Mohamed Farrag, PhD; Husam Abdulkhaleq, MA; Galaleldin Abdelkarim, MA, PhD; Rima Souidan, MSW; Haitham Safo, MA

**INTRODUCTION**

Organized torture practiced by oppressive regimes against political enemies constitutes a serious worldwide epidemic. According to Amnesty International, 150 out of 215 countries practiced human rights abuses in 2005.\(^1\) The United Nations defines torture as "any act by which severe pain or suffering, whether physical or mental, is intentionally inflicted on a person for such purpose 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 for any reason based on discrimination of any kind, when such pain or suffering is inflicted by, or at the instigation of, or with 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."\(^2\)

Torture is usually used as a tool in investigation or as a means of harsh punishment to crush political enemies. The torture experience aims at destroying the human being physically, mentally and socially. Victims of torture usually suffer from complicated physical and mental conditions, including medical, psychological, neurological, social and vocational problems.\(^3\) This comorbidity requires a comprehensive treatment approach including medical, psychiatric, neurological, and dental examination and treatment.\(^4\)\(^-\)\(^6\)

Torture victims at the ACCESS Center for Psychosocial Rehabilitation of Torture Survivors (hereafter referred to as the Center) suffer from severe psychiatric problems, such as post-traumatic stress disorder, depression and anxiety.\(^7\) Probably the most common problems among victims of torture are post-traumatic stress disorder (PTSD), depressive, somatoform or anxiety disorders. Studies at the Center\(^8\)\(^,\)\(^9\) showed that torture victims, compared with mental health clients and with other refugees, have significantly more problems or needs in many areas of life, functioning, mental health or health. In addition, victims of torture tend to suffer from comorbidity, indicating that they usually have more than one mental health and health problem at the same time. The problems also tend to be very persistent and lead to serious disruption of their social skills. Many complain of over-generalized fear, confusion and, in many cases, shame or guilt. Assessment of torture victims includes comprehensive psychosocial assessment, post-traumatic stress disorder evaluation, and anxiety and depression assessment, in addition to medical and dental examination, if needed.

**TREATMENT OF VICTIMS OF TORTURE**

Traditional treatment approaches with torture survivors utilize one form or another of psychotherapy to deal with post-traumatic disorder and other psychological consequences of torture. A treatment plan may include medical services, psychiatric services and case management services. Therapeutic approaches with victims of torture include cognitive behavior therapy,\(^10\) hypnotherapy, eye movement desensitization and reprocessing (EMDR),\(^11\) to deal with posttraumatic disorder. Testimo-