

HOW CAN CHILDREN SURVIVE TORTURE?

GENEVA, 6-7 APRIL 2016

Report on the Expert Workshop
on redress and rehabilitation
of child and adolescent victims
of torture and the intergenerational
transmission of trauma



Organized by the United Nations
Voluntary Fund for Victims of Torture



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Every country in the world is bound by the principle of the absolute prohibition of torture, without exception. Yet, as has been documented by the United Nations Voluntary Fund for Victims of Torture (the Torture Fund) and other UN mechanisms, the torture of children and adolescents is still a shocking reality. Even very young children are not spared this suffering and are subjected to various forms of torture, including through the use of specific machinery to administer pain; mock executions; sexual abuse and assault; and being forced to witness pain, abuse, violence or humiliation being inflicted on other children or family members. Children are frequently targeted because they are children as a way to intimidate entire communities or to force their parents or other relatives to endure additional torture.

Children are entitled to specific rights and protection because of their heightened vulnerability. International human rights law recognizes that States have an obligation to help child and adolescent victims of torture to work towards recovery and secure redress. Regrettably, this obligation is often ignored. Nevertheless, there are networks of physicians, psychologists, social workers and lawyers around the world that help child survivors of torture to deal with the trauma they have suffered. Much of their work is supported by the Torture Fund, which my Office is proud to manage. In 2016, the Torture Fund will mark its 35th anniversary as well as its achievement of directly supporting the rehabilitation of over 50,000 victims of torture each year.

Children must know that they are uniquely precious in the eyes of the world, that they have rights and that what has been done to them is a violation of their rights and of international law. We must demonstrate that we are committed to tracking down the perpetrators and holding them to account for their actions. And we must do what we can to help them develop the resilience and wisdom to break free from the physical and emotional pain they have endured. The work of the Torture Fund over the past three decades has clearly demonstrated that children and adolescent victims have an extraordinary capacity for resilience. Such resilience, however, generally requires that child victims of torture receive rapid and ongoing appropriate support.

The Expert Workshop on ***“Redress and rehabilitation of child and adolescent victims of torture and the intergenerational transmission of trauma”*** highlighted methods that can be deployed to sustainably assist child and adolescent victims of torture, including techniques which can revive their self-confidence and sense of worth and restore their hope and dignity. I take this opportunity to express my gratitude to these tireless professionals, who are supported by the Torture Fund, for their life-changing work.



Zeid Ra'ad Al Hussein
United Nations High Commissioner for Human Rights
Geneva, May 2016

The Board of Trustees of the United Nations Voluntary Fund for Victims of Torture held its 43rd session from 4-8 April 2016 at the Office of the High Commissioner for Human Rights (OHCHR) in Geneva. The Board of Trustees is composed of Ms. Gaby Oré Aguilar (Chair of the Board of Trustees and human rights lawyer), Mr. Morad El-Shazly (psychiatrist), Ms. Maria Cristina Nunes de Mendonça (forensic doctor), Ms. Anastasia Pinto (expert in issues relating to gender, child rights and indigenous rights) and Mr. Mikołaj Pietrzak (criminal law and human rights lawyer).

The session included a two-day Expert Workshop on ***“Redress and rehabilitation of child and adolescent victims of torture and the intergenerational transmission of trauma,”*** which was convened on 6 and 7 April 2016. The workshop gathered a high-level group of practitioners and experts from civil society and rehabilitation centres that are financially supported by the Torture Fund and based in different parts of the globe. Other participants included members of the UN human rights treaty bodies, representatives of UN agencies and non-governmental organizations, as well as OHCHR staff members who are working on related mandates (see Annex 1 for the list of participants). The workshop, which is part of a series of annual expert knowledge-sharing initiatives facilitated by the Torture Fund, provided a forum for an informed discussion on the particular ways in which torture affects children and adolescents. Moreover, participants had an opportunity to highlight good practices and the main challenges being faced in relation to redress and rehabilitation. The workshop also enabled participants to discuss the characteristics and prevention strategies of the intergenerational transmission of trauma. The findings of the workshop are summarized in this report.

The workshop was followed by a Public Event that was entitled “How can children survive torture?: Lessons learnt on their redress and rehabilitation.” This event took place on 8 April 2016 and included the participation of Mr. Zeid Ra’ad Al Hussein, United Nations High Commissioner for Human Rights, and a number of specialized practitioners. The objective of the event was to facilitate an informative exchange between representatives of the Torture Fund, UN Member States, civil society organizations and relevant UN mechanisms and entities.

The Expert Workshop was organized in the form of panel discussions that focused on three main themes:

- Understanding the challenges: rights and needs of child and adolescent victims of torture;
- Walking through the healing process: the rehabilitation journey of child and adolescent victims of torture; and
- Preventing, identifying and treating the intergenerational transmission of trauma affecting children and adolescents.

Each thematic panel was followed by a wrap-up discussion during which participants agreed on a set of recommendations. The recommendations of each panel are summarized in the last section of this report.

“The Torture Fund is a bridge between victims, specialized practitioners, UN experts and UN Member States, enabling a community of knowledge in the area of redress and the rehabilitation of victims of torture. It is critical that we cooperate strategically to respond to today’s specific needs and the challenges of securing appropriate redress and rehabilitation for younger victims.”

(G. Oré Aguilar, Chair of the Board of Trustees of the Fund)

In her opening remarks, the Chair of the Board of Trustees of the Fund explained that the topic of children and torture at this year’s workshop was particularly challenging. This issue was chosen as a result of the alarming data that was shared by grantees of the Torture Fund about the increased numbers of children and adolescents enduring torture.

