

Human Rights Violation and Chronic Symptoms of PTSD

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Abstract

The protection of human rights is problematic and almost universally broken during war, especially against civilians. The *UN Universal Declaration of Human Rights* and *Geneva Convention 1949* define the essential rules and principles that apply in times of war and seek to protect people who are not or are no longer taking part in the hostilities. The study reported in this article was conducted among 54 patients who had survived war in the Balkans, either as the prisoners-of-war or civilians, who had reported the various types of the human rights violation during the war that caused development of chronic PTSD.

The experience of war-trauma causes a form of one's consciousness and experience of the self that is broken, limited, adualistically irrupted, and dysfunctional. Such chronic condition blocks the victims' posttraumatic growth and leads the traumatised self into isolation from both the inner and the outer world.

Key words: Human rights; POW; Chronic PTSD; Torture; Posttraumatic growth

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INTRODUCTION

When someone kills a person, he is taken to prison. When someone kills twenty people, he is declared mentally insane. But when someone kills 200,000 people, he is invited to the UN for peace negotiation – the joke from Sarajevo, 1992.

During the past three decades we have witnessed different types of war in about half of all the countries in the world, affecting several million people, mostly innocent civilians. Whilst impact on people's mental health due to war experiences cannot cover all catastrophes, numerous observational studies have suggested increasing subsequent rates of war-related mental disorders, in particular PTSD and Major Depression. It is also evident that there is an increased prevalence of mental health disorders, even numerous years after war exposure. Goldstein et al., (1987), for example, found that around 50% of former World War II POWs are suffering from PTSD, 40 years after their release. Priebe et al., (2009) found among 4167 war-affected individuals from the Balkans, 45% of those who stayed in the Balkans countries and 63% of refugees reported PTSD and Major Depression ten years after the war. Franciskovic et al., (2008) found that 43.8% of traumatised population in Croatia had clinically relevant symptoms of mental disorders 15 years after exposure the war. These studies, as well as many others, indicate that chronic state of war-related traumatic experience is a 'transient mental illness' with an endlessly lasting effect.

We emphasised that the effects of extreme traumatic event, such as the war, generally have severe and complex long-term impact on the trauma survivor's personality and everyday life which is characterised by an intrusive recollection of the event. Everything which was built over many years – friendships, life targets, self-values, self-cohesion and continuity – has been exposed to devastation and destruction. Traumatic experience during the war usually destroys the sustained bond between traumatised individuals and the world at large. In the field of traumatic stress studies, many clinicians such as Foa (1998), Herman (1992), Horowitz (1978), van der Kolk (1987), Zepinic (2012), used different terms to describe processes of alteration in identity, consciousness, broken spirit beyond repair, and the self-structure. When the basis

of the self-structure and its organisation is damaged, the result can be different forms of degrees of self-dissolution, fragmentation, disintegration, and self-destructiveness. Victims of severe trauma with a disordered or depleted sense of self might find a suicide as an emergency to maintain and/or restore a vulnerable and unhealthy self into internal cohesion and harmony (Zepinic, 2009).

In our clinical experience working with the war-refugees from former Yugoslavia we found that the victims of war-related trauma had developed (a) alterations in ability to modulate emotions, (b) alterations of identity and the sense of self, (c) alterations in consciousness and memory, (d) alterations in relations with others, (e) alterations in physical and medical state, and (f) alterations in system of meanings (Zepinic, 1997). The war trauma is prolonged and suffering is repeated, it is of an interpersonal nature, and may have significant effects on psychological functioning above and beyond the current PTSD symptomatology which tends to cluster into distinct patterns and can be highly interrelated. The affects include problems with the affect dysregulation, thoughts disorders, aggression against own self and others, dissociative symptoms, somatisation, and character pathology.

