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# Some Preliminary Considerations Involved in the Education of Torture Victims and Their Children

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# SOME PRELIMINARY CONSIDERATIONS INVOLVED IN THE EDUCATION OF TORTURE VICTIMS AND THEIR CHILDREN

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[Education]...must face squarely and courageously every social issue, come to grips with life in all of its stark reality, establish an organic relation with the community, develop a realistic and comprehensive theory of welfare, fashion a compelling and challenging view of human destiny, and become less frightened than it is today at the bogies of imposition and indoctrination (Counts, 1969).

First written 54 years ago, Counts' words express a reconstructionist philosophical stance which has been largely ignored and abandoned by mainstream contemporary educators. However, this article will argue that Counts' sentiments continue to have relevance with particular reference to the educational plight of those torture victims and their children who have migrated to more hospitable environments. The poignancy of their story demonstrates in extreme fashion the inescapable link between the expression of educational commitment and the exercise of social responsibility. The ramifications of this connection will be discussed as will an accompanying set of preliminary policy and research considerations.

Certainly the education of migrants of all types involves a unique set of problems and policy responses. D. Cox (1985) has argued that migration ought to be viewed as a process involving four stages: "the pre-movement stage, the transition, resettlement in the new environment and finally, integration which implies becoming an integral part in some way of that new environment." Six variable clusters which the author argues influence the quality of the migration experience include the background of the group and the nature of its migration, nature of previous contact with the host society and consequent pre-arrival attitudes on both sides, socio-economic political context on arrival, prevailing host society attitudes, nature of ethnic development, and economic status of the group (Cox, 1985).

Even when educators, charged with the task of facilitating the migrant child's social integration, are cognizant of these variables, they typically encounter obstacles preventing the successful completion of that goal. Incidences of family separation, excessive unemployment and low parental income, inadequate living conditions, generational discord concerning issues of social integration or the protection of cultural identity, and second language difficulty not only plague migrant families in the direct

sense, but negatively influence their children's educational situation (Feil, 1985).

Educators are at times insensitive to these difficulties; at times institutional policies exacerbate them. A few examples, taken from the Western Europe case, are especially illustrative. Even during the early stages of childhood, for example, Muslim children who attend German kindergartens are subjected to overt denominational influences which characterize the Christian-operated institutions, as well as pervasive racial stereotyping, practiced by their German teachers (Feil, 1985). In France, all native language instruction for migrant children occurring during or after school hours is sponsored by the child's country of origin. While such programs serve to reaffirm a loose sense of cultural identity, serious restrictions limit their effectiveness in providing for an improved adaptation to the French educational environment, a goal which is used as the primary justification for the programs by the host country. Migrant children thus acquire few skills that are immediately transferable to the typical classroom (Limage, 1985).

For the general European case, second generation migrant youth are often under-represented in postsecondary job training programs; yet they continually express vocational aspirations that are incommensurate with their actual employment opportunities. Coupled with instances of poor vocational counseling while they attend secondary schools, as well as overt employment discrimination once they leave, the marginality of their occupational status is perpetuated and intensified (Limage, 1985).

While the typical migration experience may be fraught with difficulty, victims of political torture and their children who participate in the migration process encounter specific experiences unique to their status and situation. Those who resettle for political purposes are especially likely to identify strongly with their mother country; their forced exit may be a practical necessity, but having endured personal sacrifice in support of a political ideal, they are at least initially likely to express a preference for returning to the mother country when future conditions improve. Many feel rejected and expect to be rejected by individuals within their new environment (Daly, 1983).

Victims of political persecution are often denied the time to plan their move; the four-stage migration process previously described is never orderly; movement from stage to stage is often unclearly defined.

The expression of specific political opinions can influence the degree of peer support one obtains during the resettlement process. In addition, factional disputes which have political motivation not only undermine internal group cohesiveness but create extreme tension and mistrust when their expression is ignored by host country officials in charge of resettlement.

