

Learning from the past to face the challenges ahead: Celebrating 30 years of Torture Journal

Pau Pérez-Sales¹

Torture Journal is celebrating its 30th Anniversary these days.

This journey has been a long one. Torture Journal has gone through different moments and periods that we would like to briefly review here with three objectives in mind: (a) to pay tribute to those who made the Journal possible, (b) to look at its trajectory and contents as a small part of the history of the anti-torture movement, and (c) to resituate the past in order to understand the present and better think about the Journal of the future.

Some points to highlight how challenging this small walk has been: (a) when we decided to scan and upload the complete collection of the Journal in a new website, we found out, to our big surprise, that no institution had a copy (to our knowledge) of the entire collection. My collection gathered through years with patience, covered more or less 60% of the Journal issues. We resorted to libraries (including Dignity), IRCT shelves at headquarters and the Danish National Library to no avail. We then contacted our oldest readers and contributors and, with the help of José Quiroga and others, have managed to recover 90% of the collection. After one year of searches, some issues are still (we hope for the moment) not found yet. Perhaps somebody reading these

lines can help, (b) the Journal changed the number of volumes and issues three times, (c) some years we were even unsure that the Journal was published as there was no trace. To make the endeavor more complex, the persons that have been essential in the history of the Journal were difficult to locate due to health reasons or were not happy to be contacted.

To add a bit of emotion, while most issues in Torture Journal were published in English, there are two bilingual issues English/Spanish, one bilingual issue Danish/English (1995 5/1) and one issue entirely in Chinese (1997/Supplm1) (Figure 1).

So, this editorial is part of the history of the Journal. The part we can write today. One of the many stories that can be told about the Torture Journal, for sure the medical and psychological point of reference for the anti-torture movement since 1988, when it first appeared.

If you are a hurried reader looking for something valuable and evidence-based on every read, perhaps this is not the text for you. It will give you a few strokes of sentimental knowledge about a frenetic and intense time and the people who inhabited it.

A bit of history

Torture Journal was not born as an academic medical journal.

In fact, it is not even clear when it was born. The first issue appeared in 1988 as the

1) Editor in Chief of the Torture Journal.
Correspondance to: pauperez@runbox.com

Figure 1. International Torture Journal issues.

¿QUE SEAN CASTIGADOS!

Los gobiernos y las personas tienen a su alcance varias maneras de evitar los castigos. Desafortunadamente pocas veces son formales la violencia o persecución a esos métodos humanos. Un reducido grupo de países tienen control de años de experiencia sobre cómo mantener un equilibrio más justo en la fuerza y el desequilibrio de fuerza. Incluso algunos dictadores logran evitar el uso de la fuerza bruta.

En la era del internacionalismo, los dictadores de los derechos humanos tienen derecho a los recursos humanos de otros países... por solidaridad. Desde su punto de vista la noción de humanidad es simplemente inabarcable. Aunque, los leyes de los Estados Unidos, Brasil, Chile, El Salvador, Guatemala, Haití, Honduras, Nicaragua, Noruega y Uruguay, promueven a los otros métodos, no pueden ser puestos en práctica. Los países que los utilizan son los países más pobres del mundo como de los Estados Unidos. En los Estados Unidos, el uso de la fuerza es legal en los Estados Unidos. En los Estados Unidos, el uso de la fuerza es legal en los Estados Unidos. En los Estados Unidos, el uso de la fuerza es legal en los Estados Unidos.

Las dictaduras demócratas son las más comunes o europeas (como España, Portugal y Grecia) o del sur (como Argentina, Chile, Uruguay y Brasil). Los países más pobres del mundo como de los Estados Unidos. En los Estados Unidos, el uso de la fuerza es legal en los Estados Unidos. En los Estados Unidos, el uso de la fuerza es legal en los Estados Unidos. En los Estados Unidos, el uso de la fuerza es legal en los Estados Unidos.

Pero los parlamentarios, los abogados y los médicos no se dan cuenta de esto a menos que se les pida. La HSI no puede no estar en la lista de los países que no tienen control de la seguridad, es decir, el control de la fuerza y la violencia graves de los derechos humanos. La posibilidad de poder castigar a los países más pobres del mundo como de los Estados Unidos. En los Estados Unidos, el uso de la fuerza es legal en los Estados Unidos. En los Estados Unidos, el uso de la fuerza es legal en los Estados Unidos. En los Estados Unidos, el uso de la fuerza es legal en los Estados Unidos.

Como antes que el presidente la Comisión Internacional de Derechos Humanos (CIDH) que los países de América Latina, Argentina, Uruguay y El Salvador violaron la Convención Americana de Derechos Humanos de 1969, en vigor desde 1978. Hoy, algunos países en el mundo internacional en el mundo como de los Estados Unidos. En los Estados Unidos, el uso de la fuerza es legal en los Estados Unidos. En los Estados Unidos, el uso de la fuerza es legal en los Estados Unidos. En los Estados Unidos, el uso de la fuerza es legal en los Estados Unidos.

