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body for struggle against all forms of torture
and for treatment and rehabilitation
of torture survivors

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R A H A T

M e d i c a l J o u r n a l

Aims at instructing medical and allied practitioners
about torture, its consequences, and treatment

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R A H A T
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EDITORIAL

Incidence of torture is pandemic not only in our society but the entire world. Torture may take the form of physical torment or psychological persecution. Physical aggression, rape, sexual harassment, degrading treatment, social injustice and denial of human rights fall in the sphere of torture. People in the developing countries are the principal target of this scourge. The situation takes a bleak turn during the times of belligerences and social unrest. Medical profession, in particular, beside psychologists and social workers are often called upon to deal with the torture victims for either forensic purposes or for rehabilitation.

Aim of this medical journal has been to provide information in the field of torture for the information of the practitioners with regard to the latest researches and treatment. A person suffering from an injury as a result of an accident is not likely to suffer from psychological disability as compared to a person who faced the ordeal of willful torture particularly when the perpetrator was a government functionary.

When a government finds itself the target of criticism, its reaction is to suppress the dissenting voice besides victimizing the dissenter. This is discussed in a wellresearched article by Dr. Mahboob Mehdi, et al.

The second article titled 'Psychological Dilemmas in Military Obedience3' deals with the psychological makeup of the troops' minds during and soon after active hostilities. The authors give an in-depth study of why soldiers tend to disregard norms of discipline when dealing with the prisoners or the people at large. This study, though comprehensive in its own way, might not explain the treatment meted out to the hapless Iraqis in Abu Gharib and other prisons. Dehumanizing torture by the Americans, it appears, was a part of the wider policy towards Iraqis.

Another article, 'Re-traumatizing of Refugees' concerns the refugees who escape torture in their own countries to find torture in the host countries. The discussion is with reference to an Iranian lady who sought refuge in Austria. The lady's assertion of being raped while under custody may well be taken with a pinch of salt because we do not find evidence to this effect with respected organizations like Amnesty International so far as Iran is concerned.

Ms. Tehmina and Ms. Amra tell us about sexual harassment suffered by medical nurses. It appears, sexual harassment covers all professional women. The degree of harassment depends upon the exposure they happen to have in their work place.

We all know about the horrid war crimes against the Muslims in the Balkans. In the last article, the authors discuss post-trauma stress disorder among Albanian ex-POWs.

Our effort has been to help the professionals who are called upon to treat torture victims. The help is in the form of giving an overview of the problem to put the professionals in a better position to provide help and succor to the victims of torture.

Editor

The Indus Valley - Dynamics of Social Formation

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Basria Shalizi, Stess Reduction Therapist (Copenhagen) &
Ghulam Yahya, Social Counsellor

The All India Muslim League, established in 1906 to safeguard the interests of the Muslims of the British India, had been dormant for many years. Primary branches it had none; even its provincial organizations were, for the most part, ineffective and only nominally under the control of the central organization. Nor did the central body have any coherent policy of its own till the Bombay session (1936), which Jinnah organized. To make matters worse, the provincial scene presented a jigsaw puzzle: in the Punjab, Bengal, Sindh, the North West Frontier, Assam, Bihar and the United Provinces, various Muslim leaders had set up their own provincial parties to serve their personal interests. Extremely frustrating as the situation was, the only consultation Jinnah had at this juncture was in Allama Iqbal, who stood steadfast by him and helped to charter the course of Muslim League within Indian politics. When Pakistan was created in 1947 by the division of British India, as a result of the demand for a separate country for Indian Muslims, the migration of millions of people across the newly created borders of India and Pakistan caused the uprooting of innumerable communities and massive inter-communal massacre.

To understand the history of torture in Pakistan better, we need to go briefly through the series of events since the creation of the country. The newly created country with a highly traumatized population was easily taken over by a regime, which had no sympathy for the people. The ruling junta governed the country by using religion for political purposes. From the early period of the country's history, human rights had a low priority in Pakistan. The police department, established during the colonial period by the Police Act of 1861, continued passing down its legacy of torture to the newly-created country and its nascent machinery. A number of further statutes were enacted to justify torture, preventive detention, and the like. If the government found an activity unwanted, it was curbed through the use of torture. The first constitution of Pakistan was framed in 1956. It did nothing to improve the situation, and the government continued to possess side powers of arbitrary arrest and detention without trial.

In October 1958, the constitution was superseded by the Martial Law and the government was run under Martial Law Regulations and Orders. The Military Courts and Tribunals were established with unlimited power to arrest and try political activists. In 1962, Ayub Khan, the Chief Martial Law Administrator, imposed a new constitution with the help of which he became president. Resentment against this constitution which too

was repressive in character, developed into a political agitation in 1968. In order to control the situation, a second Martial Law was imposed in March 1969.

Bengalis of East Pakistan nurtured nationalist feelings and a sense of identity of their own ever since the inception of Pakistan. In 1948, when the founder of the nation declared that Urdu will be the national language of the country, it led to widespread riots against this stipulation. Two students died in these linguistic riots and Shaheed Chowk of Dacca was named in honor of these students. In 1969, the Commander-in-Chief of the army, General Yahya Khan assumed power both as Chief Martial Law Administrator and President. The Martial Law government launched a military action in the eastern part of the country in order to suppress the right of self determination of the people there. After independence from the British, East Pakistan had been neglected by Pakistani government, with the Pakistan Army, dominated by the west Pakistanis, either supporting the government or running the government. Exploitation of the majority Bengalis by the minority non-Bengalis (i.e, Pakistanis) infuriated sensible people in both wings of Pakistan. The tensions peaked in 1971, following an open, non-democratic denial by Pakistani president Yahya Khan, a military ruler, of election results that gave majority in the Pakistan parliament to Awami League, an East Pakistani political party. Awami League had won almost all seats in East Pakistan, but did not win any seat from West Pakistan. Parliament seats from East Pakistan were slightly more than West Pakistan (52% to 48%). Although Awami League was in a position to form a government without any coalition partner but due to polarization of the election results Awami League took up negotiation with Pakistan Peoples' Party which had won most of the seats from West Pakistan. Negotiations failed and the military government cancelled the results of elections in East Pakistan. Under the leadership of Sheikh Mujibur Rahman, who subsequently became the founder of the state of Bangladesh, a struggle for independence of East Pakistan was launched. The official crackdown by the Pakistan government was started on March 25, 1971. The result was a bloody massacre of the Bengalis by the Pakistan army.

Sheikh Mujibur Rahman, being the head of the independence struggle, was arrested by the Pakistani Government. Ziaur Rahman, an army major at that time, and President of Bangladesh later, declared the independence of Bangladesh, on behalf of Bangabandhu (the grear national leader) Sheikh Mujibur Rahman. The declaration was made from a makeshift radio transmitter in the port city of Chittagong. With help of Bengali officers of the army, an armed group known as Mukti Bahini that is freedom fighters was formed. It consisted of students, workers, farmers and others. It took up the cause of liberation of Bangladesh. Mukti Bahini, with the help of over 400,000 Indian troops engaged the Pakistan army troops numbering 80,000. Within weeks of the Indian invasion, the Pakistani troops were defeated, and surrendered on 16 December 1971. At that point, East Pakistan was renamed Bangladesh. [13,16,19,20,21]

December 1971

The result was the separation of the eastern part of the country as Bangladesh. This situation also resulted in the replacement of General Yahya Khan by Zulfiqar Ali Bhutto, who was the majority party leader from West Pakistan. Zulfiqar Ali Bhutto acted as a Civilian Martial Law Administrator until the formulation of a new constitution which, in turn, failed to improve the human rights situation in Pakistan. Atrocities by the police, torture and repression of political opponents continued.

In July 1977, another Martial Law, the longest lasting and the most ruthless of all, was imposed on the country by the Army Chief-of-Staff Zia-ul Haq. During this period there was rapid increase and further institutionalization of torture. A fundamentalist interpretation of religion was used to justify torture, cruel and inhuman treatment and punishments. Under the third Martial Law, political workers were for the first time punished by whipping for political actions such as making a speech, holding a meeting or a demonstration or taking part in a march against the continuation of Martial Law. Political workers, trade unionists, women activists, lawyers and students were arrested from time to time and kept in detention without trial for months and, in some cases, for years. Political trials of hundreds of political activists were held before special or summary military courts, where they were invariably convicted, even though evidence against them was scant and of a most doubtful nature, and given long prison sentences or heavy fines and were sometimes sentenced to whipping. In cases where the arrest of a wanted political worker was not possible, his family members were detained to put pressure on him or her. Detained persons were not always taken to prison but were, on many occasions, taken to special torture cell functioning under both the civil police and the army authorities. The reports of extensive torture inflicted on political workers, including women, have not been uncommon. Many of those who were kept in prison were placed in shackles and bar fetters and remained in isolation for months.

Political detainees and convicts were not treated in accordance with ordinary prison rules. Despite the fact that many political workers were not proved guilty of the charges made against them or had served out their term after conviction, they were not released and were kept in custody for months. Cases occurred where children were detained, imprisoned and whipped. Whippings were sometimes carried out publicity. The laws which allow torture remain. Torture cells remain and torturers retain their posts. This is why the death of General Zia in a plane crash in August, 1988 did not mark the end of torture in Pakistan. No doubt that the civilian government could not stop the vast scale of torture conducted in police stations, prisons and interrogation centers of Pakistan. So no fruitful results accrued from any change of government whether civilian or military.

Thousands of individuals and families suffer from the effects of torture in Pakistan. They come from different backgrounds. Many of them are Pakistani nationals. Others are refugees from different countries now living in Pakistan. The refugees were forced to

leave their homelands because of the circumstances threatening their physical and mental integrity. Pakistan is included in the list of countries having the largest refugee influx from neighboring countries. Torture is endemic in Pakistan but it reaches epidemic proportions from time to time. [19, 20,21)

Pakistani Punjab

Punjab is known as the land of five rivers - Satluj, Beas, Ravi, Chenab, and Jhelum. The rivers originate in the Himalayas. Satluj and Beas merge into one river retaining the name Satluj at Harike near Ferozepur in East Punjab just before crossing the border into West Punjab and eventually merging into river Indus.

Punjabi civilization is one of the oldest on earth, with its originating source in Sanskrit (not Urdu or Hindi as many young Pakistanis / Indians believe). Sanskrit belongs to a family of Indo-European group of languages which includes Persian and Latin. Situation of Punjabi was very precarious in West Punjab in the early periods. All the known writers of Punjabi had left for India and the state of Pakistan was intent to impose Urdu on every province. In addition to religion, imposition of Urdu and suppression of other languages became the corner stone of Pakistan ideology popular among Punjabi ruling classes and Urdu speaking immigrants. The ruling elite's reaction on seeing anything other than Urdu amounted to paranoia. A small Punjabi literary society in Lahore was declared a political party and was banned by Ayub Khan. Punjabi language started attracting the interest of a small segment of urban intelligentsia. A basic infrastructure of Punjabi had come into being that could inspire the coming generations. However, the major qualitative change occurred after the anti-Ayub upsurge of late sixties. Several progressive activists in West Punjab, besides the Mazdoor Kissan Party, adopted Punjabi as their language.

May 2, 2003, a day in the recent past proved to be of historic importance for Multan. World Labour Day and the function was celebrated and attended by a large number of the working class and the youth. Our team of comrades faced many political, social and natural hurdles. Many NGOs and state-patronized labour leaders were in the market to sell their wares. It was very interesting to note the organization of a rally under the leadership of the city mayor who was also the owner of famous Colony Textile Mills, Multan, where, during the dictatorial period of General Zia-ul-haq hundreds of labourers were killed. The rally proved to be a political blunder and a joke in the history of Multan. [21]

Rawalpindi seminar of November 18, 2003, was participated by PTUDC and a prominent trade unionist from WAPDA (Water and Power Supply Development Authority), PIA (Pakistan International Airlines), People's Lawyers' Forum, Pakistan Telecommunications Department, YFIS. The seminar discussed the impact of the Bolshevik revolution on the life of the workers and the peasants of Russia. The

leadership which carried out the Russian revolution believed in struggle for their rights. Now all the trade union membership would have to move towards the struggle for a socialist revolution.