Facing the horror of torture at a young age might result in life-long physical, psychological, social and developmental challenges for the child, unless adequate and timely rehabilitation and redress are provided. Evidence has shown that it is possible for victims of torture, including children, to heal if they receive the help and support that they need.

Over the past 35 years, the Torture Fund has developed distinctive international expertise, due in large part to the practitioners it partners with, regarding the provision of specialized assistance to child and adolescent victims of torture. In line with the Torture Fund’s 2014 Mission Statement, the key objective in organizing the workshops was to share and consolidate this unique expertise for the benefit of all of those who are involved in combating the crime of torture. She further expressed the hope that the findings of the discussions would be shared broadly and at all levels, including vertically and horizontally, from the United Nations to all of those assisting and working with child and adolescent victims of torture.

“This room is about more than just condemning human rights violations. It is about people working concretely on the ground to overcome the harm inflicted by torture on children and adolescents.”

“ Sometimes the torturer will say, “it is because of you that we are doing this,” and the children of victims often think, “maybe I could have been able to save my parents.” Guilt, shame and self-blame tend to surround the torture experience of the child.”

Paul Orieny



“Who will be responsible for a generation of millions of children undergoing trauma and suffering of extreme forms of human rights violations in different regions? The world is silent.”

(S. Jabbour, Subcommittee on Prevention of Torture)

International human rights frameworks for protection, rehabilitation and redress for children affected by torture

Participants recalled that the international community has recognized the absolute prohibition of torture as a fundamental principle and an unequivocal obligation under customary and international law. In addition, the Convention against Torture and other Cruel, Inhuman or Degrading Treatment or Punishment (CAT) and the Convention on the Rights of the Child (CRC) provide that torture is a crime and is prohibited under all circumstances, without exception. There is no justification for torturing a human being, including for reasons of national security, the fight against terrorism, the threat of armed conflict or a public emergency.

Participants stressed that because children and adolescents are already in a situation of vulnerability, the consequences of torture can have a cumulative impact on that vulnerability. The short- and long-term effects of torture for children and adolescents are often further exacerbated due to their experience with multiple and intersecting grounds of discrimination, such as disability, gender, ethnic origin, nationality and sexual orientation. These factors need to be taken into account in the process of seeking justice, redress and rehabilitation for children and adolescents.

Participants indicated that the specific threshold for pain and suffering is lower in children than in adults due to the vulnerability of the child. Further, these levels will vary according to the age and maturity of the child. Participants also noted that there is an important gender dimension that needs to be taken into account as girls and boys do not necessarily experience torture in the same way.

“States should demonstrate their commitment to ending torture and ensure that the rights of victims to redress and rehabilitation are enforced.”

(A. Pinto, Trustee of the Fund)

Finally, participants recalled the legal obligation of States under international law to provide assistance to victims of torture. Specifically, article 14 of CAT stipulates that States must ensure that a victim of torture in its jurisdiction obtains redress and has an enforceable right to fair and adequate compensation, including the means for as full rehabilitation as possible. Likewise, article 39 of the CRC provides that States shall take all appropriate measures to promote the physical and psychological recovery and social reintegration of child victims of torture.

Torture and children: A frightening reality of our times

Participants underscored that few States are willing to admit that children are subjected to torture within their jurisdiction. Yet, we know that children are victims of torture in various contexts around the world, including during armed conflicts and when children are in conflict with the law and are held in detention or in custodial settings. The committees that monitor the implementation of CAT and the CRC have been informed of many situations that have directly affected children and have therefore called for particular measures of protection against torture or ill-treatment.

The discussions focused on:

- The current refugee and migrant crisis: Thousands of children have endured trauma before leaving their homes, which in some cases has amounted to torture. In addition, children on the move, who are sometimes unaccompanied or separated from their families, are at risk of violence during their journeys. Many are detained at border zones and suffer abuse at the hands of State agents while in detention.

“ A recurrent, dramatic situation, especially in the present phenomenon of mass migration towards Europe, is the existence among migrants and asylum-seekers of unaccompanied and often, undocumented children for whom the Committee against Torture has requested States Parties to ensure adequate protection. ”

(A. Bruni, Committee against Torture)

- Children in detention: This issue was highlighted as one of the most dangerous situations for the physical and psychological well-being of a child. In this regard, both the Committee against Torture and the Committee on the Rights of the Child are of the view that the deprivation of liberty for children should be a measure of last resort and for the shortest possible period of time.
- The invisibility of victims of enforced disappearances: In such cases, the anguish of families amounts to torture.

“ Disappearance is concealment, silence, a lack of existence, fear, intimidation and the destruction of a life’s project. ”

(M. Escamilla, CADHAC Mexico)

The effects of torture on children and adolescents

The effects of torture on children and adolescents were discussed at length. Torture inflicts massive physical and emotional damage on the developing minds and bodies of children and adolescents. In addition to the devastating physical and cognitive repercussions of torture and ill-treatment, the experience of such profound helplessness may fundamentally impair the child’s ability to trust, freely develop her or his personality and skills and confidently navigate changing environments and circumstances. Furthermore, if adequate therapeutic support is not provided, unprocessed trauma can lead to the intergenerational transmission of trauma.

“The combination of the words ‘children and torture’ is in itself horrifying and alludes to the darker sides of human kind. Yet, children do become victims of torture and the effects can be far more devastating and long-lasting than in the case of adults. For a child victim of torture, everyday life turns into a nightmare and this nightmare does not stop at night; it follows a child in their dreams and while they are awake.”