No obstante, los dictadores de los derechos humanos son los países más pobres del mundo como de los Estados Unidos. En los Estados Unidos, el uso de la fuerza es legal en los Estados Unidos. En los Estados Unidos, el uso de la fuerza es legal en los Estados Unidos. En los Estados Unidos, el uso de la fuerza es legal en los Estados Unidos.

En 1991, un millón de dictadores como internacional por la policía de la fuerza y la violencia. Pero, el castigo no solo se dio por el castigo y la violencia, el castigo se dio por el castigo y la violencia. En los Estados Unidos, el uso de la fuerza es legal en los Estados Unidos. En los Estados Unidos, el uso de la fuerza es legal en los Estados Unidos. En los Estados Unidos, el uso de la fuerza es legal en los Estados Unidos.

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La propia Comisión de Derechos Humanos y la Corte de los Estados Unidos tienen mucho que aprender de los países más pobres del mundo como de los Estados Unidos. En los Estados Unidos, el uso de la fuerza es legal en los Estados Unidos. En los Estados Unidos, el uso de la fuerza es legal en los Estados Unidos. En los Estados Unidos, el uso de la fuerza es legal en los Estados Unidos.

Además de los dictadores de los derechos humanos, los países más pobres del mundo como de los Estados Unidos. En los Estados Unidos, el uso de la fuerza es legal en los Estados Unidos. En los Estados Unidos, el uso de la fuerza es legal en los Estados Unidos. En los Estados Unidos, el uso de la fuerza es legal en los Estados Unidos.

Desde por supuesto que los dictadores de los derechos humanos son los países más pobres del mundo como de los Estados Unidos. En los Estados Unidos, el uso de la fuerza es legal en los Estados Unidos. En los Estados Unidos, el uso de la fuerza es legal en los Estados Unidos. En los Estados Unidos, el uso de la fuerza es legal en los Estados Unidos.

Dokumentationscentret

Del 1. januar 1997 har Dokumentationscentret (Dok) i København åbnet sit nye kontor i København. Dok har tidligere været et af de mest aktive og kendte i Danmark. Dok har tidligere været et af de mest aktive og kendte i Danmark. Dok har tidligere været et af de mest aktive og kendte i Danmark.

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The Documentation Centre

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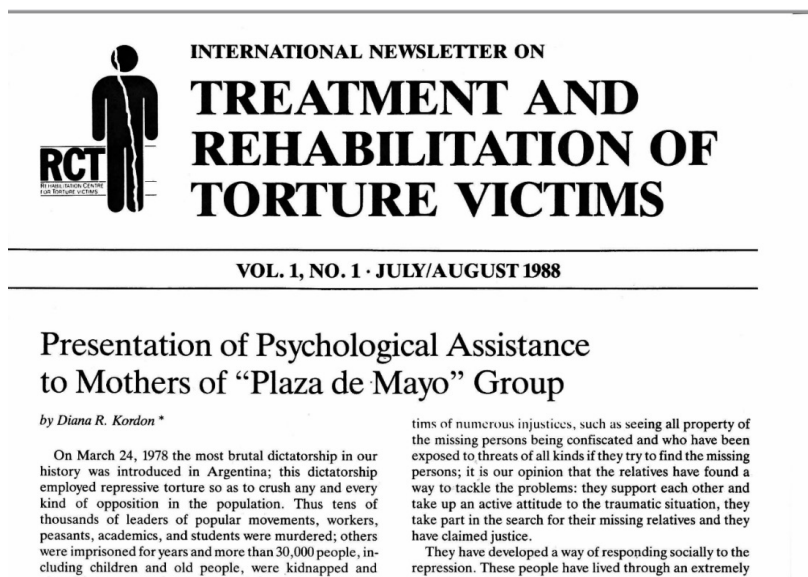
监狱视察指南

《酷刑》1997年第1期增刊



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Figure 2. First issue of Torture Journal - 1988



Presentation of Psychological Assistance to Mothers of “Plaza de Mayo” Group

by Diana R. Kordon *

On March 24, 1978 the most brutal dictatorship in our history was introduced in Argentina; this dictatorship employed repressive torture so as to crush any and every kind of opposition in the population. Thus tens of thousands of leaders of popular movements, workers, peasants, academics, and students were murdered; others were imprisoned for years and more than 30,000 people, including children and old people, were kidnapped and

tens of numerous injustices, such as seeing all property of the missing persons being confiscated and who have been exposed to threats of all kinds if they try to find the missing persons; it is our opinion that the relatives have found a way to tackle the problems: they support each other and take up an active attitude to the traumatic situation, they take part in the search for their missing relatives and they have claimed justice.

They have developed a way of responding socially to the repression. These people have lived through an extremely

International Newsletter on Treatment and Rehabilitation of Torture Victims. It changed format in 1991 to *Torture, Quarterly Journal on Rehabilitation of Torture Victims and Prevention of Torture*, and for some people, this is the “official” beginning ignoring the initial 4 years. The Journal has an uncertain age, as some of the refugees that we work with.

In those early years, the Journal was a Newsletter that barely reflected what the scientific and academic core of the publication is now.