Political torture victims, who constitute 15 to 30 percent of all political refugees ( "Treatment of, " 1985), are especially marked by the nature of their previous suffering. Table 1 lists the methods of physical and psychological torture experienced by 41 Latin American victims who migrated to

Canada. Table 2 lists the effects of the torture. The information collected closely matches that provided by victims who resettled in the United States and Denmark, as do reports concerning the effects after their ordeal (Allodi, et al., 1985).

**TABLE 1**  
**Methods of Torture (out of 41)**

Method	Number	Percent
Deprivation		
Food deprivation	12	29
Water deprivation	15	37
Food and water deprivation	16	39
Sensory deprivation	12	29
Overstimulation		
Bright lights, etc.	12	29
Physical Torture		
Beating	40	98
Slapping, kicking, punching, telefono*	40	98
Striking with a rifle butt	32	78
Striking with a heavy whip, baton or torch	25	61
Burns from cigarette, chemicals, hot water or electricity	5	12
Electric shock, parilla**	27	66
Suspension, hanging by fingers	12	29
Cold water, showers or submersion	15	37
Other physical torture (nail removal, asphyxiation, etc.)	12	29
Psychological Torture		
Verbal abuse	32	78
False accusations	35	85
Threats of death, execution	31	76
Threats against self, further torture	23	56
Threats against family and friends	13	32
Sham executions	12	29
Rape	6	15
Other sexual molestation or torture	14	34
Other psychological torture (degradation, excrement in food)	12	29

Source: Allodi et al., 1985, p. 68.

\*Telefono is a form of torture whereby the victim is boxed with cupped hands on the ear.

\*\*Parilla is a form of electrical torture whereby the victim is strapped to a metal bed or bedsprings often with strips of wet cloth, and electric currents are sent through the victim's body.

**TABLE 2**  
**Long-term Effects of Torture (out of 41)**

Effect	Number	Percent
Physical		
Scars, burns	21	51
Fractures	8	20
Deafness, blurred vision	5	12
Weight loss	10	24

TABLE 2 (CONTINUED)  
Long-Term Effects of Torture (out of 41)

Effect	Number	Percent
Psychosomatic		
Pains, headaches	22	54
Nervousness	33	80
Nightmares, night panic	14	34
Insomnia	28	68
Tremors, weakness, dizziness, fainting, diarrhea, sweating	26	63
Affective		
Depression	28	71
Anxiety	36	88
Fears, phobias	12	29
Behavioral		
Withdrawal, irritability, aggressiveness, impulsivity	13	32
Sexual dysfunction, severe	5	12
Suicide attempt	4	10
Intellectual and Mental		
Confusion, disorientation	5	12
Memory loss	12	29
Loss of concentration	13	32

Source: Allodi et al., 1985, p. 69.

It is important to note that confirmation of the existence of such effects is independent of the victims' immigrant status.

Psychiatrists differ as to whether or not a torture syndrome—"a predictable set of responses resulting directly from being tortured"—exists (Allodi et al., 1985). Even those who question whether the clinical evidence substantiates such a categorization, however, admit to the existence of responses which include anxiety, hyperalertness, problems of concentration and memory, and the tendency to re-experience through dreams or nightmares the actual physical trauma (Allodi et al., 1985).

Allodi et al. (1985) have argued that four issues ought to govern the therapeutic treatment for prolonged psychological effects of torture. First, trust between patient and therapist must be developed as a prerequisite to meaningful treatment. Second, the patient should be encouraged to experience emotional catharsis, in the retelling of his or her past. Inge Kemp Genefke concurs.