(L. Tsiskarishvili, GCRT, Georgia)

Participants explained that torture is a traumatic and “poisonous” process that impacts the development of the child’s brain. A series of Magnetic Resonance Imaging (MRI) images of the brain that were shared during the workshop showed the damaging effects of torture on the child’s hippocampus as a result of elevated levels of the primary stress hormone, cortisol. In addition to its other functions, the hippocampus allows humans to feel empathy. The ability of a victim to empathize is thus affected by the traumatic experience of torture. Children affected by torture may also suffer from attention and memory disorders. Moreover, when a woman is tortured during pregnancy, her child may be born bearing the consequences of her/his mother’s torture. Following certain types of trauma, the brain needs to be promptly and appropriately stimulated to regain its plasticity and ability to organize itself. Therapeutic treatment may help children and adolescents to regulate their brain’s responses to stress and understand and elaborate the meaning of their traumatic torture experiences.

“Thanks to new technologies, we increasingly know the extent of damage caused by torture to the brain, where the effects of torture often translate in brain atrophy. Both the child and adolescent brain can recover if the brain’s plasticity is stimulated through therapy. The brain has the potential to self-organize, but society (the adult world) has a responsibility to help.”

(J. Barudy, EXIL Spain)

Participants also discussed the impact of trauma on families, beyond the harm suffered by the individual. It was explained that if parents are unable to function normally due to their own traumatic experiences, they will not have the necessary skills to provide children with a safe and protective environment (i.e., parental deficit). Parents often have tremendous difficulty in speaking to their children about the torture that they have endured and all that it entails, primarily because of feelings of shame and guilt. The children instinctively know that something terrible has happened and they fill the information gaps with fantasies about what their parents have experienced.

On the other hand, participants warned that there is a possibility that tortured parents may disclose their experience of torture without any filters or an understanding of the impact that the disclosure can have on their children. In this way, they can unknowingly transmit their trauma to another generation, which will in turn struggle to trust others and connect with the world. It is therefore fundamental that guidance is made available that will enable parents to develop skills for positive parenting and promote the resilience of their children.

“There is light at the end of the tunnel. I saw families laugh together again.”

(S. Combrink, CSV, South Africa)

Participants agreed that early therapeutic interventions with parents and children, including babies, are paramount when the parent has been a victim of torture or another form of violence. These interventions tend to be twofold and aim at: a) recovering the parent's potential parenting skills through her/his cultural resources and individual competencies; and b) building a narrative of the parent's traumatic experiences, thereby providing full meaning to what has happened to her/him.

Language and terminology

“ There is an excess of adult language when working with children. What children say is very different than what adults say when they want to express their pain and suffering. ”

(D. Mendieta, Heartland Alliance International, Colombia)

Participants stressed the importance of language when working with child victims of torture. The challenge facing all practitioners is finding ways to enable child victims to express themselves by using various comprehensive child-sensitive approaches (i.e., sand play). Narration (in an autobiographical sense) is critical to helping victims to store traumatic memories differently, but children need to be assisted with this process. Denial of the traumatic events is a common defense mechanism for many children and adolescents.

The importance of body language was also emphasized. For example, it was explained that a baby or infant can be directly and negatively affected by their mother's body language and the non-verbal aspect of her torture narrative. As a result, therapists need to create novel scenarios as part of their therapeutic tools so that mothers can express their experiences with a new voice that will have a positive impact on their baby or infant and therefore the development of their relationship.

Participants recalled that it is crucial to address trauma during the child's first years of existence. The challenge in these cases is that before the age of three and a half years, there are only implicit, not explicit memories of trauma. Everything that happens to the child is recorded in the implicit memory. That is why practitioners speak about early trauma. Although the child cannot describe early trauma, her or his body can recall traumatic experiences. It is thus necessary to create a methodology that enables the child or adolescent to express these early traumatic experiences.

Within the context of discussions around language, there was an exchange on the relative benefits of using the terms of "victim" and "survivor." Using the term "victim" can be empowering and acknowledges the child's suffering. It is also important, however, to use the term "survivor" in order to tap into a child's resilience to overcome trauma. The Committee against Torture uses the term "victim" because it recognizes that there is a perpetrator of a human rights violation and allows for prosecution of the crime, yet "without prejudice to other terms," such as survivor, that may be preferred by those who have suffered harm. The Committee defines victims in its General Comment No. 3 on article 14 of CAT as follows:

“Victims are persons who individually or collectively suffered harm, including physical or mental injury, emotional suffering, economic loss or substantial impairment of their fundamental rights, through acts or omissions that constitute violations of the Convention. A person should be considered a victim regardless of whether the perpetrator of the violation is identified, apprehended, prosecuted or convicted and regardless of any familial or other relationship between the perpetrator and the victim. The term “victim” also includes affected immediate family or dependants of the victim as well as persons who have suffered harm in intervening to assist victims or to prevent victimization. The term “survivors” may, in some cases, be preferred by persons who have suffered harm. The Committee uses the legal term “victims” without prejudice to other terms which may be preferable in specific contexts.”

Dialogue between the United Nations frameworks on child rights and anti-torture

Participants underlined that the jurisprudence of the United Nations treaty-based system that deals with the specific experience of child victims of torture is somewhat limited. Instead, the focus of existing jurisprudence seems to be on the prevention of torture and other forms of ill-treatment. It was suggested that the recently adopted Optional Protocol to the Convention on the Rights of the Child on a communications procedure (OP3-CRC), which allows children to submit complaints for violations of their rights, may help to address this reported gap.