In Lahore, Socialist Movement members attended the 17 May 2004 rally and organized a demonstration by the Workers Confederation (an alliance of eight Trade Union federations in Pakistan) which had over two thousand participants from different industrial sectors attending. [7,10,11,22]

Sindh

In 1834, Sir Charles Napier conquered Sindh in the name of the British East India Company. People of Sindh had for centuries followed non-violent path of peaceful coexistence. It was often subjected to imperial designs from outside. Sindh was conquered by the Arabs in the 12th century and by the Moghuls in the seventeenth century. Through consistent struggle for freedom, Sindhis maintained, for a long time, their status as an independent entity and played a significant role in the promotion of peaceful coexistence. Sindhis decided to embark upon an armed struggle against the British colonial government leading to the imposition, by the British, of the first Martial Law in 1899. Several thousand Sindhis were thrown behind bars and when the jails could not accommodate more prisoners, the British decided to convert entire villages into prisons. They would put barbed wires around a village, disarm all inhabitants of the village and post a few sentries who supervised the agrarian subsistence activities of the villagers.

Balochistan

Balochistan is a land of contrast. It has places with lofty and rugged mountains under the names of Chiltan, Takatu, Sulaiman, Sulan, etc. and plains stretching to hundreds of miles. It has fertile land like that of Nasirabad, as well as tracts which are thirsty for centuries, and where even a bush could hardly be sighted like that of Pat section of Sibi District and Dasht-e-Makran in Makran Division.

The Balochistan problem was potentially serious in that it sought to generate separatist and nationalist sentiment within a culturally distinct ethno-linguistic group that had its own autonomous history and that had not been deeply affected by the British colonial rule. The legal status of Nepal and Kalat was different from that of other princely states of India under the British rule. The native states maintained their relations with British Indian government while Nepal and Kalat were dealing directly with London.

The Baluchis were accustomed to having arms. Historically, Balochis overlapped with Iran as well as Afghanistan. Within Pakistan, the Balochistan area made up 42 per cent

of the entire country. Balochi separatism was perceived as a threat to the state of Pakistan, most visibly so during the insurrection of 1973-73 in the Bhutto period. But the army suppressed it even before the Soviet intervention in Afghanistan, and Zia was very effective in co-opting the Baloch. Baluchi struggle for nationhood against the center in Pakistan was already at low ebb, particularly during the Afghan war. [5,6,14,15]

NWFP

North-West Frontier Province (NWFP) has its capital and the main city is Peshawar. The major language spoken in the NWEP is Pashto, and most of its residents are Pashtuns. People of the lowlands of the province are mostly non-Pashtun, belonging to diverse ethnic groups and languages, such as Khowar, Kohistani, Shina, Torwali, and Kalami. NWFP was a part of Afghanistan for over one century and was annexed to British India in 1848.

In 1893 the Amir of Afghanistan consented to a precise demarcation of boundaries, and a mission, under Sir Mortimer Durand, proceeded to Kabul to discuss the question. The history of Afghanistan and the NWFP are intertwined. They share racial, cultural, religious, and linguistic ties to the region even today. The only marker that splits the two peoples is an artificial line known as the Durand Line. This line, which was delineated in 1894-95, marked the boundary between Afghanistan and the British Indian Empire. The Durand Treaty, which split the Afghans right down the middle of their territory, in 1893 has ended. The treaty lasted for 100 years and has now become void. But even prior to 1993, Pakistan has taken action to make sure the reunification will not take place.

In 1948, Pakistan began the arrest, imprisonment, and execution of prominent NWFP Pashtun leaders who did not want to be ruled by Pakistan.

Even during the rule by pro-Pakistan regimes in Kabul, Islamabad was unable to get any of them endorse the Durand Line as the international border.

This may mean a more divided Afghanistan, and discontented Pakistan. [1,2,9,12,24]

Jammu & Kashmir

Kashmir is an area on the northern borders of India and Pakistan; officially known as Jammu & Kashmir. About 12 million people live in Kashmir, of which around 70% are Muslims. The rest include Hindus, Sikhs and Buddhists. Hindus live mostly in the south and around the city of Jammu. To the east is the Ladakh region, the majority of the people are Buddhists of Tibetan origin. Most of the Kashmiri people work on farms; others engaged in small in cottage industries making shawls, rugs and carpets. Kashmir is well known for its wool and, in particular, its shawls and carpets.

Gilgit

In a move to muzzle dissent in the Northern Areas, the local administration proscribed Urdu News monthly and confiscated copies of its July-August 2004 issue. Published in Skardu, Baltistan, 'Kargil International' has been charged with publishing "subversive and seditious" material "instigating people against the Pakistan government." In the FIR, the police cited 'Kargil International's' July 2000 issue, which contained criticism of the Kargil fiasco, the Wana operation, Pakistan's nuclear programme and intervention in the internal affairs of Afghanistan. [4,8,17,18]

Nature of Torture

The methods of torture can be classified broadly into physical and psychological. Commonly employed physical methods of torture are:

- Beating and shoving.
- Squeezing pressure technique pinch.
- Beating with iron rod, leather strap etc.
- Insertion of objects in bodily orifices.
- Suffocation: Strangulation, obstruction of air (including nose / mouth).
- Exposure to chemicals: Corrosive, poisonous or drugs.
- Exposure to electricity.
- Exposure to extremes of heat and cold.
- Bright light torture.
- Noise torture.
- Sexual torture: Rape, sexual assault, etc.
- Exposure to a place infested with insects etc.
- Flogging.

Psychological methods of torture commonly employed are:

- Humiliation by abuses.
- Humiliation by stripping naked.
- Imposition of blindfold / hood.
- Solitary confinement.
- Restricting movement by confinement in a small cell.
- Confinement in a totally dark cell.
- Confinement in a cell with cockroaches, rats, lizards, snakes etc.
- Sleep deprivation.
- Restricting access to proper toilet facilities.
- Restricting facilities for feminine hygiene during periods.
- Restricting facilities for washing clothes, etc.

- Restricting access to food placed near by.
- Restricting meetings with relatives and other visitors.
- Restricting communication through letters etc.
- Restricting access to printed media like newspapers and books.
- Restricting access to electronic media i.e., radio and television.
- Restricting the practice of one's own belief like religion.
- Compulsory hospitalization in a psychiatric institution.
- Witnessing others being tortured.
- Threats of torture to self / relatives / friends.
- Forcing to sign confession.
- Sham execution.
- Pharmacological torture.

Effects of Torture

Thousands of individuals and families suffer from the effects of torture in Pakistan. The victims come from different backgrounds and different places/provinces across Pakistan West Punjab, Jammu & Kashmir, Gilgt, Sindh, Balochistan, NWFP. Others are refugees from different countries and now living in Pakistan. They were forced to leave their homelands because of the circumstances threatening their physical and mental integrity.

Tortures create conditions which effectively break down the victim's personality and identity and his ability to live a full life with and amongst other human beings. The worst consequences of torture for the survivors are psychological. Deep feelings of guilt and shame often occur after torture. The feeling of guilt may be caused by the mere fact of survival while friends may have died under torture. Or perhaps under torture, they provided information detrimental to the interests of their friends. The deep feeling of guilt may also be produced by the so-called impossible choice, when victims have to choose between, for instance, revealing the names of their friends and seeing family members tortured. Regardless of what the victim chooses, the end result is a psychological disaster for which the victim feels responsible, and that is exactly what the torturer wants.

Scars of torture remain on the mind and body of the victim long after the procedure has ended. The whole personality of the individual is destroyed. This is the basic purpose of inflicting torture. The effects of torture include:

- Anxiety
- Depression
- Fear
- Irritability
- Disturbed memory

- Headaches
- Sexual disorders
- Lethargy
- Introversion
- Loss of concentration
- Visual problems

Objective of 'Rehabilitation Aid Centre for Torture Victims'

Torture effects not only the individual who actually underwent torture but also other members of the family, and ultimately the whole social fabric is permeated with fear and terror. The body of data enlists disease cases where trauma of torture can aggravate disease picture:

- Peptic ulcer
- Diabetes
- Hypertension
- Migraine attacks
- Psoriasis
- Angina
- Arthritis
- Dysmenorrhea
- Vision impairment
- Asthma
- Epileptic Fits

Some cases can become a precipitating factors in the aetiology of the disease:

- Gastritis
- Peptic ulcer
- Tension headaches
- Asthma like attack

Conclusion

A two-day National Workshop on Health and Human Rights began in Dhaka with a call for creating greater public awareness against violation of human rights, with a view to freeing the nation from growing social crimes. Organized by the Bangladesh Human Rights Commission at a city hotel 26th February 1992, the workshop was inaugurated by Prof. M. A. Majed, President of Bangladesh Medical Association (BMA). Attorney General Aminul Huq, delivered the keynote speech, at the inaugural session, which was presided over by the Commission Chairman Justice K.M. Sobhan. It was asserted that besides the drive for checking torture, there should be better treatment facilities for the trauma victims.

However, in free Pakistan, a number of violent attacks on newspaper offices and journalists do highlight the state of human rights in the country where the media still happens to be under the thumb of the governing authorities. Detention of journalists on flimsy charges has been the case in point. The sorry affairs of the press do reflect that the journalists in problematic situations may not be able to voice the inner story of the bereaved humanity.

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Re-Traumatization of Refugees in a Host-Country

Ingrid Egger

I have been working for nine years as a psychotherapist for ZEBRA, a centre for socio-medical, psychotherapeutical, legal and cultural counselling for foreigners in Austria. Primarily, I work with people from various crisis areas of the world. These people share the experience of great losses, of war, torture and violence. In most cases, our clients seek asylum. Having usually just recently escaped the hell of violence in their home-countries, they are confronted with bad and unsafe living conditions and frequently with re-traumatizing situations in Austria. There is a wide range of re-traumatizing factors here in Austria, ranging from everyday racist experiences to physical attacks in the streets, besides humiliating, sloppy and unfair procedures of the authorities, as well as by some relief organizations. The living conditions in the refugee homes usually do not meet the needs of people who have lost their orientation, are confused and are flooded by terrible memories and fears and who would need a place where they again could find their orientation and get re-stabilized.

A major contribution towards getting stabilization would be by offering the asylum seekers as much information as possible and a chance to get organized. Only then can they succeed in regaining ground and not feel at the mercy of a strange society. Cut off from their cultural origin, often traumatized and without orientation, asylum seekers or migrants have to make enormous efforts to learn a foreign language, get used to eating foreign foods, make themselves familiar with the customs and the culture of the host-country, so that they do not make a bad impression and evoke aggression. These adjustments to the new culture can endanger the individual and his cultural identity.

Moreover, there are permanent humiliations by authorities, a life at the fringe of society, in crowded living quarters, the everyday contempt in the host-country coupled with stress reactions conditioned by the experience of having fled, which automatically adds to an increased vulnerability. It frequently happens that asylum seekers neither get legal advice nor are sufficiently informed concerning their asylum procedure, or that the date for appeal is missed, or that the interview at the asylum office is carried out like a cross-examination. Especially with regard to politically persecuted people or survivors of tortures, such treatment may reactivate old trauma. Nothing with which the asylum seekers are confronted in the host-country is familiar, motherly or reassuring no help to

(Viewpoint and recommendations of an Austrian Psychotherapist who treated an Iranian woman refugee -- the consequences of her traumatic experiences in her native country and the host country)

allow them to feel safe and in good hands. All of this comes about as a massive attack on the ego. The coherent experience of the own identity which has been acquired within a specific culture by interacting with family and social group is being fundamentally questioned. Traumatic experiences such as war, torture and violence in the home-country, coupled with the re-traumatizing experiences in the host-country affect a refugee's self-respect. The meaning given to the way the outside world presents itself influences the self-perception.

In psychotherapy, a great deal of our work lies in making the client understand or cope with the destruction, the additional wounds which were newly inflicted in the host-country. I often have the impression that a fundamental function of our work lies in offering something like a counter-world to the mostly hostile external and inner world. The point is to create a transitional place, small islands, in order to get into contact with the ego which enables the patient to react to outside contacts in a positive way rather than in a split-off, confused, pathological way. It is necessary to recollect the self-identity with all its resources which seems to have been lost. Combined with the feeling of being catapulted out of the former life-concept, the image of one's self and the world is often lost and thus also a functional feeling of one's own identity. The basic need to be seen as a functional whole has been destroyed in many of my clients by multiple wounds. In the messages they receive from the outside they are mostly seen as a part of a stigmatized, devaluated grey matter which hardly allows the individual to be seen differentiated. They simply are "the foreigners", "the drug dealers," 'the economic refugees,' 'the social parasites.'

Frequently, during the asylum procedures, the clients' feelings are severely hurt by the way they are questioned or examined. Here too, they are mostly confronted with suspicion. By allegations, by a rough and despising tone, they are put into a role which more and more undermines their last bit of self-esteem and value which they struggle to maintain. Their experiences retard their ability to understand and react. They do not find an acceptable explanation for what is 'happening' to them in the host-country.