It is important from the very beginning to explain to the victim that although we know very much about torture methods and sequels to torture, in fact we do not know what torture really is and how awful the sufferings are which are induced in torture victims. No one can imagine what happens during torture sessions, and we tell the victims that we know that words are lacking to explain what they suffered. Indeed we think that there is a *myth* surrounding torture, created by the torturers who try during the torture to induce so much suffering, humiliation and guilt into the victims that these would never be able just to explain their sufferings to other human beings. When the victims, contrary to the wish of their torturers, start trying to explain what they have been through, the myth is broken and great relief comes to the victim.

Many victims have told us that they feel so *humiliated* under some sessions of torture that they thought they would never be able to tell us what really happened. Therefore it is of great importance to discuss these humiliations point for point. This often brings the victim to realize that even though he felt and feels degraded, it is the torturers who are degraded, because they did these awful things to another human being (Kemp Genefke, 1984, pp. 10-11).

A third issue concerns that of survivors' guilt. Allodi et al. (1985) distinguish between guilt that is tied expressly to the consequences of a specific action and existential guilt which is less situational and more pervasive. For the most part, the Latin American victims who were treated in the Canadian study expressed sentiments that would correspond with the former rather than the latter category. Guilt that is situational is easier to treat through typical psychotherapeutic techniques. In any event, sensitive evaluation of the victims' feelings with due emphasis directed toward the necessity of their achieving symbolic restitution is a crucial part of the rehabilitation process (Allodi et al., 1985).

A final issue concerns the victims' acquiring a stable self-concept while viewing their new environment as being secure. The typical migration pressures that have been previously noted have to be acknowledged and confronted. This can only occur, however, after the victim has come to terms with his or her own role in the torture experience (Allodi et al., 1985).

It would be grossly inaccurate to view the problem of political torture as affecting only adults. Children, too, are directly involved in the process. Chile and South Africa are two countries where the torture of children for political purposes has been especially pronounced; mass executions of children have occurred in Iran and in rural areas within Africa and Latin America. Sikh children were not spared during the Indian sectarian violence of 1984 (Tomasevski, 1986).

The world community has been made aware of the disappearance of children in Argentina during the 1970s and, more recently, in Peru. Yet the problem is worldwide in scope and continues in selected instances. As Tomasevski (1986) indicates,

Disappearances are a misnomer for abductions, detention incommunicado, and frequently for killings in secret. People do not disappear, but they are taken away by force and often with their children. Worse, children are made to disappear to be used as hostages against their parents, and they are often tortured to reveal their parents' whereabouts (p. 43).

When children are the prime targets for political arrest, detention and imprisonment, they are often treated as adults and are denied judicial protection or correctional treatment as minors. Many countries fail to observe the principle of separation of children in custody from adults, the incarceration of children with one or both of their parents being the most frequent instance where violations of this principle occurs (Tomasevski, 1986). Babies born in prison are often compelled to remain there for lack of

an appropriate alternative. While some have argued that mother and child should not be separated under such circumstances, the potential harm of the prison environment to infants and children cannot be reasonably contested (Tomasevski, 1986).

Most children whose parents have experienced torture are not physically victimized. They have experienced the random violence which accompanies their parents' persecution though, be it through prolonged separation from one or both parents, witness to the destruction of family furniture and belongings, parents being personally manhandled, etc. Children in El Salvador, for example, have reportedly been forced to personally witness both the murders of their families and the burning of their homes (Cohn, 1982). In comparing three studies of Chilean and Argentinean children whose families were so victimized, Allodi (1980) notes that their symptoms are not unlike those whose parents were holocaust victims, were persecuted in Northern Ireland, or were imprisoned for common criminal and civil offenses. He concludes,

The children reacted with a narrow repertoire of symptoms and most commonly with reactions of social withdrawal, chronic fear, depressive moods, clinging and over-dependent behavior, sleep disorders, somatic complaints and an arrest or regression in social habits and school performance. Irritability and aggressiveness were only considered a problem and only reported for the older children or as a late onset symptom....

These symptoms are related to the loss of the parental bond or protective home atmosphere due to parental preoccupation, psychological disorganization, or absence.

