2004 marks the twentieth anniversary of the adoption of the United Nations Convention Against Torture (CAT). At this important milestone, when we should be celebrating progress in the struggle against torture, we instead confront the stark revelations of torture being perpetrated by Coalition forces occupying Iraq. Many aspects of the debacle are disturbing, not least being the fact that a chorus of voices had already been raised, including those in mental health about the risks involved in the progressive retreat on human rights since the attacks on September 11 and the subsequent declared war on terror.

Why the events in Abu Ghraib should be seen as a global human rights crisis is self-evident: the invasion of Iraq has been justified in large part on human rights grounds to depose the genocidal Sadam Hussein and his Ba’ath regime, a rationale given greater prominence when other justifications (particularly the imminent threat posed by weapons of mass destruction) were shown to be based on false intelligence. While the leaders of the invading coalition (USA, UK, Australia, Spain) ignored United Nations objections to the incursion, they argued that the means (unilateral invasion in violation of international law) justified the end (bringing freedom, democracy and protection of human rights for the Iraq people).

The timing of the torture adds to the sense of crisis. The past 50 years have been a unique period in history in relation to the attention given by leading world nations to building an effective international human rights regime. A recent report by Amnesty International provides a detailed account of the painstaking efforts that have been made since the establishment of the United Nations aimed at building an interdependent and mutually reinforcing set of conventions to prevent human
rights violations. In concert, this edifice of human rights law aims to close whatever loopholes exist in the struggle to combat torture and other cruel, inhuman and degrading treatments and punishments. Until the end of the cold war, this edifice of human rights law remained little more than a paper tiger. The collapse of the Soviet Union brought hope that a new geo-political climate could be created where international law and respect for human rights would finally gain primacy. This vision was reflected in the establishment of the International Criminal Court of Justice for the prosecution of those who have committed crimes against humanity, a landmark step in ensuring the effective implementation of international human rights law. The Abu Ghraib debacle shows, unfortunately, how far we are away from establishing a genuine respect for international law that has established the principle that human rights are inalienable and absolute.

One of the myths exploded by Abu Ghraib is that Western nations are the established bastions of the human rights regime and that the only problem is to ensure their enforcement in “other” countries, meaning underdeveloped countries that do not have a long tradition of democracy. It is true that in spite of the prohibitions of international law, torture continues to be practiced in over 111 countries worldwide, most often in countries of the developing world. At least Abu Ghraib and Camp Cropper will finally dispel the tendency for Western societies to distance themselves from the problem of torture as an aberrant form of abuse typical of exotic places. Unlike the clandestine operations of the CIA in Central and South America, the abuses in Iraq have been perpetrated directly by US military personnel with allegations mounting about the involvement of high-level officials in sanctioning or at least condoning such abuses. That the Iraqi prison is not simply an aberration in the contemporary geopolitical climate is indicated by ongoing concerns about abuses at Guantanamo Bay and other military detention facilities holding terror suspects, administered by Western powers and the alleged deliberate diversion of suspects by coalition forces to the security apparatus of countries known to use torture. These reversals indicate what many already suspected: that without leadership, political commitment and public awareness, we cannot rely on international law or on past achievements in the human rights arena to ensure that the non-derogable or absolute prohibition of torture is adhered to. Clearly, at this juncture, more voices need to be raised to remind the world why torture should be prohibited at all costs.

What legitimate role can mental health professionals have and what can we say? First, we can talk from the platform of a world-wide multidisciplinary grouping of
those mental health personnel assisting torture survivors who understand at a deep level the indivisible relationship between human rights and mental well-being. An important task is to engage more fully our colleagues in other mental health fields in order to remind them that the torture and trauma field is not simply an exotic subspecialty, but is relevant to the core business of promoting mental health and wellbeing. The history of psychiatry reveals a prolonged struggle to emancipate a persecuted minority, the mentally ill, from incarceration and torture, a journey that has involved overcoming our own misconceptions and misunderstandings as much as those of the wider community. Increasingly mental health professionals have realized the absolute centrality of this struggle to all areas of practice, since none of our efforts have much meaning unless we ensure that our patients are freed from prejudice, stigmatization and marginalization and accorded social justice and dignified treatment. These are precisely the issues workers in torture and trauma services struggle with – and, with modesty, about which they have some lessons to teach.