““ We would welcome initiatives of dialogue between the Committees on how to tackle the torture of children and how to overcome these specific challenges at the national level and in relation to the submission of individual petitions. ””

(C. Barbara, OMCT, Switzerland)

Need for more research, documentation and other challenges

Finally, the lack of research and documentation on providing redress and rehabilitation to child victims of torture was a recurrent issue in the discussions. It was noted that while there is a wealth of clinical literature regarding other traumas affecting children, there is little literature dedicated to the issue of children who have endured torture. It was stressed that research generates knowledge and can be essential to developing targeted advocacy and policy.

“ It is crucial to continue to create an evidence base that can be used for research, policy and advocacy work to achieve systemic change ”

(P. Muqit, Justice Centre, Hong Kong, China)

Similarly, it was emphasized that one of the persistent challenges is the absence in certain parts of the world of financial resources and practitioners with specialized expertise and knowledge about redress and rehabilitation for child and adolescent victims of torture. A number of participants referred to a good practice in which volunteer refugees were trained to provide assistance to other refugees. In some cases, however, the volunteers were also victims of torture and the task proved to be too emotionally difficult for them. Participants also shared an example of local communities that were recruited to undergo a slow, protocol-driven transformation to become communities of therapists. In contexts where there are severe shortages in mental health resources, empowering local people through quality training to assist their own people can be a powerful tool for change. Close supervision is necessary to ensure that quality assistance is provided and maintained.

“*Children, more than adults, have resources to draw upon. They are more resilient and have a greater capacity to bounce back from adversity.*”

Lela Tsiskarishvili



Building the child's resilience

The issue of resilience was introduced at the outset of the panel discussion. In the words of one of the participants, the concept of resilience is about acknowledging that human beings have the ability to overcome adversity. Participants explained that the healing process begins by helping victims to accept their victimhood. Although severe trauma cannot be entirely healed, appropriate intervention must be undertaken to ensure that the "damage" that has been done to a child or adolescent does not determine the rest of their life. Through therapy and support, the child can be taught to develop and draw on her or his resilience. Building individual resilience is a critical aspect of rehabilitation but, as participants stressed, this does not absolve States or society from their obligations to provide the tools and means for victims to recover.

“You cannot delete the past, but you can try to overcome it and transform it into something constructive so that it does not affect a child's future life in a negative way. Girls and boys who are victims of torture have the capacity to build their own resilience, but it is important that they are accompanied on this journey.”

(J. Barudy, EXIL Spain)

Participants warned that resilience should not be perceived as a miracle solution. Rather, victims need a solid social environment which will nurture their ability to be resilient. Hence, the concept of resilience is founded on collective efforts and requires contributions from multiple sources. Support people, such as family members, friends and educators, can act as "tutors of resilience" in the lives of children and adolescents.

Approaches and methods of rehabilitation

Early intervention in the case of children is paramount. Interventions should be undertaken as early as possible to prevent the harmful effects of trauma.

Different approaches and methods of rehabilitation to maximize the development of the resilience of child and adolescent victims were discussed. It was stressed that there is no universal model that can be applied to help deal with the trauma that is caused by torture inflicted on children. Nevertheless, a multidisciplinary and comprehensive approach to rehabilitation is fundamental. Existing models need to be flexible and adapted in order to effectively respond to the realities on the ground and can be tested in different environments which present a variety of cultural, contextual and socio-economic dimensions.

Participants agreed that the healing process belongs to the victim. Professionals only provide guidance. The healing process begins with the victim's acknowledgement that she/he has been affected and empowerment follows. Therapy must be tailored to the needs of each person. This is the most used approach among rehabilitation professionals. Rather than attempting to 'cure the trauma,' professionals seek to assist victims to 're-signify the experience.' And it is the victims who do the work to make this a reality. Practitioners and caregivers only 'accompany' victims through the healing process and provide them with the necessary tools to help them understand this process in their own ways. Rehabilitation therefore draws on both the resilience of the children

and their families and the technical resources offered by professionals. The integration of a variety of therapeutic interventions (including art therapy techniques, sand play, drama-therapy, educational therapy, supervision of staff and psychological and medical monitoring/support) can lead to the progressive healing of the damage inflicted on a child or adolescent as a result of torture. The contribution of psychiatric medication should not be excluded in certain situations.

According to participants, the process of healing and rehabilitation for child and adolescent victims of torture requires much more than psychological support and must instead be founded on a comprehensive response which: a) ensures the creation of a safe environment for the victim to develop and articulate her/his narrative: b) provides the victim with affirmation and reassurance about her/his agency and the sense of wrongdoing that she/he has been subjected to; and c) focuses on rebuilding and recreating meaningful social relationships for the victim. Expert practitioners in the area of rehabilitation must develop and implement therapeutic tools that foster the resilience of victims by strengthening their competence and autonomy and focusing on the notion of "relatedness." In particular, the importance of the family was stressed. For instance, in some situations, ensuring that the mother is close to her child can be more healing for that child than psychological assistance.

“Healing is not only about psychological therapy, but also building meaningful and helpful relationships for the victims.”

(A. Carnemalm, Swedish Red Cross, Sweden)

There are specific realities faced by child victims of torture that present unique challenges and require tailored approaches. Examples include: children who have been forced to perpetrate serious crimes and/or where relationships with their families or communities cannot be rebuilt; the sexual and psychological abuse of children and adolescents who have been detained and are unable to discuss it which reinforces their isolation and hinders the potential for rehabilitation; children who live in 'militarized' areas and grow up in a culture that idealizes soldiers and perpetuates the use of force and 'dehumanizes' war. In the case of former child soldiers, rehabilitation requires a broad and multifaceted approach that not only considers how to redress their physical and psychological harm but also enables them to reintegrate into society as functioning adults.

