

Types of Torture

Vladimir Jovic

Goran Opacic

(Translated by Anika Krstic)

Abstract

Measuring of stressors related to war experiences, especially the experiences of torture, as well as systematic collection and analysis of such data, are the indispensable part of a comprehensive evaluation of psychological consequences of torture. The methodological problem of measuring types of torture in the IAN Centre for Rehabilitation of Torture Victims (CRTV) has been overcome through the attempt to create a special questionnaire covering 81 different forms of psychological, physical and sexual abuse and ill treatment. This paper explains the constructing principles of the instrument and its basic metric characteristics, done on a sample of 322 individuals, IAN CRTV clients since December 2002. We have obtained a tri-factor structure of the questionnaire, which according to our opinion can clarify to some extent the complex phenomenon such as torture in the situation of war in former Yugoslavia. In the appendix we have included an analysis on frequency of types of torture in the surveyed sample, showing that the clients of our centre have frequently been subjected to extreme forms of torture.

INTRODUCTION

When at the very beginning of the Second World War, in an impressive monograph dedicated to the history of torture, G. R. Scott wrote that "the decrease in brutality which has been so marked a feature of the past half century must not blind one to the potentialities for evil which are ever present and which may conceivably exhibit, should the occasion arise, a new ruthlessness" (Scott, 1940), it was probably difficult for anyone to imagine all the crimes that would shed rivers of blood throughout Europe in the following several years. Fifty years later, on European soil, human potentials for evil have again found the space and occasion to surface in full light. Wars in former Yugoslavia were highly characterised by the brutality and ruthlessness against civilians, while torture and cruelty towards victims could be compared with the most atrocious crimes ever recorded in history.

Already in working with first refugees from Bosnia and Herzegovina it became clear that during wars in this region numerous ways of torture have been applied - from the psychological ill-treatment (verbal abuse and humiliation, death threats, mock executions, etc.) to the various types of mechanical injuries, electric shocks, asphyxia-induced injuries and the like. As a rule, torturers tend to apply those types of torture that are linked with inducing intensive physical pain, leading to incapacitation of the victim and causing the feeling of life endangerment and the development of intensive fear. While choosing the method of torture, especially in case of shorter periods of detention linked with severe ill-treatment, the torturers usually resort to such methods of torture that would not leave visible physical consequences, or such consequences would remain minimal with respect to the survived torture (Forrest, 1999). During wars in former Yugoslavia the attitude towards victims had significantly different dimensions at the time of arrest and in the initial period before the person would be registered by an international humanitarian organisation; after such registration of a detainee the torturers usually refrained from drastic methods, such as mutilation, breaking of bones, etc. Unfortunately, we could only speculate about the fate of those who had not been protected through such procedure.

Political, legal, forensic, medical and psychological consequences will be shown in other sections of this monograph. This paper will therefore be limited to the following:

1. Brief overview of the problem of measuring war stressors, especially stressors linked with torture, within the scope of psychological-psychiatric examination,
2. Overview of the construction and basic characteristics of the instrument for measuring types of torture, developed in the *Centre for Rehabilitation of Torture Victims – IAN Belgrade (CRTV IAN)*, and
3. Overview of the most frequent types of torture reported by the beneficiaries of the rehabilitation centre for torture survivors.

MEASURING WAR STRESSORS AND TYPES OF TORTURE

Since the beginning of armed conflicts and the first influx of refugees and combatants who had been detained and tortured, reports started to emerge about the psychological-psychiatric consequences of ill-treatment in detention camps (Petrovic, Popovic, Dabovic, Prorocic & Dobrivojevic, 1993). The team of IAN's psychiatrists, first within the Department for Stress of the Institute for Mental Health and the programme of United Nations High Commissioner for Refugees (UNHCR), and since 1997 within the IAN Trauma Centre, began to encounter individual refugees from Croatia and Bosnia Herzegovina who spoke about their experiences of torture in detention camps. These patients could roughly be separated into two groups: those who spoke openly about their experiences in the camp from the beginning, linking them with psychological consequences - occasionally in a somewhat compulsive and evacuative manner, and others who were silent about this experience, which would emerge only if the interviewer posed specific questions related to torture, but who would still remain reluctant or refuse to talk about torture, or be unable to link this experience to the discomforts they came with to seek help. This phenomenon corresponds to a certain extent to a recently published division distinguishing the "externalizing" and "internalizing" subtypes of posttraumatic response (Miller, Greif & Smith 2003). Besides the difference in expressiveness, there was also a great difference in types of traumatic experiences they had survived. Most of these people were refugees, who apart from the camp experience have been exposed to combat (either actively as combatants, or passively) and exile, in some cases having also sustained wounds and physical injuries.