Torture Journal was structured, in those years, around three main topics: the involvement of doctors in torture, news around the beginning of the worldwide network that would become, years passing, the IRCT as it is now; and educational lectures based on RCT practices.

The birth of the IRCT network

A big part of the Journal was devoted to recognising and supporting the young **medical groups working with torture victims** that were appearing around the world and discussing the ethical aspects of the involvement of doctors in torture practices.

The first article in issue 1 of the Journal (the first paper ever in Torture Journal) was written by an Argentinian psychiatrist, Diana Kordon, to introduce the Mothers of Plaza de Mayo Team that was taking its first steps (Kordon, 1988). Moreover, in successive issues, other teams from Latin America, Europe, the Middle East or Southeast Asia were presented (Akhter, 1991; Berkovskaya & Korotaev, 1991; Dowdall, 1991; Editorial, 1991; Helvacı, 1990; Jaffe, 1989; Mehdi, 1990; San Julian, 1992; Sharma, 1991; Vidal, 1991).

Figure 3. Dr. Inge Genefke, Denmark, and Dr. Leo Eitinger, Norway, at the Tromsø Meeting.



Slowly, these centres became part of a network with the help of the Danish cooperation, for which the anti-torture movement will never be sufficiently grateful. The vast majority were founded between 1985 and 1995. In the peak years, 25 new centres were opened each year around the world.

Involvement of doctors and psychologists in torture

Probably because a big part of the team at RCT came from the Danish section of Amnesty International, the core topic of concern for the editors of the Journal during the early years was the involvement of doctors in torture and the ethical elements of the profession. Ole Vedel Rasmussen was a leading figure and opened up this complex issue in *The Lancet* in 1988, in a paper also reproduced in *Torture Journal* (Rasmussen, 1988). It was followed by a series of articles denouncing the involvement of doctors in torture in most countries all over the world (Boysen,

1991; Dadfar, 1990; Gotrik, 1992; Haskovcova, 1992; Jakohsson, 1992; Lök, 1989; Marcussen, 1990; Martirena, 1989; Medical Action Group, 1989; Pross, 1990; Rasmussen et al., 1990; Thorsig et al., 1993). A monographic issue was devoted to Uruguay, with names of doctors and perpetrators (Martirena, 1992) and Vesti and Lavik (1991) published a review of the literature. The interest in the topic has remained, to a lesser extent, until nowadays. The recent involvement of doctors and psychologists in designing and implementing torture in US extraterritorial detention centers put the topic again on the table as Torture reflected in its pages (Ahalt et al., 2017; Balfé, 2016; Crosby & Benavidez, 2018; Downie, 1993; IMP, 2013; Isaacs, 2016; Moodley, 2015; Miles, 2009, 2012).

Additionally, educational materials were devoted to stress reduction and care for caregiver's programs (Lansen, 1993; H. Larsen, 1988), working with translators (Pentz-Moller & Hermansen, 1991) and reports from symposiums.

The Chief-Editor was Michael Cotta-Schonberg, librarian at RCT, soon replaced by Henrik Docker, a journalist and communicator. Not to surprise that a significant part of the Journal was devoted to reporting on the books that had found their way into the legendary RCT library, now in Dignity. It took some time until the first Medical Advisory Board was put in place: Ole Vedel Rasmussen, Henrik Marcusen, Marianne Kastrup and Inge Bloch, four Danish doctors that acknowledged, from the very first moment, the need to incorporate a more representative international membership.

In times of globalisation and the Internet, it can be hard to understand what it means to edit a journal in which articles travel by post, taking weeks each way, in which telephone communications were not without risk, and the level of exposure of authors had to be measured. One has to go back to those times to realise how difficult the work was. The number of contributors was meagre, and the Journal established a network of 11 regional correspondents who seek to stimulate contributions and participation from their geographical areas and affiliated centres.

The Journal was a channel of expression for the centres, and the editorial team contacted them to ask for contributions and propose to make their work known. Papers were not peer-reviewed. It was more important to denounce the country's situation and give a general idea of the work being done than to publish medical or scientific research as we understand it now.

Becoming an accurate scientific journal

Within this panorama, the Journal published some pioneering articles by researchers who inaugurate what will become the field of scientific research on the documentation of torture. The first research paper ever published in the Journal was *The effects of total*

war on the duty to treat anybody by the Medical Action Group, linked to Amnesty International (MAG, 1989).