“The loss of the protecting figures in a child's life, such as family and community, can have the long-term effect of making the world into a place where there is little comfort to be found.”

(A. Salter, Freedom from Torture, UK)

Re-traumatization

Participants also discussed the need to address re-traumatization that may be triggered by a new context in which a victim is vulnerable or is due to protracted, poor socio-economic conditions. As noted above, the healing process requires more than psychotherapy and must address the dimensions that could help heal or, conversely, exacerbate the trauma.

Re-traumatization was noted to be especially challenging when working with refugee children in emergency and humanitarian settings, such as refugee camps, particularly as the essential infrastructure for treatment may be virtually absent. Children constitute half of the world's refugee population and in many cases they are in a protracted state of limbo with little hope of resettlement. Therapists are obliged to work on the premise that their living circumstances will not likely improve in the near future. In this context, the first phase of the healing process begins with providing a sense of safety and stabilization. This is followed by a remembering phase in which the victim is encouraged to speak about the traumatic events that occurred. The final phase focuses on the victim taking steps towards a reconnection with self, family, the wider community and eventually looking toward the future.

Participants also outlined some of the challenges that these children and adolescents face when they arrive in a safe host country where they may suffer discrimination or have no access to quality, specialized legal or welfare support. Such an environment constitutes an impediment to effective rehabilitation. In many cases, refugee children do not want to talk about what they experienced and what they left behind.

“The new life of a refugee child or adolescent can be more overwhelming than the torture trauma itself.”

(P. Orieny, CVT, USA)

Finally, participants indicated that secondary trauma can occur for children who are deprived of their liberty and where the conditions of their detention may amount to ill-treatment or even torture.

Principles and measures to be included in a rehabilitative approach

A. Best interests of the child

The principle of the best interests of the child is derived from the Convention on the Rights of the Child, the most widely ratified international human rights treaty that is only one State short of universal ratification. When assisting child and adolescent victims of torture, the best interests of the child should always be the primary consideration. In paragraph 36 of its General Comment No. 3, the Committee against Torture underlined the importance of ensuring “that appropriate procedures are made available to address the needs of children, taking into account the best interests of the child and the child's right to express his or her views freely in all matters affecting him or her, including judicial and

administrative proceedings, and that the views of the child are given due weight in accordance with the age and maturity of the child. States Parties should ensure the availability of child-sensitive measures for reparation which foster the health and dignity of the child.” In the same vein, the Committee against Torture has clarified that redress and reparation measures should be victim-tailored and ensure the victim’s participation, including when the victim is a child or an adolescent. The environment in which rehabilitation takes place must be child-friendly as friendly and receptive environments are central to the recovery of trauma. When treating children, it is important that rehabilitation also includes various forms of therapy that incorporate activities that are both psychologically relevant and fun for the child. As pointed out by the CRC, such recovery should take place in an environment which fosters the health, self-respect and dignity of the child (article 39).

“ We work in child-friendly spaces because children who were exposed to torture cannot at first tell us what happened to them and their traumas. These spaces give them a safe area to play and tell us indirectly what happened through their social behaviour with other children. ”

(A. Semreen, Noor Al-Hussein Foundation, Jordan)

B. Context and culturally-sensitive measures

Participants reiterated that the process of understanding and healing trauma is also strongly embedded in culture. An approach that is sensitive to the culture of a victim acknowledges that the person is a member of a family and a community. It takes into account the various ways in which a victim might see her/himself and express her/his trauma. It should be recognized that specific beliefs in a community regarding the healing process can constrain trust building between doctors and patients and other health providers. Likewise, the beliefs held by families, patriarchal structures and illiteracy may all hinder the healing process. Communities, however, can also be a powerful instrument in the rehabilitation process.

“ According to the Mayan culture the “susto,” or shock following trauma, is the process by which the body and the spirit separate. The healing process for them means to seek the reconnection of the body and soul. ”

(M. Tzay Patal, ECAP, Guatemala)

C. Gender-sensitive measures

As noted by participants, gender is a key factor that must be integrated in redress. While acknowledging that victims of sexual violence can be both women and men, the participants concentrated on the sexual violence of women. In this context, it was observed that the recognition of the ‘condition of victims’ enables women to understand that they are not responsible for what happened to them and can help release the sense of guilt that is carried by many victims of sexual violence. The journey of seeking justice for women frequently includes their families and working with children can break the silence about what happened to their mothers.

Building bridges between the legal and clinical worlds

The discussions also highlighted the need for more linkages between rehabilitation work and legal redress. Participants agreed that the pursuit of justice and truth can affect the rehabilitation process and their absence may contribute to a “conspiracy of silence” culture wherein affected families and communities avoid talking about experiences of torture. This can negatively affect the rehabilitation process, particularly for children as they are likely to nourish fantasies related to unspoken experiences, which can be very traumatic.

