

FORCIBLE MOBILIZATION OF REFUGEE WAR VETERANS AS A RISK FOR FURTHER PSYCHIC DECOMPENSATION

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SUMMARY

Forcible mobilization conducted over exiled and expelled persons in Serbia in the summer of 1995, has caused different psychic disorders in the majority of the forcibly mobilized, primarily of posttraumatic etiology, and the most frequent among them was posttraumatic stress disorder. Forcible mobilization was accompanied by mental and physical abuse in the course of the subsequent military drill. The abuse also assumed the characteristics of torture. The article presents typical cases of the forcibly mobilized, procedures during drill, posttraumatic sequellae and characteristics of the clinical picture. Psychological-psychiatric evaluation and therapy of these patients was connected with, and partly impeded by legal consequences of compensation for non-material damage, due to mental pain sustained in the course of arrest, forcible mobilization and abuse during training. On the other hand, findings obtained in this study, combined with legal consequences, could be of major importance for the prevention of torture.

INTRODUCTION

In the course of 2004 and 2005, more than 150 clients contacted the Center for Rehabilitation of Torture Victims (CRTV), for the purpose of therapy and psychological-psychiatric assessment of the potential psychopathological sequelae of forcible mobilization that was conducted over them primarily in the summer of 1995. The majority of clients, mostly war veterans, were mobilized immediately upon their retreat from the Croatian front after the Croatian offensive „Oluja” (”Storm“) in August 1995. However, this type of mobilization, of persons who have fled to Serbia as refugees, dates back to the summer of 1994. It is believed that in June 1994 several thousand people from Serbia (between 2,000 and 4,000) have been taken against their will to war zones in Bosnia (under control of Pale) and Krajina (Humanitarian Law Center, 2003).

Forcible mobilization was an additional stress for the majority of war veterans. Most of them fought in the war in Croatia since 1991 and were exposed to different types of war stressors during that time. Some of them were in direct combat, some were under wartime work obligation, or in the Civil Guard, and some of them were detained as well. The exile is a highly stressful experience in itself. Sequelae of posttraumatic syndromes or clearly manifested clinical pictures of posttraumatic stress disorder (PTSD) were registered in most clients. In some of them, the onset of PTSD was primarily the result of stressors and traumas during forcible mobilization, and in others, forcible mobilization has instigated re-experiencing of the repressed war-related traumas. The training they were subjected to was interspersed with physical abuse and humiliation and, on the whole, had the elements of torture.

More than other forms of traumatic events, caused by natural or technological disasters, the interpersonal trauma shatters the deep and early-formed foundations of interpersonal relationships, threatening to deprive the person of the sense of security, attachment and spontaneous sharing of emotions with other people, for a considerable period of time, or even permanently. Interpersonal trauma can have the form of criminal assault, rape, violence during combat or political violence. What makes it particularly disturbing is the aspect of intentional infliction of pain. Torture, as a specific type of political violence, represents extreme use of sadistic patterns in interpersonal relationships, causing not only psychiatric disorders, but also highly severe and far-reaching negative consequences on the overall psychosocial functioning of the victim. The most frequent consequence of longterm and/or intensive torture is the onset of PTSD, followed by a range of comorbid psychiatric and (psycho)somatic disorders. Basoglu et al. have established the presence of three stressors related to different aspects of psychopathology in torture survivors: the intensity of torture, secondary

consequences of captivity in various life domains, and general psychosocial stressors following the captivity (Basoglu et al. 1994).

Torture victims are considered to be the most vulnerable post-war social group, requiring a specific multidisciplinary approach in psychosocial rehabilitation (Kucukalic et al. 2003).

Poor socioeconomic state, characteristic for refugees, and poor mental state, characteristic for torture survivors, have a mutual negative effect, enclosing the victim in a vicious circle which is hard to break without significant social support. Hondius et al. studied health problems of the refugee torture victims, in view of violence, demographic factors and current sociopsychological problems in the asylum. It was discovered that it was not only the experience of violence that added to the health problems, but the current social situation as well. The refugees attributed their somatic and psychological problems to illnesses (48%), torture (29%) and concerns related to exile (40%) (Hondius, et al. 2000).