Individual differences in experiencing, expressing and subjective feeling of significance and importance of traumatic events, as well as the differences in the spectrum of various traumatic experiences of various persons, impose a need for systematic, structured measuring of war related stressors, for the purpose of obtaining objective parameters involved in the development of posttraumatic psychopathology, as well as because this measuring represents the key for improving our understanding and prevention of mental health problems of the survivors (Marsella, 2001).

Stress related disorders are one of the few categories of mental disorders defined on the basis of aetiology. Basically, this means that an experience of psychological trauma is necessary for the appearance of these disorders. The event causing stress related disorders is defined in various ways in different psychiatric classifications¹. Contrary to a relatively quick development of methodology of examining various aspects of stress related disorders, measuring stressors leading to disorders did not follow either by quality or by scope (Green, 1993; Krinsley & Weathers, 1995). Initial hyper production of various stress

1 American Psychiatric Association. Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition (DSM-IV). Washington, D.C.: American Psychiatric Press, 1994; World Health Organization. The ICD-10 Classification of Mental and Behavioural Disorders: Clinical Descriptions and Diagnostic Guidelines. Geneva: World Health Organization, 1992.

measuring instruments during the eighties has given way to certain calm in this respect. According to our opinion, there are several factors of such situation: 1. methodological problems that a researcher encounters in this field, from the basic problems in constructing the instruments (Jovic, Opacic, Knezevic, Tenjovic & Lecic -Tosevski, 2002), to the issue of unchangeable nature or stability of memories of traumatic events over time (Southwick, Morgan, Nicolaou & Charney, 1997; Mollica & Caspi-Yavin, 1992); 2. despite the fact that PTSD has been defined based on the exposure to traumatic event, in a series of repeated research the correlations between measured exposure to stressors and the clinical picture remain relatively small, in addition to a relatively low rate of disorder development following trauma (Yehuda & McFarlane, 1995), and 3. majority of researchers in this field prefer the "unitary" viewpoint, which states that the response to trauma has unified psycho-physiological mechanisms, regardless of different qualities and dimensions of stressors (Raphael & Wilson, 1993).

Instruments for measuring traumatic events apart from the war related ones, have been described elsewhere (Carlson, 1997; Briere, 1997; Norris & Riad, 1997; Turner & Wheaton, 1997). As concerns the research of war related stressors, the most frequently used instruments have been designed for examining war veterans from Vietnam or Israel (Solomon, Mikulincer & Hobfoll, 1987; Keane et al., 1989; Keane, Newman & Orsillo, 1997), and in the latest years, from the Gulf war (Benotsch et al., 2000; Sharkansky et al., 2000). These questionnaires mainly include usual combat experience.

"Harvard Trauma Questionnaire" was used for measuring stressors in research conducted in former Yugoslavia (Mollica et al, 1992; Mollica et al, 1999; van den Heuevel, 1998). The first part of this questionnaire covers most of traumatic events, but not in a behaviourally specific way; the issue of torture is covered only with one item. Wiene and associates, while working with refugees from Bosnia, have constructed the "Communal Traumatic Experiences Inventory" (Weine et al., 1995), which presumably measures the "profile of traumatic events experienced by a person who has survived communal trauma". Psychometric characteristics of this questionnaire are not available to us, and the result of this test was not in a statistically relevant correlation either with the PTSD diagnosis or with PSDI values ("Positive Symptom Distress Index") on the Symptom Checklist 90 - R questionnaire (SCL-90-R) (Weine et al., 1998).

The need for systematic following of war related stressors - including the experience of captivity and torture - has resulted in the construction of an instrument called the War Stressors Assessment Questionnaire, which has been applied in the Stress Department of the Institute of Mental Health since 1997. The questionnaire includes eight categories of war related traumatic experiences: active combat (E1), witnessing death or wounding (E2), loss of organisational/military structure (E3), war-related deprivation (E4), injury (E5), life in hostile surroundings (E6), imprisonment/torture (E7), combat exposure (E8), and all sub-scales of the questionnaire based on the above categories have shown good or excellent metric characteristics (Jovic, Opacic, Knezevic, Tenjovic & Lecic-Tosevski, 2002). This questionnaire covers the experience of torture in captivity is covered with ten items, related to physical ill-treatment and torture, witnessing ill treatment and torture of others, sexual abuse, knowledge of physical or sexual abuse of family members,

or witnessing physical or sexual abuse of others, witnessing killings, solitary confinement or forced labour. When applying this instrument in an earlier research on a sample of 60 persons who had been held captive in war, we have obtained the result that 46 (76.7%) of them have survived some form of physical ill treatment and torture and that 47 (78,3%) of them have witnessed/watched physical ill treatment or torture of others (Ilic, Jovic & Lecic-Tosevski, 1998). Of the eight mentioned sub-scales of stressors, the scale of imprisonment/torture (E7) has shown the highest correlation with measures of the posttraumatic pathology measured against the Impact of Event Scale – IES and SCL-90-R (Jovic, Opacic, Knezevic, Tenjovic & Lecic-Tosevski, 2002).

