

Torture and ill-treatment among former Belarusian political prisoners after 2020

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Key points of interest

- In this sample of emigrated former Belarusian political prisoners, respondents described torture and ill-treatment as a repeated experience, beginning at arrest and continuing through pre-trial detention, sentenced imprisonment, and the period after release.
- Psychological and degrading practices were central to respondents' account. Information isolation, separation from relatives, humiliation, denial of medical care, punitive isolation, and forced dependence on the prison administration were reported as part of the detention environment, not only as isolated incidents.
- Documentation, rehabilitation, and medico-legal assessment should include both physical and psychological forms of torture and ill-treatment and should also consider post-release insecurity and migration-related stressors when assessing former political prisoners in exile.

Abstract

Introduction: Political imprisonment is associated with long-term psychological harm, but evidence from Eastern and Central Europe, particularly Belarus, remains limited. After the 2020 post-election crackdown, many former Belarusian political prisoners left the country, yet their experiences of torture and ill-treatment have not been systematically described. **Methods:** We conducted a cross-sectional survey of 77 adult former Belarusian political prisoners who reported politically motivated criminal prosecution, detention or imprisonment, and subsequent emigration after release. The questionnaire covered detention history, physical and psychological violence and ill-treatment, suicidality in custody, subjective stressors, and perceived purposes of violence. Six semi-structured interviews were used to contextualise the survey findings. **Results:** Respondents completed the assessment a median of 11 months after emigration. Violence at arrest was reported by 85.7% of respondents. During imprisonment, with a median duration of 30 months, physical torture or ill-treatment was reported by 88.3% and psychological torture or ill-treatment by 98.6%; 54.8% endorsed ten or more psychological abuse categories. Punitive isolation was reported by 52.1%, suicidal thoughts in custody by 30.1%, self-harm by 12.3%, and suicide attempts by four respondents. Humiliation of the person (81.9%) and submission or suppression of the person (80.6%) were the most frequently endorsed perceived purposes of violence. **Discussion:** In this non-random sample of emigrated former political prisoners, respondents described a recurrent pattern of physical, psychological, and degrading abuse from arrest through imprisonment and after release. Psychological and degrading forms of ill-treatment were central to these reports. The findings support revised Istanbul Protocol-based assessment,

documentation, and rehabilitation, with attention to both detention-related trauma and post-release insecurity.

Keywords: political imprisonment, torture, psychological torture, Belarus, Istanbul Protocol

Introduction

Political imprisonment is associated with long-term psychological harm. Studies of former political prisoners in Turkey, East Germany, and Romania have documented elevated levels of post-traumatic stress, depressive, anxiety, and dissociative symptoms years and sometimes decades after release (Başoğlu et al., 1994; Bauer et al., 1993; Bichescu et al., 2005; Maercker et al., 2000; Maercker & Schützwohl, 1997). Meta-analytic evidence from populations exposed to mass conflict and displacement likewise indicates that torture exposure is strongly associated with persistent adverse mental health outcomes (Steel et al., 2009). However, these outcomes cannot be understood only as the consequences of discrete violent episodes. In politically motivated detention, harm may also arise from the structure of the detention environment itself, including chronic uncertainty, enforced dependency, humiliation, isolation, and loss of control over basic bodily and social needs.

A central development in this literature has been the recognition that psychological forms of torture and ill-treatment may produce long-term consequences as severe as those associated with physical torture (Başoğlu et al., 2007). The revised Istanbul Protocol reflects this broader understanding by emphasising the documentation of both physical and psychological torture and other cruel, inhuman, or degrading treatment or punishment (United Nations, 2022). Conceptual work on torture has further highlighted the role of unpredictability, uncontrollability, and attacks on personal autonomy and identity as mechanisms through which detention practices may become psychologically destructive (Başoğlu, 2017; Pérez-Sales, 2016). Empirical studies, however, often report physical and psychological ill-treatment together, while their co-occurrence, cumulative burden, perceived purposes, and subjective meanings remain insufficiently described.

Within this literature, Eastern and Central Europe remain underrepresented. The most systematic work has come from the former German Democratic Republic, where former political prisoners showed high rates of trauma-related symptoms long after detention (Maercker et al., 2000, 2013; Maercker & Schützwohl, 1997). These studies used a checklist of persecution and maltreatment and documented both physical and psychological torture and ill-treatment. More recently, Maercker

(2023) drew attention to the continuing psychological reverberations of collective and historical trauma across post-communist societies and noted that empirical evidence remains limited for most countries in the region.

Belarus represents a contemporary case of large-scale political repression involving detention, imprisonment, torture, and other forms of ill-treatment. Following the presidential election of August 2020, Belarusian authorities responded to mass protests with arbitrary detentions, torture, and other cruel treatment in custody, and politically motivated prosecutions targeting protesters, journalists, human rights defenders, and other civil society actors (United Nations Human Rights Council, 2025; Human Rights Watch, 2020). These cases were processed by a judiciary that international monitors do not regard as independent of the executive: political trials were marked by systemic fair-trial violations, including closed-door hearings, restricted access to defence counsel, the admission of statements reportedly obtained under duress, and verdicts widely regarded as predetermined. Repression did not end with the first post-election weeks. In the following months and years, politically motivated prosecutions and detention-related abuses continued, while a substantial wave of emigration emerged from Belarus (Kazakou & Thomas, 2025; United Nations Human Rights Council, 2025).

Despite the scale of these events, empirical research on the health consequences and lived experience of those affected remains limited. Javakhishvili et al. (2023) described the development of the Samopomoch digital mental health platform for people affected by political repression in Belarus, providing one of the first peer-reviewed accounts of the psychological needs generated by the post-2020 crackdown. Kazakou and Thomas (2025) documented persistent fear, trauma related to witnessed and experienced violence, and unmet need for psychological support among Belarusians in exile, but their sample represented the broader Belarusian diaspora rather than former political prisoners specifically. Korshunau (2024) examined collective trauma in Belarusian society after 2020 and described widespread traumatic exposure and ongoing retraumatisation at the societal level. Chulitskaya and Matonytė (2025) analysed the experiences of women incarcerated for political reasons in Belarus and documented physical discomfort, targeted humili-

ation, and psychological pressure. Taken together, these studies show that the psychological impact of the 2020 crackdown is substantial. However, they do not provide systematic data on the prevalence and patterning of torture and ill-treatment, perceived purposes of violence, or subjective stressors during imprisonment among former political prisoners.

This gap is important because the Belarusian context combines several factors associated with severe and persistent psychological harm: prolonged detention, cumulative exposure to multiple forms of physical and psychological abuse, restriction of contact with relatives, information isolation, denial of medical care, punitive isolation, and forced dependence on prison administration. These features make it necessary to describe not only separate acts of violence, but also the broader pattern through which detention conditions may produce coercion, humiliation, dependency, and loss of autonomy.

The aim of the present study was to describe the prevalence and patterns of physical and psychological torture and ill-treatment reported by former Belarusian political prisoners who had emigrated after release. The study also examined respondents' perceptions of the purposes of violence and the main subjective stressors during imprisonment. Survey findings were supplemented with selected narrative material from semi-structured interviews to clarify the meaning of quantitative patterns and preserve survivors' descriptions of detention conditions.

Methods

Study Design

This article reports a cross-sectional analysis of survey data from former Belarusian political prisoners, supplemented by semi-structured interviews used to contextualise and illustrate the quantitative findings. It includes only participants with experience of reportedly politically motivated deprivation of liberty in Belarus.