War does not just leave physical wounds but also psychological effects which can be even more severe, disabling and cause considerable suffering. Although the symptoms of war-trauma are easily discernible, diagnosis may be missed because of social unemphatic system, making patient reluctant to talk about the war experience. As clinicians, we have heard numerous stories of traumatic experiences with the enormous power of traumatic memories upon the trauma survivor's personality and behaviour. It is almost impossible to remain neutral whilst listening to these traumatic stories; it is even worse when as we know that those who designed these human disasters will never accept or take responsibility for horrible acts which were committed. War and its victims are something that community wants to forget in an attempt to draw a veil over a painful and unpleasant event. In order to escape accountability for their crimes against humanity, those who are responsible will do everything in their power to promote forgetfulness, to silence the war-victims and to hide their horrible stories from the general public. Telling a story about war-trauma is extremely painful, however it is too compelling and important to ignore. Crimes against humanity which occur in 'a far away country between people of whom we know nothing' (Chamberlain's reason for appeasing Hitler's invasion of Czechoslovakia) cannot be silenced and excused.

There are no any other circumstances than war when violation of the essential human rights can be experienced, especially amongst civilians. Sadly, violation of human rights in modern time is far worse than it was at the time when the *Universal Declaration of Human Rights* was adopted by the UN on the 10th December 1948. The *Declaration* was proclaimed by the UN General Assembly

as 'a common standard of achievement for all people and all nations'. Following the Declaration, on the 12th August 1949 the *Geneva Conventions 1949, Principles I-IV* was delivered settling out the conditions of the treatment of prisoners-of-war and civilians during the war.

However, in any post-war time, it has become a common trait for the prosecution trials to be an iceberg of terror and torture covered by the fruitless and rhetoric political spectacles. However, some countries, although signatories to the *Universal Declaration for Human Rights*, have refused to introduce the retrospective criminal laws leaving those who committed genocide and/or crime against humanity free from the prosecution. For example, in 2002 Australia ratified the *Geneva Convention*, though the law sets out prosecution only for people who have committed atrocities after that date. This gives legal abolition to hundreds of alleged war criminals from former Yugoslavia, Rwanda, Sudan, Sri Lanka, etc., who are Australian citizens and continue to live there freely, to the dismay of many people who were victims of their crime. Some countries even excluded their own citizens from any possibility of prosecution for crimes against humanity or they legalised torture as a justified method of interrogation. On the other hand, those in power who have scrupulously violated human rights are very declaratively aggressive in protecting 'wild life'; for them the predators are more important than people.

The *Geneva Conventions 1949, Principle III*, clearly stipulates the "Rules for securing the humane treatment of prisoners-of-war", protecting them from being used as military labour, or as medical experiments or as subjects of public insult or curiosity. The use of POWs as hostages in combat zones (i.e., to deter enemy fire) is absolutely forbidden, as is torture or any form of coercion designed to extract information'. It is further regulated that a POW has right and after submitting name, rank, regimental number and date of birth is entitled to 'be quartered under conditions as favourable as those for the forces of the detaining power' and to have nutritious food, warm clothing and bedding, and permission to practice religious beliefs. The principle further regulates that POW should receive a monthly payment (75 Swiss francs for generals, 8 Swiss francs for privates) and must be allowed to receive food parcels, send and receive mail, and must be permitted to make formal complaints regarding their treatment.

The *Principle IV* of the *Geneva Convention 1949* regulates the 'Rules for the Protection of Civilian Persons in Time of War'. The *Convention* secures human treatment for persons in occupied territories and those who have been interned on the suspicion of involvement in the resistance movements. According to the *Geneva Convention 1949*, the 'protected persons' are entitled to practice respect for their family, customs and religion, and women are guaranteed protection from a rape and forced prostitution. The civilians must not be used for reprisals or as hostages nor they be used as forced labourers or subjects to mass deportation.

The occupying power cannot punish civilians for activities prior to occupation, and are permitted to execute them only for acts of spying, sabotage or murder.

In this paper, we tested whether the experience of human rights violation during war time, defined as the experience of acts that are incompatible with the *Geneva Convention 1949*, are more strongly associated with increased prevalence of PTSD. We hypothesised that violation of the *Geneva Convention 1949* principles, are perceived by the victims as more hurtful and shatter their trust in human relationships and, therefore, are more strongly associated with increased war-related mental health disorders among traumatised individuals.

