Defining and documenting threats in the context of ill-treatment and torture. Medical and psychological perspectives.

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Threats are a common feature of detention and interrogation settings and have long been regarded as a routine procedure. Despite their prevalence and propensity to amount to ill-treatment and torture, threats have not been systematically and thoroughly analysed in case documentation processes. Given a lack of understanding, threats have unduly been considered a form of "torture-lite" at best by some juridical actors. However, its effect as an instrument of coercion can be devastating – engendering states of fear and anxiety and forcing its subject to act against their will.

There is an important lack of theoretical reflection on what threats are, what types exist and how they impact the survivor. In this editorial, we aim to partly fill this gap from a medical and psychological perspective, providing a framework of understanding that will hopefully improve conceptual and practical assessment, documentation and qualification.

Voices from survivors.
Threats are a universal and widespread practice with a prevalence reported between 30 and 83% in epidemiological studies. The most commonly reported types are threats of beatings and of further torture, death threats, sexual threats, threats (including sexual assault) against relatives, false accusations and indefinite detention or deportation (i.e. Ben Farhat et al., 2018; Gilinskiy, 2011; Jovic & Opacic, 2008; Moreno et al., 2015; Opačić et al., 2005; Wolfson, 2010)

Table 1 shows a selection of testimonies from the Basque Country. In a study of a sample of 200 survivors assessed with the Istanbul Protocol (IP), threats *per se* were one of the three methods of torture that people indicated as a personal breaking point. Survivors who tolerated pain, dry asphyxiation (the "bag") or strenuous exercise broke down when they perceived immediate and credible threats directed at their parents, partners or children.

Defining Threats.
Threats are a form of communication between perpetrator and victims that entails a message of coercion or punishment. A threat communicates that danger is coming and pursues to instil intense aversive emotions with the aim, most of the time, to force the person to act against their will. When a threat produces mental suffering, its most likely effects are anxiety or fear, although other emotions (shame, guilt, rage…) can also appear. Both fear and anxiety will need to have special careful consideration when assessing threats. Taking this together, we can define threats in the context of ill-treatment and torture as **the explicit or implicit expression of intentionally harming a person, in order either to coerce with the purpose to change opinions, intentions or behaviours or to punish, through the production of mental suffering, usually fear and anxiety**.

The Istanbul Protocol recognises threats as a method of torture including, specifically, three categories: i. "Threats of death, harm to

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Box 1. Threats – Testimonies from survivors (Argitutz et al. t 2015)

"The worst was fear. (...) Feeling you have lost control. You know that torture exists, but you cannot imagine what fear means in that situation, every minute, for five days. It breaks you." (NLMAP02)

"And then they scared me with so many threats you knew could be real... I was very scared because at the end it reminded me of all the friends that have been detained ... and I was afraid of being undressed by them, or raped or... I don't know... I imagined myself in a thousand situations..." (OAEM04)

"Imagine how I was that I told them crying, shock me now, shock me now. (...) That situation was ... I don't know, you can stand physical harm, but before suffering such harm it is the fear, the anticipation of whether he is going to hit me or not? (...) They also realized this, they saw how I was shaking, crying, screaming, I don't know." (JZLV03)

 "They started with blows, while asking me questions... then they began to threaten me with electrodes, brought them and put them on my limbs, but did not connect them, I was so afraid, such anguish... then, those screams... I said no, please, that I would tell them everything." (OBS02)

But the scariest thing was to go back to the cell, because I had no distraction there. I used to think about things but that... that was hard, I could not rest, all the time thinking about the threats they had made basically against my family. (...). They said they would detain my sister and rape her…anything you can imagine… When I went to the cell... going over all that they had told me and I could not get it out of my head, I could not." (JZLV05)

"In that situation you cannot be critical and ended up believing many threatening messages that they gave me. You are convinced that everything is possible for them… It is easy to give an opinion now.. you have to have been there…" (ILMW02)

Box 2. Categories of fear-production methods according to the Torturing Environment Scale

a. Manipulation of hopes and expectations;
b. Threats to the person (e.g. endless isolation, endless interrogation, rape, pain, torture, death);
c. Threats against family or relatives (next-of-kin) (e.g. rape, detention, punishment, retaliation), or threats against other detainees);
d. Anguish associated with lack of information or undue procedures (e.g. relatives of people detained/disappeared; detention without proper legal safeguards);
e. Experiences of near death (e.g. mock executions, dry/wet asphyxia);
f. Witnessing others' torture or death;
g. Use of situations evoking insurmountable fear (e.g. phobias, total darkness)

Source: Pérez-Sales (2017)

Table 1. Conceptual map of Threats.