In 1991, the name changed to *Torture: Quarterly Journal on Rehabilitation of Torture Victims and Prevention of Torture*, with a new A4 format that will remain for 20 years. The editors decided in 1991 to re-number the Journal and begin from Volume 1 again although nothing changed in the format nor the contents. They were similar to the 1988-1991 pre-launch phase: welcoming new centres, continuous education, news and summaries of conferences hosted by RCT/IRCT, besides the first very epidemiological studies on the prevalence of torture methods and impacts in selected samples of survivors (Fine, 1993; Larsen

Figure 4. Cover of the new formatted magazine

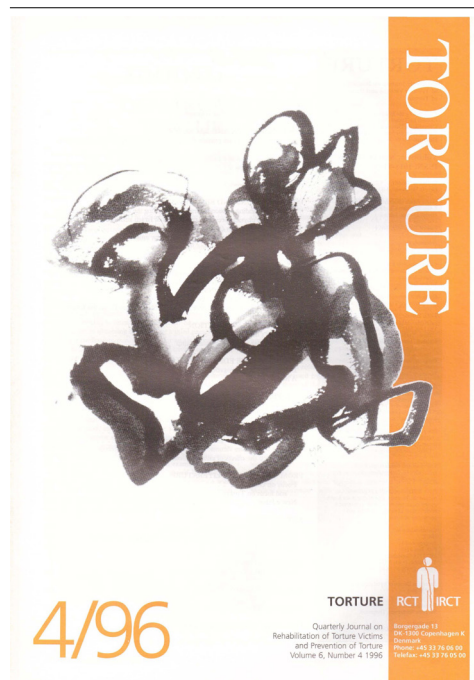


Figure 5. The Journal published pioneering forensic studies

The Journal published pioneering forensic studies

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CLINIC

Dermatological findings after alleged torture

Lis Danielsen, MD, DMSc* and Ole Vedel Rasmussen, MD, DMSc*

Bone scintigraphy as clue to previous torture

From *Lancet* 1991; 337: 646-47

SIR. Torture is used by certain branches of government in various countries, and Turkey, unfortunately, is one of them. Officially it is denied or seen as an isolated act of individuals. However, when we

to be innocent. Subsequently, she required extended psychiatric inpatient care. 1 week after the incident, clinical examination and the CAT scan revealed soft-tissue oedema of the feet, and there was increased activity in the first and second metatarsal bones of the left foot on bone scintigraphy with technetium-99m (figure). Conventional radiography was normal with no signs of bone fracture. This patient has been followed up for 12

thirteen scans done every 2-4 weeks. She is still under psychiatric treatment.

A 41-year-old woman was interrogated by the police for about 24 hours about some missing jewels. She was examined a week later, she said that she had been beaten (falanga), kicked, and hit. She had multiple bruising and the soles of the feet were tender. Whole-body bone scintigraphy 10 days after the incident revealed increased activity at the 9th thoracic vertebra, 9th left rib, 10th left costovertebral junction, and first metatarsal of the right foot (figure). Radiography

Signs of falanga torture

By Ole Vedel Rasmussen, MD, DMSc* & Ole Vedel Rasmussen, MD, DMSc*

Falanga torture is a form of physical torture in which the soles of the feet are beaten with sticks, chains, cables or similar implements. This form of torture is particularly practiced in the Middle East.

Previous studies have described an acute local congestion (oedema) of the feet, caused by the beating. Acute as well as longer lasting symptoms and signs have been described in various victims, including necrosis of the

toes, the skin and the underlying bones, i.e. the tubers of the calcanei and the bases of the first and fifth metatarsals.

2. *Aggravation:* Tenderness on palpation and an uneven, grayish surface corresponding to the plantar aponeurosis throughout the course were registered as aggravation.

3. *Lesions of plantar aponeurosis:* A positive lateral flexion of more than 70 degrees of the metatarsophalangeal joint of the toe was considered as a

sign of aggravation. The signs of the beating, and the victims were sometimes allowed to keep their shoes on. Finally, it should be noted that not all the alleged cases of falanga torture could be clinically verified.

Results

Thirty eleven (25 men and 6 women), who claimed to have been exposed to falanga torture, were examined. The mean age was 33 years (range 23-55 years). 11 persons came from Iran, 4 from Iraq, 1 from Lebanon, 3 from Turkey, 1 from Korea, 1 from Egypt and

EEG changes in released prisoners

Various facets of maltreatment of civilians and prisoners-of-war in Croatia

By Andrej Vucic & J. J. J. J.

The 1991-1992 war in Croatia

All the subjects were male. Two-thirds were Croatian and one-third were Serb. The study was conducted in the hospital of the Ministry of Health in Zagreb. The examination was carried out on an outpatient basis. The examination was carried out on an outpatient basis. The examination was carried out on an outpatient basis.

Individual coping strategies

Countering the effects of solitary confinement

By Marcie A. Melvin, PhD*

Captivity environment is a regular occurrence in many aspects of our modern world.

Mental exercise

One of the most frequently used strategies is mental exercise. In a earlier review of the literature, Melvin found that this strategy was highly effective.

The reported findings of Melvin and Anderson's study were consistent with those of other studies. The study was conducted in the hospital of the Ministry of Health in Zagreb. The examination was carried out on an outpatient basis. The examination was carried out on an outpatient basis.

et al., 1995; London & Dowdall, 1993). Particularly moving were the testimonies of doctors who had suffered torture first-hand (Marcelino, 1992; Tarakcioglu, 1992). Henrik Marcussen and Ole Vedel Rasmussen were the soul and body of the Journal at this new stage.