The questionnaire used in measuring war related stressors, especially torture, in former Yugoslavia, within the "Project on Psychological Responses to War in former Yugoslavia" is the Semi-structured Interview for Survivors of Torture (SIST) and the Exposure to Torture Scale, which is a part of SIST (Basoglu & Paker, 1990). Besides very thoroughly covered stressors, this questionnaire also covers subjective reactions of the victim (anxiety) and the feeling of control over the situation. Psychometric characteristics of the questionnaires are still unavailable for us.

RESEARCH

PROCEDURE IN CONSTRUCTING THE QUESTIONNAIRE AND IDENTIFYING ITEMS THEREOF

Practical problem of measuring torture related stressors has been resolved in IAN centre by constructing instruments for self-evaluation, which contained descriptions of the most frequent types of torture reported by our patients during psychiatric interviews. The instrument was constructed based on and in consultation with some of the existing similar questionnaires, such as the above-mentioned SIST and Exposure to Torture Scale³⁰, as well as the material received at the Second IRCT Research Training Seminar, dealing with methodological problems related to evaluation of rehabilitation programme for torture victims, held in spring 2000 in Porto Hella, Greece. We have also consulted some of the works that comprehensively describe types of torture in various environments (Rasmussen, 1990). The list of items was compiled based on the principle of defining particular violent actions against the interviewed subject, without specifying the perpetrator of this action. Some items denote more than one violent action (e.g. item 2.: "beating with rifle-but, whip, belt, stick"), but in such case there is always a common denominator, such as the type of injury. This was a compromise made in order to determine the optimal level of descriptiveness of items, or "basic stressor categories", i.e. to "maintain sufficient level of behavioural specificity of items in order to minimise subjectivity of the given response" (Jovic, Opacic, Knezevic, Tenjovic & Lecic-Tosevski, 2002), which represents a methodologically significant problem in constructing such and similar questionnaires. The list of items was reviewed and amended by IAN's forensic court expert (Dr. Đ. Alempijevic). The overall number of items is 82, with 81 types of torture cited, and

followed by an open last question that invites respondents to state the type of torture they have experienced, but which has not been described in the questionnaire.

Respondents were supposed to answer the given questions about types of torture by stating whether they have experienced a specific type of torture or not. Replies to given items were set in a binary code of "experienced - YES" and "not experienced - NO". Baring in mind the psychological state of the respondents, we have opted for this most simple form of answer. Based on pervious experience we have concluded that the explanatory value of additional information received through questions about other dimensions of the stressor - such as frequency (and/or duration), subjective reaction or distress or the like, does not justify additional burdening and re-traumatisation of respondents (it is inappropriate, at least in our culture, to ask questions such as "How distressed were you by the mutilation or breaking of bones?" or "How distressed were you by the rape?").

RESPONDENTS AND THE PROCEDURE

The survey was conducted on a group of CRTV clients who have been admitted to the Centre until December 2002. After excluding clients on the basis of other criteria and variables or due to lack of data, the analysis involved a total of 322 respondents (269 men, 53 women), CRTV clients. Mean value of respondents' age was 47,33 years (SD=11.99), in the scope between 17 and 79 years of age.

RESULTS

Out of 322 respondents of this study who have survived captivity during wars in Croatia and Bosnia and Herzegovina, only 9 (2.8%) of them did not experience any of the 80 types of torture outlined in the questionnaire. Maximum positive answers were 56 with two respondents. The average number of positive answers was 22.44 (SD=13.48).

Psychometric Structure and Characteristics of the Questionnaire

The gathered data was subjected to various models of cluster and factor analysis with the view of finding the latent structure that links various types of torture into some common and wider behaviour patterns of torture perpetrators. The solution offering the best possible interpretation was the tri-factor solution (Tables 1. and 2.).

Table 1. Proportion of variance explained by factors through method of main component analysis

<i>Inherent value</i>	<i>% Variances</i>	<i>Cumulative %</i>
15.686	19.366	19.366
4.976	6.143	25.509
3.013	3.720	29.229

Original results were firstly normalised and then subjected to analysis of main components. By using the Cattell screen test criterion, we have maintained the first three main components that cumulatively explain 29 % of the overall variance of the indicator group. Components were rotated using Promax rotation.