Author and channel	Characteristics of the aversive consequences announced by the threat	Purpose	Credibility	Consequences – mental suffering
• Person in an official capacity • Institution • Non-State actors • Verbal – direct threat	• Explicit versus Implicit threats • Concrete, detailed and explicit versus vague and undefined threats • Physical versus psychological including cultural elements • Predictable versus Unpredictable threats • Based on universal fears or phobias.	*Conditional Threat – Coercion* • Force change in intentions, decisions or behaviours *Unconditional Threats* • Punish • Humiliation • Loss of control-helplessness • Discrimination • Isolation-Breaking networks	• Consequences are proportional to the threat • Irrational threats • Plausible including concrete plans and steps • Perceived results of being compliant and non-compliant; keeping the word. Additional elements: • Historical or political context	*Control* • Rational analysis of foreseen consequences *Aversive emotions* • Fear • Anxiety
• Contextual Threat • Non-verbal Communication • Private versus public expression (including media or internet)	**Relationship with other methods, time and frequency** • Immediacy: the "proximity" criteria. • Cumulative: Combined with other methods to increase the effect: • Sustained in time: chronic threats		• Context of impunity • Lack of legal safeguards • Conditions and environment being a threat in themselves.	

family, further torture, imprisonment, mock executions"; ii. "Threats of attack by animals, such as dogs, cats, rats or scorpions" and III. "verbal sexual threats" (OHCHR, 1999, §145, 245 o-p). The category of "fear-producing actions" in the Torturing Environment Scale is instructive in illustrating the types of acts at issue here (Box 2)

Drawing the conceptual map

The conceptual field of threats is extraordinarily complex, with overlapping concepts and types. Figure 1 is an attempt to condense and organise all the components present in a threat with relevance to the assessment of torture victims. It distinguishes threats by the type of act that generates them, by the aversive consequences they announce, by the purpose, by the immediate and long-term consequences in terms of mental suffering and by the main elements linked to the credibility of the threat. Each element in the model will be described in detail in the following.

This map is relevant in that it shows: (a) that there are multiple kinds of threat that go far beyond the explicit and verbal and (b) that every threat calls for an analysis of the intrinsic components, which indicate that it is purposive, credible and causes severe suffering.

Sender

A threat is a communication of intention to harm by a person in an official capacity or from any institution directly or indirectly related to the state. In certain circumstances, non-state actors can also produce threats amounting to ill-treatment and torture when the state fails in the duty to protect, or the actor can act with official capacity.

Channel – How the threat is communicated

Besides the direct verbal threat, there are other channels to express the intention to harm:

Contextual threat. The human brain processes a direct threat (e.g. a gun pointed to the head) in a different way to a contextual threat (e.g. returning to a cell through a dark, isolated corridor). Analysis of context is, at least, as necessary as the threat itself.

The threat is produced through the creation of an atmosphere. Being in a small place where escape is impossible or where the elements at sight (objects hung on the walls, placed on the floor or tables) have a clear frightening connotation, including potential torture instruments.

A context is a combination of all the multimodal sensory details of the environment, the internal affective and cognitive states at that moment, and the assessment of danger (Glenn et al., 2017). Fear conditioning does not need a full appraisal and recall in memory of the threatening situation's details. A single element of the context that reminds an experience of the threatening context might be enough if paired with an unsurmountable emotion.

In a similar vein, there is a difference between *Intimidation* (i.e., creating an atmosphere that fosters a general sense of fear) from *threat* (i.e. an action that means an imminent danger to the person). Both need to be considered and documented, and viewed as interrelated.

Non-verbal communication. This includes non-verbal elements relevant in the interaction, including expression, distance, attire (including wearing balaclavas, uniforms or guns), displaying physical signs announcing aggression (including the use of the fists or hands, hostile movements of the body, etc.) or exhibition of violent attitudes or behaviours (breaking objects, hitting walls or furniture, ill-treating another detainee).