Definitions

Key terms are used as follows. Torture follows Article 1 of the United Nations Convention against Torture: the intentional infliction of severe physical or mental pain or suffering by, or with the consent or acquiescence of, a public official, for a purpose such as obtaining information or a confession, punishment, intimidation, coercion, or discrimination (United Nations, 1984). Ill-treatment refers to cruel, inhuman, or degrading treatment or punishment that is prohibited under the same Convention but does not meet all of the defining elements of torture, for example where the required severity or specific purpose is absent; following standard usage in the field, "torture and ill-treatment" is

used as an umbrella term covering this range of acts. Adult denotes a person aged 18 years or older.

Solitary confinement follows the United Nations Standard Minimum Rules for the Treatment of Prisoners, the Nelson Mandela Rules: confinement for 22 hours or more per day without meaningful human contact, with more than 15 consecutive days regarded as prolonged solitary confinement (United Nations, 2015). In this study, it was operationalised as placement in a disciplinary punishment cell (*shtrafnoi izolyator*, ShIZO) or cell-type room (PKT). The survey did not separately capture non-disciplinary forms of single-cell confinement. Because the measured construct was disciplinary placement, the terms "solitary confinement" and "punitive isolation" are used interchangeably in this paper.

The detention settings referred to in this paper follow the structure of the post-Soviet penal system. A pre-trial detention centre (*sledstvennyi izolyator*, SIZO) holds people during investigation and trial. After sentencing, most terms are served in a correctional colony, a guarded compound in which prisoners live in shared, barracks-style accommodation and are normally assigned to work, with the regime graded by severity. A prison, by contrast, is a stricter, cell-based institution reserved for the most serious offences or used as a harsher regime. An open-type correctional institution operates a semi-open regime with fewer restrictions on movement.

Participants and recruitment

Eligible participants were adults who reported criminal prosecution on political grounds in Belarus, experience of detention or imprisonment, and subsequent migration from Belarus after release because of the risk of further persecution. Recruitment was conducted through networks connected with former political prisoners, Belarusian diaspora communities, civil society initiatives, and personal contacts. Invitations to participate were distributed online through private communication and community channels. Independent verification of each legal case was not attempted for security and feasibility reasons.

Survey and interview data were collected between 17 February and 31 May 2025. The dataset contained 77 eligible survey records from former Belarusian political prisoners who had migrated after release. Because invitations were distributed through civil society, diaspora, and private community channels, the number of people who received an invitation could not be determined, and a response rate could not be calculated. Because of the sensitivity of the topic and the practical difficulty of re-contacting respondents, partially completed questionnaires were retained. Analyses were therefore performed on an available-case basis, and the denominator is reported for each

variable. No formal sample size calculation was performed for this focused analysis; all eligible records available during the data-collection period were included.

Survey procedures and measures

Data were collected with a custom questionnaire developed in-house by the research team. It used a Laravel (PHP) backend, a React frontend, and a MySQL database, and ran on an Ubuntu server hosted locally and controlled by the research team, so that responses were not transmitted to or stored by any third-party provider. Individualised access links were distributed to participants through the Telegram messaging application. The broader study included several psychometric instruments. In the article, the analysis was limited to variables directly related to the experience of arrest, detention, imprisonment, and post-release migration. The full questionnaire, including the voluntary consent text, is provided in Supplementary File S2.

The survey sections used in this paper covered socio-demographic characteristics, educational level, time in emigration, duration of imprisonment, duration of pre-trial detention, time between release and emigration, violence at arrest, solitary confinement, physical and psychological violence or torture during detention, suicidal thoughts and self-harm in custody, perceived major stressors during imprisonment, and respondents' views on the purpose of violence. Several survey items also allowed free-text responses. These responses were used as short narrative illustrations of specific quantitative findings.

The physical and psychological torture and ill-treatment categories were compiled as a project-specific checklist that drew on the revised Istanbul Protocol framework and on prior research on political imprisonment (Maercker & Schützwohl, 1997; United Nations, 2022), with additional context-specific items reflecting the Belarusian penal setting. The categories were developed with input from psychiatrists, psychologists, and former political prisoners, and the questionnaire was pilot-tested for usability before launch; further detail is provided in the CHERRIES checklist (Eysenbach, 2004; Supplementary File S1).

Items on torture and ill-treatment were analysed as self-reported binary variables. Overall physical torture or ill-treatment and psychological torture or ill-treatment were coded as present when respondents endorsed at least one item in the corresponding block. The cumulative psychological abuse score was calculated as the number of psychological abuse categories endorsed. Subjective stressors were rated on a 0–5 scale, with ratings of 4 or 5 indicating high subjective severity. Perceived purposes of violence were analysed as multiple-response items.

To reduce reporting pressure, participants could skip questions and partially completed questionnaires were retained. Variable-specific denominators are reported throughout the Results. Interview material was used only to contextualise survey findings and was not used to estimate prevalence.

Interview procedures

To complement the survey material, six semi-structured interviews were conducted with former Belarusian political prisoners from the same population. Interviewees were invited personally, at the time the survey was distributed, to take part in an interview after completing the questionnaire; because the survey was anonymous, their interview participation could not be linked to any survey record, and it was not possible to confirm whether a given interviewee had completed the survey. The interviews were carried out by two qualified psychologists, both Belarusians living in emigration, with professional experience in post-traumatic stress and in supporting the adaptation of former political prisoners; as practising psychologists, they were bound by professional standards of confidentiality, and they had no prior personal acquaintance with the participants. Interviews were conducted online using Zoom, with cameras on so that the interviewer and participant could see each other, and were held in Russian or Belarusian according to the participant's preference; only the audio was recorded. Before each interview, participants received information about the aims of the study, the topics to be discussed, the voluntary nature of participation, and the possibility of pausing or stopping at any time, and verbal informed consent, including consent to audio recording, was obtained at the start of each session.

The interview guide focused on several predefined domains: access to information and contact with relatives during imprisonment, everyday living conditions and hygiene, access to medical care, interactions with prison administration, and perceived short-term and long-term consequences of detention. This structure allowed the interviews to follow a common framework while leaving room for participants to expand on issues they considered central.

Audio recordings were transcribed into text and checked against the recordings for accuracy. In this paper, the interviews were not used for formal qualitative coding or thematic analysis. Instead, selected quotations were used to provide context for the survey findings, clarify the meaning of particular quantitative patterns, and preserve the participants' own descriptions of detention conditions and their consequences. Quotations presented in this paper were translated from Russian or Belarusian into English by bilingual members of the research team.

Data security and ethical considerations

The survey was anonymous: it collected no names, contact details, or other directly identifying information. The access links were individualised and were sent to recipients personally, but they served only as random tokens that allowed a partly completed questionnaire to be resumed and prevented duplicate submissions; they did not record the recipient's identity. The survey platform stored data in a protected environment with restricted administrative access. Interview recordings and transcripts were stored separately from other study materials, and only authorised members of the research team had access to them.

The study was conducted in accordance with international ethical standards for research involving human participants. The study protocol and participant-safety procedures were reviewed by the Centre for Migration Studies at Adam Mickiewicz University in Poznań. Following detailed consultations with the research team, the Centre issued a positive ethics and safety opinion on 11 May 2025. Because the study addressed traumatic experiences, participants were informed in advance that they could skip any question or withdraw at any stage without consequences. The contact details of two psychologists were provided to every participant together with the survey link, so that anyone in distress could arrange an anonymous consultation directly. Because these consultations were anonymous, uptake was not recorded. Three participants who paused the questionnaire contacted the project manager through a messaging application to request a psychiatric consultation in addition to the psychological support, and these consultations were arranged.

Statistical analysis

The quantitative analysis in this paper was descriptive and exploratory. Categorical variables were summarised as counts and percentages. Continuous and ordinal variables were non-normally distributed and were summarised using the median and interquartile range (IQR), or range, as appropriate.