Fascinating as it is, in 1992, PIOOM Foundation (a Dutch NGO that disappeared in 2001) included paid advertisements in the Journal asking the readership to help build a worldwide database of torturers. That same year, Leo Eitinger (1992), a survivor himself, published a paper on Coping in Nazi Concentration Camps, complemented by Marcie Melvin's (1992) pioneering paper on Coping in Solitary Confinement.

There were efforts from RCT to foster medical experimentation related to torture, and the Journal published the pioneering work of Lis Danielsen on histopathological docu-

mentation of electrical torture (Danielsen & Aalund, 1991). Also, the works on bone scintigraphy as a form of medium and long-term documentation of physical torture (Lok et al., 1991), and the first reviews and series on medical documentation of falanga (Rasmussen & Skylv, 1993; Skylv, 1993) and the use of electroencephalography and evoked potentials in the documentation of torture (Vrca, 1993; Vrca & Bobic, 1993). There were also some of the first small series (for today's standards) of forensic examinations with torture survivors (Fine, 1993; M. Larsen et al., 1995).

The research was not without contest. The study on the documentation of electric torture involved skin from living pigs under anaesthesia, which was questioned by Amnesty International, although the study was finished and published in Torture (Danielsen & Aalund, 1991).

In 1994-1995 the Journal reflected the debate, nuclear at that moment, on whether torture survivors suffered PTSD, an academic way of debating the humanistic and political view of working with torture survivors versus the need to position the field in mainstream medical science. The position of the contributors, most of them from Europe and the US, was rejecting the idea of a specific Torture Syndrome and accepting PTSD as a proper diagnosis for working with survivors (Elsass, 1998; Kodaih & Psychologist, 1997; Peel et al., 2000; Quiroga & Jaranson, 2005; Reeler, 1994). Linking torture to PTSD was not well-accepted by everybody at that time, and some authors challenged this position in other journals (Summerfield et al., 1997).

From 1995 to 1997, most papers came from the famous 1995 Cape Town Sympo-

sium on Rehabilitation of Torture Survivors, a turning point in the IRCT's history. In 1996, the Journal published an important booklet on medical assistance in hunger strikes (Johannes Wier Foundation, 1996). The Journal was also the subject of an interesting polemic that shows how things have changed in the anti-torture sector in such a short time. The Journal published a paper by a retired Indian military officer on *Humanising interrogation* in which he defended the uselessness of using "torture" in interrogations (Makkar, 1996). Among the arguments, he wrote: "*I tell my people: there is no need to torture if you can threat the person with being strip naked (...) or tell a woman that you will rape her if she does not talk*". Such severe threats were, under the author's view, not to be considered torture. There were complaints from readers (Petersen, 1996),

and the Journal had to write an editorial to fix its position (Markussen, 1996) reiterating that "*the views and conclusions expressed by the authors do not necessarily represent those of the Journal*". 25 years later, the Journal has recently published the two first reviews on specifically the medical and legal aspects of threats as an *under-searched form of torture* (Cakal, 2021; Pérez-Sales, 2021)

The network grows, and so does the Journal

In 1997, the RCT and IRCT split was reflected in an editorial entitled "Towards a New Structure". From now on, the RCT would focus on the rehabilitation of victims. In contrast, the IRCT would focus on "advocacy", including "*to provide*

Figure 6. Estimated of the creation of new centres (IRCT, 1997).

Table 1. *Estimated global need for international funding of rehabilitation services for victims of torture. The individual countries, by their distribution in 1996, are shown in IRCT's 1996 annual report.*

Existing and expected number of centres and programmes worldwide				
	1996	1997	1998	1999
Africa	17	16	25	29
North America	21	22	24	25
Central America	4	4	6	6
South America	16	17	18	18
Europe	77	81	85	87
Asia and Oceania	22	27	33	37
Middle East	6	6	9	10
Global total	163	173	200	212

Table 2. *Existing and expected number of centres and programmes worldwide.*

	1996	1997	1998	1999
Centres in developing countries	55	60	82	91
Centres in Central and Eastern Europe	17	20	24	26
Centres in OECD countries (European Union)	91 (49)	93 (50)	94 (50)	95 (50)
Global total	163	173	200	212

Table 1. Evolution of Torture as an academic journal

1988-1991	International Newsletter on the Prevention and Rehabilitation of Torture Victims
1991	Torture. Quarterly Journal on the Prevention and Rehabilitation of Torture Victims. Volume 1. Issue 1 <i>Ruled by Journalists. Reprints of papers by Danish Authors and Members of RCT/IRCT</i>
1993	Volume 3 Issue 2, relabeled to Volume 1, Issue 2.
2000	External contributors invited
2004	Change of Format – Formal adoption of the blind peer-review process
2006	Torture is accepted in Medline

resources for torture victims and the prevention of torture” (Markussen, 1997). Regarding *Torture Journal*, an editorial the same year established its aim “to be the mouthpiece not only for RCT/IRCT but also, and even more pronounced, for the viewpoints of others, in order to further a dialogue” (Henrik Markussen, 1997). Furthermore, for the first time, the Journal opened to external contributors: “We welcome many, various and well-documented manuscripts (...) on government-sanctioned torture (...) and how it can be treated and prevented” (Markussen, 1997).