These circumstances may lead to the following symptoms of disorders:

- Psychotic decompensation in otherwise mature personalities
- Depressions, accompanied by the feeling of senselessness, emptiness, guilt and resignation
- Suicidal behavior
- Hypochondriac fears and panic-disorders (e.g. the fear to be eaten by worms)
- PTSD
- Symptoms of pain
- Psychosomatic illnesses
- Social dysfunction

Often, the person is again flooded by the horror experienced before. The present diffused state and the past shock cannot be experienced apart from each other, any more.

On the one hand, these are symptoms which were caused by the specific circumstances in the country from where the person fled and in the host-country. On the other hand, there is a structural side to it which also has to be taken into account. Beside my therapeutic work with the clients, I think, in this context, it is absolutely necessary to do political work. Re-traumatising frame-conditions, degrading "structures of treatment" and living conditions need to be pointed at and treated at their respective level. For survivors of violence, comprehensive standards of care have to be decided on and observed so that social shelters can come into being which enable the client to again trust him/herself and the world. Information concerning physical, psychological, social and spiritual consequences of war and violence can help to reduce misunderstandings among all the people involved and promote an environment which is more understanding. An important task concerning the accompaniment and the care of refugees consists of working against a hostile and re-traumatizing environment in order to effectively clean old wounds from the new ones.

In order to make the above said, clear, I would like to recount the case of a client cared for by ZEBRA.

Background

Mrs. Z comes from Iran; she is 42 years old, a mother of three children and living with her two daughters (17 and 12 years.) in Austria.

Context of Referral

Dr. P., a specialist in psychiatry and neurology, contacted ZEBRA and asked for a psychotherapeutic treatment of Mrs. Z. She reported that her patient came from Iran and was a victim of torture. The mental condition of the patient had rapidly deteriorated. The patient consented to possible therapeutic treatment and I arranged a first talk.

Anamnesis and Traumatic Incidents

Mrs. Z made a very desperate impression and said that she had never before accepted any help of this kind. But now she was finished. And she began to report: In 1989, she had come to Austria with her family (as political refugee) for the first time, and two years later, she was recognised as a conventional refugee. She told me about her early time in Austria, her bad marriage and the involuntary return to Iran in the course of the measures by President Rafsanjani. Her husband urged his family to return to Iran. She would have

preferred to stay with her children in Austria, but in the end, submitted to the will of her husband because she did not want to lose her children.

As soon as the family had arrived in Tehran they were separated. Both her husband and she were sent to prison directly from the airport. The children stayed at an aunt's in Tehran during this time. In prison, she was beaten, called names, humiliated.

After Mrs. Z was released, she had to regularly report to the police. She and her husband lived with their children at the aunt's in Tehran. Again and again they had violent arguments.

In the interview, Mrs. Z was totally exhausted and cried. Telling her story seemed to put a great strain on her. I offered her to have a break, but Mrs. Z wanted to continue because it seemed important to her to inform me in detail.

When the conflict between the couple made it impossible for them to continue living with their aunt, the family moved into a basement flat in Tehran. They still were, if only modestly, financially supported by the aunt. Mrs. Z worked as a cleaning woman despite her physical troubles. At last, the family moved to the countryside. Mrs. Z met a former companion from her old underground party. Through him, she got a chance to work and earn money and she became politically active again. She worked in a secret flat. During a demonstration in 1997, on the day of the election, she was arrested together with 79 others.

She remained in prison for six months and eighteen days and had to endure severe physical, sexual and psychological torture. She, over and over again, was threatened to be killed. Late last year, Mrs. Z was operated in the area of the cervical vertebra because she had developed a slipped disc during her imprisonment due to "hanging" for 26 days in a row. She told me about having been very cruelly raped.

At this part of her narration, Mrs. Z's face began to harden, she got a rigid facial expression, full of hatred, her voice got lower and halting, her tears began to flow.

She went on telling me that at the beginning of her imprisonment she was forced to take the birth control pill. When she refused because she did not see a reason for it, a pessary was forcibly implanted. At last the brutal raping started.

When she was released she found her two daughters at her aunt's, left behind by her husband who had fled with their son. She lived with her two daughters and filed a petition for divorce which was granted.

She was constantly searching for her son and, at last, found him at a friend's in Tehran. Her son had travelled with his father from city to city. She did not know the whereabouts

of her divorced husband then. Because she was so frightened and did not want to endanger her children she, then, lived in a secret flat offered to her by the underground organisation. One night, heavily armed military stormed the apartment. Because they did not find enough evidence they became angry. One of the men pinched her thirteen year old daughter's cheek and said that “next time, she 'would be in for it'". In front of her children, Mrs. Z was humiliated and called a whore. Her son began to defend his mother and was marched off by the military.

At this point of her story, she again was emotionally flooded. Revulsion and horror were written into her face. Again she began to tremble and cry, her voice became lower and lower; with her hands, she kneaded her handkerchief.

She described in tears that she was told to go to the police station the next morning. She had not been afraid for herself, but she knew that that would have meant the extradition of the whole family. She weighed out the lots and decided not to go to the police on the next day.

Mrs. Z. started to cry and asked me whether I could imagine what it means for a mother to make such a decision. *But she had realized then that she had no choice*.

Later, she learned that her son was released from custody after fourteen months. With her daughters, she fled to Turkey where she scraped through. She went to the Austrian embassy and waited for her entry permit for ten months. During this difficult time, she was supported by the Austrian ambassador in Istanbul.

Back in Austria, she has finally settled quite well. Her daughters work hard at school and support her mother in everyday tasks. She primarily worried about her son, and her physical and neurological complaints caused by the tortures weighed on her. She showed no symptoms of a PTSD because she - as she explained to me later - had always been aware of the consequences of her political work. She knew what could happen if you oppose the ruling system and speak up for human rights and freedom of speech in Iran.

In autumn 2001, all of a sudden, her divorced husband turned up and, once more, filed an application for asylum in Austria. Her daughters were happy to see her father again. For herself, it was an unpleasant matter; yet this time, her husband conducted himself quite respectably because he realised that, otherwise, he had no chance at all. He was invited to the first interview at the asylum office. He gave evidence that he had not seen his wife and his children since they had been separated on the airport in Tehran. Eventually, Mrs. Z and her oldest daughter were summoned as witnesses. The official at the federal asylum office talked to them via an Iranian interpreter who told her to answer only with either "yes" or "no". According to Mrs. Z, the whole interview was carried on in a very derogatory and aggressive atmosphere towards her.

Despite of Mrs. Z's plea that she had great pain because of her slipped disc at the cervical vertebra (as an evidence, she had brought her X-ray pictures) and even had taken some pain killers, they showed no consideration for her. She even was laughed at when walking to and fro because it hurt too much when she was sitting. She got no opportunity to explain, but was immediately called a lier and asked why she had not arranged her testimony better with her husband beforehand. Mrs. Z got more and more under severe stress, she stopped being able to clearly remember things and got all mixed up. Mental pictures of her examinations in Iran intruded. She was overwhelmed by her traumatic memories and had the feeling of re-living the horrors. Her voice failed and the interview was ended. The official decided to deprive her and her children of the convention status. They also lost already granted social benefits, and her case went to the Independent Federal Senate to be checked again.

Since this occurrence, the client shows all the symptoms of an extreme PTSD.

- She suffers from sleeping disorders with terrible nightmares.
- Traumatizing memories frequently return and produce panic and tension, even a psychic splitting off which went so far that she did not notice she was burning her hand on the stove when she was cooking.
- She often had the feeling as if the horrible incidents in Iran would be happening again here and now (Flashbacks).
- The feeling of hopelessness dominated, she was troubled by feelings of shame, guilt and disgust.
- She suffered from lack of concentration and gaps of memory in everyday life.
- Everyday she was afraid of opening her letterbox because she feared to again receive an invitation to another interview at the federal asylum office. She often spent an hour in front of the letterbox before being able to open it.
- She got inclined to risky behaviour by crossing the street at red without realising it.
- She became jumpy and suffered from outbursts of rage, easily lost patience with her daughters which she felt guilty for afterwards.
- She again and again said that she has lost her will to live. She attempted suicide twice, and was saved by her older daughter.

How She was Cared for

The association ZEBRA offers legal and social counselling to asylum seeker in addition to psychotherapeutic treatment. With respect to this client, I very closely co-operated with my colleague from the legal counselling. We appealed to her healthy and aggressive personality in order for her to work with us and see herself as a part of the "team" who would try everything to improve her legal situation and her state of health. I see psychotherapy as an active process between the client and the therapist. It is

important to me to present myself only as an expert for my therapeutic methods and my culture. The client, however, is an expert of herself, her images of solutions and of her cultural socialisation. Thus, from the start, the client holds a very creative and grown-up position in the therapeutic process. She is thoroughly informed about each step and can always decide how far she wants to go in the therapeutic dealings. Because trauma and violence always have an invading effect, i.e. that the borders of a person are permanently and systematically crossed and destroyed, in therapy, I try to avoid every situation which might question the integrity of the person. During a traumatic situation, one is helpless and loses the ability to control the situation.

Here, too, I try, as often as possible, to offer the client the chance to decide for herself and to avoid feeling "at somebody else's mercy". I also assume that my clients, at first, are distrustful and I see to it that there does not develop a stress out of a forced closeness and trust. With Mrs. Z, it was surprisingly easy to build up trust. Thus, it was possible for me to reconstruct her story in the very first talks and to give my psychotherapeutic findings to the Independent Federal Senate. My colleague from the legal counselling filed a liability complaint against the federal asylum office because the behaviour of the official responsible had not been correct.

Besides an exact reconstruction of her story (which again was, of course, a great strain on her), I taught her some stress management techniques, and by psycho-education, she eventually managed to understand her own psychological changes better. Very helpful to her were hypno-therapeutic stabilizing techniques such as the *"safe place"* or the *"save-technique".* Decisive, however, was without doubt, her close contact with the legal counsellor and with me and her active co-determination concerning all our interventions. Thus, slowly but surely, she was able to rebuild the feeling of control and trust. Step by step, she regained the possibility to get on top both of her psychological and physical symptoms. She ceased to experience herself as being helpless and at somebody else's mercy with regard to external and inner attacks.

Thanks to the well co-ordinated interdisciplinary co-operation with the legal and social counsellors who took care of setting up the necessary means for living, it is possible, even in such highly complex cases like Mrs. Z's, to concentrate on the psychotherapeutic work aimed at a practical empowerment. My colleague, e.g., succeeded in re-asserting the social claims of Mrs. Z, and she even was integrated along a retraining course. With regard to the legal side of her case, asylum, will, most likely, be granted to her for the third time.

With Mrs. Z, it seems that we succeed in helping her regain a positive image of herself and the world around her. At the moment, she attends her retraining course, can already do without drugs, she optimistically looks ahead and is in good contact with her resources. Mrs. Z was able to find allies in us with regard to her rights and resources,

and thanks to her strong personality structure, she was also able to make use of this, too. However, it remains a scandal how people are treated by authorities. We only see the top of the iceberg and do not know how many asylum seekers are kept from the safety they hoped for, nor in how many asylum procedures, there outrageous and humiliating moments which eventually break the person and lead him/her into total resignation.

A common international catalogue of humanitarian standards concerning the care for and treatment of asylum seekers and taking into account that re-traumatizing situations and contexts are to be avoided is very desirable.

Psychological Dilemmas in Military Obedience Aggression, Norms Transgression and War Morale

*Erik L.J.L. DE SOIR**

The last decade, most of the Western armed forces have been regularly confronted with a new kind of military disobedience and/or maladaptive combat misconduct: non-adaptive, non-tolerable aggressive behaviour and norms transgression of troops toward the local population in the operation theatres in which troops were deployed as peacekeepers. Everybody will still remember the shocking pictures of the behaviour of US troops in the Abu Graib prison in Iraq. Mental health professionals and scientists have been trying to assess and understand the roots of this behaviour and to investigate the operational stress under which soldiers worked in some of the high intensity missions. It is true that a lot of these operations mean a new challenge for most of the Western armed forces, after many years of relative calm and peace, and that these armies had to go through a profound transition: turning a rather passive Cold War army into a flexible, well-trained peacekeeping or peacemaking force.

In this article, it will become clear that the common theories on aggression and social psychology provide a solid framework to explain the psychological processes which soldiers implicitly use to adjust to a war situation. It is needless to say that this adjustment, which is necessary in war conditions, can have a devastating influence on military obedience (i.e. the respect of rules of engagement). Neutral and 'uncoloured' socio-feedback upon deviating behaviours, and clear orders or rules of engagement, seem absolutely necessary to prevent troops from shifting toward a misplaced and mechanical group solidarity with break down functional military discipline.