Comparisons between subgroups within the sample were performed according to the level and distribution of the data. Because several contingency-table cells had low frequencies, Fisher's exact test was used for categorical variables. For ordinal variables and for continuous variables that did not meet distributional assumptions, non-parametric rank-based tests were used, including the Mann-Whitney U test and the Kruskal-Wallis test. Statistical significance was defined as a two-sided p-value below 0.05. Item-level sex comparisons for physical and psychological abuse categories were exploratory, unadjusted for multiple comparisons, and interpreted as nominal findings. Because subgroup sizes were small, these compar-

isons should be read cautiously. Missing data were handled by available-case analysis. No imputation was performed. Variable-specific denominators are reported in the text and tables. Item-level missing data were minimal. The detailed questions on physical and psychological ill-treatment were presented only to respondents who reported experiencing each category (68 and 74 of 77, respectively), and all six stressor-severity items were completed by 73 of 77; among respondents who began a section, every item in it was answered. Across the 49 item-level variables used for the prevalence estimates (19 physical, 24 psychological, and 6 stressor items), 67 of 77 respondents (87.0%) had no missing responses, and the median number of missing items per respondent was 0 (range 0 to 49). The number of respondents without a response to a given item ranged from 3 to 9 (median 3 of 77). These gaps reflect the filter questions and a small number of respondents who did not complete later sections, rather than scattered item non-response. For the main prevalence estimates, 95% confidence intervals were calculated using the Wilson method.

For analyses involving multiple comparisons across individual stressor items, the Benjamini-Hochberg procedure was applied to control the false discovery rate. Differences in rated severity across the six predefined stressors were tested with the Friedman test; where this was significant, pairwise comparisons used the Wilcoxon signed-rank test with Holm correction.

All quantitative analyses were conducted in Jamovi, version 2.7.

Results*Sample characteristics*

The analytic sample included 77 former Belarusian political prisoners who reported criminal prosecution on political grounds and migration from Belarus after release in order to avoid further persecution. Incomplete questionnaires were retained, and the denominator therefore varies across specific analyses.

Women made up 32.5% of the sample and men 67.5%. The median age was 37 years (IQR 33 to 45). Most respondents had higher education (63.6%), while 33.8% had secondary education and 2.6% had basic education. The median time spent in emigration was 11 months (IQR 6 to 21), the median duration of imprisonment was 30 months (IQR 24 to 36), the median duration of pre-trial detention was 12 months (IQR 5 to 25), and the median time between release and emigration was 3 months (IQR 0 to 5). Three-quarters of respondents had left Belarus within five months after release. Participants completed the survey a median of 14 months after release (IQR 8.5–26) and 11 months after emigration (IQR 6–21).

Table 1. Sample characteristics

Characteristic	n (%) or median (IQR)	Range, n
Sex		n=77
Women	25 (32.47%)	
Men	52 (67.53%)	
Age, years	37.0 (33–45)	21–69; n=77
Education		n=77
Higher	49 (63.64%)	
Secondary	26 (33.77%)	
Basic	2 (2.6%)	
Migration and detention history		
Time in emigration, months	11 (6–21)	0–50; n=76
Duration of imprisonment, months	30.0 (24–36)	0–138; n=77
Time in pre-trial detention, months	12 (5–25)	1–60; n=73
Time from release to emigration, months	3.0 (0–5)	0–43; n=74
Time from release to assessment	14.0 (8.5–26)	1–52; n=75

Note. IQR, interquartile range.

Arrest and pre-trial detention

Violence at the time of arrest was reported by 66 of 77 respondents (85.7%, 95% CI 76.2–91.8). Solitary confinement during pre-trial detention was reported by 17 of 66 respondents, or 25.8%. Release immediately after trial, with time in pre-trial detention counted towards the sentence, was reported by 10 of 69 respondents, or 14.5%. No sex differences were found for violence at arrest or pre-trial solitary confinement in the current dataset.

“During the arrest, pump-action shotguns with rubber pellets were used; they kicked me and used an electric shock device. They sprayed tear gas in my face.” (Respondent 41)

The subjective predictability of arrest varied. Forty per cent of respondents described the arrest as unexpected to at least

some degree. When free-text responses were grouped into three categories, 26.7% described the arrest as completely unexpected, 45.3% said they had considered it possible, and 28.0% said they had expected it. Thus, for most respondents, the arrest was at least partly unexpected. Women (48%) more often described the arrest as completely unexpected than men (17%), whereas men (52%) compared to women (30%) more often fell into the intermediate category (Kruskal-Wallis $\chi^2 = 4.457$, $p = 0.0348$).

“I did not expect that they might come for me... When they came, I was shaking inside from fear and worry for my daughter. I understood that I would not return home that day and that my life had now been turned upside down forever.” (Respondent 68)

Narrative responses described both abrupt detention and longer periods of anticipation. Some participants wrote that they had understood the political risks but still had not expected the degree of violence used during arrest. Others described an immediate sense that ordinary life had ended at the moment of detention.

Imprisonment and solitary confinement

The median time spent in detention or imprisonment was 30 months. Men had longer terms than women, with median values of 34 and 24 months, respectively ($p = 0.043$). Respondents reported experience of different forms of deprivation of liberty, including pre-trial detention centres, colonies, prisons, open-type institutions, and release directly after trial. Because some respondents passed through more than one institution, the denominators differ across analyses of detention conditions.

Among respondents with experience of a colony, 18 of 35, or 51.4%, had been placed in solitary isolation at least once. This was more frequent among men than women, 64.0% versus 20.0% ($p = 0.027$, Fisher’s exact test). The median cumulative duration of solitary confinement in a colony was 13 days, although one respondent reported 360 days and all others were below 66 days. Among respondents with experience of prison, 11 of 32 (34.4%) reported solitary confinement. In that subgroup, the median duration of solitary confinement was 20 days, with a range from 7 to 170 days. Across all forms of custodial punishment, 38 of 73 (52.1%, 95% CI 40.8–63.1) respondents reported at least one period of punitive isolation.

Interview narratives were consistent with these reports. One former political prisoner described the regime for political detainees as separate from that of others in custody, with different rules for movement, food, and disciplinary measures.

Another described the administration as openly prejudiced from the institution's first days.

Physical torture and ill-treatment

Of the 77 respondents who answered questions on detention conditions, 68 (88.3%, 95% CI 79.3–93.7) reported at least one form of physical torture or physical ill-treatment during imprisonment. The most frequent categories were forced stripping and humiliating procedures, reported by 49 respondents (72.1%);

“Complete undressing and displaying my underwear happened to me hundreds of times... it was recorded by a surveillance camera... during court hearings this was a ‘group’ undressing.” (Respondent 70)

forced painful or unnatural positions, reported by 34 (50.0%);

“Movement through the temporary detention facility for ‘political’ criminal detainees was in the ‘swallow’ position, as low as possible, without raising the head. In correc-