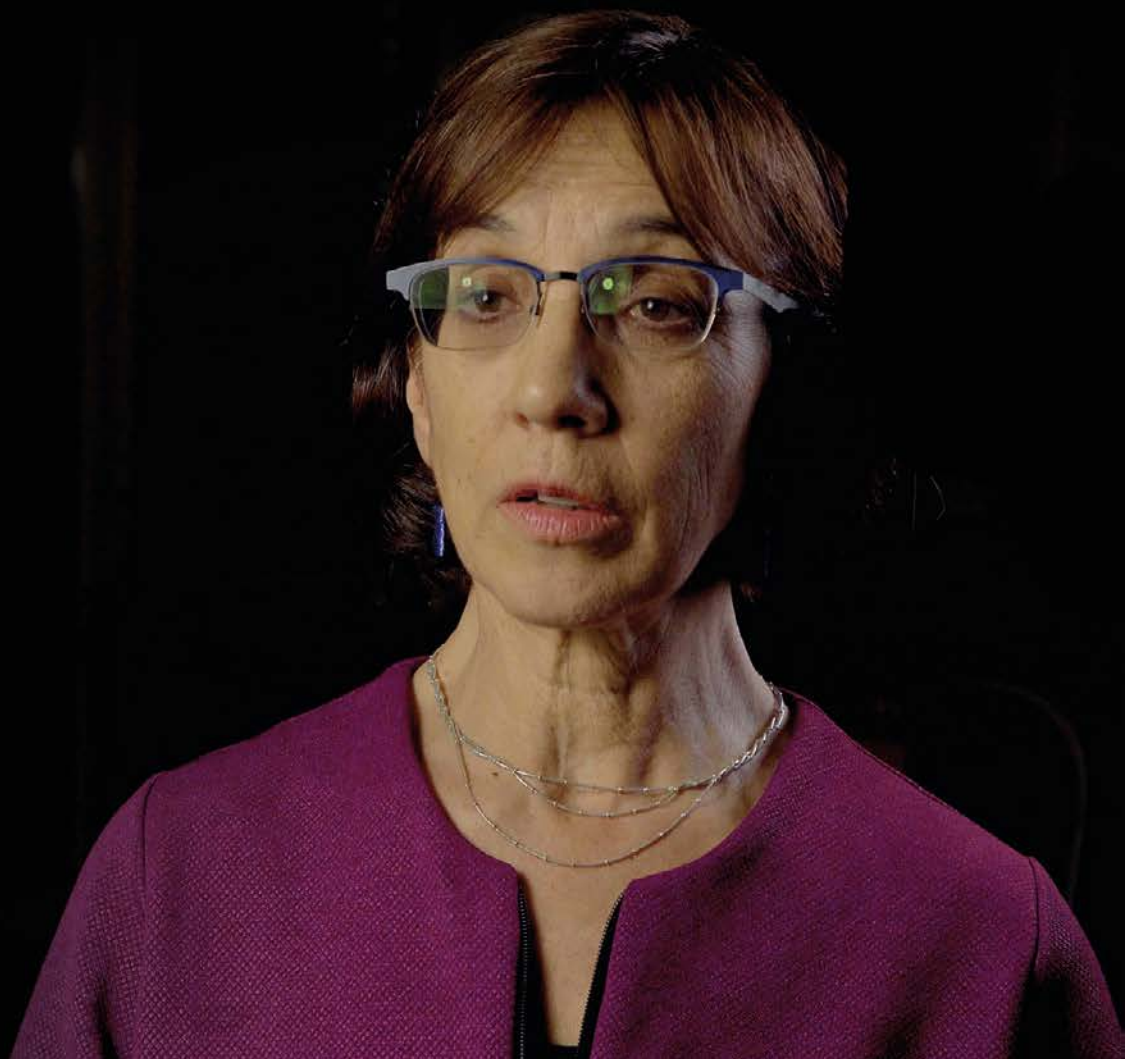
“The legal and psychosocial rehabilitation bubbles do not overlap. We need to bring the clinical expertise to judges and lawyers dealing with victims.”

(G. Carayon, Redress, UK)

Participants also recommended the incorporation, whenever possible, of creative and appropriate legal solutions within the overall rehabilitation process, including by paying particular attention to the rights and needs of children and adolescents. They stated that while the justice process is linked to the healing process, it also presents challenges on the ground, such as understanding the community support and referral systems so that rehabilitation is available in parallel to the judicial process, ensuring that the needs of individual victims can be met and that there is a capacity to deal with a large number of child victims. Participants stressed the importance of gaining a better understanding of how to make justice processes more child-friendly and respectful of their experiences.

“Torture is intentionally kept secret. As a result, the acknowledgment of torture by society, governments and perpetrators is an incredibly important part of the healing process for survivors, in particular children.”

Susannah Sirkin



“ Anguish is transmissible. What will become of these children when they are adults? ”

(S. Hamzeh, RESTART, Lebanon)

Participants discussed the concept that trauma resulting from torture is “contagious” in the sense that it expands horizontally and vertically. Trauma never exists in a vacuum; it is embedded in one’s existence and society. Torture involves silence, isolation and the humiliation of its survivors which is often translated into an unspoken/silent narrative that can be passed down through multiple generations and can affect the formation of the child’s identity and development. The children of parents who were tortured may bear the consequences of their parents’ trauma and they may in turn eventually transfer that trauma to their own children. Participants explained that effective interventions within communities always start with children because it is through the children that professionals learn which adults may have been victims of torture.

Participants pointed out that resilience can also be transmitted across generations. Epigenetic research shows that resilient women and men can pass their ability to cope with adversity to their children.

Unprocessed trauma

The intergenerational transmission of trauma has the potential to perpetuate the long-term effects of torture in families and society. If parents are unable to deal with their trauma or the humiliation and isolation that they often experience, and unless comprehensive and coherent therapy is provided, there is a major risk that they will pass it on to their children. Unprocessed trauma trickles down to the next generation.

Participants argued that it is essential that children of victims receive the appropriate support. Otherwise, the trauma that has been passed on to them can manifest itself at a later stage, including in violent responses that may increase in intensity and frequency over time. Participants explained that even when trauma is processed, the child or adolescent is likely to remain fragile. While it is possible for an individual to overcome trauma, its effects can resurface decades later.