Beside these individual and group dynamic processes culture shock can be intense and disrupting. In these conditions, where groups belonging to different cultures and religions meet in a context characterized by ambiguity, threat, provocation, frustration,

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propaganda and chaos, one could possibly see the soldiers' irrational thoughts or behaviour as a rational but explosive adaptation strategy. Misconduct and norms transgression could then be seen as a mechanism to protect one from becoming traumatized.

First, let us consider the problem of what could be called **reactive misconduct**; aggressive behaviour could be placed in this category.

Reactive & Proactive Misconduct

In-group versus out-group aggression

We define **aggression** as *any form of behaviour directed toward the goal of harming or injuring another living being who is motivated to avoid such treatment* (baron & Richardson, 1994).

In this presentation I would like to make the difference between reactive and pro-active aggression (dodge & Coie, 1987). Reactive aggressive is regarded as the retaliation against a perceived threat. Proactive or instrumental aggression, on the other hand, involves behaviours (e.g. coercion, dominance, bullying) designed to attain some specific positive outcome. With regard to reactive aggression during peace-support or peace-enforcing operations, we could say that when the behaviour of others is over-interpreted as being hostile - often due to poor knowledge of culture-related aspects - the response to that (subjective) perceived hostility is aggression.

We will not try to analyze aggression as an instinctive behaviour from a Freudian point of view (psychoanalytic interpretation) or give an evolutionary interpretation.

The question is: what pushes peacekeepers to act in an aggressive way and disobey to the rules of engagement agrees upon? what motivates them to harm or injure others who they often do not understand?

In my opinion, one of the most important determinants of racism and aggression during peacekeeping missions seems to be FRUSTRATION.

Dollard et. al. (1939) introduced this theory long time ago as being the **frustration-aggression hypothesis**. Their theory could be summarized, in a simplified way, in two statements:

- frustration always leads to some form of aggression
- aggression always stems from frustration

The long family separation in itself, due to deployment in a conflict area for participation in a peace-support operation, can already be seen as a serious frustration, even for a soldier who knew in advance that he would be deployed once.

Although frustration does not always lead to aggression (e.g. Berkowitz, 1969; Geen & O'neal, 1976) and aggression doesn't always results from frustration, some important remarks could be made with respect to the context in which peace-support operations take place.

At first, with respect to the strength of the instigation to aggression, Dollard et. al. suggested that three factors are crucial: (1) the extent to which a person expects satisfaction when he or she reaches the goal; (2) the degree of interference with this response; and (3) the number of frustrated response sequences. That is, the greater the extent to which the person anticipates satisfaction, the greater the interference, and the greater the number of responses blocked, the greater then instigation to aggressive behaviour.

Dollard et. al. (1939) further suggested that the effects of successive frustrations can combine to induce a stronger aggressive reaction than any one alone.

This is specifically the case in many peace-support operations in which many soldiers volunteer and directly expect a lot from their first 'real mission'. Most of the deployed peacekeepers are rather young and unexperienced soldiers who imagine their effort to be a special one, one that will count. They often expect to see the results of their work at the end of the mission and even expect the local population to admire the effectiveness of their work. I personally remember end-of-mission reactions such as: “they should be grateful that we were here” or “it is impossible not to se the results of our work, without us, their would still be a war in this country”. The reality is different in most of the times. Deployed peacekeepers rapidly understand, when being honest to themselves, that whatever they do will not substantially influence the miserable situation in the operation zone. Recovery from war is a slow process and will take years; a 'tour of duty' of four months is just not enough to see the improvements of peace-building.

In this way, the peacekeepers' frustrations grow as they sometimes learn to become helpless. Their reactions are comparable with the reactions described in Seligman's learned helplessness hypothesis in which helpless (shocked) dogs suffered, after a while, from a cognitive, a physiological-emotional and a motivational deficit in their behaviour.

In the second place, Dollard et. al. also turned their attention to factors serving to inhibit overt aggression. They concluded that such behaviour is inhibited primarily by the threat of punishment. In their own words “*the strength of inhibition for any act of aggression*

varies positively with the amount of punishment anticipated to be a consequence of that act (p.33)"

One could say that this threat of real, immediate punishment should be present during peace-support operations. When looking, for example, at the Somalian experience, the Belgian Paratrooper Battalions had to secure a zone of nearly 200 Km. In this widespread area the autonomy of soldiers on small check-points, manned by only a section, was considerable. Immediate punishment after shooting or other incidents was very unrealistic. One could even expect a situation of under-reporting in such circumstances.

But another problem arises: while threatened punishment is assumed to inhibit overt aggressive actions, however, it is not viewed as reducing the actual instigation to aggression. If an individual were prevented from attacking the person or group who had frustrated him, by the fear of some type of punishment, he would still be motivated to aggress. The result might then be assaults against persons other that the "frustrators" who are associated with weaker threats of punishment - a phenomenon generally known as displacement.

The aggression toward out-groups can then be channelled toward 'in-group victims'. And in-group aggression cannot possibly be seen as racism.

These observations lead us to another hypothesis: the catharsis hypothesis. Dollard et. al., and even more recent studies, propose that all acts of aggression - even those that are covert, indirect, and non-injurious - serve as a form of catharsis, lowering the instigation to further aggression.

Within the context of this theory, then, it is not necessary for a frustrated individual to harm another person in order to lessen or eliminate his aggressive drive; even such actions as aggressive fantasies, mild expressions of annoyance, or pounding one's fist on a table might be expected to produce such effects. But, don't we have a strong argument here to deploy mental health professionals who could lead psychological (or emotional) debriefings on a regular basis or after specific actions. Can't we take this catharsis hypothesis into account in order to provide continuous psychosocial counselling to prevent the deployed soldiers from acting-out in a destructive or aggressive way?

The following hypothesis to take into account when talking about aggressive behaviour during peace-support operations is Berkowitz Aggressive-Cue Theory.

Berkowitz argues that frustration is one of a number of different aversive stimuli that may instigate aggressive reactions. These aversive stimuli, however, don not directly produce aggressive behaviour. Rather, they create only a readiness for aggressive

action. Such behaviour would actually follow only if suitable aggressive cues - environmental stimuli associated with present or previous anger instigations or with aggression generally - are present.

Stimuli become aggressive cues (i.e., acquire the potential to evoke aggression), according to Berkowitz, through a process similar to classical conditioning. A stimulus may acquire aggressive meaning by being associated with positively reinforced aggression or by association with previous unpleasantness or pain. Stimuli that are regularly associated with anger instigators or aggression may gradually acquire the capacity to elicit aggressive actions from individuals who have previously been provoked or frustrated. Since a wide range of stimuli might well meet these requirements, many will acquire aggressive-cue value. Persons (militia members, conservative Muslim women, etc), certain of their characteristics, and even physical objects such as weapons, knives, etc, can all acquire aggressive-cue value under appropriate conditions. The theory is also valid with respect to the behaviour of local militia against peacekeepers: overt armed peacekeepers can withhold local people or militia-members from assault but they also elicit aggressive behaviour. These aspects of aggressive behaviour were experienced by Belgian peacekeepers in Eastern Slavonia. Therefore, arms and ammunition were carried in a non-provocative way by the Belgian soldiers patrolling in Eastern Slavonia.

Finally, I would like to take a closer look at pro-active aggression during peace-support operations. The ultimate pro-active aggression form is certainly racism or interracial aggression. Informal observation suggests that racial prejudice is the cause of a great deal of aggression. Attacks by members of one racial group upon members of another racial group occur with high frequency in many different nations. Several laboratory studies (e.g., Genthner, Shuntich & Bunting, 1975), suggest that persons high in racial prejudice or negative attitude toward the other race are more likely than others to engage in interracial aggression. Additional evidence, however, indicates that aggression against out-groups (groups other than one's own) may also stem from another source: perceived conflict with the out-group (Brown, 1984). In many cases, lack of information about the out-group initiates this perception of conflict of interest. This, coupled with fear of the unknown, tends to increase aggression.

Peacekeepers who do not know exactly which are the interests of two or more conflicting parties, tend to see the interests of those parties as opposed to their own interest. Out of this fear, uncertainty and lack of information an explosive cocktail is created. In this context you often hear reactions such as " the should fear us" , "the only thing they understand is force" or "they have to learn to respect us" .

Presumably, once individuals perceive such a conflict, they tend to dehumanize members of the out-group, viewing them in negative ways and as undeserving of the respect and kindness usually afforded to other persons. In addition, perceived conflict of

interest leads individuals to perceive their values as different from those of the out-group, and to perceive a strong impermeable boundary between their group and these persons. In such a context, misconduct is never far away. According to this theory the local population of an operation theatre will receive dehumanized surnames which will increase the psychological distance between soldiers and civilians (or militia members). This process of dehumanizing takes place in each war and can even prevent the individual soldier from becoming traumatized during deployment but again disobedience (to rules or orders) and misconduct is never far away in such a context.

Only real contact with the out-group, intercultural exchange and trying to establish trusty relationships in the out-group will make other relations possible. This is the responsibility of the military leaders before, during and after deployment in conflict areas.

A policy to prevent both reactive and pro-active misconduct is not so difficult to implement. The CIMIC operations, for instance, could be seen in this context.

Last but not least, we could consider some additional explanations for pro-active and reactive misconduct: the dominant response theory and the effects of drugs and alcohol. Although I will not go into the details of this theory, Zajonc' theory about dominant responses reactively elicited in situations of increased arousal could explain the aggressive behaviour of peacekeepers in a lot of situations. When soldiers are trained to be offensive and *gung-ho*, building a strong image of their own, it is comprehensive - in the light of Zajonc' theory - that during situations of increased arousal, in which one should rather expect frustration tolerance and self-control, the (offensive, attacking) dominant responses are activated. Therefore the specific peace-support training period, during which among other topics the patience and self-monitoring capacities of the peace-builders are tested, has such an enormous importance. Soldiers deployed in peace-support operations have to make this mental shift from their previous war training to the level of peaceful conflict resolution and long negotiation: normally, that's what the rules of engagement are for.

Another hot topic is the disinhibitory effect of alcohol. Alcohol has long been viewed as a releaser or stimulator of aggressive actions. Common sense suggests that drinking increases the chances of becoming involved in hostile interaction. In addition, people who commit violent crimes are often under the influence of alcohol at the time they commit the crime (Gerson & Preston, 1979; Mayfield, 1976; Rolsund & Larson, 1979; Shupe, 1954). Even victims may be intoxicated at the time of the incident (Miller, Downs & Gondoli, 1989; Muehlenhard & Linton, 1987). Several different methodologies have been employed in the experimental examination of the effects of alcohol on aggressive behaviour. Regardless of the research approach, however, the results are consistent - more than a little alcohol leads to increased aggressive behaviour (e.g. Boyatzis, 1974; Cherek, Steinberg, & Manno, 1985; Gustafson, 1986; Richardson, 1981). Both type and

dose of alcohol have a significant effect on expression of aggression (Bushman & Cooper, 1990).

This places the military commander before another challenge. Let's consider for example the Yugoslavian Wars. When abolishing completely alcohol consumption, the danger arises that troops will start looking for surrogates for their daily beer(s). What's better? Three or four beers or half a bottle of locally brewed strong alcohol.

Several investigators have proposed models to explain the mechanisms by which alcohol affects aggressive behaviour (Gibbs, 1986; Pernanen, 1976; Steele & Southwick, 1985: Taylor & Leonard, 1983). Although there are subtle differences among the models, all of them recognize that alcohol does not DIRECTLY CAUSE aggressive behaviour. Rather, it interacts with or enhances the effect of situational determinants of aggression. In general, the notion is that alcohol disrupts complex cognitive processes that are necessary for engaging inhibitory responses to aggressive stimuli. Reducing alcohol consumption will thus be needed in combination with other measures.

The Person and Situattional Factors of Norms Transgression

Beside the problems of aggressive behaviour based upon person-related and situational factors, one should also look at the dynamics within the social group.

First let us consider that, in general, groups tend to be more aggressive than individuals.

Well-known psychological group-processes occur before, during and after during peace-support operations. De-individuation, polarisation, group thinking, role assumption (e.g. experiences of Zimbardo), shared responsibilities, conformity and innovation are processes easy to illustrate in deployed groups of soldiers.