To argue that victims of political torture and their children face an acute and unique type of suffering, and that their condition is exacerbated when they become part of the migration process is not terribly controversial. A far more important set of questions deals with the nature of existing treatment programs and their relevance for professional educators. Centers dedicated to the treatment of torture victims among refugees now exist in France, the Netherlands, Sweden, Canada, and Denmark. The Danish and Canadian programs have attracted worldwide publicity and share a number of common features.

The Rehabilitation Centre for Torture Victims (RCT), a private foundation subsidized by government funds, was officially opened in 1984. Situated near a university hospital where beds are reserved for patients when necessary, the RCT offers physiotherapy, psychotherapy, and medical treatment to its clients. Finger massage is a particular technique used to relax patients prior to their undergoing actual psychotherapy; in addition, RCT officials offer their clients the opportunity to receive dental care. RCT staff include trained physicians, dentists, psychologists, interpreters, and social workers. Efforts have been made to gather and publish research concerning the effects of torture, and the Centre operates an extensive educational outreach program as a means of publicizing its activities. In 1984, 118 victims attended the RCT at some point; 36 individuals finalized

their treatment and 4 spouses and 14 children received treatment. Typical treatment periods varied from 3 to 6 months or 6 to 12 months, although some clients received treatment for up to 18 months (Rehabilitation Centre, 1984). One fourth of the total number of victims had to undergo more than a single round of treatment, and 50 percent of the victims were hospitalized at the Copenhagen University at some point. Ninety percent of those treated were said to have been cured or to have shown a significant improvement in their condition.

The Canadian Centre for the Investigation and Prevention of Torture (CCIPT) was formed in 1983 as a means of continuing the work of Toronto physicians associated with the Canadian Medical Group of Amnesty International. In 1985, CCIPT obtained office space and hired a half-time office administrator with a grant from the Settlement Branch of Manpower and Immigration.

Its operations parallel to some extent those of the RCT, although its scale of operation is smaller. Limited to an annual budget of \$15,000 (Canadian), CCIPT relies heavily upon voluntary staff: social workers, teachers, physicians, etc. CCIPT clients typically are referred to the Centre by community agencies, lawyers, and physicians; the Centre thus serves as a secondary contact point. After appropriate interviews and consultations, the clients are in turn referred to appropriate government agencies, lawyers, ESL classes, and community or church groups. In spite of severe limitations, approximately 125 cases were processed in 1985 (Canadian Centre, 1985). While clients' progress is not monitored in the direct sense, records of staff-family contacts are compiled every six months and volunteers meet monthly to discuss their cases (Romero, 1986). Given the secondary support function of CCIPT, success is measured through the number of cases which are referred to more specialized agencies (approximately two-thirds of those processed) and the number of times clients avail themselves of CCIPT resources (in 1985 clients visited CCIPT offices approximately 4.3 times during the year) (Canadian Centre, 1985).

The CCIPT additionally operates its own ESL classes, currently enrolling 14 adults on a regular basis once a week. The coursework largely supplements professional efforts administered by other agencies and is viewed as providing maintenance skills for second language speakers. As of spring 1986, the ESL program was to include two hours of English instruction and one hour of orientation. The orientation session was designed with a problem-solving framework and attempted to utilize group processes as a means of sharing previous experiences, determining present realities, and evaluating future prospects. Social workers and a psychiatrist were to be present, complementing the regular instructional staff. The orientation curriculum was also designed to include more conventional subject matter: enhanced familiarity with social welfare, legal and medical agencies, improving survival skill mastery, etc. Outreach programs which include school visitations on behalf of client families and publication notices in the Teachers' Federation Newsletter are also con-

ducted on a regular basis (Romero, 1986).

The work of the RCT and the CCIPT is representative of concerted individual effort aimed at addressing the basic needs of torture victims and their families. Insofar as education is one of many such needs, these agencies address the need through the operation of small programs and through more extensive networking with formal educational institutions. What, however, can specifically be done within formal settings?