In the study conducted on torture victims who sought psychological-psychiatric assistance at the CRTV in the period of January 2001 to September 2003, it was discovered that these persons are at increased risk of somatic and particularly of psychiatric disorders. Their health problems last longer and they run a higher risk of chronification than was the case with other respondents who suffered from psychic disturbances as a result of other wartime and post-war stressors, or they were family members of torture victims (Spiric and Knezevic, 2004).

The majority of clients, victims of forcible mobilization who contacted CRTV, reported the sense of disappointment, which they continue to feel, as they did not expect to be arrested and abused "by their own people".

In most clients, the motive for obtaining material compensation for the suffering experienced due to forcible mobilization and during the time they have spent in the field and the crisis area, became an adverse factor in the diagnostic and therapeutic process. In some of the clients, the tendency to overestimate the symptoms was detected.

Rending tendencies and simulation of posttraumatic residues and PTSD are a quite frequent phenomena in clinical and forensic practice. Posttraumatic stress disorder is one of the rare psychiatric entities to arrive at the focus of public and media attention, especially due to the fact that in some cases material and financial compensation ensues. For this reason, the psychological-psychiatric evaluation also includes assessment of validity of both psychiatric symptoms and answers provided by the client, claiming them to be the result of a mental or physical trauma. Psychiatric researchers demand the presence or absence of diagnostic criteria to be established in a systematic, reliable manner, which is generally achieved with the application of instruments for the structured interview. This type of assessment is performed within the framework of the Clinical administrated interview for

posttraumatic stress disorder – CAPS, which was used in diagnostic evaluation of clients who have contacted CRTV. CAPS has an additional advantage, since it contains both severity assessment, and the category assessment of PTSD. (Blake et al. 1995).

The aim of this article is to determine the extent to which forcible mobilization could have contributed to psychic decompensation and development of posttraumatic stress disorder in war veterans exiled from Croatia in August 1995.

FORCIBLE MOBILIZATION: TRAINING, DRILL OR TORTURE?

Mobilization implies activities of the country's armed forces for the purpose of preparation of human and material resources for wartime operations or in the circumstances of national or mass disasters. It is conducted in times of peace, within training and testing the efficacy of the system of mobilizing human and material resources. It is also conducted in the course of war preparations, during the war, or in circumstances of mass disasters. Mobilization of refugees, men who were mostly involved in the war in Croatia and who fled to Serbia, was conducted forcibly and for the purpose of preparation of new war actions.

In June and October 1995, the Humanitarian Law Center (HLC) has published two reports on severe violations of the UN Convention on the status of refugees in Serbia. The report also included the problem of mobilization of refugees. In the course of 1996 and 1997, HLC has filed claims in the name of 708 Serbian refugees from Croatia and Bosnia, who were unlawfully deprived of liberty by the members of Serbian police after the Croatian offensive "Oluja" and forcibly incorporated into military units of Serbs from Krajina and Bosnia. By these claims, the refugees demand of the Republic of Serbia to be awarded just compensation for non-material damages and mental pain caused by injury to reputation, honor, dignity and fear sustained (Humanitarian Law Center, 2003).

In the course of 2004 and 2005, approximately 150 persons with the experience of forcible mobilization have contacted the CRTV for the purpose of psychological-psychiatric evaluation of the effects of traumas they have suffered during and after the forcible mobilization. They were referred to evaluation by the CRTV psychologists, or upon recommendation of the Association of ex-detainees.

In order to clarify what it was that occurred during the forcible mobilization – drill, excessively cruel military training, or torture – it was necessary to define the basic notions first: Have the action in the course of forcible mobilization been conducted unlawfully? Can they be regarded as military training, drill or torture? These are the questions that can be answered after a detailed analysis of the legal aspect, analysis of actions taken by the persons who have conducted the mobilization, as well as those who conducted the "training", and,

the most importantly, based on the analysis of statements and psychological reactions of the mobilized persons.

Military training is performed in accordance with the military service regulations and programs prescribed for acquiring military, and war and combat skills. The training can be more or less strict and rigorous, depending on the duties of the units it is conducted in, on the characteristics of governmental and social structure, and the place, role and doctrine of military organization within these structures.