De-individuation. Substance of choice

You have a bond. You have a bond that's so tick that it is unbelievable! It's the pull, it's the team, the work as a team, the team spirit! I don't think that ever leaves a guy. That is exactly what basic training is supposed to do. It's supposed to weed out those who aren't willing to work that way. And that's the whole motivation, that when somebody says we want you to do something, then you'll do it. You'll do it because of the team, for the team, with the team and because the team has the same focus (Canadian soldier quoted in Harrison, D. and L. Laliberté, 1994; 28).

These processes are sometimes enhanced by applied leadership styles. For example when contacts between officers and their troops are few or the given orders unclear, the phenomenon of Olleism is never far away. Individuals act, in the absence of clear orders,

in a way which is supposed to be a good one. When no official complaint or discipline action follows, the group of individuals starts to deviate more and more.

Other special leadership situations occur relatively often. On the one hand, more experienced leaders who are deployed for the first time, do not know well how to manage this whole new situation in which they have to live together very closely with their subordinates. They shortly feel as if they will never be able to manage this new situation. In a next stage, they become arrogant and act in a tyrannical way ; instead of showing their vulnerability and their true face, they start create a dysfunctional psychological distance and act in a despotic way.

Young and un-experienced leaders, on the other hand, suffer from what is called the substance-of-choice principle. When entering the small unit they will have to command during several months, often shortly after leaving the military academy or NCO schools, they try to be accepted as a member of the group as soon as possible. Instead of behaving as one could expect from a leader, they adapt their norms and values to those which were crystallized in the group, due to the ambiguity of the mission context. These group norms are not necessarily the good ones. In some cases, when entering the group is difficult, one has to prove that he is valuable enough to be accepted by the group members; this could explain why many situations of group misconduct in the past were initiated by the group leaders.

Norms Transgression and Psychotraumatology

War operations can severely affect one's basic beliefs and assumptions about oneself and the world we live in; as there are certainty, security, honesty, controllability, predictability, sense of coherence and meaning. A traumatized person loses all these basic beliefs which are so necessary to lead a stable life. In this sense norms transgression could be a consequence of (necessary) norms shifting: in a whole new and disrupting situation, in which it is very difficult to conserve our normal Western values and norms, gained through primary and secondary socialization, one the one hand, and education in the family and at school, on the other hand, norms glide away toward what I will call here *war norms*.

This mechanism seems appropriate to prevent one from becoming traumatized. People get traumatized when suddenly, in an abrupt way, their world image changes profoundly due to a sudden impact, mostly being the confrontation with a life-threatening event or witnessing somebody else becoming a victim of such an event. Common ingredients of traumatic events are sudden or prolonged violence and bereavement. After this confrontation, their basic assumptions and beliefs are shattered: their feelings of predictability, controllability, security, and honesty about the world they live in are completely abolished. The impact of a traumatic incident can provoke numerous of these reactions. The sudden deployment in a war zone can also create such an impression,

coupled to an intense culture shock. Soldiers seem to have no choice: either they adapt their norms, they build a war morale in which the grip on this non realistic and irrational world seems to come back, or they choose to stick with their previous norms system and will be traumatized when coming back from deployment. Traumatization seems thus to be the destructive collision of two worlds governed by opposite norms systems.

Norms transgression should then be placed in a whole other context. Again, psychosocial counselling on the field seems to be the only alternative.

PREVENTING MISCONDUCT OF DEPLOYED TROOPS

Organizational Preventive Measures

Elaborate a behavioural code and an official policy toward misconduct and power abuse or excess.
Instruct soldiers to be deployed on the mechanisms which lead to norms shifting and transgression.

Instruct soldiers to be deployed on the ethnic and cultural values of the conflict area. Inform on local habits and behaviours. Teach respect for other religions, ideologies and cultures.

Learn soldiers to be deployed how to manage frustration and provocation.

Increase their tolerance by training their communication skills.

Provide enough means, clear orders and a clear mandate. Instruct on humanitarian law and rules of engagement.

Provide comfort and rest moments. Create a good communication link with the home-front and build a psychosocial support system for most significant others.

Organizational Curative Measures

Provide a transparent disciplinary framework based on retaliation and punishment in case of misconduct and power abuse or excess.

Be open about misconduct incidents and highlight the consequences for those involved.

Elaborate a policy on the use of alcohol, drugs and sex during operations.

Recommendations for Military Leaders

Military leaders should have a clean reputation.

The Zero Tolerance Principle: no type of aggressive behaviour, misconduct or norms transgression can be accepted from a military leader.

Military leaders should give clear orders and highlight the objectives of each activity or mission.

Military leaders should be able to recognize high levels of frustration or stress in their own unit. The should be able to held first line psychological debriefing and psychosocial support.

Military leaders should stay in permanent contact with deployed mental health professionals.
Military leaders should be able to manage inactivity and low intensity periods.

Many of the above measures were also mentioned in the official Leman report, made at the request of the Belgian Minister of Defence.

Conclusion

No organization can afford any more NOT to take human feelings and dignity into account. Modern society comes to terms with all forms of abuse and excess; whoever might be the perpetrator and whatever the race and colour of the victim(s) might be.

The military organization should learn that each deployment in a war zone has its price: bad things happen on bad moments!

Instead of telling the media that everything is under control, everybody is trained for it and that there are no problems to expect, the military organization should try to open itself to the whole society, admitting that all kinds of problems are inherent to ***war business***, but that the necessary means are mobilized to combat the evil and stimulate the good: this should be the ultimate goal of each human being.

The opinion of the author not necessarily reflects the official vision of the Belgian Armed Forces.

Prevalence of PTSD Symptoms Among Albanian Ex-prisoners at Drenas, Serbia

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During war in the Balkans, many Albanians were taken prisoners-of-war and were subjected to physical violence. Most of them were kidnapped in front of their family members. The pain and suffering in the prisons - first in Kosovo and then in Serbia - were inflicted inhumanly, causing multiple organic and psychic disorders. Conduct of the Serbian military towards the Albanian population in the region of Drenica was very destructive and revengeful. The Serbian military personnel displayed homicide behavior, with no regard to age, gender or health of the prisoners. The scenes of violence and torture of the Albanian population produced psychological consequences in the memories of the Albanian people. The violence against the Albanians was planned with the purpose of either annihilation or alienation of the Albanian population. The traumas of hostage-taking and subsequent tortures in the prisons of Serbia, left most unpleasant memories in the minds of the people, especially of those who suffered in the prisons of Serbia.

Aftereffects of the trauma depend on emotional stability and the traumatic experience itself. Some persons are able to confront and reduce traumatic recalls while others have difficulties in managing them. Also, the approach toward traumatic experience is different and specific. "It is a subjective experience of objective events which constitute trauma… the more you believe, the more you are endangered, and the more you will be traumatized… Psychologically, the highest peak of the trauma is emotional disturbance and the feeling of hopelessness.(1)" Severity of trauma on the individual depends upon two components:

(a) Objective traumatic experience
(b) Subjective traumatic experience (2)

Statistics on ex-prisoners of Drenas municipality show that between 1998-2003, 366 persons were kept hostage in the prisons of Serbia. Since their kidnapping (September 1998), till the NATO entry in Kosovo (June 1999), all hostages were tortured in the prison of Dubrava, Prishtina and Lipjan. Some groups of hostages were sent, only a few days earlier before the entry of alliance forces, to the prisons of Pozharevc, Paraçinë, Nish, Mitrovica, Srem, Batajnicë and Belgrade. The torture and maltreatment meted out were both physical and psychological. But the policemen and guards in the prisons of Dubrava and Lipjan exercised the severest tortures.

Objectives of the Study

Many epidemiological studies have shown clear differences in the prevalence of mental illnesses as consequence of post-traumatic stress disorder (PTSD). (3, 4, 5) For this reason, the main objective of the study has been the incidence of PTSD among ex-prisoners of Drenas. Secondary objectives are:

(a) Identification and definition of the real psychophysical and health situation of ex-prisoners.
(b) Identification of psychosomatic and traumatic situation of ex-prisoners and their comparison with other studies.

Aim of the Study

The aim of this study is to identify the real situation of ex-prisoners and sharing of ideas in giving adequate support and providing professional rehabilitation facilities. Special emphasis is given to the identification of psychosomatic and traumatic situation of ex-prisoners, and to compare this study with other studies.

Population and the Study Sample

According to the data of the Association of Ex-Prisoners in the Municipality of Drenas, the general number of prisoners of major age is around 360. Out of this population, study of 100 prisoners was carried out. (See Tab.1 below).

Tab.1 Demographic Data of ex Prisoners of War Included in the Study

	Percentage
Civil status	
1. Married	80%
2. Unmarried	20%
Religious belonging	
1. Muslim	100%
2. Catholic	-
Nationalities	
1. Albanian	98%
1. Gipsy/Ashkali	2%
Profession	
1. Jobless/farmer	31
2. Employed	69%
Level of education	
1. Uneducated	5%
2. Primary school	35%
3. High school	58%
4. Students./Faculty	2%
Number of Children	
1. One child	21%
2. Two children	8%
3. Three	12%
4. Four	7%
5. More than 5	52%

METHODOLOGY OF STUDY

Instruments and Analysis of the Data in the Study

1. General Questionnaire on Health GHQ-28
2. Questionnaire for PTSD according to DSM IV

American and Kosovar experts previously used the first questionnaire-GHQ-28 in the Kosovar population after the war. (8) This questionnaire is a projective test of the situation of the community in assessing non-specific psychiatric disorders and the attention required by the individuals in the primary care service. The test is composed of 28 separate questions in four groups of subtests. The first subtest measures the somatization, the second one measures the anxiety, the third estimates the social dysfunction and the forth subtest measures the depressive tendencies. All subtests in the questionnaire are composed of seven questions. High scores in this questionnaire means the presence of a low health status. The test is ranged in four scales of quotation.

The second questionnaire known as the Harvard Questionnaire on Trauma - HTQ, is used in our study according to the selected revision for assessment of PTSD symptoms conform to the DSM IV. Our aim in using this test was to make an assessment of the traumatic situation of our clients who were tortured physically and psychologically and in the mean time to identify the scale of trauma of ex-prisoners. Rehabilitation of our clients through therapeutic sessions was carried out. That is why the evaluation of the traumatic state and of PTSD symptoms prevalent is made while the table analyzes the ongoing psychotherapeutic sessions. (See tab. No. 3)

Other Variables of the Study

Starting from the statistical data of each client's cartel, the unchanged variables in this study are as follows:

a. Age
b. Marital Status
c. Education Level
d. Religious Belonging
e. National Belonging
f. Profession
g. Number of Children

All these variables will remain unchanged and will be analyzed with the changed variables, which will be symptoms of PTSD and will be justified in the respective statistical parameters in comparison to the General Health Questionnaire GHQ-28.

Results and Discussions

The category of ex-prisoners is defined as a group of persons who during the war were taken hostage, maltreated and tortured, and then put in the prisons of Kosova. After the war they were deported to the prisons of Serbia. This category represents war hostages, and now and on they will be named as the group of war hostages. Hostages of war are traumatized persons who, during a considerable time, experienced different methods of torture and psychophysical maltreatment. The number of the tested persons is 100. Their selection is random .The clients themselves visited and followed our services in the Family Medicine Center of Drenas and have made the referrals to other clients. The duration of their stay in prisons varies form 1 month to 2-and-half years. Their average age is 39 (ranging between 18-62). Arithmetic Average is 7.4 and the Standard Deviation is 2.8.

As seen in table 1, 80% of the ex-prisoners were married and had 1-9 children. Among unmarried ex-prisoners, there were two 17-year-old boys who were physically grown up compared with their real age. Also, there was an old man of 72 years from Shtrubollova who was lodged in the prison of Leskovec for one year. Educational level of 58% of the ex-prisoners was high school. Only two of them were with faculty degree. Almost all ex-prisoners were of Albanian nationality, with the exception of two who were of Ashkali belonging. Of the total, 69% were employed.