Table 2. *Physical torture and physical ill-treatment during detention*

No	Type of violence/ill-treatment	Total, n=68, n (%)	Women, n=20, n (%)	Men, n=48, n (%)	p
1	Single beating	30 (44.1%)	8 (40%)	22 (45.8%)	0.790
2	Beating by one person	6 (8.8%)	1 (5%)	5 (10.4%)	0.662
3	Repeated or systematic beating	2 (2.9%)	0	2 (4.2%)	1.000
4	Beating by a group of persons	13 (19.1%)	0 (0%)	13 (27.1%)	0.007
5	Forced stripping and humiliating acts	49 (72.1%)	18 (90%)	31 (64.6%)	0.040
6	Forced labour in dangerous conditions	17 (25%)	4 (20%)	13 (27%)	0.760
7	Forced painful or unnatural positions	34 (50%)	11 (55%)	23 (47.9%)	0.791
8	Torture with electric devices	8 (11.8%)	3 (15%)	5 (10.4%)	0.685
9	Strangulation	8 (11.8%)	2 (10%)	6 (12.5%)	1.000
10	Injury with sharp, stabbing, or firearm weapons	1 (1.5%)	0	1 (2.1%)	1.000
11	Medical or dental torture	4 (5.9%)	1 (5%)	3 (6.3%)	1.000
12	Burns caused by hot or chemical agents	1 (1.5%)	0	1 (2.1%)	1.000
13	Sexual violence	1 (1.5%)	1 (5%)	0	0.294
14	Pharmacological abuse	3 (4.4%)	1 (5%)	2 (4.2%)	1.000
15	Cell without heating in winter	5 (7.4%)	2 (10%)	3 (6.3%)	0.627
16	Torture involving animals	4 (5.9%)	3 (15%)	1 (2.1%)	0.073
17	Suspension	0	0	0	—
18	Extraction of nails or hair; mutilation	0	0	0	—
19	Other	11 (16.2%)	1 (5%)	10 (20.8%)	0.155

Note. Denominators in this table refer to respondents who reported at least one form of physical torture or physical ill-treatment. P values are from item-level sex comparisons using Fisher's exact test. Suspension and extraction of nails or hair were offered as response categories but were endorsed by no respondent; no significance test was performed for these items (—).

tional colony No. 1, during quarantine, most of the day had to be spent standing in formation; afterwards your legs and back were killing you.” (Respondent 44)

and single or repeated beatings, with the most common beating category reported by 30 respondents (44.1%).

Forced labour in dangerous conditions was reported by 17 respondents (25.0%).

“Carrying tons of snow in any weather and after the bathhouse with wet hair, breaking ice, unloading tons of vegetables, working in inhuman conditions at the factory: in summer the air temperature at the workplace was over 30 degrees... the ventilation barely works, it is also very dusty, and there is no possibility to wash after work.” (Respondent 54)

The questionnaire distinguished forms of beating along two dimensions: “single beating” and “repeated or systematic beating” refer to an isolated versus a recurring episode, whereas “beating by one person” and “beating by a group of persons” refer to the number of perpetrators. “Medical or dental torture” denotes the use of medical or dental procedures to inflict pain, such as punitive tooth extraction, and “pharmacological abuse” the forced administration of drugs or other substances. Full item wording is provided in Supplementary File S2.

Less frequent but still documented forms included electric shocks, strangulation, medico-dental abuse, sexual violence, pharmacological abuse, cold cells in winter, and use of animals.

“Several times in the punishment cell they set a dog on you so that it could almost jump onto you.” (Respondent 98)

Two sex differences reached nominal statistical significance in this block. Beating by a group was reported only by men (27.1% of men vs 0% of women, $p = 0.007$). Forced stripping and humiliating procedures were more frequent among women than men (90.0% vs 64.6%, $p = 0.040$). Other differences were not statistically significant.

The interview material helps to clarify what some of these categories meant in practice. One participant described repeated humiliation through forced undressing and squatting in front of prison staff and other detainees. Another described quarantine in the colony in simple terms: “they did not let us wash at all.”

Psychological torture and ill-treatment

Psychological torture or psychological ill-treatment was even more widespread. Among 74 respondents who answered this block, 73 (98.6%, 95% CI 92.7–99.8) reported at least one such experience. The most frequent forms were constant artificial light in the cell, reported by 59 respondents (79.7%); extreme conditions such as heat, cold, or darkness, reported by 49 (66.2%);

“Placement in cells heavily infested with bedbugs... confinement in rooms with poor access to oxygen. Holding large numbers of people in small rooms. Delayed provision of medical care. Refusals to allow showers at the scheduled time... Sleeping on bare boards. Being held in unsanitary conditions...” (Respondent 24)

Refusal of medical care, reported by 48 (64.9%);

“Constantly, neither in the temporary detention facility, nor in the pre-trial detention centre, nor in the colony was medical care provided. To get a painkiller, one had to endure humiliation.” (Respondent 54)

insults, reported by 45 (60.8%); sleep deprivation, reported by 44 (59.5%); rodents in cells, also reported by 44 (59.5%); overcrowded cells, reported by 41 (55.4%); restricted contact and access to information, reported by 41 (55.4%);

“In the Centre for the Isolation of Offenders and in the temporary detention facility, there was complete information isolation. In the ‘political’ cells there were no books, no crosswords, nothing at all to occupy the mind. We read the labels on one another’s clothes, and that was a pleasure.” (Respondent 44)

and threats of killing or other violence, reported by 40 (54.1%).

“OSAM [special active measures service] officers threatened to put my mother and wife in prison and said that the children would be ‘raised by the state’. They justified this by saying that now they were allowed to do anything.” (Respondent 26)

The accumulation of psychological abuse was substantial. Among the 73 respondents who reported at least one such form, the average number of categories endorsed was 10. Three or more forms were reported by 91.8%, five or more by

Table 3. *Psychological torture and psychological ill-treatment during detention*

No.	Type of violence/ill-treatment	Total, n=74, n (%)	Women, n=23, n (%)	Men, n=51, n (%)	p
1	Mock execution	1 (1.35%)	0	1 (1.96%)	1.000
2	Sensory deprivation	5 (6.76%)	2 (8.7%)	3 (5.88%)	0.643
3	Sounds of torture or screams of other people	15 (20.27%)	3 (13.04%)	12 (23.53%)	0.365
4	Constant sound exposure (noise, loud music, etc.)	30 (40.54%)	10 (43.48%)	20 (39.22%)	0.801
5	Cell without access to daylight	42 (56.76%)	12 (52.17%)	30 (58.82%)	0.621
6	Cell with constant artificial light	59 (79.73%)	18 (78.26%)	41 (80.39%)	1.000
7	Restriction of contact and access to information	41 (55.41%)	15 (65.22%)	26 (50.98%)	0.316
8	Prohibition on toilet or shower use	23 (31.08%)	9 (39.13%)	14 (27.45%)	0.416
9	Absence of personal hygiene items	29 (39.19%)	13 (56.52%)	16 (31.37%)	0.070
10	Solitary confinement	28 (37.84%)	6 (26.09%)	22 (43.14%)	0.201
11	Overcrowded cell	41 (55.41%)	9 (39.13%)	32 (62.75%)	0.078
12	Cell with rodents	44 (59.46%)	14 (60.87%)	30 (58.82%)	1.000
13	Sleep deprivation	44 (59.46%)	14 (60.87%)	30 (58.82%)	1.000
14	Sleeping in shifts	25 (33.78%)	4 (17.39%)	21 (41.18%)	0.063
15	Extreme detention conditions (heat, cold, darkness)	49 (66.22%)	14 (60.87%)	35 (68.63%)	0.598
16	Hunger or thirst	19 (25.68%)	7 (30.43%)	12 (23.53%)	0.572
17	Refusal of medical care	48 (64.86%)	13 (56.52%)	35 (68.63%)	0.430
18	Threats (killing, violence, reprisals, etc.)	40 (54.05%)	11 (47.83%)	29 (56.86%)	0.615
19	Insults	45 (60.81%)	16 (69.57%)	29 (56.86%)	0.441
20	Witnessing physical violence against others in custody	30 (40.54%)	11 (47.83%)	19 (37.25%)	0.448
21	Witnessing psychological violence against others in custody	8 (10.81%)	4 (17.39%)	4 (7.84%)	0.245
22	Hearing others in custody subjected to physical violence	36 (48.65%)	11 (47.83%)	25 (49.02%)	1.000
23	Hearing others in custody subjected to psychological violence	12 (16.22%)	7 (30.43%)	5 (9.8%)	0.040
24	Other	10 (13.51%)	3 (13.04%)	7 (13.73%)	1.000

Note. Denominators in this table refer to respondents who answered the psychological violence block. p-values are from sex comparisons using Fisher's exact test. "Prohibition on toilet or shower use" records reported denial of access to a toilet or shower and does not distinguish complete prohibition from severe restriction. Full item wording is provided in Supplementary File S2.

