health professionals are part of the investigation team
- State responsibilities
 - investigation is prompt, independent and competent; that resources and powers of investigative body are appropriate
 - Victims and witnesses are protected
 - Victims have access to all information and can present other evidence
 - Agents possibly implicated in TCIDT removed from position of power
 - Respond to the written report and indicate steps to be taken
- With some additional tools and practices the implementation of the Istanbul Protocol will be useful in the prevention of torture

A piece of Danish history related to torture

In Denmark, German doctor Johann Friedrich Struensee in 1770 convinced the king to follow an Enlightenment Agenda, notably freedom of the press, the abolition of torture, limiting the death penalty.





DIGNITY

DANISH

INSTITUTE

AGAINST TORTURE





DIGNITY in the nutshell

- is a self-governing institution, independent of party politics
- fights for a world free from torture and are committed to helping victims of torture and their families
- is one of the first torture rehabilitation centres in the world (then RCT)
- The rehabilitation clinic in Denmark is recognised as a specialized national centre in the treatment of severely traumatised refugees.

History of DIGNITY

- 1982 The Rehabilitation & Research Centre for Torture Victims, Copenhagen (RCT), is established in Copenhagen
- 1985 The International Rehabilitation Council for Torture Victims (IRCT) is founded
- IRCT Specialised rehabilitation services present in 75 countries (144 organisations)
- Pioneer and founder was Inge Genefke, neurologist
- RCT was renamed to DIGNITY in 2014

More facts about DIGNITY

- Member of the World Health Organization WHO's Violence Prevention Alliance.
- Consultative status with the United Nations Economic and Social Council (ECOSOC).
- The clinic in Denmark is recognised as a specialized national centre in the treatment of severely traumatised refugees.
- DIGNITY is represented in the UN Committee against Torture, in the Council of Europe Committee for Prevention of Torture, as well as the UN Sub-Committee for the Prevention of Torture (SPT) and in the Danish Council for Human Rights.
- Supported by the Danish Ministry of Foreign Affairs as well as through grants and private donations.

DIGNITY's work in Denmark



- **National Rehabilitation Center:**

- offers treatment to torture victims and other severely traumatized refugees and their families
- 30 percent of asylum seekers have been subjected to torture
- Rehabilitation team consists of doctors, physiotherapists, social workers, psychologists, family therapists and interpreters

- **Individually funded DK based projects**

- **The Danish National Preventive Mechanism**

- **Dissemination of Knowledge**

DIGNITY's work in the Global South

1. Cooperates with local partners in more than 20 countries
2. Supports i.e. local rehabilitation initiatives, torture prevention and training of health professionals as well as prosecutors, judges, prison guards etc.
 - Providing psychosocial, medical and legal services via local partners in partner countries via partners in MENA region and South Asia
 - Revision of prison protocol for national legislation in Sierra Leone
 - Training of state/non-state health and legal professional in providing clinical/legal assistance to victims of ToV in the MENA region
 - Strengthen capacity to document and prosecute cases of torture among state and non-state actors in Asia and in the MENA region, as well as Ukraine and Belarus
 - Countering authority-based violence in poor urban neighborhoods through community-led interventions, in the Philippines, South Africa and in Liberia