Virtual threats or threats without the physical presence of the author. Threats can occur through the media (e.g., radio, TV,

newspapers) or the internet (including social media), with a direct mention of the victim's name or mentioning the family, group or community to which he or she belongs.

What is to be feared: characteristics of the aversive consequences announced by the threat.

There are different kinds of foreseen aversive consequences that will elicit a different response from the person being threatened:

1.- Explicitness and implicitness: One aspect that makes threats challenging to describe and the document is that they do not need to be overt. Threats might be *explicit* (i.e. "we will kill you" "we will detain your family") or *implicit* (i.e. "your brother is in the university, isn't he?", "it is difficult to get insulin in this area"; "the authorities have never come for a visit here in years", "we have all the time in the world").

A related distinction exists between threats that are *concrete, detailed and specific* ("we will fire you out") and those that are *vague and undefined* ("There will be consequences that you will regret all your life"). The relevance of the distinction is that while in concrete threats, the person can make a cost-benefit analysis and decide whether it is worth assuming risks, in vague threats, the person is left to his or her imagination on what can happen. For some people, a vague threat may mean imagining the worst possible outcome ("catastrophising"), while for others, it may mean minimising it ("nothing will happen").

2.- Physical and psychological threats, including cultural elements. Threats might be *physical* (i.e. "nobody has survived without water", "we will beat you and your son") or *psychological* (i.e. "we might inform your wife and kids of your affair"). In psychological threats, there is a unique subjective element in how specific contents affect each person

depending on its salience. These depend on personal (including present and past history), cultural and sociological elements. These elements help in determine the *breaking point* for that person. For example, certain animals' presence may be perceived as highly threatening to a detainee of Muslim origin and not to people from other cultural backgrounds.

These essential elements should ideally be assessed through a full forensic assessment, including a psychosocial and clinical history and an anthropological expert opinion.

3.- Predictable versus unpredictable threats. Predictable threats occur linked to an external stimulus, like a fixed time, a fixed space or a fixed person, while unpredictable threats can occur at any time, space or context. The classical learned helplessness model refers to a *prolonged, unpredictable and unescapable aversive stimulus,* with the perception of lack of control, which ultimately leads to *defeat* (Hiroto & Seligman, 1975; Seligman, 1972). It has been suggested that defeat is a model of understanding depression under chronic threat conditions (Pryce et al., 2011).

Predictable threats (for instance, with a signal some minutes before the aversive stimulus) produce (a) focused attention on the threat, (b) ignore the surrounding context, (c) peaks of intense fear dependent on threatening cues. On the contrary, unpredictable threats (no advice on when the threat would happen) produce (a) general and continuous hyper-vigilance (b) attention to context and surroundings (c) generalised fear and chronic anxiety (Wieser et al., 2016).

This is also relevant to the criteria of *immediacy* or **"proximity criteria"**. According to the foregoing discussion, the idea that a threat to produce severe mental suffering must be immediate, as some jurisprudence suggests, is only partially true. While immediate threats produce an increase in fear, delayed or indef-

inite threats produce an increase in anxiety. Both imply severe suffering. Furthermore, in the long term, anxiety can produce similar levels of psychological pain and mental suffering than those produced by fear.

4.- Universality and unknowability. Clinical psychology collects more than 200 terms related to different kinds of fears or phobias. There has been a lot of discussion in psychology on whether there are some "universal fears". These categories would be helpful in terms of doing a quick assessment. Valadao Dias & V Oliveira (2016) used psychometric measures to build a hierarchy of human fears. They found five categories of fears: (1) Social fears, (2) Agoraphobic fears, (3) Fears of bodily injury, death and illness, (4) Fears of the display to aggressive scenes, and (5) Harmless animals' fears. From a phenomenological point of view, Carleton has proposed that all fears have a common underlying factor: *Fear of the Unknown1 (FOTU)*. It is

defined as "*an individual's propensity to experience fear caused by the perceived absence of information at any level of consciousness or point of processing*". (Carleton, 2016).

5.- Increased by cumulative elements. Threats have a cumulative effect when being chronic or combined with other torture methods. As an example, experimental neuroimaging research shows that 24 hours of sleep deprivation increases fear consolidation in people submitted to threats. Furthermore, evidence suggests that this relates to a decline in cortical inhibitory inputs to the amygdala, where emotional processing of threats takes place (Feng et al., 2018). Similarly, five nights of sleep restriction increases the negative valence assigned to threatening stimuli (Tempesta et al., 2020). So, there is a cumulative effect of sleep deprivation in the perception of threats.