80.8%, and ten or more by 40 of 73 respondents (54.8%, 95% CI 43.4–65.7). The most frequently reported forms were a cell with constant artificial light (79.7%), extreme conditions of detention such as heat, cold, or darkness (66.2%), refusal of medical care (64.9%), and insults (60.8%). Psychological abuse was therefore typically reported as a cluster of co-occurring practices rather than a single exposure. Sex differences were limited. Hearing others in custody subjected to psychological violence was also more frequent among women (30.4% vs 9.8%, $p = 0.040$). Other item-level differences, including absence of personal hygiene items (56.5% of women vs 31.4% of men, $p = 0.070$) and sleeping in shifts (41.2% of men vs 17.4% of women, $p = 0.063$), did not reach statistical significance.

Interview accounts matched this pattern. One former political prisoner said that political detainees were cut off from independent information, that letters were delayed or blocked, and that only state television and official news were available. Another described the logic of medical treatment for political prisoners in blunt terms: “not to treat them.”

Suicidal thoughts, self-harm, and suicide attempts in custody

Suicidal thoughts during detention were reported by 22 of 73 respondents (30.1%, 95% CI 20.8–41.4). They were most often reported in pre-trial detention, where 11 of 73 respondents, or 15.1%, indicated such thoughts. Self-harm was reported by 9 of 73 respondents (12.3%, 95% CI 6.6–21.8). The forms described included wrist cutting, one overdose of psychotropic medication, a dry hunger strike, and one severe case requiring hospital treatment and surgical suturing of the wound. Self-harm was evenly distributed across pre-trial detention, colony, and prison settings, with three cases in each. No such cases were reported in temporary detention facilities or open-type institutions. Four respondents reported suicide attempts (5.5%, 95% CI 2.2–13.3). Two occurred in pre-trial detention and involved cutting veins or medication overdose; one occurred in punitive isolation; and one occurred in prison and involved first a dry hunger strike and then cutting veins.

One interviewee linked the special handling of medication to a prior suicide-related classification and described the episode as part of a wider protest against abuse in detention. Another interviewee described persistent sleep disturbance after release, stating that he still slept only three to four hours per night. These accounts do not quantify long-term outcomes, but they help explain how suicidality, loss of control, and chronic sleep disruption were experienced by respondents.

Subjective stressors during imprisonment

Seventy-three of 77 respondents completed the question on the most important stressors of imprisonment. Each of the six predefined stressors was rated on a scale from 0 to 5. Loneliness and separation from relatives received the highest ratings (median 5.0), rated 4 or 5 by 54 of 73 respondents (74.0%, 95% CI 62.9–82.7). Conditions of detention (median 4.0, rated 4–5 by 61.6%) and psychological pressure, including humiliation, isolation, and threats to family members (median 4.0, rated 4–5 by 58.9%), followed. Lack of information about court proceedings or sentence length, lack of food, water, sleep, and medical care, and physical violence or threats were rated as somewhat less severe (median 3.0 for each), rated 4–5 by 43.8%, 34.2%, and 35.6% of respondents, respectively.

These severity differences were statistically reliable overall (Friedman $\chi^2(5) = 52.0$, $p < 0.001$), although the effect was small (Kendall's $W = 0.14$). After Holm correction, the three highest-rated stressors (loneliness and separation, conditions of detention, and psychological pressure) did not differ reliably from one another. Each showed higher rank-based severity than physical violence or threats and than lack of food, water, sleep, and medical care.

Subgroup comparisons of stressor severity were exploratory and underpowered; none of the 36 comparisons for individual stressors remained significant after correction.

Table 4. Subjective severity of major stressors during imprisonment

Stressor	N	Median	Range	Rated 4–5, %
Loneliness/separation from relatives	73	5.0	0–5	74.0%
Conditions of detention	73	4.0	0–5	61.6%
Psychological pressure	73	4.0	0–5	58.9%
Lack of information about court proceedings/sentence length	73	3.0	0–5	43.8%
Lack of food, water, sleep, and medical care	73	3.0	0–5	34.2%
Physical violence or threats	73	3.0	0–5	35.6%

Note. Stressors were rated on a 0–5 scale.

The interview material is consistent with the prominence of separation, uncertainty, and restricted communication. One participant described the prison environment as a “full vacuum,” with staff repeatedly telling detainees that they had been forgotten and that nobody cared about them. Another said that after release he still felt compelled to monitor whether close relatives had recently been online, because delayed letters in custody had left him with a constant fear that something had happened to them.

Perceived purposes of violence

Seventy-two respondents answered the question on the perceived purpose of physical or psychological violence. The median number of endorsed purposes was 7 (IQR 5–8, range 1 to 9), which suggests that violence was usually perceived as serving several functions at the same time rather than a single immediate aim. The most frequently endorsed purposes were humiliation (59 of 72 respondents, 81.9%, 95% CI 71.5–89.1) and submission or suppression of the person (58 of 72 respondents,

80.6%, 95% CI 70.0–88.0). They were followed by sadistic motives of perpetrators (65.3%), political views (63.9%), ideological views (59.7%), and extraction of guilt confession (58.3%). Obtaining information about another person or event was endorsed by 45.8%, and forcing cooperation by 34.7%. Financial extortion, ethnic discrimination, religious views, social status, and sexual orientation were each reported rarely.

Taken together, these responses indicate that respondents usually understood violence in custody not only as a way to obtain testimony or compliance in a narrow procedural sense, but also as a means of humiliation, domination, and destruction of personal identity. This interpretation also appeared in the interviews, where participants repeatedly described the prison regime as built around degradation, separation, and demonstrative inequality between political and non-political detainees.

Discussion

This study documents a systematic pattern of ill-treatment that began at arrest, continued throughout custody, and remained relevant after release and emigration. A distinctive feature of this study is that the assessments took place relatively early (11 months) after the participants left the country, which makes the study unique. Violence at arrest was reported by 85.7% of respondents. During imprisonment, 88.3% reported at least one form of physical torture or physical ill-treatment, and 98.6% reported at least one form of psychological torture or psychological ill-treatment. More than half of respondents reported at least one period of punitive isolation. The median duration of imprisonment was 30 months, after which most respondents left Belarus within a few months. In this sample of former political prisoners who had emigrated, these findings are consistent with an institutionalised pattern of repression in which politically motivated imprisonment and forced migration formed successive stages of the same exposure trajectory.

The reported forms of physical abuse correspond to global data on torture methods. A recent systematic review and meta-analysis of 266 studies, including 103,604 individuals from 105 countries, found that a limited number of methods accounted for most reported physical torture. Beating or blunt-force trauma was the most frequent method, followed by electrical torture and starvation or dehydration (Milewski et al., 2023). In the present sample, beatings, forced painful positions, electric shocks, strangulation, exposure to extreme temperatures, and deprivation of food, sleep, medical care, or hygiene were all reported. These methods were not unique to Belarus. They correspond to well-described global forms of custodial abuse, used here in a politically repressive penitentiary setting.