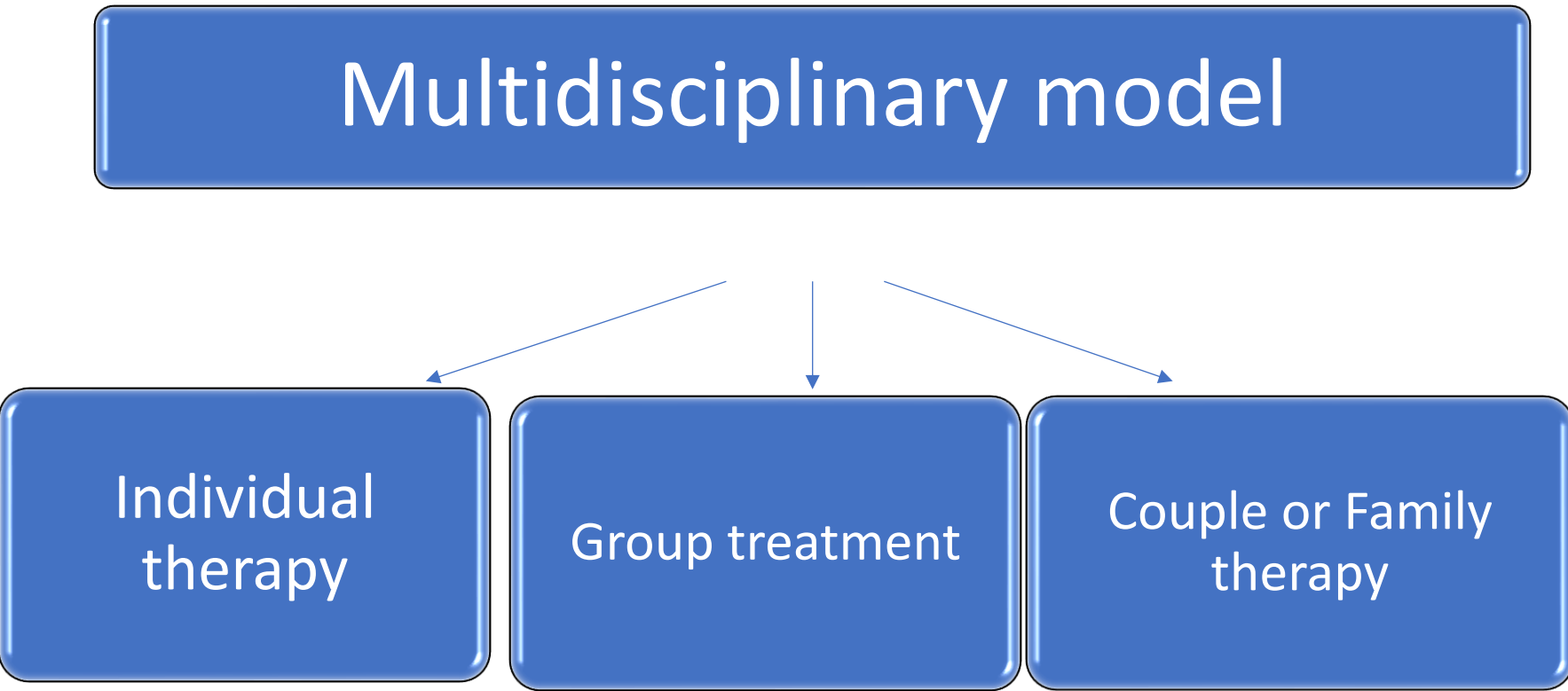
Prevention of torture in detention

- Monitoring closed institutions
- Documentation of torture
- Reform in criminal justice system
- Climate and relationships in detention

Rehabilitation unit

- DIGNITY has been approved by the National Board of Health as a highly specialized center, specializing in the rehabilitation of severely traumatized refugees. The treatment is free of charge in accordance to the Health Act, and patients are referred to treatment by their doctor via a referral form.
- DIGNITY receives 300 referrals annually
- About 120 patients are treated
- Typical duration of rehabilitation 9-12 months
- Multidisciplinary teams with physicians, psychologists, physiotherapists and social workers

Multidisciplinary model



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graph TD; A[Multidisciplinary model] --> B[Individual therapy]; A --> C[Group treatment]; A --> D[Couple or Family therapy];
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Individual
therapy

Group treatment

Couple or Family
therapy

Models of disability

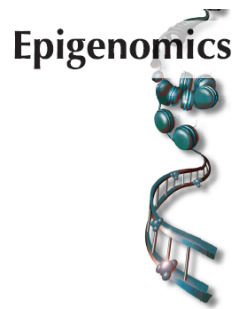
- Individualistic (Biomedical/Deviance) Models
- Community (Social/Political) Models
- Relational (BioPsychoSocial) Models

Rehabilitation goals

- Restoration of independence
- Restoration of physical, mental, social and vocational ability
- Full inclusion in society
- Participation in society

Overcome barriers for help-seeking

- Information – psychoeducation on symptoms and treatment of torture sequelae
- Outreach to victims and relatives
- “Treatment triangle” (IASC)
 - Community based case-management
 - Basic mono-therapy
 - Interdisciplinary rehabilitation
 - Referral from one level to the next if needed



Intergenerational effects of maternal post-traumatic stress disorder on offspring epigenetic patterns and cortisol levels

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Received: 3 August 2021 | Revised: 15 December 2021 | Accepted: 31 January 2022

DOI: 10.1002/smi.3131

RESEARCH ARTICLE

WILEY

DNA methylation in blood cells is associated with cortisol levels in offspring of mothers who had prenatal post-traumatic stress disorder

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Received: 6 May 2024 | Revised: 17 August 2024 | Accepted: 19 August 2024

DOI: 10.1002/brb3.70029

ORIGINAL ARTICLE

Brain and Behavior

Open Access

WILEY

An epigenome-wide study of a needs-based family intervention for offspring of trauma-exposed mothers in Kosovo

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Latest focus: transgenerational trauma

- Our study is the first intergenerational study to investigate the effects of a needs-based family-intervention on biological embedding of trauma
- Findings provide preliminary evidence to suggest the potential for tailored interventions to help break the intergenerational transmission of trauma
- Large-scale studies powered to detect associations at genome-wide significant levels are needed.



Recommendations

- Advocacy for the right to redress, including the right to rehabilitation
- Developing models for state funding of trustworthy services
- Developing models for early identification and support, e.g. asylum seekers and refugees
- Testing well-described interventions in groups of victims of torture

Thanks for your attention

*You can chain me, you can torture me, you can even
destroy this body, but you will never imprison my
mind-[Mahatma Gandhi](#)*