1. METHOD

1.1 Sampling Techniques and Participants

The study was conducted among 54 patients who survived the war conflict in the Balkans and were referred to our clinic for assessment and treatment following of their diagnoses of chronic PTSD. The sample includes patients who had been treated for their trauma syndrome at least five years since their escape from the worn-torn area or since their release from war-imprisonment. Among the participants, 21 of them (38.9%) reported having a combat experience and that they were a 'prisoner of war or detained for while' (five of them were female), and 33 (61.1%) were civilians (26 or 78.8% of them were female) who had experienced violations of their 'human rights and freedom' by military forces or militia in power.

1.2 Selection Criteria

The participants were included if they were born in the Balkans countries; if they were between 18 and 65 years old at the time of being exposed to the war-related traumatic experience; had experienced at least one war-related traumatic event; had experienced the first war-related event at or after 16 years of age; had no learning difficulties and no mental impairment due to a brain injury or other organic cause.

1.3 Procedures and Measures

All clinical interviews were conducted face-to-face but data was also collected during the therapy sessions provided at our clinic. Participant's age, gender, place of birth, marital status, educational level, and employment status were obtained via a brief structured questionnaire. The symptoms of PTSD alongside a clinical interview were assessed using the *Life Stressor Checklist-Revised (LSC-R)* and the *Mini International Neuropsychiatric Interview (MINI)*. Both instruments are widely used in assessing whether or not the patient had experienced traumatic events and cluster symptoms in accordance with the DSM-IV-TR diagnostic criteria of PTSD (APA, 2000). *MINI* was designed to be a brief, structured diagnostic interview in clinical and research

settings. A total of 120 questions cover the DSM-IV-TR classification of PTSD criteria.

Using the LSC-R, the clinicians instructed patients to avoid answers associated with 'natural disaster' because we found a lack of connection between natural disasters and human rights violations during war time. The remaining items reviewed a broader traumatic experience and were classified as reflecting human rights violations as embodied in the *Geneva Convention 1949, Principles III and IV*.

In accordance with the *Principle III*, we classified the following *human rights violations of the prisoners-of-war*: (a) using the POW as a labourer; (b) a POW being subject to public insult or curiosity; (c) POW used as a human shield; (d) POW being tortured or witnessing torture during imprisonment; (e) deliberate exposition to food and water deprivation; (f) lack of clothing and bedding; (g) POW not allowed to pray; (h) POW not allowed to receive food parcels, send or receive mail; (i) POW not allowed to make a complaint regarding treatment; (j) POW being ill without access to medical care; (k) POW exposed sexual assaults, and (l) POW not receiving financial entitlements.

In accordance with the *Principle IV*, we classified the following *human rights violations of the civilians* during the war: (a) expulsions from their living place under threat; (b) sexual assault by a known person; (c) sexual assault by an unknown person; (d) being used as a labourer; (e) humiliation of the religious faith; (f) ill without access to medical care; (g) being interrogated or shortly detained; (h) being tortured or witnessing physical torture; (i) being tortured or witnessing psychological torture; (j) food/water deprivation under the siege; and (k) not being allowed to receive food parcels, send or receive mail.

In order to assess above categories of human rights violation, we constructed a screening questionnaire with 23 items. Patients were required to evaluate violations on a 5-point Likert scale, ranging from the absence of a violation (0) to a severe violation (4). The screening results revealed that all subjects reported the absence of one particular category ("the war prisoners should receive monthly payment in the sum of 75 Swiss francs for generals and 8 francs for private – Principle III of the *Geneva Convention 1949*"). Although this was in essence a human rights violation, we eliminated this category from further evaluation as otherwise it would be considered as a severe violation of all POWs. Also some categories, such as sexual assault of POW or civilians and move from the living place by a force, cannot be valued using a 5-point Likert scale as it was of importance to point out the occurrence of these events. In fact, every patient who has experienced these human rights violations evaluated category "severe", which was a quite logical response.

The interviews and psychometric testing were conducted by experienced bilingual clinical psychologists and registrars in psychiatry, who had had additional training in the area of stress disorders. Written informed

consent was obtained from each participant prior to the interview and psychometric testing.