Table 2. Rotated structure matrix after PROMAX rotation (structure coefficients under .30 have been left out)

<i>ITEM</i>	1	2	3
57. death or mutilation threats or threats directed against family	.783		
58. death or mutilation threats directed against friends or colleagues	.752		
45. deprivation of necessary medical assistance or drugs	.729		
56. repeated humiliating comments about the person or family	.724		
46. regular sleep deprivation	.717		
60. false accusations, denial or forced self-incrimination	.715	-.349	
77. forcing to denounce others	.696		
43. food deprivation	.678		
78. tortured persons put in the same cell with him/her	.660		
44. water deprivation	.646		
59. blackmail or light threats directed against person or family	.643		
70. humiliation by deprivation of personal hygiene	.618		
1. slapping, kicking or beating	.615		
55. deprivation of privacy	.603		
34. forcing to remain in one position for several hours	.579		
36. pulling of hair	.528		
69. forcing to humiliating behaviour (e.g. barking, dancing)	.523		
76. torturer pretends to be an ally in order to confuse the victim	.518		
2. beating with rifle-but, whip, belt, stick, etc.	.503		
71. forcing to watch or listen to torture or killing of others	.500		
40. preventing of urination or defecation	.478		
48. confinement in complete darkness longer than 2 days	.471		
61. signing a confession	.459		
52. exposure to constant loud sounds (e.g., music, screaming)	.446		
66. partial undressing	.444		

TORTURE IN WAR: CONSEQUENCES AND REHABILITATION OF VICTIMS

<i>ITEM</i>	1	2	3
65. complete undressing	.442		
8. hitting on both ears with mouth closed	.433		
63. mock execution	.431		
3. flogging with rope, whip or stick	.384	.348	
15. ice-cold water shower	.363	.312	
47. solitary confinement or isolation from others longer than 3 days	.342		
5. assault with knife or other sharp object	.329		
54. nearby detonation	.326		
49. blindfolding	.322		
25. forced hard labour			
26. drowning			
62. putting on a blindfold or hood			
79. release followed by immediate re-arrest			
80. forcing to decide who would be killed or tortured			
9. forced jumping or being thrown from high altitude		.597	
30. hanging by toes, hands or feet		.586	
28. plunging into water		.574	
29. plunging into filthy liquids		.531	
22. electric shocks to other parts of the body		.525	
4. falaka (beatings on the soles of the feet)		.514	
10. burns inflicted by boiling water		.497	
35. overstretching of limbs and body		.492	
13. burns inflicted by open flame		.491	
11. burns inflicted by cigarette		.480	
24. weights suspended on testicles		.473	
53. subjection to intensive light or forcing to look at it directly		.443	
23. standing under additional weight		.431	
7. amputation of body parts		.391	
27. asphyxiation		.382	
31. Palestinian hanging		.376	
33. tying with rope - tightening the rope for several hours	.306	.352	
21. electric shocks to genital area		.347	
32. other forms of hanging		.342	
81. forced detention in psychiatric hospital		.335	
39. forcible extraction of teeth		.305	
12. burns inflicted by chemicals			
14. subjection to extreme temperatures			
19. rape by person of the same sex			
38. sticking of needles under the nails			
41. forced administering of narcotics			
42. slow dripping of water on the head			
6. mutilation or breaking of bones			

PART III TORTURE: VICTIMS AND CONSEQUENCES

<i>ITEM</i>	1	2	3
37. pulling out of nails			
18. rape by person of opposite sex			.823
51. genital infection as consequence of rape			.762
17. forcing to sexual action except actual rape			.717
20. use of animals or object for sexual purposes			.564
64. verbal sexual humiliation or threats			.521
68. ill-treatment by using excrement			.433
74. forcing to watch or listen to sexual abuse of others			.429
16. touching of genitals			.412
50. pregnancy as consequence of rape			.332
67. photographing when forced to pose fully or partly undressed			
73. forcing to watch or listen to sexual abuse of family members			
72. forcing to participate in torturing or killing of others			
75. presence of family members during person's torture			

Table 3 shows mutual correlations of the obtained components.

Table 3. Correlation between components

	1	2	3
1	1.000	.503	.250
2	.503	1.000	.347
3	.250	.347	1.000

The following table (Table 4) outlines the basic metric characteristics of the sub-scales formed on the basis of factors extracted and shown in Table 1.

Table 4. Basic metric characteristics of the scale

<i>Measurements of Test Representativeness</i>	F1	F2	F3
Kaiser-Mayer-Olkin, measure of the item sample representativeness	.9747	.8833	.9079
Cronbach, ALFA	.9339	.8462	.7997
Lord-Kaiser-Caffrey, BETA	.9366	.8578	.8110
Guttman-Nicewander, RHO	.9555	.8931	.8681
Average correlation of variables, H 1	.2660	.1595	.2350
Momirovic, measure of homogeneity, H 2	.6080	.4591	.6482

Forms and frequency of torture types to which CRTV clients had been exposed

One of the very important issues is how widespread are various forms of torture. In the following table items have been sorted based on their relative frequency in our clients' self-reports. Next to the serial number of the item we have stated to which factor the item belongs.