Table 5. *Perceived purposes of violence and torture*

Perceived purpose	n=72	%
Humiliation of the person	59	81.9
Submission/suppression of the person	58	80.6
Sadistic motives of perpetrators	47	65.3
Political views	46	63.9
Ideological views	43	59.7
Confession of guilt	42	58.3
Confession to a crime not committed	35	48.6
Obtaining information about another person/event	33	45.8
Nature of the alleged offence	26	36.1
Coercion to cooperate	25	34.7
Plea bargain/cooperation deal	19	26.4
Discrimination by social status	3	4.2
Ethnic discrimination	3	4.2
Extortion of money/property	2	2.8
Religious beliefs	2	2.8
Sexual orientation	2	2.8

The most prominent feature of the present findings, however, is the breadth of psychological and degrading forms of abuse. Psychological torture or ill-treatment was reported by nearly all respondents, and more than half of those affected endorsed ten or more categories. Constant artificial light, extreme conditions, refusal of medical care, insults, sleep deprivation, overcrowding, restricted communication, threats, and exposure to violence against others were each reported by more than half of respondents who answered this block. The pattern is consistent with the revised Istanbul Protocol, which treats psychological methods and degrading treatment as central elements of torture documentation and directs investigators to assess detention conditions, access to family and lawyers, medical care, solitary confinement, sensory conditions, bright lights, sleep deprivation, humiliation, guilt, and shame (United Nations, 2022).

Evidence indicates that psychological and so-called non-physical forms of abuse may have consequences comparable to those of physical torture. Başoğlu and colleagues, in a study of survivors from the former Yugoslavia, found substantial overlap between physical torture and nonphysical stressors such as psychological manipulation, humiliating treatment, aversive environmental conditions, forced positions, isolation, threats to self or family, witnessing torture of others, sleep deprivation, and deprivation of bodily functions. Their data supported a model in which perceived distress and uncontrollability, rather than physical pain alone, contribute to long-term psychological consequences (Başoğlu et al., 2007). Conceptual work has developed this framework further, focusing on unpredictability, loss of autonomy, and attacks on identity as mechanisms through which detention practices become psychologically destructive (Başoğlu, 2017; Pérez-Sales, 2016). The present findings provide a contemporary example in political imprisonment: violence was embedded in a detention environment that repeatedly reduced predictability, autonomy, and social connection.

The highest-rated stressors were relational and psychological: loneliness and separation from relatives, conditions of detention, and psychological pressure. These three did not differ reliably from one another, and each was rated more severe than physical violence or threats, which ranked below the three highest-rated relational and psychological stressors in the within-subject comparison. This does not mean that physical violence was less serious. It indicates that respondents experienced the greatest burden as cumulative and relational: separation, uncertainty, blocked communication, inability to know whether relatives were safe, and loss of control over basic information. Several other factors, none of which can be directly examined

in this dataset, may also contribute to this pattern. The rating reflected how distressing each experience was felt to be, rather than the objective gravity of the act, so a form of violence could be regarded as deeply serious yet still rated lower in subjective distress. The relational stressors were also largely continuous, persisting throughout detention, whereas physical violence was typically episodic, and a severity rating tends to integrate both intensity and duration, giving sustained stressors greater subjective weight. Some respondents may in addition have normalised or minimised physical violence after prolonged detention, although the same pattern is equally consistent with coping and resilience, or with a shift over time in how different stressors are appraised. Whichever process applies, assessment focused mainly on overt physical violence may underestimate the burden of harm in this population.

A specific psychological mechanism relevant to these findings is mental defeat. In former East German political prisoners, Ehlers, Maercker, and Boos identified mental defeat, alienation, and perceived permanent change as cognitive correlates of PTSD long after release (Ehlers et al., 2000). Mental defeat refers to the perceived loss of psychological autonomy during captivity. Several practices reported in the present study are compatible with this mechanism: forced naked squats in front of staff and detainees, repeated degrading body searches, public undressing during transfers, dependence on staff for water, food, hygiene, medical care, and contact with relatives. Literature on humiliation as a component of torture also emphasises shame, degradation, and loss of dignity as potential sources of lasting psychological injury (Vorbrüggen & Baer, 2007). These concepts help explain why respondents most often identified humiliation and submission or suppression of the person as the perceived purposes of violence.

The data on perceived purposes of violence reinforce this interpretation. Humiliation was endorsed by 81.9% of respondents, and submission or suppression of the person by 80.6%. These were more frequent than confession of guilt, extraction of information, or coercion to cooperate. This distinction matters. Torture is often imagined primarily as an interrogation method. In this sample, respondents more often described violence as a disciplinary and identity-destroying practice. It marked political prisoners as a separate and inferior category, demonstrated administrative power, and made ordinary needs dependent on institutional discretion. This reading is consistent with the UN Group of Independent Experts on the Situation of Human Rights in Belarus, which reported that people detained on politically motivated grounds were subjected to a separate and harsher regime intended to punish and humiliate them (United Nations Human Rights Council, 2025).

The Belarusian findings sit within the broader literature on political imprisonment. A systematic review of political imprisonment and mental health found that former political prisoners commonly experience PTSD, depression, anxiety, somatic complaints, dissociation, and substance misuse, while the literature on political imprisonment remains smaller than the literature on refugees, prisoners of war, or survivors of mass violence (Willis et al., 2015). Studies from post-communist Europe provide the closest historical comparison. Former Romanian political detainees of the Ceaușescu era showed high lifetime and current PTSD, with common exposure to forced standing, threats, starvation, solitary confinement, beatings, sleep deprivation, overcrowding, labour camps, extreme temperatures, and witnessing torture (Bichescu et al., 2005). Studies of former East German political prisoners found elevated PTSD, dissociation, and anxiety disorders decades after release (Maercker et al., 2000; Maercker & Schützwohl, 1997). In the same population, four long-term trajectories were later identified: chronic PTSD (36%), resilient course (27%), recovered course (26%), and delayed-onset PTSD (11%) (Maercker et al., 2013). This is relevant for the present cohort because respondents were assessed much closer to release and migration. The current data therefore describe an early phase of a process that may later follow different trajectories rather than a single uniform course.

Cumulative exposure is likely to matter. In this sample, respondents reported a median of ten categories of psychological abuse, and 54.8% endorsed ten or more. This is consistent with the dose-response pattern identified in refugee and post-conflict populations, where torture and the number of potentially traumatic events are associated with higher risk of PTSD and depression (Steel et al., 2009). In treatment-seeking refugee samples, high cumulative trauma exposure is also associated with complex PTSD profiles, including disturbances in self-organisation (Liddell et al., 2019). The present article did not analyse PTSD or complex PTSD outcomes. However, the breadth of reported exposure suggests that future analyses of this cohort should include ICD-11 PTSD and complex PTSD, not only DSM-based PTSD measures.

Punitive isolation is a separate concern. Across all forms of custodial punishment, 52.1% of respondents reported at least one period of punitive isolation. Among respondents with colony experience this was 51.4%, and among those with prison experience it was 34.4%. Reported durations included episodes exceeding the threshold recognised in international standards as prolonged solitary confinement. The Nelson Mandela Rules prohibit indefinite and prolonged solitary confinement, placement in a dark or constantly lit cell, corporal punishment, re-

duction of food or drinking water, and collective punishment (United Nations, 2015). The Istanbul Protocol also directs that health professionals must not participate in disciplinary sanctions or restrictive measures such as solitary confinement of 15 consecutive days or more, dark or constantly lit cells, and reduction of food or water (United Nations, 2022). The present data therefore describe not only a severe stressor, but also practices that violate these international minimum standards for the treatment of prisoners.

Research on solitary confinement supports treating these findings as clinically significant. A systematic review and meta-analysis found that solitary confinement is associated with adverse psychological effects, self-harm, and mortality, especially suicide (Luigi et al., 2020). Another meta-analysis of self-harm in prison identified solitary confinement as one of the strongest prison-specific environmental risk factors (odds ratio 5.6, 95% CI 2.7–11.6; Favril et al., 2020). Most of this evidence comes from high-income countries, and the prevalence and pattern of self-harm and suicidal behaviour in custody vary considerably across national settings (Aon et al., 2025). In the present study, suicidal thoughts during detention were reported by 30.1% of respondents, self-harm by 12.3%, and four respondents reported suicide attempts. The study design does not allow causal attribution to solitary confinement or to any other single exposure. Nevertheless, the co-occurrence of punitive isolation, sleep deprivation, humiliation, medical neglect, restricted communication, and suicidality is consistent with a high-risk custodial environment.

