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AI Index: ACT 76/02/92
Distrib: SC/PG

Amnesty International
International Secretariat
1 Easton Street
London WC1X 8DJ
United Kingdom

August 1992

REHABILITATION OF CHILD VICTIMS OF HUMAN RIGHTS VIOLATIONS

A report prepared by the Danish Section of Amnesty International
at the request of the 1989 Amnesty International Council Meeting

1. INTRODUCTION

1.1 Background

Amnesty International has for many years been deeply concerned about the vulnerability of children and the extent of human rights violations against children in many countries. In 1979 the Danish Section of Amnesty International established a group working on human rights violations involving children and such groups now exist in about 20 countries.

Recognizing the urgent need for rehabilitation of children who have been exposed to human rights abuses, the International Council Meeting - the highest decision-making body within Amnesty International - adopted in 1989 the following resolution (Decision 14):

The International Council ...

DECIDES that Amnesty International should give higher emphasis to the need for rehabilitation of children being themselves victims of human rights violations within AI's mandate;

DECIDES that Amnesty International should, however, uphold its present policy on the issue of rehabilitation, [of not specifying] how this rehabilitation should be done, [nor undertaking] rehabilitation itself.

Amnesty International believes that this important work is best left to agencies with the necessary expertise to carry it out and for that reason does not actively get involved in carrying out medical or psychological assistance.

The year 1990 turned out to be an important year for the world's children. The UN Convention on the Rights of the Child, adopted by the United Nations General Assembly on 20 November 1989, was ratified so expediently by a sufficient number of countries that it could enter into force by 2 September 1990. As of May 1992 the number of ratifying countries had attained 117 with a further 29 countries having signed but not yet ratified the convention.

Furthermore, a World Summit for Children organized by UNICEF, took place at the UN Headquarters in New York on 29-30 September 1990 with the participation of 71 Heads of State and Heads of Government making it the most comprehensive World Summit ever.

This strong commitment by countries throughout the world is a favourable platform for promoting a better understanding of the needs of children who have become victims of human rights violations and in particular the need for more adequately addressing the effects of the trauma they have experienced.

1.2 Purpose of this Document

This document has the aim of creating an increased awareness of the need for rehabilitation of children among those bodies that have the possibilities of initiating rehabilitation or performing the actual rehabilitation work. References to relevant documentation are given throughout this report.

1.3 International Standards

Basic human rights standards have been laid down in various international conventions and documents such as:

- The Universal Declaration of Human Rights
- The International Covenant on Civil and Political Rights
- The Convention Against Torture and other Cruel, Inhuman or Degrading Treatment or Punishment
- The Convention on the Rights of the Child

The conventions cited prohibit torture and other cruel, inhuman or degrading treatment or punishment. The last one provides additional areas of protection relevant for children. There are various other relevant regional conventions for Europe, America, and Africa.

1.4 Definitions

In order to establish the necessary framework for the use of this document, certain definitions are required.

a. Child: An internationally recognized definition has now been formulated in Article 1 of the UN Convention on the Rights of the Child:

"a child means every human being below the age of 18 years unless, under the law applicable to the child, majority is attained earlier".

Very few countries have a lower majority age than 18.

b. Rehabilitation: A definition of rehabilitation is given in Article 39 of the said Convention:

State parties shall take all appropriate measures to promote physical and psychological recovery and social reintegration of a child victim of: any form of neglect, exploitation, or abuse; torture or any other form of cruel, inhuman or degrading treatment or punishment; or armed conflicts. Such recovery and re-integration shall take place in an environment which fosters the health, self-respect and dignity of the child.

Such an environment can also be provided by institutions or organizations other than those known as "Rehabilitation Centres". This is important to bear in mind because rehabilitation centres offering medical specialist treatment have up till now only been established in a limited number of countries, and very few in those countries where rehabilitation is really needed. Other forms of community level services can be established to fulfil the needs of some of the children needing help.

c. Torture and Cruel, Inhuman or Degrading Treatment or Punishment: Amnesty International defined torture in its 1973 *Report on Torture* and a Declaration on Torture was adopted by the UN General Assembly in 1975. Also in 1975 the World Medical Association agreed

on a common definition of torture, as expressed in the Declaration of Tokyo:

Torture is defined as the deliberate, systematic or wanton infliction of physical or mental suffering by one or more persons acting alone or on the orders of any authority, to force another person to yield information, to make a confession, or for any other reason.