Yet we face internal controversies that impact on how we debate torture within the mental health community and how we portray the problems to the wider community. Vocal critics have rejected psychological and psychiatric interventions on several grounds: that notions of trauma and disorders such as PTSD are culture-bound to the West and have no validity in culturally diverse populations; that the impact of torture and other traumas on mental health has been exaggerated for social, financial and political reasons; and that “counseling” methods are alien or ineffective when applied across cultures. These critics ignore the major advances that have been made in research in the field. Although early studies in the field lacked the systematic sampling and standardized measurement demanded of contemporary research methods, these investigations consistently pointed to the wide-ranging psychiatric complications of torture. In the last decade, researchers have used standard screening measures and structured interviews to assess mental health outcomes in torture survivors, usually amongst refugees and other populations exposed to conflict. In the vast majority of studies, torture has been associated with elevated levels of mental disturbances, particularly posttraumatic stress disorder but also depression. A series of case-control investigations amongst ex-prisoners in Turkey showed that torture survivors had consistently elevated levels of psychiatric morbidity and related psychosocial problems. In a small study of refugees in Australia, Thompson and McGorry found higher rates of common anxiety and depressive symptoms in torture survivors.

Torture survivors from Bhutan living in a refugee camp in Nepal showed higher rates of anxiety, PTSD and depression than their compatriots living in the same environment. Amongst Tamil survivors of war and persecution in Sri Lanka, exposure to gross human rights violations, and particularly to torture, constituted the strongest predictors of chronic PTSD post-migration. Vietnamese refugees who had been held in re-education camps where torture was rife had extremely high rates of PTSD after arrival in the US. Momartin et al has shown that certain patterns of gross human rights abuses (the combination of traumatic loss and life threat) and consequent outcomes (particularly comorbid PTSD and depression) are associated with substantial levels of disability.

The collective weight of evidence provides a strong corrective to the uncritical acceptance of the assertions of the anti-PTSD lobby. Nevertheless, we must remain mindful of the risks involved in applying psychiatric diagnoses to torture survivors, a consequence that could doubly stigmatize them and deflect attention from more fundamental human rights concerns. These are important considerations, but need to be balanced against the risk of neglecting the legitimate mental health needs of those who have been subject to torture and other cruel, inhuman and degrading treatments. Torture survivors themselves seem to have voted with...
their feet on these issues, attending, as we know, in large numbers at torture and trauma rehabilitation services established in Australia and worldwide in the last two decades.

The quandary for clinicians in the field is to portray all these observations honestly and coherently to the wider public and to political leaders. Clearly, the notion that torture or other forms of human rights abuse have no psychological impact needs to be dispelled – it is noteworthy that, because of the sustained critique of the field, the issue of torture has fallen off the agenda of agencies such as the WHO – a very serious outcome. Torture is a social and moral cancer in its own right. From a psychological perspective, it is best seen as a potent risk factor to mental ill-health rather than as a toxin with invariably damaging effects. Such a formulation allows us to recognize fully, as we do in our daily work, that many survivors show remarkable resiliency and a capacity to learn from and transcend their experiences. Renowned professionals and leaders of our time (Frankl, Mandela, Gusmao, Primo Levi, to name but a few) have drawn on these adverse experiences to gain a deeper understanding of their own humanity and to transmit these lessons to others. We can also point out what we know about the factors that protect persons from adverse outcomes or facilitate recovery including the provision of a supportive and safe recovery environment, the establishment of social and political mechanisms that promote restorative justice, the power of individual coping strategies, and the support offered by religion, pursuit of political causes, and the capacity to access support from family and cultural traditions. Nevertheless, for some, even after a life of creativity, the long arm of torture can have tragic consequences – witness the recurrent depressive episodes and final tragic suicide of Primo Levi.

Can we, as treating agents, comment on the wider social and institutional factors that increase risk of torture and on measures that might prevent such abuses? We learn daily from the stories we hear from our patients about the interaction of complex political, ecological, social, cultural and institutional factors that collectively conspire to trap individuals and groups in a spiral of abuse. Abu Ghraib prison offers a stark case example in which many of the risk factors should have been identified early. At a geopolitical level, the so-called war on terror has provoked alarm about the rush to sacrifice human rights in the pursuit of a narrowly defined concept of national security. In the heat of the moment post-September 11, leading countries have adopted legislation to allow the extra-judicial detention of suspects in clear violation of human rights principles. The creation of the new category of “enemy combatant” for instance was deliberately established to circumvent the Geneva Conventions, established treaties that safeguard the rights of prisoners of war. Even prior to this, leading Western nations actively retarded the passage of key provisions that serve to increase the capacity of international and local monitoring systems to prevent torture and other forms of gross human rights violations. In particular, there has been opposition to the adoption of the Optional Protocol to the Convention Against Torture, a landmark provision that allows for mandatory inspection of detention centers. In addition, the US has refused to join the International Criminal Court that would allow international indictment of persons accused of war crimes and other gross human rights violations. The US also has taken further steps, particularly to establish a UN resolution guaranteeing its military personnel impunity from international indictment from war crimes during its operation in Iraq.