Table 5. Relative frequency of specific types of torture

F*	ITEM	% (n=322)
1	1. slapping, kicking or beating	79.8
1	57. death or mutilation threats or threats directed against family	77.3
1	56. repeated humiliating comments about the person or family	77.0
1	60. false accusations, denial or forced self-incrimination	73.9
1	46. regular sleep deprivation	72.4
1	59. blackmail or light threats directed against person or family	68.3
1	77. forcing to denounce others	65.5
1	58. death or mutilation threats directed against friends or colleagues	64.3
1	45. deprivation of necessary medical assistance or drugs	61.5
1	70. humiliation by deprivation of personal hygiene	61.5
1	43. food deprivation	59.6
1	55. deprivation of privacy	59.3
1	78. tortured persons put in the same cell with him/her	58.7
1	2. beating with rifle -but, whip, belt, stick, etc.	56.8
1	44. water deprivation	55.3
1	36. pulling of hair	52.5
1	54. nearby detonation	51.6
1	34. forcing to remain in one position for several hours	49.7
1	61. signing a confession	47.2
1	76. torturer pretends to be an ally in order to confuse the victim	46.6
1	15. ice-cold water shower (low and/or high)	43.5
1	71. forcing to watch or listen to torture or killing of others	42.2
1	40. preventing of urination or defecation	39.1
1	5. assault with knife or other sharp object	38.8
1	69. forcing to humiliating behaviour (e.g. barking, dancing)	37.6
1	47. solitary confinement or isolation from others longer than 3 days	37.6
1	66. partial undressing	37.3
1	3. flogging with rope, whip or stick	37.0
1	48. confinement in complete darkness longer than 2 days	35.4
1	65. complete undressing	34.5
1	8. hitting on both ears with mouth closed	33.5
1	52. exposure to constant loud sounds (e.g., music, screaming)	33.2
1	25. forced hard labour	29.8

PART III TORTURE: VICTIMS AND CONSEQUENCES

F*	ITEM	% (n=322)
1	63. mock execution	27.0
1	49. blindfolding	24.5
1	26. drowning	22.7
2	27. asphyxiation	21.4
2	33. tying with rope - tightening the rope for several hours	21.4
1	62. putting on a blindfold or hood	20.8
2	53. subjection to intensive light or forcing to look at it directly	20.8
2	4. falaka (beatings on the soles of the feet)	19.9
3	75. presence of family members during person's torture	19.3
2	23. standing under additional weight	19.3
2	6. mutilation or breaking of bones	18.9
2	14. subjection to extreme temperatures	18.6
3	64. verbal sexual humiliation or threats	18.6
3	72. forcing to participate in torturing or killing of others	18.6
1	80. forcing to decide who would be killed or tortured	18.3
1	79. release followed by immediate re-arrest	17.7
3	16. touching of genitals	17.4
2	9. forced jumping or being thrown from high altitude	14.0
2	11. burns inflicted by cigarette	13.7
2	28. plunging into water	12.1
3	68. ill-treatment by using excrement	11.8
2	35. overstretching of limbs and body	10.6
2	22. electric shocks to other parts of the body	9.6
2	39. forcible extraction of teeth	9.3
3	67. photographing when forced to pose fully or partly undressed	9.0
3	74. forcing to watch or listen to sexual abuse of others	8.4
2	42. slow dripping of water on the head	8.1
2	29. plunging into filthy liquids	7.5
3	17. forcing to sexual action except actual rape	6.2
2	24. weights suspended on testicles	5.9
2	7. amputation of body parts	5.0
3	73. forcing to watch or listen to sexual abuse of family members	5.0
2	30. hanging by toes, hands or feet	5.0
2	21. electric shocks to genital area	5.0
2	13. burns inflicted by open flame	4.7
3	37. pulling out of nails	4.0
2	38. sticking of needles under the nails	3.7
2	10. burns inflicted by boiling water	3.1
2	32. other forms of hanging	2.8
3	18. rape by person of opposite sex	2.5
2	81. forced detention in psychiatric hospital	2.5
3	51. genital infection as consequence of rape	2.5
2	41. forced administering of narcotics	2.5

TORTURE IN WAR: CONSEQUENCES AND REHABILITATION OF VICTIMS

F*	<i>ITEM</i>	% (n=322)
3	20. use of animals or objects for sexual purposes	1.9
3	50. pregnancy as consequence of rape	1.6
2	12. burns inflicted by chemicals	1.2
2	19. rape by person of the same sex	1.2
2	31. Palestinian hanging	0.9

*=factor the item belongs to

DISCUSSION

TYPES OF TORTURE

Our results should speak in favour of the fact that measuring torture-related stressors is possible and justified, and that knowledge obtained by such measuring contributes to the overall understanding of torture and its consequences. To our opinion, the obtained tri-factor structure of types of torture could speak about the context and circumstances in which the torture has been perpetrated, as well as about the kind of experience that a victim has gone through.