Different experimental models have analysed the way that human beings process chronic threats. A detention environment may be perceived as a context of chronic stress. Qualitative studies show that three themes are central to processing and mastering chronic threats: (a) Difficulties in finding meaning to the frightening experience, (b) Practical problems that are impossible to solve that foster a sense of lack of mastery and helplessness over ones' destiny and (c) The threat damages one's sense of worth and self-esteem (Taylor, 1983). Analysing these elements can help address the severity of a chronic threat.

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1   **Fear of death** is discarded due to several reasons (a) It requires the notion of death. Children before ten have a fear of the unknown, fear of darkness or fear of snakes, but not fear of death. It requires elaborated cognitive processing and learning. (b) Death is not necessarily avoided. In different studies fear to death is *associated with insufficient certainty that an afterlife is real or desirable and that the process of dying seen as suffering in itself*. Regarding **Fear of pain**, there are complex elements of attribution of meaning and learning that mediate between pain and suffering. Pain might not be fear-provoking if (a) it is short-term (b) it serves a higher and desirable purpose (c) its intensity is bearable and manageable (d) it does not bear to sequel (permanent damage). What makes a pain unbearable is *uncertainty regarding the duration, intensity, and injuriousness associated with it*. These elements could dramatically increase fear and anxiety. So fear of pain requires learned appraisals and attributions and appears logically reducible. Finally, **Fear of the unknown** cannot be reduced to any other fear. A review of

ethological, neurobiological, psychophysiological and clinical evidence suggests that it is the essential and nuclear element of all fears (for a detailed review, see Carleton, 2016). Nevertheless, although fascinating it might be, this is quite a theoretical debate, with practical implications.

Purpose

6.- Conditional os unconditional. Threats can be *conditional* when used in a coercive way to force a change in intentions, decisions, or behaviours. The person who threatens focuses on his demands, while that the person being threatened focuses on the costs of compliance or non-compliance (Milburn, 1977). An essential element determining the entire process is the differential way the senders perceive the threatening message versus the way the receivers perceive them.

However, threats can also be *unconditional* when the purpose is, among other possible reasons, to *punish* by instilling fear and producing emotional suffering, to *humiliate or discriminate* the threatened person to produce a *general feeling of loss of control and helplessness*.

Social fear. A specific form of punitive torture is when the target is not the subject itself but the human group that the person represents. Since the early works of Elizabeth Lira in Chile, it is well-known that social fear inhibits political participation and solidarity (Lira, 1991). A recent experimental study with 671 opposition supporters in Zimbabwe showed that even mild fear compared to placebo reduced dramatically hypothetical and behavioural dissent measures. Fear is a powerful demobilising element in a society (Young, 2019). While in interrogational torture, threats are conditional, in punishment, discrimination, retaliation or revenge, threats are unconditional.

Lack of intention to threaten. An aspect of the context of the interaction might be considered a threat without a willingness to threaten from the person that is threatening the other. This introduces the complex debate of "purposefulness" and "intention to harm"

in the legal world. Threats without intention can amount to Cruel, Inhuman and Degrading Treatment (CIDT). There are elements unknown in the interaction that are unique to the person. For instance, breaking social distance in a person that was sexually abused can be immediately interpreted as a menace of rape. Especially relevant are "threatening" procedures that are considered "routine" or "standard" by the threatener (like being kept naked or with a blindfold due to security standard procedures).

Credibility: proportional, rational, plausible and compliance-dependent.

As a relational construct, that the threat is credible is essential. There is not much experimental research on how to define and measure credibility. Furthermore, which is the impact of the credibility of the threat on subjects. Credibility highly depends on the particular interaction between perpetrator and victim. Four psychological elements are especially relevant:

a. Threats should be **proportional**. For instance, paradoxically, a huge threat associated with a minimal demand tends to be incredible, like if a parent says to a child, "*If you do not do your homework, I shall kill you*". (Milburn, 1977)

b. A threat is perceived as more dangerous when there is a component of **irrationality**. The idea that the perpetrator is out of control makes the menace more uncontrollable and more dangerous. Irrationality is part, for instance, of the good guy/bad guy threatening method. One interrogator plays the irrational and the other the rational role. The difference between a hard to believe and an irrational threat will depend on context and associated non-verbal communication elements.

c. **Plausible**. A threat is more credible when the perpetrator explains the **plans and steps** that will follow to make it real, and they are perceived as feasible.

d. **Perceived result of compliance and non-compliance**. Credibility is related to whether the danger is real in case of non-compliance and the perception that the threatening person will keep their word if the person is compliant. There is a lack of credibility if the person thinks that being compliant with demands will not mean relieving the threat or that the threat can even be worst. For example, providing some information will ultimately increase and not decrease pressure and threats.