“ Unprocessed trauma and grief will follow a child through life in terms of dysfunctional relationships, which will then include later generations. ”

(A. Carnemalm, Swedish Red Cross, Sweden)

Memory, justice and rehabilitation

The main pillars of preventing the intergenerational transmission of trauma were identified as memory, justice and therapeutic rehabilitation. For instance, acknowledging the suffering of the victim and restoring the memory of events, both at the individual and societal level, is paramount in preventing the transmission of trauma. Making torture visible compels public policy responses and can facilitate integral reparation and justice. In addition, ensuring that child victims of torture obtain appropriate redress and rehabilitation can contribute to the long-term prevention of the recurrence of human rights violations while also affirming the rule of law. Moreover, providing adequate redress can fulfil the child's need to understand that what was done to them was wrong and demonstrate that there are adults and organizations working to address the harm caused and prevent its recurrence.

“We need to make sure that the next generation are survivors of the account, not victims.”

(D. Ndoye, CAPREC, Senegal)

Many of the discussions referred to the issue of breaking the silence. Participants noted that silence in relation to a trauma can in fact exacerbate the short- and long-term consequences of that trauma. Professionals who provide psychosocial rehabilitation to children whose parents are victims of torture reported that torture trauma is often transmitted to them through the silence of their parents. Questions were raised regarding the risk of breaking the silence, particularly in specific country contexts, where there are neither the material nor human resources to provide appropriate rehabilitation to victims. The majority of the participants agreed, however, that even in the absence of rehabilitative resources, providing a victim with the opportunity and choice to speak up and share traumatic experiences can bring about positive change. Nevertheless, it is sometimes necessary to respect a period of silence if the child or adolescent does not wish to disclose details about her or his torture trauma.

“If the children do not know where their father is, because their mother does not tell them that he's disappeared, they will think that maybe he abandoned them and will therefore develop a feeling of anger or guilt.”

(M. Escamilla, CADHAC, Mexico)

Participants pointed out that speaking about trauma experiences may help to sensitize societies about the realities of children affected by torture, particularly in communities where silence is maintained or which seek to invalidate the trauma experienced by victims. More importantly, children would understand that the trauma they suffered is something that can be spoken about.

“ The experience of tortured and traumatized children tends to be belittled or invalidated because horrific experiences are unwanted information in societies that wants to close their borders. The general public does not want to hear and deal with this information.”

(A. Carnemalm, Swedish Red Cross, Sweden)

“ When torture is committed against entire groups, it is important for the group to receive recognition that something has happened. Torture survivors should own their torture narrative and show it to the world. ”

(S. Sirkin, Physicians for Human Rights, USA)

The public norms and policies that are developed after the occurrence of human rights violations influence the well-being of the victims and their families. Victims are comforted when a society understands their stories and their need for reparation and justice. On the other hand, a society’s failure to understand why victims need redress can contribute to the intergenerational transmission of trauma. In many societies, the narrative of victims is hidden, or worse, silenced. The narrative of the torturer tends to prevail over that of the victim. The stigma must be placed on the perpetrator and not the victim. Requiring that a victim, or their community, remain silent about an experience of trauma only reinforces stigmatization. Participants stressed that the media has a potentially important role to play in giving victims a voice.

“ This Expert Workshop provided a forum to discuss the unspeakable with professionals working directly with child victims of torture. With their help, we were able to document and understand the actual harm of torture to the child’s body and soul. And by the same token, we were reassured that a way forward is possible. ”

(L. Dolci-Kanaan, Secretary of the United Nations Voluntary Fund for Victims of Torture)

“ *Most affected children think seriously about revenge. During therapy, I help them transform what revenge means to them into a quest for justice. Even if they are unable to obtain justice, they can teach their children how to search for justice in the future.* ”

Areeje Semreen



- **Torture of children and adolescents is a cruel reality.** Based on data collected by the Torture Fund from its partner organizations, it is a phenomenon that appears to be on the increase. Despite the existence of a comprehensive United Nations anti-torture architecture that integrates the fields of prevention, protection, monitoring and rehabilitation, torture is endemic and is often being publicized and condoned.
- **There is growing scientific evidence about the devastating damage that torture inflicts on children.** If prompt and adequate rehabilitation and redress are not provided, the trauma may result in life-long consequences that may be manifested in physical, psychological, social and developmental challenges. Holistic, specialized and prompt therapeutic interventions enable children to elaborate and understand the meaning of their traumatic torture experiences and can help prevent the transmission of trauma from one generation to another.
- **Assistance to children should be interdisciplinary** to ensure that legal, socio-economic, psychological and medical assistance is available. To that end, there is a need for better communication and coordination between service providers across professional fields. Assistance to children should be tailored and culturally-sensitive; it should include a gender perspective and be victim-oriented; and encourage the full participation of the child or adolescent. In the provision of such assistance, family interventions and the role of parents, as well as all of those who are involved in the life of the child or adolescent victim, are key to nourishing the child's resilience.
- **An holistic approach to rehabilitation includes legal support.** Both areas of work (i.e., legal and clinical) mutually benefit each other. It is important to translate clinical language into policy terms and to use the vast knowledge of child practitioners to advance jurisprudence, particularly at the national level. Policymakers also need to draw on clinical knowledge and evidence. It is important to develop evidence-based knowledge that can be used for research, policy and advocacy work in order to achieve systemic change.
- **Breaking the silence at the appropriate moment**, in consultation with the victim, may contribute to the prevention of the intergenerational transmission of trauma and the victim's stigmatization. Making the human rights violation visible can compel public policy responses and enable the victim to secure reparation and justice.
- **There is a gap that needs to be bridged between international and national actors working within the child rights framework and those working towards the eradication of torture.** The monitoring work undertaken and the jurisprudence issued by the Committee on the Rights of the Child and the Committee against Torture in relation to the torture of children and adolescents remains limited.
- While there is a wealth of clinical literature regarding other traumas affecting children, there is scarce literature regarding children who have endured torture.
- **There is a need to build the capacity** of all professional groups that work with child and adolescent victims of torture.