Looking at Table 2 we can perceive that the first factor is defined by items describing any form of psychological ill-treatment ("death or mutilation threats", "false accusations", blackmail or light threat", "forcing to humiliating behaviour", etc.), watching others being tortured ("death or mutilation threats against the family, friends or colleagues", "being detained in pris on with tortured persons", "forcing to watch or listen to torture or killing of others"), deprivation of basic life resources ("food and water deprivation", "normal sleep deprivation", "deprivation of medical care or drugs"), or physical ill-treatment that usually does not lead to severe bodily injuries and which we consider to be of "lighter" nature compared to what is described in the other two factors, regardless of how drastic all types of torture may be ("slapping, kicking or beating", "pulling of hair", "hitting or beating with rifle-but, whip, belt, stick", "tying with rope"). Similarly, these forms of torture have been applied against people in detention or prisons during the times of communist Yugoslavia. Threats, slapping, severe beatings and humiliation were almost a regular component of police procedure, that was tacitly applied during investigations of suspects, political prisoners and criminals alike, with the view of extracting information as well as breaking and humiliating the person against whom the investigation is conducted. Documentation and arguments in this respect shall not be elaborated in the present paper, but it is sufficient to say that in CRTV we occasionally still have clients undergoing this kind of torture inflicted by the police despite the alleged changes of the police system. The fact is that Table 5 shows that most types of torture experienced by our respondents in high percentages (17-80%) belong to the first factor. For most of these types of torture it is characteristic that they do not leave such consequences on the body that could be supported

by objective findings of court experts, even when the examination takes place immediately after torture has occurred.

The second factor defines more drastic forms of torture that contain an active sadistic component and/or are premeditated, aimed at inflicting serious injuries and/or require preparations and procedure (e.g. electric shocks). Examples of this are hanging by limbs, plunging into the water, burning with cigarette, open flame or boiling water, forced extraction of teeth, throwing from high altitude, amputation of body parts. These types of torture are less represented; most frequent ones were asphyxiation and tying and stretching with rope - up to 21.4%. These types of torture characteristically often lead to severe, lasting physical injuries and could probably be proven with participation of a court expert.

The common denominator for indicators encompassed by the third factor is sexual humiliation and abuse, including rape, forcing to sexual activities apart from rape, touching of genitals, verbal sexual humiliation or threats, ill-treatment by using excrement, or consequences of rape such as infection or pregnancy.

Based on the mutual correlations of isolated factors shown in Table 3, it is obvious that these three different modalities are inter-linked, i.e. if one form of torture in a camp was more represented it is most probable that others are equally represented as well. We could obtain such picture as a consequence of various characteristics of traumatic response, where some respondents would tend to deny, others to exaggerate what had happened (Mollica & Caspi-Yavin, 1992), that is, "externalisation" and "internalisation" (Miller, Greif & Smith 2003). On the basis of our work with clients, we believe that such an explanation could not be valid, and to our minds the results should be interpreted in the light of the context or situation in which torture has been perpetrated.

The obtained tri-factor structure should be subjected to a more thorough analysis. Firstly, we need to mention that with this kind of instruments and the aim of research, factor analysis does not give results that indicate some personality generators of the variance produced by the linkages between types of torture. In this case the context (set of circumstances during arrest, type of camp/prison, house rules for treatment of prisoners, code of conduct towards prisoners in a camp/prison, the above-mentioned presence or absence of international monitoring bodies, maybe even differences in governing bodies of camps/prisons), represents the organiser of surface correlations. It is, however, interesting to think that these two separate factors represent a kind of psychological boundary in the behaviour of perpetrators towards the victims. All cited types of torture from the first factor still seem to belong to an area in which the victim recognises himself/herself as "other", as another living person, while the torture described in the items of the second factor could be ascribed to treating the body of another as an object over which full and ruthless control has been established. Torture can then represent a triumph over the body (and the barriers of prohibition to inflict injury to others), after which the very killing of the victim is not only possible, but also easy. Associations with these assumptions shall be left aside for now, until additional empirical studies have contributed to further understanding.

The third factor, covering items related to some form of sexual abuse or ill-treatment should be interpreted with utmost caution, since it could represent an artefact.

Namely, items belonging to this factor have various descriptive levels and therefore overlap (more specific ones are sub-summed in more general ones, e.g. "touching of genitals" or "verbal sexual humiliation or threats" could be a part of the experience of "rape by person of opposite sex"), which means that instead of describing different experiences of the same category of torture (sexual abuse), they actually cover one and the same experience with different forms of description. Earlier we have resolved this problem by excluding from the analyses all items of more general nature (Jovic, Opacic, Knezevic, Tenjovic & Lecic-Tosevski, 2002). Aware of these methodological problems, in this paper we have chosen a solution that would not diminish the documentation value of information about types of torture experienced by our clients.

Metric characteristics of the extracted components shown in Table 4 are good, sometimes even extraordinary, therefore opening the possibilities of potential shortening of scales in application for scientific purposes; it is our opinion that they contribute to the overall confidence in chosen method of measuring types of torture.

