

Cruel and inhuman treatment causes more mental damage than physical torture

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New research findings published today by Dr Metin Başoğlu, Head of Section of Trauma Studies at King's College London and the Istanbul Centre for Behaviour Research and Therapy, examines the psychological impact of war captivity, 'cruel, inhuman, and degrading treatment' (CIDT) and physical torture. Findings revealed that being held captive in a hostile and life-threatening environment, deprivation of basic needs, sexual torture, psychological manipulations, humiliation, exposure to extreme temperatures, isolation, and forced stress positions appear to cause more psychological damage than physical torture.

This study at its essence concerns the question of what constitutes [torture](#), is published on line in the April issue of the *American Journal of Orthopsychiatry*. Başoğlu writes that a priori assumptions of a distinction between torture and cruel, inhuman and degrading treatments have led some to argue that the latter are associated with less mental suffering than torture and therefore more acceptable in exceptional circumstances.

The research looks at the different risk factors associated with PTSD in former detainees, reporting that captivity experience in a war setting was associated with 2.8 times greater risk of PTSD in comparison to being detained by state authorities in someone's own country, possibly due to the greater perceived threat to life in a war setting. Additionally, being held captive by an enemy was a stronger risk factor for posttraumatic stress disorder (PTSD) than the actual experience of torture itself. PTSD was also associated with CIDT and sexual abuse but not with physical torture.

Background on the study

Dr Başoğlu has examined the psychological impact of the captivity experience in 432 individuals who were held captive and tortured in two different contexts. The group included 230 survivors in former Yugoslavia countries who were tortured during the war and 202 survivors who were detained and tortured for political and other reasons after the military coup d'état in Turkey in the early 1980s.

Information was taken on 46 different forms of torture, each rated by participants on a 0 to 4 perceived distress scale (where 0 was not all distressing and 4 was extremely distressing). Participants rated the stressfulness of their overall torture experience using the same scale. They were also assessed for PTSD.

The survivors reported an average of 21 stressor events during detention or captivity. Survivors who rated CIDT events (deprivation of food, water, sleep, urination/defecation, and medical care, forced stress positions, isolation, fear-inducing psychological manipulations, humiliating treatment, exposure to hot/cold temperatures and exposure to extreme sensory discomfort) as more distressing were also likely to report their overall torture experience as more stressful. Perceived severity of physical torture (e.g. electrical torture, hanging by the hands, beating the soles of the feet, genital/anal torture and stretching of extremities) on the other hand, was not associated with perceived severity of overall torture experience. Thus, it was CIDT and not physical torture that determined perception of overall torture experience as more distressing. CIDT was also associated with higher rates of PTSD than physical torture.

In response to views that a broad definition of torture downplays the importance of the problem of torture, the author noted that the definition of torture implied by these findings cannot be deemed overly

inclusive without denying the reality of torture as it is practised in real life situations.

Dr Metin Başoğlu of King's College London concludes, "Such views reflect a rather stereotypical image of torture as involving only certain atrocious acts of physical violence. While such disturbing images might be useful in channelling public reactions against torture, they also foster a skewed image of torture, reinforcing the perception in some people that 'cruel, inhuman, and degrading' treatments do not amount to torture. Far from downplaying the problem of torture, our studies highlight the fact that the reality of torture is far more serious than people generally believe."

Next Steps

The study's researcher will be turning his attention to the implications of these findings for an evidence-based contextual definition of torture taking into account the psychological mechanisms by which torture exerts its impact on people. The findings imply that the distinction between torture and CIDT in international conventions against torture need to be abolished to prevent its abuse. Future research will also focus on the implications of the findings for an effective intervention for torture survivors. Dr. Basoglu has already developed a brief and highly effective behavioural intervention for posttraumatic stress, which will be tested in torture survivors.

More information: The paper authored by Dr Metin Başoğlu, entitled: "A multivariate contextual analysis of torture and cruel, inhuman, and degrading treatments: Implications for an evidence-based definition of torture is published by the *American Journal of Orthopsychiatry*.

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