2. RESULTS

Approximately half of the participants were females (31 or 57.4%). The mean age among participants was 43.2 years ($SD=10.7$) with a range between the ages of 27 and 72. The participants reported experiencing a medium 4.3 ($SD=2.9$) types of the human rights violations during the war time. At the time of the war, 13 or 24% participants reported having primary school education, 23 or 43% had a secondary school education and 18 or 33% had a university or postgraduate education. However, there was significant disproportion of POW's involvement in a combat regarding their educational level: 16 out of 18 (89.9%) POW with university or postgraduate education reported not being involved in combat or being member of any military forces or militia but they had been imprisoned because of their "resistance and opposition to the policy which broke out into war".

Participants reported having no experience of potentially traumatic events before the war. The mean time, since the most stressful war-events occurred was 8.5

- tortured/witnessing torture 21 or 100% (4.0)*
- public insult of POW 14 or 67% (2.1)
- food/water deprivation 18 or 86% (3.1)
- no access to medical care 17 or 81% (3.2)
- POW sexually assaulted 13 or 62% (3.6)

years ($SD= 4.3$), and the distress at the time was rated for each type of human rights violation experience on average between 1.6 and 3.9, i.e. all close to the maximum of 4 (severe violation). However, there were differences between a violation severity of human rights regulated by *Principle III* and *Principle IV* of the *Geneva Convention 1949*. The violation of categories of the *Principle III* ranked average 3.2, however, the violation of the human rights regulated by the *Principle IV* ranked average 2.4. The most striking violation of human rights was "POW being tortured or witnessing torture during imprisonment – Principles III of the *Geneva Convention 1949*" which was ranked by 4 (severe) with all prisoners-of-war participants. The lowest reported violation of the human rights (three female civilians or 0.1%) was a "sexual assault by known person" – Principles IV of the *Geneva Convention 1949*.

While analysing violation of each category regulated by the *Principle III* and *Principle IV* of the *Convention* there were a few quite interesting findings. Prisoners of war reported a high proportion of human rights violation of *Principle III* of the *Convention* ranked from 1.5 ("not allowed to pray") to 4.0 of the Likert scale ("being tortured or witnessing torture"):

- POW as a human shield 9 or 43% (2.8)
- POW as a labourer 15 or 71% (3.5)
- not allowed to pray 5 or 24% (1.5)
- not allowed to complain 16 or 76% (3.0)
- not to receive/send mail 14 or 67% (2.3)

Note. *numbers in brackets represent a medium of valued severity of the violation using a 5-point Likert scale.

In the category "POW sexually assaulted" we included four men who reported being raped during their war-imprisonment. Although it is a serious crime against humanity, our four male patients raped during imprisonment cannot be considered of experiencing the human rights violation, according to the Statute of the International Criminal Court accepted by 120 nations in Rome on 17th August 1998. Before acceptance of the Rome Statute, rape alongside with the sexual slavery, forced pregnancy and enforced prostitution and sterilisation was incorporated in the Article 7, as a crime against humanity. The proposed term "forced pregnancy", which means rape followed by "unlawful confinement", however alarmed the Vatican and some homophobic Catholic and Islamic states that accepting Article 7 as a crime against humanity might justify the termination of pregnancy by abortion on the ground of human and legal issues. There was also controversy in clarifying rape of man by man. The "solution" was found to include prosecution on the ground of a gender as the Vatican and homophobic states insisted on the most ever ridiculous appending clause 7(3) in the international law:

For the purpose of this Statute, it is understood that the term "gender" refers to the two sexes, male and female, within the

context of society. The term "gender" does not indicate any meaning different from the above.

Above stated means, presumably, that you can do whatever you like to those who are considered of being transsexual. The rape against the same sex is not a criminal act against humanity despite the intentional and severe deprivation of fundamental rights when this is "within the context of society" (usual clarification of the rapists), as crime is defined only if directed by men against women because they are female, but not against lesbians and homosexuals if they are 'remarked' as such by the society (rapists). The inclusion of the Article 7(3) in the Rome Statute of ICC is a distasteful but realistic reminder that the Vatican and majority of Catholic and Islamic states favoured the withdrawal of human rights by a gay-bashing governments or groups, vicious religion or culture, and most importantly from those who may always cover up or justify their crime by 'disputable' sexual preference of the victim.