Tab.2. Status of Mental Health of Prisoners according to the GHQ-28 Test

Psychosomatic Complaints	**None 1**	**Not more than usual 2**	**A little more than usual 3**	**Much more than usual 4**	**Total**
Percentage (%)	2%	17%	48%	33%	100%
Psychosomatic Prevalence	**is 40.5%**	**Arithmetic**	**Average**	Is	**MA-3,13 SD-0.72**
Anxiety	**1**	**2**	**3**	**4**	**5**
Percentage (%)	3%	20%	52%	25%	100%
Prevalence	**of Anxiety**	**Is 38.5%**	**Arithmetic**	**Average**	**MA-2,99 SD-0,75**
Social Complaints	**1**	**2**	**3**	**4**	**5**
Percentage (%)	3%	25%	47%	25%	100%
Prevalence of	**Social**	**Complaints is**	**36%**	**Arithmetic average is**	**MA-2,94 SD-0,78**
Depression	**1**	**2**	**3**	**4**	**5**
Percentage (%)	42%	20%	22%	16%	100%
Prevalence of	**Depression**	**is 19%**	**Arithmetic**	**Average is**	**MA-2,14 SD-4,63**

Prevalence of Nonspecific Psychiatric Morbidity (PNPM) is 33.5%, Arithmetic Average in the GHQ-28 test-11-20, Standard Deviation DS-6-88

As seen in table 2, the most common complaints are psychosomatic in nature-their prevalence being 40.5% with a changing growth of those before imprisonment. More than 81% of ex-prisoners have had more complaints after release from prison Anxiety is increased in 77% and it is more than usual with a prevalence of 38.5%. Social Complaints have also reached a considerable growth with 72%. The prevalence of social complaints is 36%. Depression not "popular" phenomenon in the Kosovar culture shows a small growth but non usual for the region of Drenica. As many as 38% of the ex-prisoners now have more depressive moments than they had before imprisonment. Even though the prevalence of depression has a lower percentage (19%).

If these results are compared with another study made with refugees in war camps of Palestine in the Gaza strip where 69% of the victimized refugees had shown a significant depression and 65% stressed anxiety (9).

In another study of ex-political prisoners, in the communist East Germany during 1949-1989, the trauma victims, in a persistent way, showed rancor domination. PTSD victims show higher rancor than those without PTSD symptoms. Traumatized persons who experienced emotional support and social integration showed fewer rancors. (10) Also other victims of ex-prisoner's group, exhibited the phenomenon of "survived victim's acceptance", a concept which was elaborated by Johnson et al as the concept of "home return of war veterans". (11)

Comparing the evaluations of prevalence percentage of nonspecific psychiatric morbidity (43%) in the study of ICD (8), the results show a decrease in the percentage of nonspecific psychiatric morbidity (33,5%) in the ex-prisoners. This is justified since the target of our study was specific and the sample was accurate. But if we take into consideration the dominant prevalence in GHQ 28 then it will be noticed that the greater tendency is toward psychosomatic disorders, (40,5%), anxiety (38,5%), social dysfunctions (36%), and the less emphatic tendencies 19%. (The range of prevalence percentage is >42<19). In comparison to the Arithmetic Average (AA- 11.2), this study shows an insignificant distinction in all subtests of GHQ-28 test. (See Tab. 2)

The Median of PTSD Symptoms Prevalence according to the Treatments of ex-Prisoners is 29.7%.

The greater number of ex-prisoners manifested symptoms of recall and violent memories of the traumatic events (65%), flashbacks (65%), hallucinations 25%, nightmares related to the traumatic experience (43%), distresses toward different stimuli

which recall the traumatic event (54%), efforts to avoid conversation related to the traumatic event (47%) and tendencies to leave from the place or persons that might recall the trauma. (37%), (see tab.3.)

Tab.3. Prevalence of PTSD according to DSM IV and the Symptom's Development during the Treatment in the Psychotherapeutic Sessions

PTSD symptoms in the test	At all 1	A little 2	Enough 3	A lot 4
1. Repeated or violent memories of the traumatic event	**0%**	**13%**	**65%**	**22%**
2. Repetition of nightmares related to the event	**0%**	**22%**	**43%**	**35%**
3. Feelings and behaviors as if the traumatic event wi ll repeat itself.	**12%**	**43%**	**34%**	**11%**
3.1. Illusions	**0%**	**27%**	**56%**	**13%**
3.2. Hallucinations	**8%**	**35%**	**32%**	**25%**
3.3. Recall of the traumatic event (flashbacks)	**5%**	**15%**	**65%**	**15%**
4. Disturbances from different stimuli that recall the traumatic event	**0%**	**8%**	**38%**	**54%**
5. Efforts to avoid thoughts, feelings or conversations related to the trauma.	**3%**	**28%**	**47%**	**22%**
6. Efforts to avoid the place or persons that recall the trauma.	**25%**	**12%**	**37%**	**26%**
7. Disability to recall any important element of the trauma	**52%**	**30%**	**15%**	**3%**

In a study on the prevalence of traumatic experience in different challenges of daily life, it was noticed that a significant correlation existed in the development of mental diseases as a consequence of traumatic experiences (12). It was noticed that the prevalence of symptoms of PTSD shows dominant complaints of somatization, which is one of the principal tendencies of ex-prisoners' complaints. It is interesting to know that the achieved result of our study is not as emphatic as in other studies made in USA (13). From the study, the persons with experiences of torture and violence (interpersonal victimization), be it in family or in community, have a greater risk of being diagnosed with PTSD, around 21%. (14).

Considering the definition of trauma according DSM IV, we see that "trauma is an event in which there is a threat of death or serious injury, or a threat of one's physical integrity or others …" (15). There is no doubt that a kind of psychological trauma is more emphatic with the ex-prisoners.

Torture Methods used with ex-Prisoners

The literature describes that the methods and techniques used toward torture victims were aimed at inflicting psychophysical pains and sufferings to the victims. The literature describes that the methods and techniques used at torture victims aimed at the infliction of psychophysical damages to the victims, (16). The methods may be psychological or combined whether the torture techniques are: obligatory, depriving, communicative and medicament-psychiatric. (17) IRC.... The effects achieved by using these methods and techniques are: infliction of pains and physical injuries such as different fractures, headaches, backaches, pains of extremities, mental dysfunction with emotional effects and psychological reactions such as anxiety, emotional numbness, depression with suicidal tendencies, loss of self-confidence, insecurity, feelings of guilt, personality degradation, and cognitive disorders such as amnesia and psychological gaps. Our results show that the most often used torture methods toward the ex-prisoners of Drenas, were:

a.	Beating with rods or wooden sticks	93%
b.	Beating with rifles	35%
c.	Beating with electric cables	87%
d.	Beating with kicks and fists	64%
e.	Burning with cigarettes	2%
f.	Cutting with knives all over the body	3%
g.	Naked exposure in front of others	3%
H.	Threatening and other offences	90%

During the process of psychophysical rehabilitation of ex-prisoners, the most frequent complaints have been the headaches 76%, backaches and pain in the extremities 65%, nightmares 32%, anxiety 53%, emotional un-hedonism 45%, difficulties to fall asleep 62% and difficulties o concentrate and memorize 23%. The parts of body most often beaten were: the head, belly, stomach, ribs, and lower part of the back, the back, foot soles, wrists and the genitals. All this was done in order to cause physical injuries, emotional instability, and immobilization of the victims and to obtain information.

Conclusions

The results of the study have shown that the specific and nonspecific prevalence of psychiatric morbidity is 33.5%, which means that there is a tendency of decrease in comparison to the results of CDC study. The prevalence of PTSD symptoms in our study shows an increase of 12% in comparison to the CDC study (29,7% me 17.1%). It supports our hypothesis that the scale of trauma and symptoms of nonspecific psychiatric disorders (somatization, anxiety, social functioning and depression), of ex-

prisoners is significant. Prevalence of symptoms shows different psychosomatic complaints, e.g., headaches, backaches and pains in the extremities, emotional complaints besides anxiety, flashbacks, and hallucinations and frequent recalls of the traumatic events. Other complaints are those of a social nature characterized by loss or reduction of psychophysical abilities. Depression is an occurrence caused by psychophysical trauma and represents a significant element in the Kosovar culture. Even though the results achieved in the study are significant (19%), compared to other studies of this nature, it is not that high.

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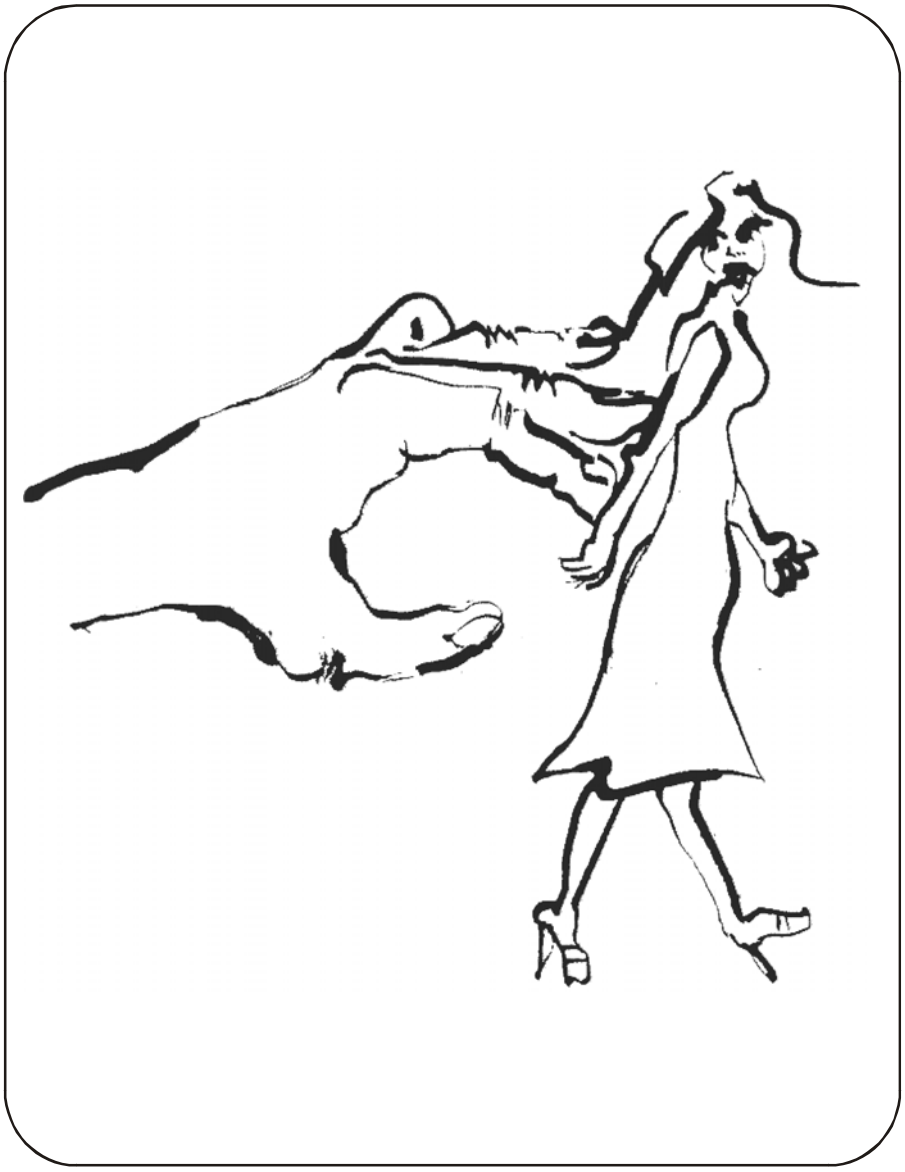
Prevalence of Sexual Harassment Among Nurses

Tehmina Yaqoob & Amra Khan

Sexual harassment, whether at work place, at educational institution, at street, at leisure or even at home is a problem gaining increasing recognition in every society. It is complex, prevalent, and problematic for one out of two women at some point during their working lives (Gutek, 1985). Sexual harassment has increased over the last three decades as greater numbers of women in the workforce have challenged traditional societal roles for females. According to recent Australian research into workplace traumatic events, sexual harassment account for 45% of all traumatic events reported. (R. Michael, 2001). Such harassment creates an intolerable and illegal environment that interferes with the job performance and mental health of its victims. It diminishes the effectiveness of the workplace dynamic and most importantly, sexual-harassment violates an individual's rights.

It begins at the doorstep of their home and continues to the street, bus stop to the entrance of the factory/organizations they work in, at the hands of their male superiors, male colleagues, down to even a male peon. (Batool,1998). Sexual harassment may range from subtle inappropriate sexual advances, comments, actions, or behavior, to physical assault or rape in the most extreme instances. Sexual harassment is not mutual and is unwelcome. It is rude, demeaning behavior and is usually about the abuse of power. In fact, sexual harassment psychologically hurts the women involved and the work atmosphere. Experts no longer view sexual harassment as an aberrant occurrence between individuals, or a product of the natural physical attraction among men and women. They now consider sexual harassment as unacceptable sexualized assertion of power and dominance typically perpetrated by a superior upon a subordinate employee. Unfortunately this type of behavior can sometimes be fostered, tolerated, or ignored by the employing agency.