Drill is defined as a special type of military command and training, which entails sharp, clear and loud commands for the purpose of executing specific actions prescribed by the military training. Members of the unit have to perform specific motions and actions in a clearly defined manner, in order to retain a specific position or change the position by shifting from one place to another. Drill is frequently performed in military parades or for other ceremonial purposes (Powers, 2005).

Understanding of the contents and essence of torture is not fixed and unchangeable. It is no longer the widely accepted image of violence over political prisoners in prison cells. It comprises a much wider range of actions, and includes a larger number of people than is usually believed. Torture is conducted not only in police stations, prison cells, military barracks or prisoners' camps. Torture is conducted in all of these places, but also in centers for juvenile delinquents, refugee camps, in the streets, in the apartments. To make the fight against torture more efficient, the above aspects of variety and context in which torture could take place have to be taken into consideration.

Torture implies the infliction of severe physical or mental pain in the manifestation of cruelty as a means of intimidation, deterrent or punishment, or extracting information or confession. At times, torture is even conducted without an apparent reason and it is then used in the context of pleasure of the torturer (Wikipedia, 2005).

In spite of attempts of the greater part of the world community to restrict human rights violations, in the course of 1999, torture was conducted in 132 countries (Amnesty International Publications, 2000).

In the 1984 UN Convention, torture is defined as: "Any act by which severe pain or suffering, whether physical or mental, is intentionally inflicted on a person for such purposes as obtaining from him or a third person information or a confession, punishing him for an act he or a third person has committed or is suspected of having committed, or intimidating or coercing him or a third person, or for any reason based on discrimination of any kind, when such pain or suffering is inflicted by or at the instigation of or with the consent or acquiescence of a public official or other person acting in an official capacity. It does not include pain

or suffering arising only from, inherent in or incidental to lawful sanctions.“ (Montgomery and Foldspang, 1994).

Torture is often wrongfully regarded as an act against individual. It can, however, be conducted against groups of people, families, parts of social group or society on the whole, when it is justified by, for example, demands for its democratization (Reyes, 1995).

Due to increased monitoring of various human rights organizations, torture has been conducted more by means of psychological methods, so as not to leave physical trace.

Among risk factors related to the history of torture are exile, civil war, minority groups, prisoners of war. The total prevalence of torture among refugees is estimated to be in the range of 5-35% (Piwowarczyk et al. 2000).

Torture can destroy basic human capacities, especially in the domain of psychological functioning: the notion of identity, personal safety, selfrespect and selfesteem, trust in other people, righteousness, etc. (Doerr-Zegers et al. 1992, Mollica et al. 1999).

The following text contains excerpts from the interviews documented in specialists' findings on the clients who have sought assistance at the CRTV, in the period of December 2004 to July 2005.

Torture and methods: examples from the CRTV practice

Analysis of sociodemographic characteristics of the clients who sought assistance at the CRTV indicates that they are people with the average age of approx. 45, most often with secondary school education, typically craftsmen, married, with one or two children. Most of them had jobs and real property in Croatia. They have fled, with almost no means of living, some of them stayed with their relatives, others were accommodated in collective centers. Almost all of them have been actively involved in the war in Croatia, some have also been in captivity, and the majority have been exposed to severe or disastrous war-related stressors. A small number have asked for psychiatric help and undergone psychiatric treatment.

Based on anamnestic data obtained by the evaluation of psychological-psychiatric condition of seven typical cases which will be presented later (in compliance with ethical standards of anonymization), it can be clearly concluded that, for most of them, the abuse they were exposed to had the character of torture. Furthermore, typical psychological reactions and delayed posttraumatic symptoms can be observed, as well as other mental disorders.