The category "lack of clothing and bedding" was not taken into statistical analysis as every prisoner of war reported wearing their own clothes at the time of the arrest (military uniform or civilian cloth), and being imprisoned/detained in the improvised facilities and not a

proper prison. Sleeping, as well as resting time spent, has usually been in the same large room (dormitory room) with 30-50 people inside surviving together, sleeping on the floor like sardines, where sleep deprivation was a common condition. However, very high proportion of POWs (20 or 95%) reported lack of toilet facilities, washing, shaving, and using a shower. Some POWs (11 or 52%) reported not having a shower for more than two months, and 6% or 28% of POWs reported

- expelled from living place 33 or 100%
- sexual assault (unknown person) 14 or 42%
- humiliation of a religious faith 12 or 36%
- interrogated/shortly detained 10 or 30%
- food/water deprivation 8 or 24%
- not allowed to send/receive mail 18 or 54%

There were differences between the genders about imposed human rights violation: All men stated being forced into work as a labourer, interrogated or shortly detained, and exposed to humiliation on the basis of their religious faith. On the other hand, women reported sexual assault both by known or unknown person, and no access to medical care.

The clinical interviews and psychometric testing revealed the main features of PTSD such as repeatedly re-experiencing the traumatic event in dreams or flashbacks phenomena. The patients reported unwanted waking thoughts or sudden reactions to stimuli associated with the traumatic event(s). This continual preoccupation with traumatic memories, feelings and images associated with the trauma were accompanied by a number of physical, emotional and behavioural problems. The clinical picture was typically most intense in prisoners-of-war and among those who had been exposed to 'ethnic cleansing'.

We summarised features of PTSD in the following categories: (a) intense emotional reactions in response to reminders of the traumatic event (e.g., the sound of a siren might overwhelm the patient into a panic state), (b) chronic state of arousal and hypersensitivity in which even the slightly unusual (e.g., a loud noise, a strange sound at night) can trigger fears or dread, (c) inability to cry or to laugh, or to show any sort of emotions (empty, lifeless, emotionless), (d) marked lack or absence of any motivation or interest in life, (e) withdrawal from activities, such as favourite pastimes, (f) fatigue, headaches, muscle pain, gastrointestinal symptoms, or other somatoform complaints, (g) hypersomnia or insomnia, difficulties falling or staying asleep, (h) feelings of confusion or disorganisation when thinking or talking about something related to the traumatic experience, and (i) engaging in harmful and/or compulsive behaviours, such as daydreaming, alcohol or drug abuse, and sexual activity.

The problems in relatedness (disconnection from the self and others) had been so evidenced that they deserve particular attention. In post-war time, trauma survivors are in a position to face tasks for creating new future,

not being allowed to use the toilet when needed. Sadly, these examples are of significant abuse of one's personal hygiene are not considered by the *Geneva Convention 1949* as a violation of human rights.

Among 33 civilians (26 women and 5 men) in this study, there was evidence of different types of human rights violation (*Principle IV of the Convention*) ranked from 1.4 ("*humiliation of the religious faith*") to 4 of the Likert scale ("*expelled from living place under threat*"):

- sexual assault (known person) 6 or 18%
- being used as a labourer 7 or 21%
- no access to medical care 16 or 48%
- tortured/witnessing torture 23 or 70%
- psychological torture 29 or 88%

new relatedness between the inner and the outer world, and rebuild a new self destroyed by the trauma (Zepinic, 2010a). The interpersonal problems include (a) inability to trust or love, (b) difficulties with physical and emotional intimacy, (c) fears of rejection, betrayal or abandonment, and (e) feeling undeserving. However, helplessness and isolation which they often show are the strongest barriers needed to overcome to achieve empowerment and re-connection. Disturbances related to maladaptive fears and shame are related to the social environment, which sees them insecure and dangerous.