The most recent statistics released by the U.S. Equal Employment Opportunity Commission (EEOC) demonstrate that workplace sexual harassment claims continue to increase despite a heightened awareness among employers and stricter penalties for violations. In general, there are considerable misunderstandings as well as differences of opinion concerning whether particular situations or behaviors are sexually harassing situations in nature or not. Individual's interpretation and perception of the behavior, and arguably, men and women have different ideas as to what would and would not be considered offensive Furthermore, feelings influence responses and give meaning to



words (L. F. Rosen, 1996). For example, two people who like or respect one another may share some off-color humor, laugh, and consider it funny. If someone they do not like or respect tells the same joke, then it becomes offensive and the person indecent. To further complicate the issue, many behaviors considered typical of interaction between males and females, although perfectly legitimate in other social circumstances, are not acceptable in the work environment.

Women are mostly the victims and men are the perpetrators. According to the National Council for Research on Women, women are nine times more likely than men to quit their jobs, five times more likely to transfer, and three times more likely to lose jobs because of harassment (The Webb Report, June 1994). There may be serious economic consequences as a result of sexual harassment. A woman's job status may be jeopardized and she may lose wages if she is fired or takes extended leave to avoid the harasser.

Brief History of Sexual Harassment

Sexual harassment is new as a social issue, although it is not a new problem for the women who are its victims. It has been around ever since women tried to leave in any way their separate domestic sphere. However it became most prominent during the industrial revolution when women started entering the workforce in large numbers. Frequently bosses would force their factory girls to perform sexual favors or the girls would lose their jobs. They were allowed to fire workers freely without question and because there were so many available workers there was always someone to replace the girls who were fired.

Working Women United Institute appears to have been the first to use the term, in connection with case of Camitas Wood, one of the first women to seek unemployment compensation after leaving a job due to sexual advances of her superiors. (Cited in Fitzgerald, 1990). The history of sexual harassment dates back at least to the time women first traded their labor in the market place. According to Goodman (1981), many of the essential facts about sexual harassment, particularly its frequency, are as true today as they were at the turn of the century. However, as the concern expressed about sexual harassment is relatively recent, many people may not have yet recognized it as a serious problem.

As time went on sexual harassment continued but there were no laws protecting women from it. During the sixties as more and more women were once again entering the workforce sexual harassment was very common and many women began protesting it along with equal pay and equal rights. However, the general public paid no real attention to the issue until the 1970's when court cases dealing with sexual harassment began to appear. These were usually cases dealing with “quid pro quo” or this for that where if the

woman didn't submit to sexual favors she was fired shortly thereafter. However, most all of these cases were lost by the women or thrown out. It wasn't until 1976 that sexual harassment was recognized in the case of Williams v, Saxbe. The court recognized that quid pro quo was a form of sexual harassment depending on whether the woman accepts or refuses. Diane Williams received $16,000 in back pay but it was lost on appeal. The law finally narrowly acknowledged sexual harassment.

The topic of sexual harassment was catapulted into public awareness through the efforts of two authors. Farley's book Sexual Shakedown: The Sexual, Harassment of Women on the Job, and Mckinnon's Book: Sexual Harassment of Working Women. McKinnon contended that sexual harassment was primarily a problem for women, that it rarely happens to men, and therefore it should be viewed as form of sexual discrimination. (Livingston, 2000). According to Goodman (1981), sexual harassment of women workers has been a problem for as long as women have worked outside the home. In 1908, “Harper's Bazar” Published a collection of stories documenting the experiences of women who had migrated to the city at the turn of century to find work. These stories revealed widespread and extensive harassment to which these women were subjected. (Cited in Fitzgerald, 1990). According to Goodman (1981), many of the essential facts about sexual harassment particularly, it's frequency, are as true today as they were at the turn of century. Many people still regard it as “fuss about nothing”, something that is an inevitable consequence of men and women working together, or as a harmless fun. The Equal Employment Opportunity Commission (EEOC, 1980), established guidelines consistent with McKinnon's position, and numerous cases of sexual harassment reached courts of United States (Livingston, 1982).

Awareness of sexual harassment continues with most companies taking strong stances against it. However it continues to happen and in new ways and once again over time it will continue to be redefined.

Sexual Harassment and Pakistani Culture

In Pakistan, researchers took interest in sexual harassment as late as 1990s (Anila, 1990; Anila, Ansari, 1992). Most of these studies dealt only with the qualitative aspects of the phenomenon of sexual harassment. Anila (1990) found that the nature of sexual harassment in Pakistan consisted of staring, unwanted sexual comments and physical contact etc. (e.g., brushing against, squeezing, or pinching). The harassers include mostly males of all ages belonging to different socioeconomic classes of the society. The motives of harassers and reasons for sexual harassment are usually to show off, to attract attention, or/ and for fun. Common reactions of victims in Pakistan, according to this study, include ignoring liking or disliking, avoiding situation, and self-blaming, etc. However, most of the research respondents observed that they would ignore the situation.

Anila (1995) reports that sexual harassment is the least spoken issue in Pakistani society. Although all women know it and experience it but nobody cared or dared to report it because throughout their lives they had been discouraged to speak about such incidences.

In Pakistani culture, the anticipation of sexual harassment incidences and the desire to avoid them seem to influence women's freedom in general. This problem is compounded because women are made to feel responsible for their own victimization by being told that if a man harasses them, it is because they have been doing something to provoke him (Anila 1995; Zaidi 1994).

Interesting is to note that in Pakistan, as much as elsewhere, males and females blame each other for the occurrence of the incidence of sexual harassment (e.g., Anila 1990, 1995). However, the attributions and attitudes seem to be interrelated. For example, Anila, Ansari and Tariq (1991) developed a Sexual Harassment Attribution Questionnaire (SHAQ which measured the direction of attribution of responsibility for sexual harassment: to male, female, or to both of them). Later, Anila, Tariq and Ansari (1995) used this questionnaire along with Sex Role Attitude Scale (Anil & Ansari 1992), on a sample of 100 male and 100 female university students. Sex role attitudes and attribution of responsibility for sexual harassment were found to be interrelated. Furthermore, the male students, the older in age, and those who studied in institutions with co-education attributed the responsibility for sexual harassment to the 'girl' as compared to their counterparts.

Pakistan National Report (1995) is the first government level statement of the issue although it is not research based. According to this report, sexual harassment in the workplace and the street takes many forms. At the workplace these include sexual proposition vulgar posters, lewd songs, scurrilous jokes, and "accidental" touching, and, in the more serious cases, rights, benefits, promotions, and job security are offered or withheld on the basis of sexual favours granted or denied. Most of these forms of violence are justified on the grounds that women's rightful" place is in the home.

A woman working under a man has little choice, but to suffer harassment every day. This is a continuous humiliating and frustrating experience for a woman. In most jobs a woman has no way of escaping the unwanted sexual advances except by leaving the job. If she does leave the job, she may not get descent job, or one that pays enough. Here it may be noticed that even if the advances are verbal and the victim has no option but to suffer silently, it makes the boss guilty of sexual harassment.

Jobs outside the house, which bring a higher degree of exposure to men, are considered more disrespectable for women, as though mere interaction with men will 'pollute' women. For instance, a job of a nurse or an air hostess is considered much less respectable than that of a teacher. It could be that men have low opinion of themselves

and therefore jobs outside which bring higher degree of exposure to men and increase interaction among men and women are considered unsuitable for women.

According to a study conducted by the students of Karachi University, more than 80% working women in Karachi face harassment or suggestive behavior at the hand of their male colleagues, despite protection by constitution and laws against violence.

Pakistan is not the only country where discrimination in the workplace on the basis of one's gender is common. However, there seems to be no excuse why none of our institutions or working organizations has a code that seeks to minimize the instances of sexual harassment.

Project Rationale

The health care field presents a work dynamic and environment rife with many of the characteristics which experts agree can foster sexual harassment. Hospitals and clinics employ physicians, administrators, nurses, pharmacists, technicians, orderlies and many others whose jobs are organized along an explicit hierarchical stratification. The intensity often involved in rendering medical care can lead to more intimate personal relationships among co-workers than those found in more typical office settings. Also, frank discussion of physiology and bodily functions is a common and necessary part of the profession, while such discussion would seem out of place in most other work places. As a result, sexual innuendo and inappropriate behavior may be more common in the health care workplace than in most other employment fields.

So there is need for it to be recognized as a problem which is real, crucial and which requires an in depth understanding. The present project is aimed to assess the frequency of sexual harassment nurses are experiencing. The present research also probes the relation of different demographic variables (age, education, marital status and reasons for doing job) with sexual harassment. The other variables such as physical attractiveness, race, ethnicity and attitudes are relevant to the study, but were not included in the present research because it is difficult to handle many variables in single study.

METHODOLOGY

Objectives

The present study was planned to achieve the following objectives:

- To investigate the frequency of sexual harassment experiences by nurses.
- To find out the relationship between sexual harassment and the age of nurses.
- To find out the relationship between sexual harassment and marital status of nurses.

- To find out the relationship between sexual harassment and education of nurses.
- To find out the relationship of sexual harassment and the reasons for doing job.

Hypotheses

To achieve the objectives following hypotheses were formulated:

- Nurses experience high frequency of sexual harassment.
- Unmarried nurses experience more sexual harassment as compared to married nurses.
- There is inverse relationship between age of nurses and their experience of sexual harassment.
- Nurses with less education experience more sexual harassment as compared to nurses with high education.
- Nurses who are doing job to pass time experience more sexual harassment as compared to nurses who are doing are doing job to earn.

Sample

Purposive, convenient and non probability sampling technique was used in this study. The sample of nurses in this research project was taken from two hospitals of Rawalpindi and Islamabad. 38 nurses were taken from each hospital. The age range of sample was from 20 to 40 years and both married and unmarried nurses were included.

Instrument

The instrument taken for the present study was a self report Sexual Harassment Experience Questionnaire (SHEQ) original Urdu version developed by Dr. Anila Kamal at National Institute of Psychology, Quaid-i-Azam University in 1998. It consists of 35 items, which are further divided into three subscales. 1. Gender Harassment (item 7) 2. Unwanted Sexual Attention (item 21) 3. Sexual Coercion (item7). It is 4-point scale in which the response options include: (1) Never, (2) Once, (3) A few times, and (4) Very often. The total score of SHEQ ranges from 35-140. The high score indicates the high frequency of sexually harassing experience. The reliability and validity of the scale was checked through Coefficient Alpha (.94) and Item Total Correlation (.78, $p<.000$).

Administration and Scoring

The participants were provided with adequate administrative planning and satisfactory physical conditions. Before the administration of questionnaire the participants were provided little information about the present study and were given the instructions about the questionnaire and they were also ensured about the confidentiality of their

information. Participants were provided maximum time to complete the questionnaire with more concentration.

The scoring was done from 1 (never harassed) to 4 (frequently harassed). The higher the score the more frequently the participant is facing the harassment the lower the score the lower the harassment.

OPERATIONAL DEFINITIONS

Sexual Harassment

It refers to the unwelcome sexual advances, request for sexual favours, and other verbal or physical conduct of a sexual nature by males towards females. According to Gelfand, Fitzgerald, and Drasgow (1995) there are three dimensions of sexual harassment, which are as follows

i. Gender Harassment

This category encompasses a range of verbal and nonverbal behaviors generally not aimed at sexual cooperation; rather they convey insulting, hostile, degrading and sexiest attitudes about women.

ii. Unwanted Sexual Attention

It includes both verbal and non verbal behavior which ranges from repeated, nonreciprocated requests for dates, intrusive letters, and phone calls; touching, grabbing and cornering and gross sexual imposition or assault. Although frequently experienced as intimidating or coercive, it can be distinguished from the third category (sexual coercion) by its lack of job related losses or benefits, either explicit or implied.

iii. Sexual Coercion

It is the classic instance of quid pro quo sexual harassment. Behavior of this type refers to bribes or threats, whether explicit or subtle, that conditions some job-related benefit on sexual cooperation. Although it is almost universally recognized and labeled as harassment, it is perhaps not paradoxically, also the least common.

RESULTS

Table 1: Items on which HIGH frequency of Sexual Harassment was experienced

Items	Frequency in %	Subscale to which item belongs
Your boss/ coworker/ subordinate appreciate your figure	66%	U.S[1]
…stared at you from head to toe with dirty looks.	67%	G.H[2]
…tried to make you to sit with him on s ome lame excuses.	73%	U.S
…admired your dress or make-up	66%	G.H
…offered you lift in his car.	67%	U.S
…collided with you while passing by.	56%	U.S
…tried to touch your hand while giving you some thing.	71%	U.S
…admired your face or hair.	60%	G.H

Table 2: Items on which LOW frequency of Sexual Harassment was experienced.