At a social level, the unrelenting depiction of terrorists in the media has made an indelible imprint on the collective public mind, linking people of particular cultural and religious groups to fundamentalism, extremism and terrorism. Proportionately little effort has been made by political leaders to counter the destructive effect of such propaganda on communal attitudes. In a climate where there is implied licence to vilify and dehumanize the identified group, the risks of abuse
escalate. Abu Ghraib offered precisely that opportunity. If it is true that there was a special program of torture sanctioned or even directed from high levels in the US administration, then few other explanations are needed for the events that unfolded. Nevertheless, these chain-of-command issues remain to be unravelled. Even if such command authority cannot be conclusively proven, the conditions in Abu Ghraib were ripe for abuse. Apparently poorly trained reservists and other irregular personnel were given responsibility for prisoners or allowed access to them. At least some of the guards appear to have been young, and from poorly educated backgrounds. The inmates fitted precisely the caricature that public stereotyping had been creating in the post-September 11 world: Muslim persons from Arabic backgrounds suspected of terrorism. The torture methods used appeared to be designed to induce maximal cultural and religious humiliation and degradation in that context (women abusing men, public display of nudity and enforced sexual acts; use of dogs to threaten and humiliate naked prisoners). This suggests a degree of premeditation and planning. The immediate context was also important: a highly charged and acrimonious setting in which the occupiers were holding local nationals who were perceived (whether based on reality or not) of advancing an irregular and unpredictable campaign of armed defiance in which civilians on both sides were being killed; occurring in a context in which the legitimacy of the occupation was being strongly questioned, locally and internationally; and where the opposition was seen to be linked to international terrorism and religious fundamentalism. Although international agencies such as the International Committee of the Red Cross raised concerns early in the development of the Abu Ghraib debacle, reporting by that agency is restricted to the relevant authorities. As such, if the Optional Protocol to the CAT was given full force and endorsed without exception internationally, and if all military were made fully aware that they were subject to indictment at the International Criminal Court or according to the UN mechanisms, it is conceivable that such outcomes could have been prevented.

The increasingly distressing images of abuse emerging from Abu Ghraib and Camp Cropper teaches us much about the power of propaganda and the capacity of leaders to shape the mass psychology of nations. Demonization of groups whether at home or abroad because of their ethnicity, race, religion or refugee status, if perceived to be countenanced or condoned by political leaders, sends a message of permissiveness to prison guards, security officers in detention centers, combatants in war and other state functionaries at the ground level who are quick to learn that as long as it occurs behind closed doors, torture is permissible – and there will never be a shortage of persons willing to commit atrocities given adequate licence.

It clearly is time, therefore, to go back to basics in promoting a genuine commitment to human rights within our society. We need to engage in what may seem to be a repetition of the struggles of earlier times, except this time, we should be better prepared for the reality that such struggles will never go away. We are in a privileged position to work with survivors of torture from diverse cultural backgrounds. The clinical experience and research data they generously provide us helps to give us the authority to talk from a position of expertise. At the same time, we recognize that the true experts are the torture survivors themselves. Wherever possible, survivors should be given their voice, since they are the best educators of us all. As professionals, we can support their cause by rekindling multidisciplinary and grassroots coalitions to educate leaders in all walks of life and the public at large about torture and its consequences. We need to be much more proactive in sharing our knowledge about the outcomes of torture and about legal, political, social and institutional factors that, if adopted, can reduce risk of abuse. At present, it is doubtful whether many members of the
public know much about the Optional Protocol, the International Criminal Court or other provisions aimed at curtailing torture and other gross human rights violations. Nor, does it seem, do they know about our government’s obligations under international treaties and the underpinning principles that guided the adoption of such treaties. We need to join as a multidisciplinary vanguard to remedy this failure of education. Unless we, as citizens, make human rights a living reality, our societies are prey to the next propagandist who can persuade us that such rights are expendable.

The overriding issue to bring to our fellow citizens, however, is the need to defend the fragile moral fabric of our own societies, a prerequisite to safeguarding our communal psychosocial well-being and indeed our mental health. Condoning torture is fatal to that hard-won foundation of decency on which any worthwhile society is grounded, and giving up that cornerstone is a very high price to pay for the illusion of security.

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