Women, as well as men who reported being raped, have shown significant difficulties in relationship, self-perception, and problems with sexuality. They reported loss of trust and inability to love, broken emotional and/or physical intimacy, fears of being raped again, depleted self-values ("*I feel angry seeing my family paying attention to me which I do not deserve*"), self-dislike and failure ("*I am a total failure*"), elevated signs of hostility ("*I hate myself as well as the entire world, there is no justice*"), fatigue, loss of pleasure and energy, hypoactive or not having a sexual desire ("*I never feel love*"), self-criticalness ("*I do not like myself, and I blame myself for everything bad happened to me*"), somatoform complaints ("*I often have a tremor, muscle pains, headaches and diarrhoea urges*"), and feeling of being misunderstood and overly dependent. The reported symptoms and feelings lead to conclude that traumatic memories are active, non-selective and distractive, with a significant influence on emotional, inter and intrapersonal functioning. One of our patients who had been brutally and repeatedly raped while detained stated:

When they raped me they also raped and manipulated my mind. I was very lost, hurt, and alone... I no longer trust anyone, not even myself... I do not feel safe anywhere... I hate my bedroom... the rape created my hate toward society, religion, God... I hate myself of being woman and letting the rape happen.

A reduced ability to trust anyone has been noted amongst the participants of this study, which even occurred between their loved one, or close family

member, particularly when the patient has not had contact with family for an extended period of time. Women were especially prone to these difficulties and had problems not only in relationships with their husband, but with other men as well, including a male clinician. Catastrophic expectations, fears, and avoidance of feelings were forms of the self-interruption of potentially new or re-building previously healthy relatedness.

3. DISCUSSION

Protection of human rights during war time is quite problematic for both prisoners-of-war and civilians. Although every side of the conflict is obliged by International law, it seems that there is no better example of breaking the law without consequences than violating human rights during war time. The *Geneva Convention 1949* defines the rules and principles which apply in time of war and seek to protect people who are not or are no longer taking any part in hostilities. We hypothesised that the experience of human rights violations are perceived by victims as more hurtful and shatters the trust in human relationships even more than the experience of other stressful war events. Subsequently, human rights violations are therefore significantly more associated with the increased prevalence rates of mental disorders than other stressful experience.

In this paper, we evaluated human rights violations of the *Principle III and IV* of the *Geneva Convention 1949*. We addressed this in a sample of 54 patients (31 women and 23 men) who were referred for therapy following a history of chronic PTSD (at least for five years). Among the patients in this study, 21 or 39% of them reported of being imprisoned as a POW, and 33 or 61% were civilians who suffered violations of their human rights during war time in the former Yugoslavia. Overall, the most disturbing violation of human rights amongst the civilians was a '*forceful expulsions from living place*', or more commonly known as '*ethnic cleansing*', after the introduction of the International Criminal Tribunal for the former Yugoslavia (ICTY) on the 27th May 1993 (UN Security Council Resolutions 808 & 827). Among prisoners-of-war the most distressing violation was '*being tortured or witnessing torture during imprisonment*'. The severity of these two categories of the human rights violation was ranked 4 (severe) using a 5-point Likert scale (0-4) by all participants in this study.

Comparison of the findings in this study with the existing literature is limited due to the inconsistent classification of war experience and human rights violation across the studies. Some previous researches (Burke et al., 1992; Christianson et al., 1987; Foa et al., 1998; Goldstein et al., 1986; van der Kolk et al., 1996; Zepinic, 1997) had indicated a particular strong association between the experience of human rights

violation and subsequent trauma-related mental disorders. Researchers found a higher rate of PTSD among trauma survivors who had experienced confinement in war prisons/camp and/or had been victims or witnessed severe torture, rape, or genocide than in those with general war experience. Experience of human rights violation may also have a lasting impact on trust and faith in other people, in communities and in the reliability of the rules of civilised society; it may induce sense of hopelessness, devastation, inferiority, insecurity, and vulnerability.