Here, too, a Toronto case is illustrative. The North York Board of Education, which represents one of the boroughs within Metropolitan Toronto, has since 1979 operated a Multicultural Consultant Service whose staff has implemented a Native Language Assessment Policy. That policy stresses the importance of chronicling migrant children's educational and health histories, family background, first language capability and mathematics skills. The documentation is recorded within the context of family and individual child interviews, the results are shared with school staff, programming recommendations are suggested, and parents are notified of the results. Active parental participation with respect to the child's education is especially encouraged at an early point. In addition to identifying high risk children at an early age, the Consultant Service has promoted the establishment of bilingual tutoring programs and has assisted in staff development and inservice workshops for both teachers and parents (Duran, 1986). Duran specifically argues that such efforts "have been particularly relevant for refugee children who had experienced traumatic disruptions of their schooling and of their personal lives.... "

Others have claimed that family counseling should be a part of the resettlement process for migrants of all types (Wiseman, 1985); certainly its importance for torture victims and their children cannot be underestimated or go unappreciated by educators who will, knowingly or not, make decisions that will most certainly affect the entire family.

The implications for professional educators extend beyond the time-worn goal of increasing parental participation in the educational process. As more and more of our children enter school suffering from severe traumas, educators have to consider their own roles in expansive terms: being a teacher must incorporate the use of negotiating skills typically reserved for the family social worker. Teachers will be required to increase their sensitivity to those child behaviors which are traceable to the irreconcilable nature of a traumatized past.

Therapeutic models of educational process are not new, nor have they been extremely popular. Within the North American context, it has been argued that such sentiments have served to rationalize the use of the school as an agent of social control, albeit in a covert manner (Cohen, 1983; Lasch, 1979). Irreparable harm is committed when educational institutions usurp the functions of family and home, or so it has been claimed.

It has become additionally fashionable to argue for the American case, that schools have been unsuccessful when they have attempted to fulfill goals which are ill-defined and satisfy responsibilities which are conflic-

tory. Supposedly, these responsibilities have increased dramatically over the past few decades (Kirst, 1984).

Perhaps it is the example of children as victims and relatives of torture victims which sets limits as to the validity of the above contentions. We are reminded, for example, that social pressures upon family members change, are often intense, are increasing, and serve to limit if not redefine family roles. The social function of the school is also subject to continued redefinition. Certainly the expanding nature of educational responsibility has to be seen within the context of an increased professionalization of rank which may have had the result of promising more than it has delivered. Nonetheless, the redefinition of educational professionalism to include the competencies which have been previously mentioned can be considered a practical and moral necessity.

Although the CCIPT and the RCT use a number of eclectic approaches in treating their clients and their organizational success must be measured on a case by case basis, few would argue that more systematic research needs to be conducted ascertaining the specific strengths and weaknesses of various therapies utilized in the treatment of individual traumas. But for educators, the need to conduct research concerning the cognitive and affective needs of torture victims is even more pressing. This is why the educational programs of the Canadian and Danish anti-torture centers and the North York Multicultural Consultant Service must be viewed as nascent models, deserving of elaboration rather than emulation. Little research exists correlating the depth and degree of a child's trauma to his or her actual school performance over time. We have no evidence to indicate that teachers, even after attending relevant inservice workshops, adjust their instructional techniques to the needs of those students who have been previously victimized. There must be more research conducted which isolates those instructional techniques that can be especially effective and are transferable to a number of school settings.

Such research should be conducted in school, by education departments and research organizations, for the benefit of educational practitioners and parents alike. A recognition of the necessity for giving concerted attention to this issue should affirm a renewed commitment to socially responsive educational practice. In the final analysis, the problems of educating torture victims and their children are illustrative of the practical and ethical folly of denying to the educational process its significant moral component.

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