Case No. 1

D.L. the age of 29, locksmith. He contacted CRTV for the first time. As the reason for seeking help, he reports disturbances in the form of tension, occasional

insomnia and nightmares. He connects these disturbances with the experiences he had in Erdut where he was forcibly mobilized after he had fled from Croatia due to the military offensive "Oluja". He has spent four months in Erdut. Immediately upon his arrival in Erdut, he was beaten with the stick, punched and kicked. On an occasion he was forced to carry a rock that was referred to as "Mr Discipline". The disturbances he reports have started immediately after his return from Erdut, but he has not sought psychological-psychiatric assistance before coming to the CRTV. He actively participated in the war in Croatia since its onset in 1991, until it was finished. During that time he witnesses disastrous events, saw human bodies torn apart by explosions, a great number of killed and wounded people. However, he says that his experience in Erdut was much more difficult for him. The client was diagnosed with healed PTSD.

Case No. 2

K. Dj. unemployed mason, 45 years of age, living with his wife and son at the periphery of Belgrade, with the refugee status. He sought assistance due to disturbances in the form of insomnia, nightmares and recurrent memories of the traumatic experience of forcible mobilization. He was forcibly mobilized in mid August 1995, several days after he had fled from Croatia as the result of military offensive "Oluja". He was in Erdut until mid December of the same year. He gives information about the ill treatment he was exposed to: superior officers have slapped and kicked him repeatedly, and forced him to dig trenches. He was forced to enter the dog house several times. They cursed his mother and insulted him, calling him a traitor. He remembers that he was very much afraid and did not dare stand up to such treatment. He participated in the war in Croatia since 1991 as a member of the reserve unit. He witnessed a number of disastrous events, he saw several of his fellow soldiers with their throats cut, and human bodies torn apart, but, as he says, he forgot those experiences far easier than what he experienced during forcible mobilization. In the objective finding, the symptomatology of partial PTSD was registered.

Case No. 3

N.O. 50 years of age, unemployed, single, with the refugee status, living at the periphery of Belgrade. Several days after he had come to Serbia with the refugee convoy from Croatia, in August 1995, he was forcibly mobilized and sent to Erdut. He was actively involved in the war in Croatia for four years. During the war, he was often in life-threatening situations and witnessed disastrous events. He had a house and real estate in Croatia. Now he is living in difficult material conditions, together with his parents. He contacted CRTV for the first time. He reports

disturbances in the form of recurrent memories of the traumatic experience of torture he was exposed to in Erdut. He frequently dreams of what he experienced, feels constant tension and fear, and is usually in a dejected mood. He states that he was often beaten with sticks, punched and kicked. He was forced to strenuous physical labor. The most difficult, however, were the insults, derogatory names and humiliation he was subjected to. Clinical finding, followed by structured interviews for the assessment of psychiatric disorders (SCID) and posttraumatic stress disorder (CAPS), indicated the presence of chronic PTSD and chronic mood disorder.

Case No. 4

G.S. in the life age of 31. Mining and geology engineer, employed. Single. He contacted CRTV and sought psychiatric-psychological assistance for the first time. As the reason for contacting CRTV, he states the traumatic experience of forcible mobilization. He was mobilized the day after his exile from Croatia, 14.08.1995. He was arrested and taken, with his hands cuffed, to the Civil defense section in Sid. He was transported to Erdut where he spent about 20 days. As soon as he arrived, his head was shaved. Several times during his stay, he was repeatedly slapped and kicked, and on one occasion he was hit with a rifle butt. He was forced to carry a rock with the writing "Mr Discipline" on it. He was insulted and humiliated by derogatory names, called a traitor, deserter, coward, etc. He felt humiliated, in constant state of confusion and failing to understand why all that was happening to him. Since then, he has a continuing fear of uniformed persons, especially policemen, which he often avoids. Contact with them causes intrusive memories of the above experiences. He has difficulty falling asleep. Sometimes he is absentminded, crowds and commotion trouble him. In the objective finding, phenomenology of partial PTSD is registered, with comorbid symptomatology of moderately severe depressive episode.