These four elements add to four additional global elements that increase the likelihood that the threat becomes real: **Historical or political context**, including the idea of torture being used as a social control method or discrimination. **Context of impunity**, meaning the likelihood that the threats will be carried out without real legal or political implications for the author. Moreover, the likelihood that this is authorised and protected by the chain of command. **Lack of legal safeguards** during the process and perception of an absence of the possibility of help. **Conditions and place of detention** being a threat in itself: a clandestine place of detention or detention without time constraints.

Medical and Psychological consequences
We will review the neurobiological foundations of the impacts and consequences of threats, focusing on Fear and Anxiety.

Neurobiological substrates of Threats and Fear
There is a tradition in neuropsychology to study and define the so-called neural **Fear-circuits** or the brain's fear system that comes from the 1950s. This notion has been challenged in recent years, and there is growing evidence of the existence of a **Threat Systems** instead (LeDoux, 2014). Subjective experiences of fear do not correlate well with measures of behavioural or neurophysiological responses. Threats presented subliminally can elicit a peripheral physiological response even if they are unaware of the threat and lack feelings of fear (LeDoux, 2020; Mertens & Engelhard, 2020). Threats can operate in the background, and the victim might not know about them. There is a Threat Circuit that controls human defence response. Fear and Anxiety are mental states that correspond to the subjective dimension of Threats (LeDoux, 2014; LeDoux & Pine, 2016).

There is also considerable confusion resulting from the interchangeable use of the terms "fear" and "anxiety". To avoid this, most authors propose that the mental state *fear* be used to describe feelings that occur when the source of harm, the threat, is either immediate or imminent. Whereas *anxiety* is used to describe feelings that occur when the source of harm is uncertain or is distal in space or time (LeDoux & Pine, 2016). In other words, fear is distinguished from anxiety by being present-oriented and certain, rather than future-oriented and uncertain (Carleton, 2016). The two conditions are related to different brain parts (Gullone et al., 2000; J. LeDoux, 2020; J. E. LeDoux, 2014). Fear has its neural nucleus in the amygdala and Anxiety in the brain stem. Both interact with the pre-frontal cortex (conscious process) and memory (identifying past instances of danger).

As elicited by an imminent threat, fear leads to selective attention on the menace and a blind spot (scotoma) towards other peripheral stimuli. Anxiety, on the contrary, is char-

acterised by a sustained state of heightened vigilance to the entire surrounding environment due to the need to locate and face an uncertain danger. This distinction has implications in terms of how things are remembered and the level of detail in memories expected in the assessment.

Anxiety is an undervalued emotion in front of fear. It is assumed that "it is normal" to be anxious, and, for many experts, it does not qualify for "severe mental suffering". This is a misconception. While it is a normal life element to experience occasional anxiety, anxiety that is persistent, seemingly uncontrollable, and overwhelming produces severe suffering and can be extremely disabling.

The conscious experience of fear depends on a set of processes in which there is a subjectivity component that requires an individualised assessment. Among the processes involved are sensory perception, how this perception interacts with previous memories and experiences to arouse emotions with its associated body response, how it challenges self-schemas, and how emotions are interpreted into feelings. Added to this are the narrative built upon these feelings and the way the person tries to cope with them.

Interoceptive threats.

Most people are familiar with the external sensory receptors that send signals to the mind that can constitute signs of threat and alarm. Much less well-known are the interoceptive receptors.

Interoceptive receptors inform the person about internal signals: visceral pain (i.e. headache), functioning (heart rate, breathlessness, hunger) etc. Interoceptive threats are perceptions of threat that come from inner receptors in the body.

