

Discussion: The Focus Group gave information regarding the applicability of the instruments in different cultures and different health care systems showing the importance of cultural and conceptual adjustments of instruments for international use. The extend to which instruments were adjusted in accordance to Focus Group results varied

S22. Aspects of epilepsy and psychiatry

Chairs: TG Bolwig (DK), MR Trimble (UK)

No abstracts received.

S23. Psychiatric consequences of violations of human rights and the treatment hereof

Chairs: M Kastrup (DK), T Wenzel (A)

S23-1

AN OVERVIEW OF THE PSYCHOLOGICAL CONSEQUENCES OF TORTURE AND OTHER RELATED TRAUMA

Marianne Kastrup. *Rehabilitation and Research Center for Torture Victims, Copenhagen, Borgergade 13, P.O. Box 2107, 1014 København K, Denmark*

It is increasingly recognized among mental health professional that violence and severe traumatic events including torture pose a major public problem. Due to the nature of the problem it is difficult to estimate the exact prevalence and incidence of severe traumatic events. Yet, they pose a severe problem for psychiatrists and they require access to mental health services. A vast proportion of survivors may present PTSD and other psychiatric conditions. Despite the extent and urgency of the problem, torture and its psychiatric consequences represent an understudied area of research. The paper will present an overview of the current knowledge with regard to the symptomatology and treatment of severely traumatized.

S23-2

CHILDREN EXPOSED TO WAR, TORTURE AND OTHER ORGANIZED VIOLENCE — MENTAL CONSEQUENCES

Edith Montgomery. *Rehabilitation- and Research Centre for Torture Victims, Copenhagen, Denmark*

The aim of the present study was, among Middle Eastern refugee children in Denmark, to assess the amount and types of traumatic events related to war and other organized violence as experienced by the children as well as to study the mental health consequences of such experiences. The study group comprises 311 children (160 boys and 151 girls; mean age 7.5 years (3–15)), who during a 15 month long period in 1992–93, were consecutively registered in Denmark as childhood asylum seekers accompanied by at least one parent.

Shortly after arrival in Denmark, the parents answered a structured interview on their childrens' health and history of exile and any exposure to war conditions, organized violence and human rights violation as well as the parents' own exposure to torture.

The children had experienced a multitude of events related to war and other types of organized violence and often reacted with anxiety and other symptoms of emotional unbalance. Living under prolonged conditions influenced by organized violence (e.g. living with a tortured parent) constituted risk indicators for current anxiety symptoms and sleep disturbances more than specific experiences related to violence (e.g. witnessing events of violence). This suggests that PTSD does not always provide the best framework for understanding children's mental reactions to violence.

S23-3

SEXUAL TORTURE OF WOMEN AS A WEAPON OF WAR — THE CASE OF BOSNIA-HERZEGOVINA

L.T. Arcel. *Institute of Clinical Psychology, University of Copenhagen; International Rehabilitation Council for Torture Victims (IRCT), Copenhagen, Denmark*

Women and men have been tortured sexually by all sides in the wars in Croatia and Bosnia-Herzegovina (1991–1995). However, all documentation proves that systematic rape was committed mainly upon Bosnian Muslim women by Bosnian Serb and Serb militia, military personnel, and other persons in authority as a weapon in "ethnic cleansing". Health and mental health professionals may play an important role in documenting rape in war, as well as in the treatment of survivors. We present data on 55 sexually tortured women who were included in the Danish psychosocial treatment programme Boswofam.

On the basis of the 55 stories, an analysis is presented of specific patterns and characteristics of the war rapes.

The rapes in Bosnia-Herzegovina have led to a change in the conceptualisation of war rape, especially in its legal aspects, that cannot be overvalued with respect to protection of the survivor. From being understood previously as a sexually motivated "by-product" of the war, which often put the blame on the victims, war rape is now defined in legal terms as a politically motivated act and a violation of human rights.

The presentation will discuss the reasonableness of defining war rape as physical torture as well as some of the reasons that contributed to the "conspiracy of silence" with respect to gender-specific violence during war. The role of mental health professionals in the conspiracy of silence about war rape after World War II will also be discussed.

S23-4

THE STRESS OF EXILE — PSYCHIATRIC CONSEQUENCES AND BEYOND

D. Lecic-Tosevski. *The Stress Clinic, Institute for Mental Health, School of Medicine, 11 000 Belgrade, Yugoslavia*

The war in ex-Yugoslavia had disastrous consequences, including the exile of a huge number of people. The exile is a complex psychosocial process with lasting effects upon an individual identity and possible psychological and biological consequences. Most of the refugees have experienced multiple stressors (like losses, imprisonment, torture, sexual abuse, etc.). Acute traumas and chronic stress the refugees were exposed to caused various posttraumatic stress reactions, like posttraumatic stress disorder (observed in 30% of the sample), and the adjustment disorder (40% of the examined refugees). Mental health professionals are becoming increasingly aware of how violence can leave indelible trace on the human psyche and on brain function and structure. They have challenging roles to play in preventing malignant memories and subduing their pernicious effects as well as examining the dramatic