Case No. 5

K.T. is 46, he is construction equipment operator, unemployed, occasionally working as carpenter on seasonal jobs. He is married, without children. He lives with his wife in Zemun. He contacted CRTV for the first time due to disturbances that were the result of forcible mobilization in August 1995. He reports constant nervousness, lack of interest, intrusive memories of the sustained traumas, difficulties sleeping and dejected mood. He states that he was forcibly mobilized in mid August 1995, the day after he had fled from Croatia. He spent several days in Erdut, and subsequently about 20 days in Gabos and Karadzicevo. During that time, he was repeatedly beaten, and on several occasions hit with the rifle butt. On one occasion in Erdut he was tied to the dog house and forced to bark like a dog, and once he was tied up to a post. When digging trenches, he stepped on a

landmine (he was previously told that there were no mines on that site). His left upper leg was wounded due to which he received hospital treatment. The disturbances he reports have started several months after the described events; he contacted a neuropsychiatrist about eight years ago, but he was reluctant to take the medications that were prescribed to him then. He was engaged in the war with Croatia as a reservist, and sustained some of the war stressors without major difficulties. What he experienced during forcible mobilization was much harder for him, with the feeling of disappointment, especially when he remembers the humiliation and insults that were thrown at him. In the objective finding, symptoms of chronic PTSD were registered, with comorbid symptomatology of depressive episode, of moderate severity.

Case No. 6

M. Z. in the age of 53, unemployed driver. He is married, has three children, lives with his family at the periphery of Belgrade. He has the status of refugee from Croatia. He had fled from Croatia during the military offensive "Oluja". In the course of the offensive, he was wounded in the legs by a granate shell, and his daughter lost her leg from the knee down. When he came to Serbia, he was on crutches, but he was forcibly mobilized and taken to Erdut. From there, he was sent to hospital in Vukovar, got the fifteen days leave and was placed in Ilok, and after that he was sent off to the frontline where he remained until November 1995. He denies any reference of torture or physical harassment, only his head was shaved against his will. In the war in Croatia, beside the described wounding and witnessing his daughter being wounded, he also witnessed the death of his brother who was hit by a granate shell and died on his arms. During the interview he denied having psychic disturbances. He was more concerned about his material and existential situation. He talks about his experiences during forcible mobilization with the feeling of disappointment. He came to the examination reluctantly, stating that he came because others had recommended it to him. In the objective finding, no current or residual posttraumatic phenomenology was registered.

Case No. 7

B.S. metalworker, 33 years of age, without permanent employment, single, lives with his parents at the periphery of Belgrade. He was forcibly mobilized on 12.8.1995, immediately after he had fled from Croatia. He was previously arrested. Together with a large group of men, he was transferred to Erdut where he spent one week of training, and then he was sent to Karadzicevo where he stayed until end of December 1995. He states that this experience was much harder for him than the time he had spent in the Croatian front. He still feels humiliated and offended by

the degradation he was subjected to. Upon his arrival in Erdut, immediately after stepping off the bus, he was slapped and insulted, called a traitor and a coward. One day, for a mistake he had made during training, he was tied up to a post for one and a half hours, and on one occasion he was forced to carry the "Mr Discipline" rock. During the time in Karadzicevo, he was forced to dig trenches and dugouts. A few months after the mobilization ended, the sleep problems began, he had difficulty falling asleep and experienced nightmares, frequent convulsions during sleep and he would wake up frightened and in sweat. He often experienced recurrent memories of the described events. He asked for psychiatric assistance in 1999, and he has been on regular medication since approximately two years ago. From that time, he sleeps better, and the intrusive memories usually occur before falling asleep, nightmares are less frequent. There are, however, new disturbances, in the form of "nervous stomach, feeling of pressure in the chest and heart palpitations. He is easily aggravated, oversensitive and often afraid of losing control". He connects these disturbances with the stresses experienced during forcible mobilization as well. During the war in Croatia, he was seldom exposed to combat stressors, spending most of the time on the separation lines. He participated in taking out the wounded, and on several occasions witnessed the death of his fellow soldiers. In 1992, he completed the one-month military training and was sent off to the front. In 1993, he was captured by Muslims in the Bihac region and spent 15 days in captivity, but he was not subjected to torture. Objective finding registers the phenomenology of healed posttraumatic stress disorder, of the partial level, with the symptoms of somatoform disorder.

DISCUSSION

As demonstrated in this article, the forcible mobilization of war veterans refugees from Croatia in August 1995 was not only a socio-political problem related to human rights violation, but it also had psychological-psychiatric implications due to mental and physical abuse with the characteristics of torture.