In conclusion, preventing violations of human rights and respecting regulations of the *Geneva Convention 1949* is an ethical and humanitarian imperative at an all time high. Additionally, those who have experienced human rights violation can be seen as having a substantial negative aftermath and long term impact on their mental health. War survivors who are victims of human rights violation are more likely to suffer from lasting mental disorders in particular chronic PTSD and Major Depression compared to individuals who had experienced other types of potentially traumatic event(s). They are often in a chronic state of shattered sense of self, dysfunctional, and social isolation with depleted or lost ability to cope. Severe violation of human rights unavoidably leads to a development of "the trauma spectrum", affecting entire personalities causing both physical and psychological dysfunctions. One of the hallmarks of this problem is the intrusive experiencing of the trauma in nightmares, flashbacks, or somatic reactions, and traumatic memories can be triggered by any reminder associated with the trauma. The patients included in this study confirmed a long-term potentiation of the traumatic memories and other trauma aftermaths caused by the human rights violation during war time.

During his testimony before the great chamber of the ICTY in The Hague against war criminals from the former Yugoslavia, the author of this article stated: "*Human being is the only animal among species who does torture on his own race*". The causative impact of stress upon the whole person has been well known and recognised for a long time but little action has been paid to prevent that and bring to justice those responsible for a crime against humanity. One former politician in former Yugoslavia, sentenced for war crime against humanity and ethnic cleansing, stated that the first life lost is a tragedy – anyone next is nothing but a number. Thus, psychological trauma has become indeed a worldwide evident phenomenon, but no lesson has been learnt from it. The flagrant violation of human rights created horrible traumas and uncountable loss of human lives, forever condemned as "collateral damages" of warfare imposed due to "higher targets". At the same time, these "powerful authorities" who supported "coercive interrogation (torture)" will loudly and annoyingly preach resolutions for human rights and protection of wildlife in an attempt to clear up their

own consciousness. Needless to say that torture is a wilful and deliberate infliction of pain and suffering by a person or persons for the purpose of achieving the goals of which any normal human being has to be ashamed.