Frequency of the Types of Torture

The most frequent types of torture reported by our examinees are those grouped under the first factor - drastic forms of police torture during investigation. Between 70 and 80 percent of respondents states they have been subjected to beatings, threats, sleep deprivation, humiliation, blackmail and false accusations.

Forms of torture belonging to the factor two, which we have denoted by the term "sadistic", are also not rare and their frequency in reports amounts to 20% in some cases ("asphyxiation", "falaka - beating on the soles of feet", "mutilation and breaking of bones"). Drastic forms of psychic torture ("forcing to watch and listen to sexual abuse of family members") or physical torture ("electric shocks on genital area") appear in 5% of the cases.

Baring in mind the proportion of women (16.45%) in the examined sample, types of torture that are more often directed against female victims are relatively frequent and appear in reports given by between 2 and 19% of the respondents (e.g. sexual humiliation or threats, touching of genitals, ill-treatment by using excrements, photographing while forced to pose nude, forcing to watch or listen to sexual abuse of others, rape, use of animals or objects for sexual purposes, pregnancy as consequence of rape).

Finally, we should mention some of the weaknesses of this study. Given that for most clients substantial period of time has elapsed between torture and the research it is very difficult to confirm the credibility of all self-reports. The elapsed period is such that not even the attempts of forensic confirmation of some findings are expected to render much result. Since we have tried from the establishment of our Centre to minimise the secondary and tertiary gain of persons coming for treatment, we do not have serious grounds to suspect the deliberate alteration of self-reports, but further verifications of validity of this method shall be supplemented by finding obtained in cooperation with forensic reports. Also the importance of this measuring and the data obtained cannot be entirely clear until we have established the connection between types of torture and

psychological and psychiatric consequences of such experiences, i.e. stress-related disorders. Although the results of preliminary analyses are promising, we believed that their presentation here would not be in accordance with the aim of the paper.

CONCLUSION

The method applied in measuring and analysing types of torture through self-assessment instruments can give valid and useful data on the experiences of torture victims, although it cannot replace the classical method of assessment through interview. The obtained tri-factor instrument structure, as well as good or excellent metric characteristics, indicates a potential new field in understanding complex phenomena such as torture in war. Results of the torture types frequency analysis clearly show that the clients of our centre are persons who have been frequently subjected to extreme forms of torture. Practical value of these findings, however, still awaits additional empirical verification.

REFERENCES

- American Psychiatric Association (1994) Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition (DSM-IV). Washington, D.C.: American Psychiatric Press.
- Basoglu, M., Paker, M., Ozmen, E., Tasdemir, O. and Sahin, D. (1994) Factors related to long-term traumatic stress responses in survivors of torture in Turkey. *JAMA* **272**, 357-263.
- Benetsch, E.G., Brailey, K., Vasterling, J.J., Uddo, M., Constans, J.I. and Sutker, P.B. (2000) War zone stress, personal and environmental resources, and PTSD symptoms in Gulf War veterans: a longitudinal perspective. *Journal of Abnormal Psychology* **109** (2):205-213.
- Briere, J. (1997) Psychological Assessment of Adult Posttraumatic States. Washington, DC: American Psychological Association.
- Carlson, E.B. (1997) Trauma assessments: a clinician's guide. New York: The Guilford Press.
- Forrest, D.M. (1999) Examination for the late physical after effects of torture. *Journal of Clinical Forensic Medicine* **6**, 4-13.
- Green, B.L. (1993) Identifying Survivors at Risk: Trauma and Stressors across Events. In: Wilson, J.P. and Raphael, B., (Eds.) *International Handbook of Traumatic Stress Syndromes*, pp. 135-144. New York: Plenum Press.
- Ilic, Z., Jovic, V. and Lecic-Tosevski, D. (1998) Posttraumatic stress in war prisoners. *Psihijatrija Danas* **30** (1):73-97.
- Jovic, V., Opacic, G., Knezevic, G., Tenjovic, L. and Lecic-Tosevski, D. (2002) War Stressor Assessment Questionnaire - Psychometric Evaluation. *Psihijatrija Danas* **34**, 51-75.
- Keane, T.M., Fairbank, J.A., Caddell, J.M., Zimering, R.T., Taylor, K.L. and Mora, C.A. (1989) Clinical Evaluation of a Measure to Assess Combat Exposure. *Psychological Assessment: A Journal of Consulting and Clinical Psychology* **1** (1):53-55.
- Keane, T.M., Newman, E. and Orsillo, S.M. (1997) Assessment of Military-Related Posttraumatic Stress Disorder. In: Wilson, J.P. and Keane, T.M., (Eds.) *Assessing Psychological Trauma and PTSD*, pp. 267-290. New York London: The Guilford Press.
- Krinsley, K.E. and Weathers, F.W. (1995) The Assessment of Trauma in Adults. *PTSD Research Quarterly* **6** (3):1-6.
- Marsella, A.J. (2001) Measurement issues. Gerrity, E.T., Keane, T.M. and Tuma, F., (Eds.) New York: Kluwer Academic/Plenum Publishers.
- Miller, M.W., Greif, J.L. and Smith, A.A. (2003) Multidimensional Personality Questionnaire Profiles of Veterans With Traumatic Combat Exposure: Externalizing and Internalizing Subtypes. *Psychological Assessment* **15** (2):205-215.
- Mollica, R.F., Caspi Yavin, Y., Bollini, P., Truong, T., Tor, S. and Lavelle, J. (1992) The Harvard Trauma Questionnaire. Validating a cross-cultural instrument for measuring torture, trauma, and posttraumatic stress disorder in Indochinese refugees. *Journal of Nervous and Mental Disease* **180** (2):111-116.
- Mollica, R.F., McInnes, K., Sarajlić, N., Lavelle, J., Sarajlić, I. and Massagli, M.P. (1999) Disability associated with psychiatric comorbidity and health status in Bosnian refugees living in Croatia. *JAMA* **282** (5):433-439.