In the course of 2004 and 2005, several dozens of persons with the experience of forcible mobilization have contacted CRTV. Analysis of the socio-demographic characteristics of this group of people indicates that they are men with the average age of 45, mostly with secondary education, predominantly craftsmen, married, with one or two children. Most of them had a job and real estate in Croatia. They have fled, with almost no means of living, some of them stayed with their relatives, and some were placed in collective centers. Almost all of them have been actively involved in the war in Croatia, some have been captured, and the majority has been exposed to severe or disastrous war-related stressors. A smaller number has sought psychiatric assistance and undergone psychiatric treatment.

These people were victims of war and the Croatian military offensive “Oluja”. They have fled to Serbia in hope that they would find hospitality and welcome. They were in for a surprise. They were arrested, taken to police stations, and then to East Slavonia, to Erdut. In this base they were subjected to additional military training which, by the methods applied, had the characteristics of torture. The following methods were applied most frequently:

- Arrest and taking into custody without court order.
- Physical violence: slapping, kicking, hitting with hard objects, bats or rifle butts, tying up to posts or tree trunks.
- Forced physical labour: digging trenches and other, often pointless physical activities.
- Forcing to carry the rock with the inscription “Mr Discipline” .
- Psychological torture: being placed in dog house and forced to bark, having their head shaved, being subjected to cursing, humiliating comments and insults regarding their courage, patriotism, heroism etc.

The severity of traumatic stressors of the ill-treatment these people were subjected to, represents a significant predictor of longterm sequelae of psychiatric disorders.

A study of the experimental animal model of anxiety, depression and PTSD indicates that the human experience closest to this model is related to the experience of torture survivors (Basoglu and Paker, 1995).

Thus, in the cases presented here, symptoms of posttraumatic sequelae are registered, in the form of complete or partial posttraumatic stress disorder, predominantly with comorbid psychopathology of depressive disorders, and somewhat less frequently, of somatoform disorders as well.

In the majority of forcibly mobilized persons, evident symptoms of posttraumatic sequelae are interspersed with the strong feeling of disappointment. The majority of clients disappointed and surprised by the brutality of people who abused them, and could not find the explanation for such treatment, especially since they were of the same nationality. Such perception of the traumatic experience has made its emotional and cognitive processing more difficult, which is in line with the relevant data contained in the literature (Foa et al. 1989).

Some clients have stated that they are afraid for their safety, one of them took different routes coming to the Center the first few times, with the paranoid fear that “policemen might see him”. The majority of clients stated that they had unpleasant feelings and associations upon contact with the police. At the same time, the fear of policemen provokes memories of the traumatic experience of arrest and forcible mobilization, which is a symptom of re-experiencing of trauma, characteristic for the first group of PTSD symptoms. Avoiding contact with the police refers to the symptoms of avoiding the stimuli that can provoke traumatic

memories. This kind of attitude and the fear of some of the clients comes from the fact that torture possesses the capacity to destroy fundamental human abilities, such as confidence in others and inclusion in a social group. Observations from working with the clients who have sought assistance at the CRTV are in line with the data contained in scientific literature, on the refugees who were subjected to torture. Torture leaves consequences on the level of psychological functioning in the domains of personal safety, ability to create and maintain relationships with other people, role and identity, justice and existential meaning (Silove, 1999).

Social-political aspect and the environment in which the forcible mobilization, i.e. torture took place, gives a particular angle to this phenomenon. At the time when forcible mobilization was conducted, hardly anyone raised their voice against it, except several non-governmental organizations, or they were overpowered by the current, mostly misrepresenting political propaganda on the “national interests”.

Forcible mobilization was conducted in an organized manner and seemed to be of official character. However, strict military training for the purpose of achieving “good subordination” assumed the character of torture.

Strong social support to torture victims can have a protective effect on the traumatic consequences of torture (Barret and Mizes, 1988).

Majority of the forcibly mobilized refugees were veterans of the 1991 war in Croatia. They had already been exposed to war-related stressors and combat traumas, and subsequently, to the additional trauma of exile. On such a ground of accumulated traumatic experiences, forcible mobilization occurred. Was forcible mobilization the basic factor for the development of posttraumatic symptoms and disorders, or was it just an additional traumatic factor for the already existing disorder? This question does not arise from the aim of this article; additional research is needed for a more detailed consideration of the limiting influence of the legal aspect of this problem.