A comprehensive definition is given in Article 1 and Article 16 of the UN "Convention Against Torture and other Cruel, Inhuman or Degrading Treatment or Punishment", adopted by the UN General Assembly in 1984:

Article 1.1: For the purpose of this Convention, the term "torture" means any act by which severe pain or suffering, whether physical or mental, is intentionally inflicted on a person for such purposes 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, or for any reason based on discrimination of any kind, when such pain or suffering is inflicted by or at the instigation of or with the 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.

Article 16.1: Each State Party shall undertake to prevent in any territory under its jurisdiction other acts of cruel, inhuman or degrading treatment or punishment which do not amount to torture as defined in article 1, when such acts are committed by or at the instigation of or with the consent or acquiescence of a public official or other person acting in an official capacity. In particular, the obligations contained in articles 10, 11, 12 and 13 shall apply with the substitution for references to torture of references to other forms of cruel, inhuman or degrading treatment or punishment.

Amnesty International published in 1984 a comprehensive report, *Torture in the Eighties*, which discusses the adequacy of torture definitions and represents Amnesty International's most considered views on torture, including a 12-Point Program for the Prevention of Torture (1).

An important aspect is the question of how standard definitions apply to children. One of the components of torture is the intentionality and one should therefore be aware of the extent to which children could be subjected to gross suffering as an almost incidental by-product of human rights violations directed against the parents.

2. HOW DO CHILDREN BECOME VICTIMS OF HUMAN RIGHTS ABUSES

There is a long history of violence to children. At the present time it takes place in most geographical regions of the world with people of various ethnic origins and under regimes of different types of ideology. Children are arrested with their parents or sometimes killed with them; they are threatened to force the parents to talk; they may be tortured themselves or forced to witness the torture of their parents; children may be activists in conflicts and be tortured or murdered for this when they are captured. Thus children may be direct victims of torture - i.e. having torture inflicted on them - as well as being victimised as a result of abuses directed against others. Several scientific publications have documented the performance of these cruel and unethical acts (see references 2-6).

The mental and physical violence to children is described in the literature (7,8). In addition, it must be realized that millions of children are refugees and homeless, with all the negative implications concerning nutrition, housing, hygiene, health care, schooling and education (2). Thousands of children have "disappeared". Many children taken from their parents in conflicts and in the course of mass arrests and killings are illegally adopted and forced to assume another identity with a false name and birth date. Some of these children are infants, born in prison of women who were pregnant before detention or of women raped in the prison by military or police personnel (7). Some children are subjected to the death penalty in breach of international

standards and sometimes after unfair trials.

The types of physical torture of children have also been well-documented in the literature (3,5,7). During the last few years Amnesty International has taken up an increasing number of cases where children have been victims of human rights violations, resulting in numerous actions appealing to the authorities in many countries. Several of these have been short-term actions ("Urgent Actions"), but many broader campaigns and actions concentrating on children or with children being an important focus have been carried through. The growing awareness of children's human rights will most probably result in more available information on human rights abuses against children in future.

3. EFFECTS OF HUMAN RIGHTS VIOLATIONS ON CHILDREN

In some of the cases involving children we have the distressing situation that rehabilitation is not relevant because the child has been executed or has "disappeared". In numerous other cases children are suffering from various social, psychological and other medical effects resulting from the experience of having been detained, imprisoned or subjected to torture or other forms of cruel, inhuman or degrading treatment or punishment.

Although there are many studies on the effects of war and other traumatic events on children, there are few scientific publications addressing the effect of torture on the child, especially long-term studies. Cohn and co-workers examined in 1979-81 85 children from Latin America, living in exile in Denmark, and found emotional or somatic symptoms in 78 per cent of the children with a mean of 2.1 symptoms per child at a follow-up time of four years (7,9). Anxiety, sleep disturbances, "behaviour difficulties", aggressiveness, social withdrawal, depressed mood, enuresis, loss of appetite, headache and abdominal pain were the main problems.

Weile and co-workers in 1986-87 carried out an investigation involving most of the same group of children, that is, 76 per cent of the Cohn study children (9). The follow-up time was eight years. The authors disclosed emotional or somatic symptoms in 90 per cent of the children with a mean of 3.4 symptoms per child, thus showing a significant increase between the two studies, especially with regard to headache, depression and aggressive behaviour.