That same year the Journal published an estimate of the creation of new centres in the following three years and the funds required to support the endeavour (IRCT, 1997).

In these early years, the role of the RCT/IRCT was to be the driving force that articulated and financed the consolidation of these centres. It was the most significant effort that any rehabilitation institution had ever made up to that date. An era-defining and epic effort.

However, this was also, as almost ever, not without polemic. Some of the centers were reluctant that paired to the financial help was the obligation of adopting Danish manuals with, allegedly, an individual and biomedical, clinical approach and a focus on physical rehabilitation that clashed head-on with

the psychosocial and community conceptions practised locally for years. Especially in Latin America and South Asia, this allegedly biomedical approach meant asepsis and a depoliticization mismatched with the utopian and revolutionary vision at the root of the state terrorism that shook the world. If political reasons produced torture, treatment should have a political dimension¹. Old polemics faded in the late 1990s as the RCT/IRCT began to internationalise its structure and reframe its role more as a body for institutional articulation and support than as a training and supervising centre, pushing for a specific unified work model for which the Journal could be instrumental.

Editorial policy of the Torture Journal

This shift in the way in which the IRCT envisioned its mandate was reflected in the pages of the Journal. In its 10th Anniversary, an editorial fixed policies stating that “the

1 Perhaps because of this early (and recurrent) polemic, other networks appeared, the most important grouped around the International Society for Health and Human Rights (ISHHR), which claimed more community-based models of rehabilitation for torture survivors.

conditions under which *Torture Journal* is produced differ from those of most other biomedical journals". "The target group is heterogeneous". Furthermore, "in some cases, it is difficult to place the same strict demands on authors from countries with limited resources for training in scientific research and presentation". Therefore, the Board had the policy to "prioritise important documentation from such countries rather than insist on standardised requirements for biomedical journals". This atypical way of working also includes "providing support on editing and language editing" and "paying special attention to ethical considerations [related to security issues]" (Markussen, 2001). At that time, the Board also expressed "immediate plans to place future issues of the *Journal* as well as selected articles from earlier volumes of the *Journal* in the *IRCT website*" and to include, in the assessment of manuscripts "recommendations from referees" (Markussen, 2001). The *Journal*, as we know it today, in 2021, was being shaped.

Paralel to the 25th Anniversary of Amnesty International medical groups, the *Journal* published a very relevant historical paper that is a must-read: *From AI's medical groups towards cross-disciplinary collaboration against torture* (Markussen & Genefke, 2000). The paper is a fascinating and detailed account of the origins and evolution of the medical documentation of torture written by Inge Genefke and Henrik Markussen. Also of great historical value is a long and influential paper by Maria Pinou-Kalli (1997), who passed away recently, which combines personal reflection and historical account, questioning how was it possible that 30 years after the Coup-d'Etat in Greece, nothing had happened with torturers.

The *Journal* published in 1997 a pioneering set of Guidelines on how to monitor conditions in prisons (Sorensen & Pounder, 1997). It included a shocking and worth-reading set of recommendations on coping with prisoners

kidnapping the international observer during the visit.

From epidemiology and forensic science to rehabilitation

The focus of the *Journal* changed over time more to rehabilitation. Carlos Madariaga published a review of Rehabilitation practices in 26 centres of the IRCT network (Madariaga, 1997) and the *Journal* published, 4 years later, the first review on outcome and sustainability (Gurr & Quiroga, 2001), updated after 10 years (Jaranson & Quiroga, 2011) and precursor of a set of studies proposing systems of indicators and a comprehensive review following Cochrane methodologies (Hill & Everson, 2019; Horn & Keefe, 2016; Montgomery & Patel, 2011; Patel et al., 2016). These were the first of a series of break ground reviews and desk studies that the *Journal* would publish in the years to come (Jaranson & Quiroga, 2011; Kjærsum, 2010; Quiroga, 2009; Quiroga & Jaranson, 2005). Progressively, the studies introduced the idea of a psychological approach and holistic care (Birck, 1999; NHHCP, 1998).

In 1999 the *Journal* published a monographic issue on Torture in Tibet, translated to Chinese and with a preface by the Dalai Lama (Elsass et al., 2009).

A series of three articles will appear with a comprehensive review on the medical examination of torture survivors, expanding concepts from the Istanbul Protocol (Rasmussen et al., 2004, 2005, 2006). The readership of the *Journal* has awarded this seminal review the first Convention Anti-torture Initiative (CTI) Prize as the most influential paper in the 30th year of the *Journal*.

New format and new times

At the end of 2004, the *Journal* changed its format and better defined its philosophy with

Figure 7. New format of the Journal.



an editorial *Torture: New Size, New Concept* (Marcussen, 2004). With the same Editor-in-Chief and a new Editorial Advisory Board, including medical doctors, psychologists and psychiatrists, who take the lead: Jim Jaranson, José Quiroga, Richard Mollica, Samir Quota, Derek Silove and Nora Sveass, people who raised *Torture* to the scientific Journal it is today.

