Torture is an extreme violation to human rights, inflicted to destroy the integrity of individuals and the society. United Nations (1987) defines torture as ‘intentional infliction of physical or mental suffering.’ Survivors of torture suffer from physical and psychological distress associated with torture, and from stressful life events within the socio-political environment of post-torture. Studies concerning the effect of the nature of torture differed; not only the severity of torture but also the perceived distress or uncontrollability of torture were found to be poor psychological functioning (Bapoju, 2009; Bapoju, Liviano, & Cembrovi, 2007). Moreover, these studies emphasized components of torture other than the physical component. Non-physical torture were reported to be more related to posttraumatic functioning of the survivors than physical torture (Bapoju, 2009; Purunakdi, Ooutu, & Saraj, 2010).

Recent studies on torture survivors attempt to clarify the confounding effects of the type of torture and other stressful life experiences on mental health (Kim, Ashby, Odenat, & Lewandowski, 2013). According to developmentally based bi-dimensional trauma framework (Kira, Lewandowski, Chibdo, & Ibrahim, 2014), stressors caused by one social system upon an individual of that group can form traumatic dynamics of social exclusion that can betray an individual’s sense of belonging. This systemic trauma consists of discrimination, stigmatization, loss of support, backfire, and acts of domination or subjugation that threatens one’s collective identity.

The effects of torture related stressors on long-term complex posttraumatic symptoms in South Korean torture survivors

Introduction

Methods

Participants: Data from 206 survivors, who had been tortured by the regime of their homeland from the 1970’s to the 2000’s, were gathered by key informants with target sampling and snowballing techniques. Among the participants, 170(82.5%) were men and 36(17.5%) were women. The mean age was 56.7 years (SD=10.0), ranging from 32 to 90 years.

Measures:

Exposure to Torture Scale (ETS-K): ETS-K was based on the specific forms and known techniques of torture committed in South Korea. Physical torture, sexual torture, exposure to extreme discomfort, deprivation of basic needs, and psychological torture, such as psychological manipulation, humiliation, isolation, and threats were included within the 27 items.

Exposure to Psychosocial Stressor Scale (EPS-K): Post-torture stressors in Korean context were formulated and organized into experiences such as probation, social economic repression, and social exclusion.

Torture related physical damages: Twenty questions assessing perceived distress and sufferings related to the injuries of musculoskeletal, dermatological, neurological, respiratory, otorhinolaryngology, digestive, ophthalmic, and urogenital symptoms were included.

Psychological preparedness for torture: Three items from the Psychological Preparedness for Trauma Scale (Bapoju et al., 1997) were chosen.

Impact of Events Scale-Revised-Korean version (IES-K; Eun et al., 2005): PTSD symptoms as re-experience, hyper-arousal, avoidance, and dissociative symptoms were assessed.

Symptom Check-list50-Revised-Korean version (SCL-90-R-K; Kim, Kim, & Won, 1984): Complex symptoms of depression, anxiety, hostility, somatization, and interpersonal sensitivity were assessed by related subscales.

Table 1. Stressors related to each long-term complex posttraumatic symptom level

<table>
<thead>
<tr>
<th>Polturala stressor domain</th>
<th>Depressio</th>
<th>Anxiety</th>
<th>Hostility</th>
<th>Somatization</th>
<th>Interpersonal sensitivity</th>
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<tbody>
<tr>
<td>1. Exposure to Torture Scale (ETS-K)</td>
<td>0.012 (0.056)</td>
<td>0.010 (0.056)</td>
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<tr>
<td>2. Psychological Preparedness</td>
<td>0.010 (0.056)</td>
<td>0.010 (0.056)</td>
<td>0.010 (0.056)</td>
<td>0.010 (0.056)</td>
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<tr>
<td>3. Impact of Events Scale-Revised-Korean version (IES-K)</td>
<td>0.010 (0.056)</td>
<td>0.010 (0.056)</td>
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</table>

Results

Distinction of the torture types by adapting PCA

A PCA (a direct oblimin rotation) of the perceived distress of each torture experience explained 59.16% of the total variance and yielded 7 components (eigenvalues above 1 and factor loadings above .45). These major components including more than three items involved physical torture(1st component), psychological torture(4th component), and deprivation of basic needs and overexposure to extreme sensations(7th component).

Stressors related to long-term complex posttraumatic symptom level

We conducted hierarchical regression to seek which component of torture stressor, or post-torture stressor, predicted long-term posttraumatic symptoms. Self-reports of PTSD, depression, anxiety, hostility, somatization, and interpersonal sensitivity symptoms were analyzed. The effects of torture related stressors were found to be important in predicting PTSD, depression, anxiety, hostility, somatization, and interpersonal sensitivity symptoms. The variance inflation factor of each variable ranged between 1.3 and 2.7; lower than the recommended cut off score of 5.0 (O’Brien, 2007), excluding the possibility of multi-collinearity.

Table 2: Stressors related to long-term complex posttraumatic symptom level

Conclusions

1. By adapting PCA, torture stressors were mainly divided into components representing physical torture, psychological torture, deprivation of basic needs and overexposure to extreme sensations. These results were in line with previous findings on torture types.

2. We also confirmed that above physical torture, other torture types representing the distinction cruel, inhuman, and degrading treatment (psychological torture, deprivation, and overexposure) leads to prolonged PTSD symptoms. This is in line with the distinction between physical torture and other cruel, inhuman, and degrading treatment in international law is misleading.

3. Perceived distress of physical damage was related to symptoms over the effect of perceived distress of physical torture. Concerning intervention, early medical attention and psychological support for these sufferings should be dealt with through proper rehabilitation.

4. Social exclusion, which can be defined as systemic trauma (such as when sense of social belonging and support are threatened and when one’s torture experiences are concealed that resulted in deprivation of disclosure chances and acceptance), were found to be related to increased levels of complex posttraumatic symptoms. Therefore, interventions should be considered in a way that would promote social reunion of the survivors to the community. In addition, raising awareness about the cruelty of torture within the society must also be accomplished.

References


Kira, K., Lewandowski, L., Chibdo, H., & Ibrahim, A. (2014). Impact of torture stressors, physical trauma experiences other than torture and perceived distress of each three components of torture were entered. Finally, perceived distress of physical damage related to torture, and each psychosocial stressor at post torture, were entered at step 3. Variance inflation factor of each variable ranged between 1.3 and 2.7; lower than the recommended cut off score of 5.0 (O’Brien, 2007), excluding the possibility of multi-collinearity. Shown as table 1 below, the model was significant for all complex symptoms. The physical torture component failed to explain all complex symptoms, while psychological torture explained PTSD, and deprivation/overexposure explained PTSD and anxiety symptoms. Distress of physical damage related to torture explained all complex symptoms, and social exclusion was related to all complex symptoms except for interpersonal sensitivity.