In addition to the two longitudinal studies mentioned (Cohn and Weile, respectively) there are publications documenting similar psychosomatic symptoms in exiled children living in Sweden and Canada (8,10,11,12). There exists, however, only limited information as regards persistence of these symptoms - the follow-up time for the Swedish study was only eighteen months.

A study on children who were victims of the conflict in El Salvador has been made by Allodi and co-workers (19). Furthermore, the effects of political repression in Argentina have been described in a publication edited by the Mothers of the Plaza de Mayo (4).

Especially with regard to civil war situations in which children are exposed to diverse traumas, there is quite a body of information available.

4. HELPING CHILD VICTIMS

4.1 Medical Research and Documentation

A lot of medical research work and actual rehabilitation work has been carried through in recent years, permitting the documentation of human rights abuses and the efforts made by health personnel to "repair" the physical and psychological sequelae of the abuses. The studies from Denmark (7,9) have shown long-standing serious sequelae for the children.

Amnesty International issued an extensive bibliography in 1990 on the medical profession and human rights listing a wide range of documentation, some of which relates to the effects of human

rights violations on children (13).

In the 1970s and early 1980s a number of bodies were set up to treat victims of repression in Chile and Argentina. These included FASIC, CODEPU, the Psychological Assistance Team of the Mothers of the Plaza de Mayo and PIDEE (the Foundation for the Protection of Children Harmed by the States of Emergency), as well as organizations in exile, such as COLAT (Belgium) and COMEDE (France). In 1985 a rehabilitation centre for children was established in Quezon City, the Philippines. This centre, the Children's Rehabilitation Center (CRC), has extensive experience with treatment and rehabilitation of children who have survived torture or been caught in armed conflict and has documented the need for this important activity (14).

While some centres work specifically with children, for example CRC, PIDEE, the Children's Clinic of El Salvador, the Children's Clinic in Cape Town (South Africa), other centres like the Rehabilitation Centre for Torture Victims (RCT) and OASIS, both in Denmark, centres in Toronto, London, Amsterdam and Paris (and many others) regard the treatment of children as part of their rehabilitation work. In addition we can presume that the normal health services are also seeing children with torture-related problems.

In May 1988 the "First International Seminar on Children as Victims of Torture" took place in London with participants from several rehabilitation centres and other health institutions (nurses, therapists, social workers, psychologists and doctors in different paediatric specialities). It was agreed to make pilot studies of "Children in crisis" in preparation for a broader research project on children in several countries.

In November/December 1989 a "Seminar-Workshop on Children in Crisis" was organized in Quezon City, the Philippines, with participants from rehabilitation centres in the Philippines, Denmark, France, USA, Argentina, South Africa and Pakistan. Pilot projects from Denmark and the Philippines (15) were presented. The final document from the Seminar - "Framework for National and Multicultural Research on the Impact of Human Rights Violations in Children" (16) - includes three main components: Monitoring; Assessment and Diagnosis; Intervention/Treatment. The intention of this framework is to lay down a common structure for future research projects regarding children.

4.2 Results of Rehabilitation Work

The criteria used and the methods applied at the various rehabilitation centres - and at other institutions and organizations doing rehabilitation work - differ very much. Few studies explicitly state the results of therapy in other than descriptive terms, and it is not our task to compare and evaluate the work and results.

In the period 1983-87 the RCT in Denmark treated 76 children of torture victims from Latin America (mainly children of the Chilean refugees previously mentioned), Africa, Middle East, Iran and Sri Lanka. The treatment showed very promising results, as the condition of 80% of the children was said to have improved significantly (17).

Since its start in June 1985, the CRC in The Philippines has treated a significant number of children. During the first three years of operation intensive psychological services were rendered to 296 children, the treatment extending from an average period of six months to three years (18).

As there is a huge potential need for treatment of children outside the capital, the CRC engaged in an expansion in 1989 in order to cover other urban communities as well as rural areas. In 1989 the following number of children received treatment for problems arising from civil conflict and ill-treatment (source: Annual Report 1989 of the CRC):

Manila Community Outreach Program (Manila area): 146 children
Regional Outreach Program:
- Davao office (July-December): 544 children

- Bicol office (Oct.-December): 150 children

In 1990 a third urban centre was established in the Manila area and in the beginning of 1991 a third regional office was opened in Ilollo (Panay Island). A fourth regional centre will be set up in Negros during 1992.