An example is breathing difficulties. Research shows that dyspnoea increases CO_2 levels, which triggers interoceptive receptors that transmit the signal, increasing anxiety levels. The purpose is to open airways and create maximum tension to breathe, although sometimes anxiety will provoke more dyspnoea. This anxiety reaction can be easily conditioned: the person might not have breathing difficulties but just be *expecting* breathing difficulties, and the level of anxiety and dyspnoea will also increase. Furthermore, the extreme form of fear is panic. Panic attacks are usually associated with dyspnoea, and dyspnoea can trigger panic attacks. This is the physiological reason that explains that dry and wet asphyxia as torture methods produce insurmountable fear and anxiety, leading to panic from the very first moment. They result from the activation of innate defensive responses with a mutually potentiating effect of dyspnoea and anxiety (Lang et al. 2011). This effect is so powerful that it appears with both predictable threats (the person is told 20 seconds in advance of the breath occlusion) and unpredictable threats (there is no advice of the occlusion). Fear and anxiety will appear in any case.

Measuring fear: psychophysiological test.

Numerous psychophysiological measures have been proposed to quantify body responses to fear and anxiety. Among others, Facial Temperature, Eye Blinking Rate with a high-speed camera, Electromyography to measure Blink reflex, Electro-dermal activity-Skin Conductance Response, Pupillometry, Changes in Electro-encephalogram, Heart rate variability, Breath rate.

All of them provide useful measures for experimental research. Their applicability in naturalistic settings is advancing at a considerably high speed, and they will likely be used in the future. As for now, measures of fear have a low to moderate correlation with subjective

measurements of fear; most devices require cooperation from the subject, and in any case, calibration and validation are complex. Thermal Cameras are the technology that is most used in interrogational settings. Fear is associated with decreased facial temperature during 4-5 seconds, 2 seconds after the threatening stimulus. While fear can be detected, anxiety gives blunt and unspecific measurements, and it is generally more difficult to detect and measure with any device (Choi et al., 2015; Christopoulos et al., 2019; Hyde et al., 2019; Maffei & Angrilli, 2019; Pinkney et al., 2014; Sonkusare et al., 2019).

People especially vulnerable to threats.

There are people more vulnerable to present *strong fear responses*. When available measures provide reliable determinations of the body's answer to a threat, reflecting a combination of both conscious and unconscious process, science will be able to detect if a person has a high susceptibility to fear beyond her subjective experience. Technology will measure biological proneness to fear and anxiety responses. People with a greater tendency to couple aversive stimuli and fear and thus develop *long-term introjection of fear*. A comprehensive review (Lonsdorf & Merz, 2017) suggest that (a) there is a significant genetic component, (b) high levels of sex hormones (i.e. contraceptive treatment) are protective and correlate with a lower fear acquisition, (c) high levels of cortisol seem to inhibit fear acquisition circuits, and it relates to a lower

prevalence of Post-Traumatic Stress Disorder (PTSD) under threat conditions. This is the basis for the use of Beta-Blockers for early treatment of PTSD

These biological elements should not obscure the importance of previous life experiences. Exposure to child maltreatment and exposure to recent adverse events increases fear responses by making it more difficult to discriminate relevant from irrelevant threats producing indiscriminate arousal ((Lonsdorf & Merz, 2017)

Cognitive characteristics of the survivor determining fear and anxiety responses.

Table 2 summarises the most relevant elements: high perception of being in control and high self-efficacy as protective elements and high Intolerance to Uncertainty and Ambiguity, and the use of Thought Suppression as vulnerability elements.

Control. Being in control means being able to face the conflict between Goals (i.e. survive, dignity, protect others) and Short-term (i.e. Physical and mental suffering) and Long-Term (Guilt, Social rejection) Costs. The ruminations and anguish around the decision itself produce severe mental suffering, even when the person can ultimately retain a sense of control. Some authors have proposed that being at the mercy of others and lack of control are linked to PTSD and are, indeed, the central mechanism explaining the clinical impact of torture (Basoglu, 2017).

Table 2. Cognitive elements in coping with threats.

Protective elements	Vulnerability elements
• Control • Self-efficacy	• Use of Thought Suppression • Intolerance to Uncertainty • Intolerance to Ambiguity

Some authors have proposed that fear and anxiety on the one hand and perceived control on the other are two sides of the same coin. This is not strictly true. Rather, they are opposing and conflicting processes. It is possible to experience high levels of fear and anxiety and have a sense of control and vice versa. The control circuit is of higher order and tries to inhibit the fear and anxiety responses by downsizing them. When it fails and anxiety and fear override control, there is a global sense of powerlessness and helplessness. Some describe fear and anxiety as "hot processes" and control as "cooling processes" (Kotabe & Hofmann, 2015).