REFERENCES

- American Psychiatric Association. (2000). *Diagnostic and statistical manual of mental disorders* (4th ed.). Washington DC.
- Avina, C., & O'Donohue, W. (2002). Sexual harassment and PTSD: Is sexual harassment diagnosable trauma? *Journal of Traumatic Stress*, 15, 69-75.
- Bremner, J. D. (1997). *Trauma, memory, and dissociation*. Washington DC: American Psychiatric Press.
- Breslau, N., & Davis, G. C. (1987). Posttraumatic stress disorder: The aetiology specificity of wartime stressors. *American Journal of Psychiatry*, 144, 578-583.
- Briere, J., & Spinazzola, J. (2005). Phenomenology and Psychological Assessment of Complex Posttraumatic Stress. *Journal of Traumatic Stress*, 5, 401-412.
- Brown, D., Schefflin, A., & Hammond, D. (1998). *Memory, trauma, treatment, and the law: An essential reference on memory for clinicians, researchers, attorneys, and judges*. Norton, New York.
- Burgess, A. W., & Holstrom, L. (1974). Rape trauma syndrome. *American Journal of Psychiatry*, 131, 981-986.
- Burke, A., Heuer, F., & Reinsberg, D. (1992). Remembering emotional events. *Memory and Cognition*, 20, 277-290.
- Carlson, E. B. (1997). *Trauma assessment*. New York, NY: The Guilford Press.
- Christianson, S., & Loftus, E. F. (1987). Memory from traumatic events. *Applied Cognitive Psychology*, 62, 827-832.
- Courtois, A. C., & Ford, J. D. (2009). *Treating complex stress disorder*. New York, NY: The Guilford Press.
- Foa, B. A., & Rothbaum, O. B. (1998). *Treating the trauma of rape*. New York, NY: The Guilford Press.
- Friedman, J. M., Keane, M. T., & Resick, A. P. (2007). *Handbook of PTSD, science and practice*. NY: The Guilford Press.
- Goldstein, G., van Kammen, V., & Shally, C. (1986). Survivors of imprisonment in the Pacific theater during World War II. *American Journal of Psychiatry*, 146, 1443-1446.
- Hammer, M. B., Frueh, C., Ulmer, H. G., & Arana, G. W. (1999). Psychotic features and illness severity in combat veterans with chronic posttraumatic stress disorder. *Biological Psychiatry*, 45, 846-852.
- Harvey, J. H. (1996). *Embracing their memory*. Allyn & Bacon, Needham Heights.
- Hendin, H., & Haas, A. P. (1984). *Wounds of war: The psychological aftermath of combat in vietnam*. New York, NY: Basic Books.
- Herman, J. L. (1992). *Trauma and recovery*. NY: Basic Books.
- Hillman, R. G. (1981). The psychopathology of being held hostage, *American Journal of Psychiatry*, 138, 1193-1197.
- Horowitz, M. J. (1978). *Stress response syndrome*. Jason Aronson, Northvale.
- Kardiner, A. (1941). *The traumatic neurosis of war*. New York, NY: Hoeber.
- Levi, P. (2010). *If this a man and the truce*. Abacus, London.
- Morina, N., & Ford, J. D. (2008). Complex sequelae of psychological trauma among Kosovar civilian war victims. *International Journal of Social Psychiatry*, 54, 425-436.
- Priebe, S., Bogic, M., & Ajdukovic, D., et al. (2009). *Mental disorders following war in the Balkans – A study in eight countries* (unpublished paper).
- Silove, D., Momartin, S., Marnane, C., Steel, Z., & Manicavasagar, V. (2010). Adult separation anxiety disorder among war-affected bosnian refugees: Comorbidity with PTSD and associations with dimensions of trauma. *Journal of Traumatic Stress*, 23, 169-172.
- Tarrier, N., Sommerfield, C., Pilgrim, H., & Faraghe, B. (2000). Factors associated with outcome of cognitive-behavioural treatment of chronic post-traumatic stress disorder. *Behaviour Research and Therapy*, 38, 191-202.
- Tomb, D. A. (1994). The phenomenology of post-traumatic stress disorder. *Psychiatric Clinics of North America*, 17, 237-250.
- van der Kolk, B. A. (1987). *Psychological trauma*. A Washington DC: American Psychiatric Press.
- van der Kolk, B. A., & van der Hart, O. (1991). The intrusive past: The flexibility of memory and the engraving of trauma. *American Imago*, 48, 425-454.
- van der Kolk, B. A., Weisath, L., & MacFairlane, A. (1996). *Traumatic stress*. New York, NY: The Guilford Press.
- van Kammen, W. B., Christiansen, C., van Kammen, D. P., & Reynolds. (1990). Sleep and the POW experience: Forty years later. In E. L. Giller (Ed.), *Biological assessment and treatment of PTSD*. Washington DC: American Psychiatric Press.
- Wilson, J. P., & Keane, T. M. (1996). *Assessing psychological trauma and PTSD*. New York, NY: The Guilford Press.
- Zepinic, V. (1997). Psychological characteristics of war related posttraumatic stress disorder. In B. Feguson, D., & Barnes (Ed.), *Perspectives on transcultural mental health* (pp.85-93). TCMHC, Sydney.
- Zepinic, V. (2001). Suicidal risk with war-related posttraumatic stress disorder. In B. Raphael & A. E. Malak (Ed.), *Diversity and mental health in challenging times* (pp.212-221). TCMHC, Sydney.
- Zepinic, V. (2008). Healing traumatic memories: A case study. *Dynamische Psychiatrie*, 5-6, 279-287.
- Zepinic, V. (2009). The sense of self and suicidal behaviour. *International Journal of Health Science*, 3.
- Zepinic, V. (2010a). Defining war-related complex trauma: Is this one impossible task? *The International Journal of Medicine*, 3, 376-383.
- Zepinic, V. (2010b). Treating the war-related complex trauma using dynamic therapy. *The International Journal of Medicine*, 3, 384-390.
- Zepinic, V. (2011). *Hidden scars: Understanding and treating complex trauma*. London: Xlibris Publishing.
- Zepinic, V. (2012). *The self and complex trauma*. London: Xlibris Publishing.