Medical neglect was another major finding. Refusal of medical care was reported by 64.9% of respondents in the psychological abuse block. Free-text responses described delayed or denied treatment, lack of dental care, inadequate pain relief, and dependence on staff discretion for access to medication. In detention, inadequate medical care is not only a service failure. Under some circumstances, intentional or discriminatory denial of care may constitute cruel, inhuman, or degrading treatment and may contribute to torture. The role of medical staff is therefore important. The Istanbul Protocol emphasises duties of beneficence, non-maleficence, autonomy, confidentiality, and documentation of torture or ill-treatment, and notes that health professionals employed by the state may face pressure to ignore or misrepresent evidence of abuse (United Nations, 2022). The present findings show why post-release medical documentation is needed, especially when prison medical records are unavailable, incomplete, or not trusted.

External sources on Belarus are consistent with the patterns reported by respondents. The UN Group of Independent Experts reported continued arbitrary arrests and detentions,

often accompanied by torture or ill-treatment, as a method of silencing dissent (United Nations Human Rights Council, 2025). The 2026 EUAA country-of-origin report summarises evidence on inhumane detention conditions, torture and ill-treatment, lack of hygiene and healthcare, overcrowding, inadequate food and clothing, forced labour, restrictions on correspondence and parcels, yellow badges, prolonged isolation, incommunicado detention, and punishment cells for political prisoners (European Union Agency for Asylum, 2026). Human Rights Watch similarly reported continued torture and ill-treatment of political prisoners in Belarus in its 2026 World Report (Human Rights Watch, 2026).

At the same time, the present data should not be read as implying that abuse in Belarusian detention is limited to political prisoners. International work on detention has emphasised that torture and ill-treatment can affect a wide range of detainees, including ordinary criminal suspects and pre-trial detainees (Open Society Justice Initiative, 2011). Beyond the forms of violence documented here, political prisoners in Belarus are also subject to formal markers of political status, such as assignment of yellow labels identifying them as political detainees (European Union Agency for Asylum, 2026), separate movement rules, tighter restrictions on contact, harsher disciplinary sanctions, ideological pressure, and denial of privileges. The methods themselves were not entirely unique. Their political framing and selective application are what made the experience distinctive.

The sequence of imprisonment followed by rapid migration is another defining feature of this cohort. The median time from release to emigration was three months, and three quarters of respondents left Belarus within five months. Release therefore did not necessarily mean restoration of safety. The EUAA report describes continuing supervision of former political prisoners who remain in Belarus, including regular police reporting, home confinement during night hours, permission requirements for leaving one's district, police visits, risk of new charges, employment barriers, and pressure to leave the country (European Union Agency for Asylum, 2026). This helps explain why post-release migration should be treated as part of the exposure sequence rather than as a separate event. Research on forced displacement shows that post-migration stressors contribute to mental health outcomes independently of pre-migration trauma (Porter & Haslam, 2005), and more recent work in resettled refugees confirms the relevance of financial strain, host-country demands, and coping resources for mental health and well-being (Solberg et al., 2023). Former Belarusian political prisoners may therefore need support that addresses both detention-related trauma and post-migration

stressors. The study captured the timing of migration rather than its lived experience, and framing it as a continuation of the same exposure trajectory is therefore a conceptual reading, drawn from external evidence.

Several sex-related findings require cautious interpretation. Men had longer terms of imprisonment, more frequent punitive isolation in colonies, and more frequent reports of beating by groups. Women more often described arrest as completely unexpected, more often reported forced stripping, more often described hearing others in custody subjected to psychological violence. These findings are plausible in light of differential conditions in male and female facilities and prior research on incarcerated women in Belarus (Chulitskaya & Matonytė, 2025). They also fit international guidance that detention-related ill-treatment may have gendered forms and may include sexualised or identity-based humiliation (Gísladóttir & Office for Democratic Institutions and Human Rights, 2019). However, the subgroup sizes were small, and many comparisons were exploratory. These findings should therefore be read as signals for further research rather than definitive estimates of sex-specific exposure.

The clinical implications are direct. Assessment of former Belarusian political prisoners should not be limited to beatings or visible injuries. It should include forced stripping and humiliating searches, forced positions, electric shocks, threats to relatives, sleep deprivation, constant light, information isolation, monitored or blocked communication, denial of medical care, punitive isolation, exposure to violence against others, suicidal thoughts and self-harm during custody, and post-release surveillance or forced migration. Services for former political prisoners should address trauma symptoms, sleep disturbance, somatic complaints, distrust of institutions, persistent fear for relatives, anger, shame, and difficulties rebuilding autonomy after prolonged institutional control.

This study has several strengths. It provides data collected relatively close to release and emigration, whereas much of the literature on political imprisonment describes survivors years or decades later. It combines structured survey data with narrative material from interviews, allowing quantitative patterns to be interpreted alongside people's own descriptions. The findings are also consistent with independent monitoring and country-of-origin sources on Belarus (European Union Agency for Asylum, 2026; Human Rights Watch, 2026; United Nations Human Rights Council, 2025). This external consistency also bounds the concern about self-selection: the high prevalence of systemic conditions applied to all detainees, such as continuous lighting, cold, overcrowding, and restricted hygiene, is unlikely to be an artefact of who chose to participate, because these con-

ditions did not depend on individual exposure. Estimates for individually targeted acts, such as beatings or sexual violence, are more sensitive to the possibility that exposed survivors were more motivated to take part. Finally, the study explicitly examines psychological and degrading forms of abuse alongside physical violence. This is important because these forms are often less visible in public and clinical accounts, although they were central in respondents' reports.

Limitations

The study has several potential sources of bias: selection bias from the non-random, network-based recruitment; recall bias from retrospective reporting; and security- or distress-related non-disclosure.

As an online survey distributed through closed networks, the study reached only individuals with internet access and the digital skills to respond; older survivors and those with limited digital access were therefore less likely to take part. The sample was non-random and was recruited through civil society, diaspora, and personal networks. It cannot be assumed to represent all former Belarusian political prisoners, those still imprisoned, those released but remaining in Belarus, or those who avoid contact with civil society networks. All respondents had migrated after release, which may select for particular levels of risk, resources, social support, or willingness to disclose, and the prevalence of specific experiences may differ from that among former political prisoners who remained in Belarus, where research is currently not feasible on safety grounds. The design was cross-sectional and retrospective. Independent verification of each reported event was not possible. Recall bias is possible, especially for repeated events occurring over long periods and across multiple institutions. The consistency between survey responses, interview material, and external documentation reduces the likelihood that the main pattern is only an artefact of recall, but it does not remove this limitation. Recruitment through civil society and diaspora networks may have overrepresented people connected to support structures and willing to disclose detention experiences, and survivors who experienced torture or ill-treatment may have been more motivated to participate than those who did not, which could overstate prevalence. In the opposite direction, those most severely affected by imprisonment, including people with severe ongoing distress, those without psychological care, and those who cannot revisit these experiences in a survey, may have been unable to take part, which could understate the prevalence and severity of the worst experiences; people with severe ongoing distress, security concerns, or distrust of institutions may also have participated less. The net direction of selection bias is therefore uncertain.

Additional limitations relate to measurement and analysis. The study used a project-specific checklist rather than a fully validated torture exposure instrument. Some categories overlap conceptually, especially where physical and psychological abuse were inseparable. Sex comparisons were underpowered. The interviews were used to contextualise survey findings rather than for formal thematic analysis.