Linked to this re-focusing, in October 2006, an event will change the future of the Journal: *Torture* is selected by the National Library of Medicine to be included and indexed in Medline, the world most extensive database of academic medical papers. At that moment, it was the endpoint of a long process of adjusting the Journal's standards to pass the most demanding of filters. It meant that

Torture reached a global audience from that moment onwards. Its contents could be accessed from any medical institution, not only those working specifically in the field of rehabilitation of torture victims.

Under the leadership of Henrik Marcussen, *Torture* had a steady growth in the number and quality of papers. During 2009 and 2010, the Journal published between 5 and 7 research papers in each issue.

After 20 years at the Journal's helm, Dr. Marcussen retired in 2011 with an editorial compiling some of his previous writings (Marcussen, 2011). Prof Joost den Otter took the lead for a short time, followed by Dr. Lilla Hardi. Under their guidance, there were special sections on Forensic evidence against torture (2012), an incredible issue on Music in Detention (2013) and a study on Documentation of Torture in the Basque Country (2017). Some excellent state of the art and review papers also found their place (Bunn et al., 2016; Longacre et al., 2012; Patel et al., 2016; Persson & Rousseau, 2009; Weiss et al., 2016)

Victor Madrigal, Secretary-General, and Jorge Aroche, President of the IRCT, clearly opted for a journal that would have editorial independence from the publisher and that would try to be a "common house" for all those who work in the prevention and rehabilitation of torture victims, as a 2016 editorial stated (Pérez-Sales, 2016).

From 2016: A common/open house for reflection where everybody finds a place

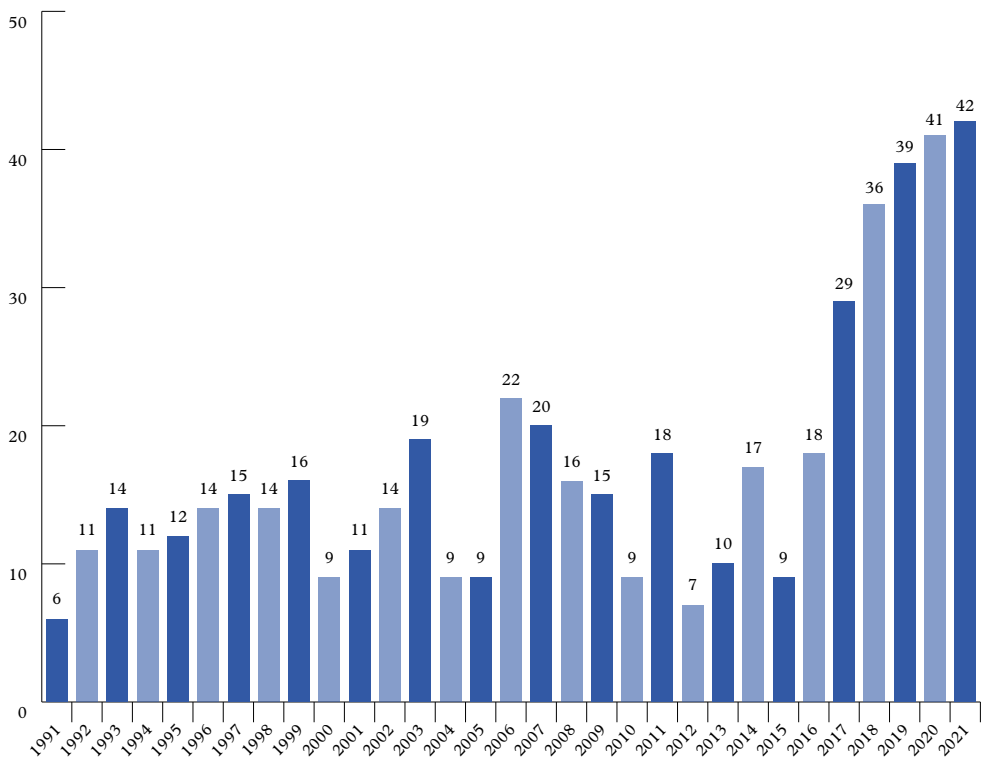
Torture conducted a Delphi study on research priorities in the field (Pérez-Sales et al., 2017) and has since tried to advance knowledge by opting for a style of being pro-active in gathering authors around new and challenging topics through the format of Special sections. Since then, seven Special Sections have seen the light: War on Terror (2017), Forced Migration

and Torture (2018), Sexual, gender-based and genderised torture (2018), Reflections and Learnings from the Istanbul Protocol (2019), Sleep deprivation (2019), Physiotherapy for Torture Survivors (2020) and Enforced Disappearance as Torture (2021) with the support of an incredible group of voluntary Guest Editors and a renewed advisory board.

A Special Issue commemorating this 30 anniversary will be published in early 2022 with a collection of essays on the past, present and future of the work in the prevention and rehabilitation of torture survivors, and forthcoming Special Sections on Racism and Torture and Torture in Prisons are to come for next year.