The abuse of human rights to which children are exposed today in several parts of the world will have far-reaching consequences for the future of these children. For that reason it is essential to support, treat and rehabilitate the child survivors of torture and political violence as soon as possible after the traumatic event(s). At the present time there are several centres dealing with refugee children in order to remedy their serious psychosomatic complaints, though they have a limited capacity given the scale of the problem.

4.3 Rehabilitation in Own Country

We would like to stress the importance of finding suitable ways of helping children **within** their own countries, as a transfer of children to another country for treatment will add a mental stress to their already vulnerable condition. Experience from medical research in this field has shown that children sent abroad by their parents to avoid conflict have developed psychosomatic symptoms due to their situation of being in a foreign country separated from their family.

5. THE SCALE OF THE PROBLEM

In order to exemplify the size of the problem, we can give some figures from a few countries illustrating the vastness of human rights violations against children. The information cited is from Amnesty International, from other human rights organizations or from rehabilitation centres working with children (see references).

The Philippines: The number of children affected by armed conflict in the Philippines was estimated by one source in December 1988 as running into tens of thousands - children of political detainees, children orphaned by the disappearance or killing of their parents, children and children exposed to massacres as witnesses. (15) Amnesty International has recorded cases of children killed during armed conflict.

El Salvador: In the armed conflict in El Salvador about 100,000 children have been left orphans. Many of the children are showing evidence of emotional disturbance and are in need of professional assistance. (19)

Guatemala: Some 5,000 children, aged 5 to 18 years, are living on the streets of Guatemala City. Many are orphaned, abandoned or handicapped. Some were displaced by army counter-insurgency campaigns of the early 1980s; other were forced onto the streets for other reasons. They suffer numerous human rights abuses carried out by Guatemala City police: harassment, threats, attacks, beatings, torture, other forms of cruel, inhuman and degrading treatment, "disappearance" and apparent extrajudicial executions. (20)

Peru: There are numerous reports of children being killed by the armed forces mainly in the emergency zones of the country. There are also teenagers who "disappear" after abduction by the security forces or who are killed for their alleged links with armed opposition groups. As a result of killings and disappearances there is also a huge number of orphans and children who are left to fend for themselves. (21)

Brazil: An estimated 7 million children live and work on the streets in Brazil. Daily, children are being ill-treated, tortured, mutilated and killed. Street children are increasingly falling victims to death squads, often composed of or run by police officers. A survey conducted by the Brazilian Institute for Social and Economic Research, with the assistance of the National Street Children's Movement, concluded that of 624 violent killings of children in 15 Brazilian states during the 18 months period before July 1989, some 130 could be attributed to death squads. (22)

South Africa: Almost 10,000 children were detained by the security police under the successive State of Emergency regulations in force in the period 1986-89. A significant number of these children (allegedly between 80 and 90 percent) were tortured or exposed to cruel, inhuman or degrading treatment or punishment while in detention, and at least nine of them died as a direct consequence of the torture. (23)

Turkey: Torture is widespread and systematic in Turkey and being very young is no safeguard against brutal treatment. In numerous cases children - even down to 10 years of age - have been victims of human rights violations by the police, gendarmerie and the security forces, especially in the Kurdish regions of the country. (24)

Iraq: In Iraq there have been numerous human rights abuses of children during the 1980's. The attacks by Iraqi forces with chemical weapons in the Kurdish town of Halabja in March 1988 received widespread publicity in the international press. An estimated five thousand people - many of them children - were exposed to a painful death. In 1985 about 300 children of the Kurdish ethnic minority "disappeared" after being taken hostages by the authorities because of the reported guerrilla activity of relatives. The dead bodies of fewer than 30 of these children were returned to the parents. Their bodies showed clear signs of torture. The remaining children have never been accounted for. (25)

6. CONCLUSIONS

Children are an extremely vulnerable population who are themselves exposed to human rights violations, but who are also traumatized by seeing the ill-treatment of adults, especially their own family members. They may show symptoms of post-traumatic stress disorder which can be long lasting. Children who have been exposed to torture and other trauma may therefore need some form of psychological help which is currently not readily available. There is a need for more effort to be made to provide appropriate care and support for such children. Inter-Governmental Organizations should feel particularly responsible in this matter and should - together with Non-Governmental Organizations - find solutions and allocate resources to help cope with the problem.

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