PART III TORTURE: VICTIMS AND CONSEQUENCES

- Mollica, R.F. and Caspi-Yavin, Y. (1992) Overview: The Assessment and Diagnosis of Torture Events and Symptoms. In: Basoglu, M., (Ed.) *Torture and its Consequences*, pp. 253-274. Cambridge: Cambridge University Press.
- Norris, F.H. and Riad, J.K. (1997) Standardised Self-Report Measures of Civilian Trauma and Posttraumatic Stress Disorder. In: Wilson, J.P. and Keane, T.M., (Eds.) *Assessing Psychological Trauma and PTSD*, pp. 7-42. New York London: The Guilford Press.
- Petrovic, B., Popovic, V., Dabovic, C., Prorocic, S. and Dobrivojevic, I. (1993) The abuse of arrested and confined persons: a special form of war stress in the civil war in Yugoslavia. In: Kalicanin, P., Bukelic, J., Ispanovic-Radojkovic, V. and Lecic-Tosevski, D., (Eds.) *The stresses of war* , pp. 161-171. Belgrade: Institute for Mental Health.
- Raphael, B. and Wilson, J.P. (1993) Theoretical and Intervention Considerations in Working with Victims of Disaster. In: Wilson, J.P. and Raphael, B., (Eds.) *International Handbook of Traumatic Stress Syndromes*, pp. 105-117. New York: Plenum Press.
- Rasmussen, O.V. (1990) Medical Aspects of Torture. *Danish Medical Bulletin* **37**, 1-88.
- Scott, G.R. (1940) *A History of Torture*. London: T. Werner Laurie.
- Sharkansky, E.J., King, D.W., King, L.A., Wolfe, J., Erickson, D.J. and Stokes, L.R. (2000) Coping with Gulf War combat stress: mediating and moderating effects. *Journal of Abnormal Psychology* **109** (2):188-197.
- Solomon, Z., Mikulincer, M. and Hobfoll, S.E. (1987) Objective versus subjective measurement of stress and social support: combat-related reactions. *Journal of Consulting and Clinical Psychology* **55** (4):577-583.
- Southwick, S., Morgan, C.3., Nicolaou, A. and Charney, D. (1997) Consistency of memory for combat-related traumatic events in veterans of Operation Desert Storm. *American Journal of Psychiatry* **154** (2):173-177.
- Turner, R.J. and Wheaton, B. (1997) Checklist Measurement of Stressful Life Events. In: Cohen, S., Kessler, R.C. and Gordon, L.U., (Eds.) *Measuring Stress A Guide for Health and Social Scientists*, pp. 29-58. New York: Oxford University Press.
- van den Heuvel, W.J. (1998) Health status of refugees from former Yugoslavia: descriptive study of the refugees in the Netherlands. *Croatian Medical Journal* **39** (3):356-360.
- Weine, S.M., Becker, D.F., McGlashan, T.H., Laub, D., Lazrove, S., Vojvoda, D. and Hyman, L. (1995) Psychiatric consequences of "ethnic cleansing": clinical assessments and trauma testimonies of newly resettled Bosnian refugees. *American Journal of Psychiatry* **152** (4):536-542.
- Weine, S.M., Vojvoda, D., Becker, D.F., McGlashan, T.H., Hodzic, E., Laub, D., Hyman, L., Sawyer, M. and Lazrove, S. (1998) PTSD symptoms in Bosnian refugees 1 year after resettlement in the United States. *American Journal of Psychiatry* **155**, 562-564.
- World Health Organization (1992) *The ICD-10 Classification of Mental and Behavioural Disorders: Clinical Descriptions and Diagnostic Guidelines*. Geneva: World Health Organization.
- Yehuda, R. and McFarlane, A. (1995) Conflict between current knowledge about posttraumatic stress disorder and its original conceptual basis. *American Journal of Psychiatry* **152** (12):1705-1713.