Item	Frequency in %	Subscale to which item belongs
…tried to talk about your or his own sexual life.	98%	U.S
…tried to probe your sexual frustration and deprivations, and pretended to be a sympathizer.	100%	U.S
…threatened you to be fired if you did not develop romantic ties with him.	96%	S.C[3]
…have made you to face some loss in your job for not meeting his immoral demands.	92%	S.C
…tried to defame you for not fulfilling his immoral demands.	94%	S.C
…forced to you to fulfill his immoral demands by exploiting hardships of your personal life at your work.	98%	S.C
…threatened you to put you out of job if you didn't have physical/sexual relations with him.	96%	S.C
…tried to kiss you.	100%	U.S
…tried to rape you.	98%	U.S

Table 3: Mean Scores on Gender Harassment Scale of Sexual Harassment Experience Questionnaire by Age

Age	Frequency	Mean	Standard Deviation
21-25	20	10.95	2.3
26-30	30	11.03	1.7
31-35	21	9.95	1.7
36-40	5	9.4	1.5

1. Unwanted Sexual Attention
2. Gender Harassment
3. Sexual Coercion

The result displayed in table 3 indicates that nurses who were in age group 26-30 years experienced more sexual harassment on gender harassment scale of sexual harassment experience questionnaire as compared to all other groups.

Table 3: Mean Scores on Sexual Harassment Experience Questionnaire by Age

Age	Frequency	Mean	Standard Deviation
21-25	20	46.9	6.6
26-30	30	48.9	6.1
31-35	21	44.6	5.3
36-40	5	43.0	5.3

The results of table 3 indicate that nurses who were in age group 26-30 years experienced more sexual harassment as compared to all other groups.

Table 4: Analysis of Variance for Mean Scores on Sexual Harassment Experience Questionnaire by Age

	Sum of Squares	df	Mean square	F	p
Between groups	304.6	3	101.52		
Within groups	2615.4	72	36.3	2.79	.046
Total	2920.0	75			

This table shows results are significant.

Table 5: Mean Scores and Standard Deviation on total and subscales of Sexual Harassment Experience Questionnaire by Education Level (n=76)

Subscales	Education				t	p
	Matric & Intermediate (n=63)		B.A & above (n=13)			
	M	SD	M	SD		
Gender harassment	10.75	2.00	9.92	1.44	1.4	.089
Unwanted sexual attention	28.36	4.00	27.61	3.70	.62	.615
Sexual coercion	8.93	1.82	7.07	1.82	.26	.676
Total	47.04	6.37	45.61	5.62	.75	.46

The result in Table 5 indicate that nurses with educational level up to matric and intermediate experienced more sexual harassment as compared to nurses with educational level up to B.A and above, on total and subscales of Sexual Harassment Experience Questionnaire. But p value shows that the difference between means is not significant.

Table 6: Mean Scores and Standard Deviation on Total and Subscales of Sexual Harassment Experience Questionnaire by Marital Status (n=76)

Subscales	**Marital status**				**t**	**p**
	Married (n=23)		**Unmarried (n=53)**			
	M	**SD**	**M**	**SD**		
Gender harassment	8.91	1.56	11.33	1.60	6.10	.793
Unwanted sexual attention	24.60	3.17	29.81	3.13	6.6	.427
Sexual coercion	7.26	.619	8.26	1.94	2.41	.088
Total	40.78	4.52	49.41	4.95	7.161	.831

The results in Table 6 indicate that unmarried nurses experience more sexual harassment as compare to married nurses, on total and subscales of Sexual Harassment Experience Questionnaire. But the difference between means is not significant.

*Table 7:*Mean Scores and Standard Deviation on Total and Subscales of Sexual Harassment Experience Questionnaire by Reasons for Doing Job (n=76)

Subscales	Reasons for doing job				t	p
	Money (n=55)		To pass time (n=21)			
	M	SD	M	SD		
Gender harassment	10.27	1.84	11.47	1.96	2.5	.425
Unwanted sexual attention	27.64	3.96	29.80	3.53	2.20	.430
Sexual coercion	7.80	.969	8.38	2.87	1.32	.009
Total	45.7	6.02	49.66	6.01	2.56	.756

The results of Table7 indicate that nurses who were doing job to pass time experienced more sexual harassment as compared to nurses who were doing job for money, on total

and subscales of Sexual Harassment Experience Questionnaire. But these results are significant only on sub scale of sexual coercion.

Discussion

Sexual harassment has increased over the last three decades as greater numbers of women in the workforce have challenged traditional societal roles for females. It is pervasive, well documented, predominantly endured by females. Yet, despite the publicity given to sexual harassment, it remains hidden by most of its victims in our society. The present study was aimed to study prevalence of sexual harassment experienced by nurses and its relationship to different demographic variables (age, marital status, education, and reasons of doing job). To achieve this objective "Sexual Harassment Experience Questionnaire" (SHEQ) was used.

The SHEQ covered Gelfand, Fitzgerald, and Drasgow, S(1995) three dimensions of sexual harassment, namely Gender Harassment, Unwanted Sexual Attention, and Sexual coercion. As regard the frequency of sexual harassment experienced by nurses, the findings of the present research indicates that the most prevalent kind of sexual harassment among nurses was Unwanted Sexual Attention, which includes discussion of personal and sexual matters, admiration of body, forceful attempt to touch or fondle and offering a lift. They also experienced gender harassment which includes admiration of dresses, make-up, face, or hair staring, suggestive jokes or songs, and use of pornographic material (magazine and video). The least common is the harassment called Sexual Coercion which includes subtle or direct bribery for sexual cooperation, subtle or direct threats of retaliation for sexual noncooperation and actually experienced negative consequences for sexual noncooperation. These findings were consistent with earlier studies done in the west (Gelfaud, Fitzgerald, and Drasgow, 1995) and in Pakistan (Anila, 1998).

The important thing to note is that on the basis of such researches we are unable to estimate the frequency of sexual harassment experienced by nurses. It is difficult to estimate how often it occurs because the boundaries of sexual harassment are unclear and because so many cases go unreported in our society. It is a fact that it is not reported as frequently as it occurs and it is still shielded by the silence of its victims (Fitzgerald et al., 1988). Because sexual harassment is endured predominantly by women (Terpstra & Cook, 1985) As in one study of West, researchers found that 69% to 85% of nurses had experienced some form of sexual harassment (S Finnis, I Robbins, 1993). While in another study of 188 critical care nurses revealed that 46% had been subjected to some type of sexual harassment, and 82% of the harassers were physicians (Childers-Hermann, 1993). During this research almost 30% of nurses responded on never option of SHEQ but after responding on that they said these are the most common experiences of daily life and it is part of work. They said that it is not only faced in hospital but it is always there as the woman takes a step out of home.

The reasons for failing to report sexual harassment can be as high in number and as varied in nature as its victims. There are at least two factors which contribute to a woman's choice in reporting harassment. First, there is confusion over the uncertain boundaries of relationships, such as masculine-feminine roles. Brooks and Perot (1991) and Fitzgerald et al. (1988) agree that another contributing factor is that women need to view the behavior as offensive and serious before she will report sexual harassment. Gutek (1982) suggest that if a woman adheres to the traditional sex role beliefs, she will be highly likely to blame other women as well as herself for incidents of sexual harassment. They suggest that a woman with traditional sex role beliefs believes that it is a woman's responsibility to prevent things from "going too far." Women who believe that it is their fault that things "went too far" may not report incidents of sexual harassment unless they believe that the acts were very offensive and serious. Among other important factors for not reporting sexual harassment are sex role stereotyping, maldistribution of power in relationships and socialization to subordinate status are processes commonly found in health care settings. The organization of these settings, typically hierarchical in nature, fosters the development of inflexible and unequal relationships among health care workers. When relationships are unequal, interpersonal abuses, verbal or physical, are frequently denied or not labeled as deviant. These processes profoundly affect nurses' responses to sexual harassment.

Another important factor, like other earlier researches, which might have effected the frequency of sexual harassment experiences was the potential sample bias as nurses who volunteered to respond may differ considerably from those who did not.

A large proportion of the early research on sexual harassment was directed at identifying factors that placed individuals at risk for sexual harassment. Although much of this work is confusing and contradictory, it had the effect of clearly establishing that sexual harassment is overwhelmingly a woman's problem. Research reveals women are victims of sexual harassment approximately three and one-half times more often than men (Pokalo, 2001). Though the perpetrators of sexual harassment are predominantly males, yet an overwhelming majority of researches done on sexual harassment employed females for obtaining empirical data. This is so perhaps because perpetrators are difficult to identify and contact. The present research has attempted to explore the relationship between sexual harassment and different demographic variables.

The present research found that the nurses who were of age group 26-30 years reported more experiences of sexual harassment on all subscales and on total SHEQ. But these results are significant only on one subscale (sexual coercion) and total score of SHEQ. It has been supported by a number of researches (Fain and Anderton, 1987; Gutek and Dunwoody, 1987). But on the other hand some researches had found the women of older age experience more sexual harassment as compared to younger women (Anila, 1998). This means that in our society, as well as elsewhere, women of all

ages experience sexual harassment. This shows that females of all ages are target of male, their motivation could be just to undermine and degrade the victim. Basically they use sexual harassment as a weapon to show off their power.

The women belonging to lower education group have reported more experiences of sexual harassment on all of three dimensions of SHEQ although the difference was nonsignificant. These findings are contrary to many Western studies which have reported that women with high levels of education are more likely to report harassment (Fain & Anderton, 1987). Here the question arises that whether educated women experience more sexual harassment as compared to less educated women. The answer is probably not. In fact, one may conjecture that Pakistani educated women may be less likely to become an easy target of harassment owing to their, relatively speaking, high position and status in the society. In Pakistan, women with low or less education are employed on low status jobs and thus may become somewhat vulnerable to sexual harassment by the men working with them on higher status and with more organizational power. The issue of education as it relates to the women's sexual harassment experiences assumes greater significance in Pakistan where less educated women are far more in number as compared to more educated ones and to phenomenon of sexual harassment may be differently perceived by women with different education levels.

The present research showed that unmarried nurses reported more experiences of sexual harassment as compared to married nurses on all of three dimensions of SHEQ. These finding are consistent with earlier research of Fitzgerald and Ormerod (1992) who reported that marital status was related to the experience of sexual harassment, with unmarried women experienced more sexual harassment as compared to married women. Marital status was a “dummy variable”, representing one or more factors that were working. These factors included perceived availability, lack of the protected status of women.

In present research another demographic variable was of reasons for doing job. It was studied because many of women who work do so because of real-economic needs. A few, however, work to pass their time, as they have nothing else to do In the present research 73% said that they are doing job to earn money while remaining 27% said that they are doing job to pass time. Results showed that nurses who were doing job just to pass time experienced more sexual harassment on all dimensions and total score of SHEQ but these results were significant only on sexual coercion scale of SHEQ. These findings are not consistent with findings of early researches (Anila, 1998).

Conclusion

Sexual harassment is one of the most common problems of Pakistani society which is effecting women from all walks of life. The present research was an attempt to

investigate the prevalence of sexual harassment among nurses. Along this its relationship is also measured with respect to different demographic variables (age, marital status, education, and reasons of doing job).

Quite interestingly the present research has found somewhat similar results as were found in the studies carried out in other countries as regards to the relationship of various demographic variables with nurses' experiences of sexual harassment. Although a number of demographic variables such as, women's age, education, marital status and reasons for doing job have been studied, yet there are many more demographic variables which may also play a role in the nurses experiences of sexual harassment e.g., physical attractiveness of women, their attitudes, the working hours, and chances of encounter of women and men during work. Along this there is also need to study that how does the experience of sexual harassment is influencing their physical, emotional and psychological well-being.

Limitations

1. Sexual harassment is least spoken issue in society, infact it is almost a taboo; therefore, most nurses were reluctant in giving responses. Rapport had to be developed before administration of scales.
2. The research findings can't be generalized because of small sample size and inclusion of only those nurses who volunteered.

Recommendations

1. Nurses need to become more aware of sexual harassment in both educational and healthcare settings. There are real costs to institutions responsible for acts of sexual harassment in the workplace, as well as reduced work productivity and a diminished quality of patient care. Sexual harassment in the workplace is illegal, demeaning, and demoralizing. That is why sexual harassment should be prevented.
2. Research has indicated that there are many other demographic variables e.g., physical attractiveness of women, their attitudes, the working hours, and chances of encounter of women and men during work can affect sexual harassment. Further research studying these variables in relation to sexual harassment is suggested.
3. Further research should be conducted to find the effects sexual harassment on physical, emotional, psychological well being of nurses.

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