

S30 *Factors of significance in the treatment of victims...***FACTORS OF SIGNIFICANCE IN THE TREATMENT OF VICTIMS OF PERSECUTION AND TORTURE**

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Sequels of torture and other extreme forms of persecution by humans against humans have been observed to result in persistent psychological changes and reactive psychiatric disorders in a majority of victims. Torture is obviously a highly serious traumatic factor which has gained importance by its increasingly frequent use in many countries. Though Posttraumatic Stress Disorder and Major Depression are frequently found as most characteristic diagnosis, in many cases a more complex approach to the description of sequels has been proposed. This indicates also the need for more comprehensive approaches to treatment. Many treatment institutions and centers have developed treatment models adapted to the specific needs of their patients' social and cultural background as well as to the traumatic experiences that are most frequent in the patients' histories. Different factors have been observed as being of importance for treatment. The symposium will give an overview of the rapidly developing field of treatment approaches in different areas, including cognitive, social therapeutic, medical and psychodynamic treatment strategies.

S30 *Factors of significance in the treatment of victims...***ENVIRONMENTAL STRESS FACTORS IN THE TREATMENT OF TORTURE SURVIVORS**

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Persons who have been exposed to torture may be in a position where they are faced with a number of other stressors following the torture experience and thus it is natural to use the multidimensional approach in the recognition and codification of relevant stress factors. In the case of torture survivors, it is of particular interest to elucidate how the choice of coping strategies may influence the short and long-term aftermaths and whether it may be beneficial to change coping strategies over time. A codification of abnormal psychosocial situations and environmental circumstances may take place on separate and independent axes. The specific problems of torture survivors are related to the fact that this population in contrast to a general psychiatric one shows limited psychopathology. The global situation for the population of torture survivors is however more complex as it is frequently faced with a series of minor to major stress factors in the post-torture period. Further research is still needed where the individual vulnerability, the exposure to stress, the coping strategies and the social support systems simultaneously are taken into consideration.

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**"Violence, Exile, Immigration : from trauma to trauma."**  
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The sequelae of violence and the difficulties of exile added to the problems of immigration, are often the cause of severe somatic and psychological disorders in the population of refugees arriving in Europe. In an atmosphere of general mistrust surrounding asylum seekers, many refugees may feel totally overburdened by this collusion of problems. The strong feeling of insecurity arising from this situation may amplify the symptoms of PTSD (chronic or delayed) and lead to severe adaptation disorders.

The high prevalence of medical problems related to violence is often undervalued, leading to late or misdiagnostic. Between May 1993 and February 1994, out of 572 refugees applying for political asylum in Geneva (CH), 61% declared having endured a traumatic experience (such as combat, detention, torture, beating, sexual violence, loss of family members, lack of water or food). 18% presented allegation of systematic violence and torture. 27% had complaints of psychological disturbances (33% in the traumatized group).

Our experience with refugees suffering from PTSD and treated immediately after the medical screening proposed on their arrival in Geneva, suggests that an early treatment is an important factor improving the general prognosis. By providing global assistance, on a medical, social and legal level, the risk of retraumatization is lowered. The risk of conflicts and misunderstanding due to behavior disorders frequently observed with these patients, is also lowered. Finally the medical help comes at a moment of particular vulnerability where the PTSD symptoms are a great handicap, disabling the refugee in the formalities and inquiries concerning his request for political asylum

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**The treatment of Patients with Concentration Camp Syndrome**

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The paper focuses on the effects of the oppressive measures on the inmates in the Gulag camps, the adaptive strategies employed by the inmates, the long-term effects on those who survived, and the factors of significance in the treatment of those survivors. Most of our information about the actual experiences of Gulag comes from a number of autobiographical accounts by the clients of our rehabilitation centre, former inmates, especially those with medical training, and from our experience in the treatment of the survivors. The most frequent and distinctive long-term psychic consequences of Gulag persecution is the Concentration Camp syndrome include: anxiety along with irritability psychosomatic diseases, an obsessive ruminative state and depression. Poor resources and lack of treatment can encourage the development of regressive tendencies with consequent development and exacerbation of the Concentration Camp syndrome in Gulag survivors