The findings resulting from the evaluation of these clients have a significant effect on the legal aspect of forcible mobilization. The presented case studies clearly show that the majority of clients connect their psychic disturbances with the torture sustained in the course of forcible mobilization. Rending tendencies were also evident, which presented a problem, both in the diagnostical phase of evaluation, and in the planned therapeutic interventions. The motivation of the majority of clients was to obtain expert finding and opinion, and therapy was the aim of only a few of them.

In most clients, PTSD was diagnosed. Characteristic symptoms of this disorder are divided into three clusters. The first cluster contains symptoms of re-experiencing the trauma, through intrusive memories, nightmares and mental and physical distress accompanying the memories. The second cluster of symptoms refers to avoidance of memories, situations or persons reminiscent of the trauma, with the feeling of loss of the capacity for adequate interpersonal communication,

which is why these persons become withdrawn and solitary, experience loss of interest and the capacity to feel pleasure. The third group of symptoms is characterized by sleep disorders, hyper-arousal and bursts of anger, lack of concentration, excessive caution and exaggerated startle response. These symptoms lead to significant disturbances in the domain of social and professional functioning (DSM-IV, 1994).

In legal theory and practice, PTSD is regarded as mental or emotional pain, and defined as a phenomenon occurring in the inner, psychic life of an individual, and which can be comprehended primarily based on the behavior and verbalization of the affected person. Each person experiences mental pain in a different manner. The injured party is a victim who was brought into the condition of suffering pain against his/her will, which disturbs his/her psychophysical balance.

In legal opinion, forcible mobilization of exiled and expelled persons is a violation of their fundamental human rights and liberties, and infliction of mental pain which is a direct consequence of unlawful deprivation of liberty, use of force and brutal actions and forcible engagement in war (Sivert and Milosevic, 2004).

In this article, therapeutic procedure with the clients was not described in more detail. It was conducted according to the principles of integrative therapy: by psychotherapy, pharmacotherapy and psychosocial rehabilitation. Psychotherapy is conducted with the use of different types of methods and techniques, and the literature holds references to cognitive-behavioral therapy, testimony method, psychodynamic and psychoanalytical techniques with the emphasis on supportive and explorative techniques. In some clients, shortterm therapy with abreaction and manipulative techniques which can lead to immediate release of the symptoms, were highly efficient, especially in clients with the healthy personality.

Antidepressants and anxiolytics were the most frequent psychopharmacs prescribed. Some clients were also prescribed medications for different somatic complaints, which for the most part were connected with the consequences of chronic stress (Samardžić, 2004).

As we have already addressed the importance of social support in the posttraumatic and post-torture period, it can be assumed that obtaining the right to compensation for non-material damages would be a kind of compensation for the belated social support. Evidently, it is important to emphasize the need for maintaining objectivity of the professional psychological-psychiatric evaluation and to prevent the unnecessary medicalization and psychiatrization of the socio-political aspect of this problem.

CONCLUSION:

Forcible mobilization of refugees from Croatia, war veterans exiled in the course of the Croatian offensive "Oluja", was an organized and official action of the state,

with the purpose of preparing the mobilized persons for the upcoming war operations. Military training and actions undertaken with the mobilized persons assumed the character of torture. The majority of the mobilized persons already had a traumatic war-related experience. Exile, and especially torture during the forcible mobilization, were cumulative traumatic stressors that caused the onset of various mental disorders of posttraumatic type in most of them. In the majority of clients who have sought psychological-psychiatric assistance, either sequelae or fully developed psychiatric disorders were registered, most frequently the posttraumatic stress disorder of the chronic type, often with comorbid mood disorders. Socio-political and legal aspect of this problem could have a disruptive influence on the effects of research and evaluation of the clients' psychological-psychiatric status. On the other hand, results of this study, in combination with the legal consequences of the compensation for non-material damage due to emotional pain for the injury to reputation, honor, dignity and sustained fear, awarded to torture victims, could be of immense importance for the prevention of torture.

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