Recommendations for practitioners

- Ensure that the principle of the best interests of the child is the primary consideration when providing assistance to victims of torture who are below the age of eighteen years.
- Ensure, when appropriate and possible, early joint and family interventions with children and parents who are victims of torture.
- Utilize a multidisciplinary and interdisciplinary approach to ensure child and adolescent victims of torture can obtain redress and rehabilitation.
- Ensure that approaches to redress and rehabilitation are culturally- and gender-sensitive, as well as victim-oriented, and encourage the full participation of the child or adolescent in all phases of their redress and rehabilitation.
- Tailor and adapt the language and terminology that is used in order to be sensitive to the needs and experiences of the child or adolescent (i.e., use of the term “victim” or “survivor”) and allow the child or adolescent to express her/himself through different comprehensive approaches.
- Provide guidance to parents regarding positive parental involvement to promote their children’s resilience. Appropriate guidance should also be provided to all of those who are involved in the life of the child or adolescent victim of torture (i.e., caregivers, social workers and teachers).
- In cases of single mothers or women who had children as a result of being raped or sexual violence, support must be provided to both the children and the mothers. Steps should be taken to ensure that the children are integrated into the educational system.
- Establish stronger links between the clinical and legal work being undertaken to deal with the traumatic experiences of children and adolescents affected by torture.
- Translate clinical language into policy terms and use the vast knowledge of practitioners to advance jurisprudence, particularly at the national level.
- Use clinical evidence related to the consequences of torture for children in order to sensitize the judiciary and all relevant professional groups, including lawyers and policymakers, so that they understand how to approach victims and are better able to support them in their efforts to obtain redress and rehabilitation.
- Undertake additional research and collect data related to the redress and rehabilitation of child and adolescent victims of torture and document and share positive interventions.
- Train professional groups at the local and national levels to increase sustainability of rehabilitation programmes and to develop the capacity to produce documentation and clinical evidence. Capacity-building measures should also aim at the development of professional skills to enhance the delivery of direct assistance, and at the strengthening of managerial and technical capacities to run well organized programmes of assistance.

Recommendations for the international community and the general public

- Call on States to respect their legal obligations under international law to prevent torture and provide redress to victims of torture, including as full as rehabilitation as possible, in particular for child and adolescent victims.
- Dedicate efforts and financial resources to support the rehabilitation of victims of torture.
- Sensitize the international community and donors about the complexity of providing rehabilitation for child victims of torture.
- Where possible, ensure that child victims are not isolated from their parents. Separation generally leads to additional, serious negative consequences for the child.
- Support and involve ground-level resources at the local level, such as NGOs, lawyers and clinicians who are often best equipped to provide assistance that takes into account local sensitivities, including culture, religion and ethnicity.
- Provide awareness-raising about the torture of children and adolescents, including through the media, in order to compel public policy responses and enable victims to obtain reparation and justice. Such actions can also help to prevent the intergenerational transmission of trauma.
- Support initiatives that are aimed at restoring the memory of the victims to enable them to give meaning to their experiences, recreate their realities and develop ways to foster acceptance of the events and to access the appropriate assistance that they need.
- Support workshops or other platforms that are held to enable participants to share their experiences and strengthen their capacity to provide assistance to victims of torture. These types of workshops, such as those organized by the Torture Fund, are critical to breaking the silence and sharing expertise between practitioners and all persons working with child and adolescent victims of torture.

Recommendations for UN human rights mechanisms

Encourage greater synergies between the Committee against Torture and the Committee on the Rights of the Child regarding protection, rehabilitation and redress for child victims of torture. Consideration should be given the possible preparation of a joint general comment on the issue.

Encourage the Committee against Torture and the Committee on the Rights of the Child to pay increased attention to the right to rehabilitation for child victims of torture and remind States of their obligation to provide redress and rehabilitation to child and adolescent victims of torture.

Encourage UN human rights mechanisms, such as relevant special procedures mandate-holders and the Universal Periodic Review, to pay closer attention to protection, rehabilitation and redress for child and adolescent victims of torture.

“ *It is a blessing to be a part of someone’s healing, in particular that of a child who is recuperating and regaining their life after experiencing torture; including by helping them to diminish their symptoms and enabling them to tell their story* ”

Anette Carnemalm



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OHCHR staff working on related mandates

Committee against Torture

Committee on the Rights of the Child

Committee on the Rights of Persons with Disabilities

Subcommittee on Prevention of Torture and other Cruel, Inhuman or Degrading Treatment or Punishment

Committee on Enforced Disappearances

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Related special procedures mandates on women and children

Commission of Inquiry on Syria

Since 1981, the United Nations Voluntary Fund for Victims of Torture has directed over US\$168 million to more than 620 organizations across the world. Those organizations have used the funding to deliver essential services to victims of torture.

As the oldest and largest human rights fund, it provides grants to projects providing medical, psychological, humanitarian, social and legal rehabilitation services to approximately 50,000 victims of torture and their family members each year. In 2015, 10 per cent of the assisted victims were children.

United Nations Voluntary Fund for Victims of Torture

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