A related concept is the **Perception of Self-efficacy** (Bandura, 1977; Benight & Bandura, 2004). Self-efficacy does not relate to the situation (as control does). It describes a general trait related to the perceived capability to manage one's functioning and the environmental demands after a traumatic experience. Enhancing perceived self-efficacy has been shown as a useful therapeutic approach in torture survivors (Morina et al., 2018).

On the negative side, there is **Intolerance to Uncertainty** (IU). Individuals who are Intolerant to Uncertainty interpret the unknown in the future as a source of anxiety, even when the possibility of its occurrence is low (Carleton, 2012). High Intolerance to Uncertainty, as a trait of the personality of the survivors, is associated with: (a) *Higher responsivity to an ambiguous threat*, even when the threat is mild, and more difficulties in fear extinction (Morriss, Saldarini, & van Reekum, 2019) (b) *Once the ambiguous threat turns into a direct threat, there is a relief*, as measured, for instance, in lower Skin Conductance response (Morriss, Saldarini, Chapman, et al., 2019) (c) IU is positively related to *worry and rumination* (Dugas et al., 2001) and it is associated with a higher prevalence of PTSD

(d) A higher intolerance to Uncertainty predicts *higher perception of pain* (Donthula et al., 2020). (e) People with a high intolerance to Uncertainty feel more threatened when deciding upon potential harm to others (for instance, a relative) than having to decide upon harm to oneself (Jacoby et al., 2019).

Intolerance to Uncertainty plays a key role in understanding fear responses. It helps to understand why torture survivors sometimes say that when confronted with uncertainty and fear, it can sometimes be a relief when physical pain finally appears. Alternatively, why a threat to a friend or a relative can be more damaging than a threat to oneself.

Individuals who are **Intolerant of Ambiguity** (IA) need clear rules and tend to interpret ambiguous situations as a menace (Grenier et al., 2005). While Intolerance to Uncertainty refers to an unpredictable component in the future, Intolerance to Ambiguity refers to the uncertainty of the present. People with a high intolerance to Ambiguity suffer when (a) placed in environments where rules are unclear or random; for instance, today is rewarded, tomorrow is punished. (b) Situations where the perpetrator generates contradictory emotions of fear and protection in the victim, preventing them from knowing what kind of relationship to establish.

Finally, **Thought Suppression** is a trait and indicates the tendency to avoid thinking on painful thoughts or memories. There are underlying neurobiological differences that make some people more prone to thought suppression (Cowan et al., 2017). Interesting enough, both thought-suppression and excessive thought (rumination) produce adverse effects and predict proneness to suffer intrusive symptoms and PTSD. (Wenzlaff & Wegner, 2000).

Table 3.

From a medical and psychological point of view	From a legal perspective

• Context including environment and non-verbal communication.
• Combination with other methods that potentiate the impact
• Immediacy
• Chronic – Sustained in time
• Conditionality (Coercion) – Unconditionality (Punishment, Humiliation, Discrimination)
• Credibility including
  - Proportionality and Irrationality
  - Plausibility and planification
  - Expected outcome of compliance
  - Historical and political context including political costs
 	
Mental suffering: fear and anxiety responses (including past fear experiences and determination of biological and cognitive vulnerabilities – TU, TA, TS)
	• Context including
	  - Legality,
	  - Vulnerability (situational and dispositional)
	  - Totality: combination or sequential methods
	• Perception: subjective appraisal
	• Practice: Knowledge and experience of patterns and predispositions.
	• Proximity (spatial and temporal), including immediacy, powerlessness and constraint.

Conclusions

Where does this complexity leave us concerning understanding and documenting threats? There are clear challenges for both health and legal practitioners who are faced with this phenomenon. In this issue, Ergun Cakal (2021) presents a conceptual and jurisprudential review of threats as a form of ill-treatment or torture. Table 3 compares the main elements of analysis arising from the medical and psychological review in this editorial compared to Cakal's legal review. While the legal review emphasises the 3 P (Perception, Practice and Proximity), the medical and psychological review emphasises mental suffering (anxiety and fear) plus the 5 C (Context, Combination and Chronic, Conditionality and Credibility).