The Journal keeps loyal to its identity features: (a) The highest standard of quality in papers, including a strict blind peer-review process and extensive communications between authors and the editorial team. (b) Widespread diffusion, not only through Medline and other academic databases like Scopus and Scielo but through the promotion of the table of contents and best papers in social networks and a dedicated website. (c) Promoting young authors and helping first-time researchers and front-line workers express their ideas, understanding the difficulties in publishing from the global south. (d) Providing extensive support for those not

Figure 8. Evolution in the number of scientific papers published in Torture Journal by Year (1988-2021)



native in English in language and style edition. (e) Simultaneous publishing of the official English version of the paper with a version in the native language of the author, with an independent DOI identifier, also uploaded to the website. (f) Possibility to add to the text supplementary materials, including databases, documents or videos. (g) Making a constant effort from the Editorial Advisory Board to think on new challenges and promote cutting-edge research from the Journal.

Moreover, thanks to the support of donors, a journal free for authors and readers, in what seems a chimaera in times where science has become a private profit business and not a matter of public and universal interest. The paper version disappeared in 2020 and the Journal became an on-line electronic Journal with 3500 on-line subscribers and more than 1000 downloads every month from the Journal website plus databases that provide direct access to the contents. The impact factor has duplicated from 2016 to 2020, as the number of submissions, with an average time from receiving to acceptance of papers of 4 months. The Journal is in a healthy and promising stage. Big an enormous thanks must be given to peer-reviewers, a treasure hard to find nowadays, and acknowledged in the pages of this issue.

It is hard to know if the Journal has contributed at all to building a world without torture. However, these pages have made it possible to see that a whole generation of generous people have succeeded in bringing light into the darkness.

It is up to us to keep the candle burning. We rarely see cases of electric torture as French torturers in Algeria taught to their Argentinian colleagues in the 1990's, but we have widespread use of electric batons and taser guns all around the world. We might not see as often as it was coercive interrogations using brutal

force, but psychological torture and attacks to cognitive liberty are widespread and accepted as regular procedures. The legal contours of ill-treatment and torture need to be redefined to complex environments where the role of the State and the ways to inflict suffering are difficult to put in evidence. Torture changes and the anti-torture movements must have the ability to face these new times with new tools.

In this issue

In the celebration of the journal's 30th anniversary and pending the publication of the Special Commemorative issue, this last number of 2021 has two Special Sections.

On the one hand, the second part of the section on Enforced Disappearance as Torture published in our previous issue is complemented by four additional papers: Natalia Huerta and Edith Escareño examine the case of the 43 students who disappeared in Ayotzinapa (Mexico) in 2014. How the Mexican state's mistreatment suffered by the survivors and their families has provoked elements of suffering that the authors consider amounting to ill-treatment or torture. Anne Margrethe Sønneland publishes the results of several years of research with witnesses and victims of the trials of perpetrators of enforced disappearance in Argentina, pointing out those elements that could constitute elements of re-traumatisation or additional suffering adding to previous burdens. Mayra Eliana Nuñez analyses the decreasing role of relatives and witnesses in legal proceedings for enforced disappearance before the Inter-American Court of Human Rights. In an overburdened court, neither experts nor victims are allowed to speak. The process before the Court is progressively becoming more of a legal dialogue between the parties, while experts and victims are relegated to add through documentary contributions. In the authors' opinion, this means that much

of the reparatory value of the Court over the suffering of the victims is lost. Finally, Vesna Stefanovska reflects on the El Masri judgement in the European Court of Human Rights and its relevance for victims of enforced disappearance. The author elaborates on previous literature stating that cases of Extraordinary Rendition constitute forms of enforced disappearance and should be treated as such by international jurisprudence.

On the other hand, this issue includes a Special Section on dental care for torture survivors with two papers that complement each other. According to epidemiological data, about 35% of torture victims have suffered trauma to their mouth or teeth. Anne Catrin Høyvik and colleagues conducted a qualitative study with 10 torture survivors from different cultural backgrounds attending dental facilities. Karlsson and colleagues conducted semi-structured interviews with dentists and professionals from rehabilitation centres in Norway. Together, the two studies provide a unique perspective on the difficulties and risks of re-traumatisation of victims and the low detection capacity and knowledge of the professionals who should care for them. Important policy recommendations emerge from both studies.

Aisling Hearn and collaborators present a validation study of the International Trauma Questionnaire as an instrument for the early detection of Complex Posttraumatic Stress (CPTSD). Their data support the idea that PTSD and CPTSD are distinct entities and that both should be detected in torture survivors attending rehabilitation centres. Alongside this is the continuing education section, which discusses the forensic documentation of electric shocks as a form of torture.

We want to pay an extraordinary tribute to Dr June P. Lopez, a founding member of the IRCT and a key figure in the fight against

torture in recent decades, who passed away this month. Along with an obituary by Dr Aurora Parong, friend and fellow, we include the text of an essay that Dr June Lopez was writing for the 30th anniversary of the Journal. Although she considered it an unfinished text, we have decided to publish it as the best tribute to a tireless fighter who leaves behind an indelible mark.

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