The table shows that the two perspectives do not show important conflicts beyond the specific mnemonics being C or P.

When read together, they articulate the central importance of foregrounding the victim's appraisal of the threat and the context in which it is communicated – that this is predominantly a subjective assessment.

Some elements arise from this medical and psychological theoretical analysis that might qualify the legal perspective in the future.

1. When threats are one of the core elements of a torturing environment, they need a specific assessment by the lawyer and the forensic expert. Threats are often deployed interactively to take advantage of specific vulnerabilities and produce the maximum

fear and anxiety.

2. Some jurisdictions consider that threats involve physical harm. An integral view should consider that attacks on identity and psychological suffering are not necessarily associated with a threat of *physical* harm.

3. Some jurisdictions also consider that the threat must be communicated. The review shows that (a) a threat can be contextual (b) the person threatening might not be aware of the threat, but this could still qualify as CIDT.

4. This editorial review shows that it is not necessary for a victim actually to experience fear or terror. It is the intention of the person making the threat to produce the suffering with a certain purpose what matters. Nevertheless, the level of mental suffering (fear or sustained anxiety) is a robust direct indicator of the threat's severity and credibility.

5. Cakal's review (this issue) examines the legal principle that threat must be "credible, real, and imminent" and interprets this to be qualified based on the victim's perception. The medical review enlarges this perspective to consider that. Credibility includes elements related to the historical and social context, the characteristics of the person who threatens, the threatened person, and the interaction between both.
   • It must be considered in the context of other potentiating elements
   • Immediacy is not necessarily the only possibility. Chronic or delayed threats might produce similar mental suffering.

6. Threats sometimes are made real to be credible, and punishment and threats alternate. The distinction between threat and assault might be subtle, and the physical and psychological are intertwined. Threats are a form of psycho-logical assault.

In brief, the medical and psychological and legal review are basically coincident, although the medical and psychological review offers opportunities to enlarge the analysis and to consider further additional criteria. The research on threats as torture is in its beginning. Field studies should confirm which of the above criteria are more relevant to understand the experience of victims and work in the rehabilitation of consequences.

In this issue...

Suzanne Portnoy, Nicholas Nelson, Jenna O. Kupa, Isabelle Rocroi, Emily Tatel, Alejandro Diaz, and Kala M. Mehta present a cross-sectional study on patterns of torture among forcibly displaced Eritrean men in the US. This is the first study of its kind and provides valuable data on prevalent methods, and clinical impacts in a sample of 59 survivors assessed using the Istanbul Protocol. Following the call for contributions from the Journal, Juliet Cohen, B Gregory, K Newman, E J Rowe, and D Thackeray present preliminary data on the feasibility and results of Remote medico-legal assessment by telephone during Covid-19, showing that it can be safely used with some special considerations decribed in the paper. We are now expecting results from the comparision between telephone and video assessments. Vipin Vijay, Sanjeev Sahni and Danial Andzenge present a qualitative study on the Experiences of survivors of commercial sexual exploitation at RP homes in India with an analysis of the elements that facilitate the rehabilitation according to the voice of survivors. Hoffmann et al. conducted an uncontrolled pilot study on the use of effective rehabilitation methods of EMDR with children in war contexts, showing that the method deserves further testing.

The IRCT conducted an open discussion on Survivor Engagement in the work of Rehabilitation Centers for torture survivors. Berta Soley has summarised the conclusions and included an interview with Lynne Walker that shares how the Tree of Life Trust has incorporated this perspective for more than ten years.

In recent months, during a year when organisations that provide services for survivors of torture faced new challenges during the global COVID-19 pandemic, some of the people who have been leading the anti-torture movement for years have passed away. We have paid tribute to Javier Enriquez Sam (1960-2021), Gerald "Jerry" Gray (1935-2020), Sister Jean Abbott (1943-2021), Jose María "Chato" Galante (1948-2020), Gianfranco De Maio (1963-2020) and Sister Dianna Ortiz (1958-2021). Many more people have left us in these months, but let the testimony of Javier, Jerry, Jean, Chato, Gianfranco and Dianna serve as a tribute. They have left behind them a light that we will try to follow.

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