Future research should examine the long-term mental and physical health consequences of Belarusian political imprisonment using validated measures of PTSD, complex PTSD, depression, anxiety, dissociation, somatic symptoms, suicidality, quality of life, and social functioning. Comparison with Belarusian emigrants without imprisonment history would help separate the effects of detention from the effects of forced migration. Longitudinal follow-up would be especially useful because release and emigration were closely linked in this cohort. Further studies should examine the consequences of punitive isolation, sleep deprivation, information isolation, medical neglect, forced labour, forced nudity, gendered humiliation, and post-release surveillance. Medico-legal studies using Istanbul Protocol standards are also needed for documentation, rehabilitation, and accountability.

Conclusion

This study documents a consistent and systematic pattern of torture and ill-treatment reported by former Belarusian political prisoners across the trajectory of politically motivated deprivation of liberty, from violent arrest through pre-trial detention and sentenced imprisonment to post-release insecurity and migration. Physical torture or physical ill-treatment was reported by 88.3% of respondents, and psychological torture or psychological ill-treatment by 98.6%. More than half of respondents reported ten or more forms of psychological abuse and at least one period of punitive isolation, and almost one in three reported suicidal thoughts during custody. Relational and psychological stressors were rated more severe than physical violence or deprivation of basic needs, while humiliation and submission or suppression of the person were the most frequently identified perceived purposes of violence.

The breadth of psychological and degrading forms of abuse, the prominence of separation and loss of autonomy among subjective stressors, and the convergence between respondents' perceived purposes of violence and the political framing of their detention suggest that violence in this setting functioned as a wide standardised disciplinary practice aimed at humiliation, demonstrative inequality, and erosion of personal autonomy. For this cohort, imprisonment, release under continuing risk, and rapid migration formed a single exposure trajectory;

release did not necessarily mark the end of threat or psychological burden.

These findings support the use of the revised Istanbul Protocol in clinical and medico-legal assessment of former Belarusian political prisoners. Psychological and degrading forms of ill-treatment should be documented as core elements of abuse, not as secondary or contextual features. Rehabilitation services should address detention-related trauma together with post-release and post-migration stressors, including fear for relatives, legal insecurity, loss of social ties, and the need to restore personal autonomy after prolonged institutional control. Although the sample was non-random and limited to former political prisoners who migrated after release, the findings provide empirical evidence relevant to survivor rehabilitation, medico-legal documentation, and future accountability processes.

References

- Aon, M., Nørkjær Jensen, M. S., Khabsa, J., Brasholt, M., Borschmann, R., Abdulrahim, S., Modvig, J., Jaffa, M. A., & Sibai, A. M. (2025). Self-harm and suicide in custodial settings in low- and middle-income countries: A systematic review and meta-analysis of prevalence and risk factors. *Social Science & Medicine*, 383, 118362. <https://doi.org/10.1016/j.socscimed.2025.118362>
- Başoğlu, M. (Ed.). (2017). *Torture and its definition in international law: An interdisciplinary approach*. Oxford University Press. <https://doi.org/10.1093/med/9780199374625.001.0001>
- Başoğlu, M., Livanou, M., & Crnobaric, C. (2007). Torture vs other cruel, inhuman, and degrading treatment: Is the distinction real or apparent? *Archives of General Psychiatry*, 64(3), 277–285. <https://doi.org/10.1001/archpsyc.64.3.277>
- Başoğlu, M., Paker, M., Paker, O., Ozmen, E., Marks, I., Incesu, C., Sahin, D., & Sarimurat, N. (1994). Psychological effects of torture: A comparison of tortured with nontortured political activists in Turkey. *American Journal of Psychiatry*, 151(1), 76–81. <https://doi.org/10.1176/ajp.151.1.76>
- Bauer, M., Priebe, S., Häring, B., & Adamczak, K. (1993). Long-term mental sequelae of political imprisonment in East Germany. *Journal of Nervous and Mental Disease*, 181(4), 257–262. <https://doi.org/10.1097/00005053-199304000-00007>
- Bichescu, D., Schauer, M., Salepsi, E., Neculau, A., Elbert, T., & Neuner, F. (2005). Long-term consequences of traumatic experiences: An assessment of former political detainees in Romania. *Clinical Practice and Epidemiology in Mental Health*, 1, 17. <https://doi.org/10.1186/1745-0179-1-17>
- Chulitskaya, T., & Matonytė, I. (2025). State violence and pains of punishment: Experiences of incarcerated women in Belarus in the aftermath of the 2020 protests. *Nationalities Papers*, 53(2), 393–409. <https://doi.org/10.1017/nps.2024.10>
- Ehlers, A., Maercker, A., & Boos, A. (2000). Posttraumatic stress disorder following political imprisonment: The role of mental defeat, alienation, and perceived permanent change. *Journal of Abnormal Psychology*, 109(1), 45–55. <https://doi.org/10.1037/0021-843X.109.1.45>
- European Union Agency for Asylum. (2026, May). *COI report: Belarus: Political opposition and dissent*. Publications Office of the European Union. <https://data.europa.eu/doi/10.2847/1074179>
- Eysenbach, G. (2004). Improving the quality of web surveys: The Checklist for Reporting Results of Internet E-Surveys (CHERRIES). *Journal of Medical Internet Research*, 6(3), e34. <https://doi.org/10.2196/jmir.6.3.e34>
- Favril, L., Yu, R., Hawton, K., & Fazel, S. (2020). Risk factors for self-harm in prison: A systematic review and meta-analysis. *The Lancet Psychiatry*, 7(8), 682–691. [https://doi.org/10.1016/S2215-0366\(20\)30190-5](https://doi.org/10.1016/S2215-0366(20)30190-5)
- Gísladóttir, I. S., & Office for Democratic Institutions and Human Rights (Eds.). (2019). *Preventing and addressing sexual and gender-based violence in places of deprivation of liberty: Standards, approaches and examples from the OSCE region*. OSCE/ODIHR.
- Human Rights Watch. (2020, September 15). *Belarus: Systematic beatings, torture of protesters*. <https://www.hrw.org/news/2020/09/15/belarus-systematic-beatings-torture-protesters>
- Human Rights Watch. (2026). Belarus: Events of 2025. In *World Report 2026*. <https://www.hrw.org/world-report/2026/country-chapters/belarus>
- Javakhishvili, J., Makhashvili, N., Winkler, P., Votruba, N., & van Voren, R. (2023). Providing immediate digital mental health interventions and psychotrauma support during political crises. *The Lancet Psychiatry*, 10(9), 727–732. [https://doi.org/10.1016/S2215-0366\(23\)00120-7](https://doi.org/10.1016/S2215-0366(23)00120-7)
- Kazakou, A., & Thomas, F. (2025). The mental health and wellbeing of Belarusians in exile in Lithuania, Poland and Georgia. *Journal of Migration and Health*, 11, 100331. <https://doi.org/10.1016/j.jmh.2025.100331>
- Korshunau, H. (2024). Collective trauma: The case of Belarus after 2020. *Topos*, (1), 5–36. <https://doi.org/10.61095/815-0047-2024-1-5-36>
- Liddell, B. J., Nickerson, A., Felmingham, K. L., Malhi, G. S., Cheung, J., Den, M., Askovic, M., Coello, M., Aroche, J., & Bryant, R. A. (2019). Complex posttraumatic stress disorder symptom profiles in traumatized refugees. *Journal of Traumatic Stress*, 32(6), 822–832. <https://doi.org/10.1002/jts.22453>
- Luigi, M., Dellazizzo, L., Giguère, C.-É., Goulet, M.-H., & Dumais, A. (2020). Shedding light on “the hole”: A systematic review and meta-analysis on adverse psychological effects and mortality following solitary confinement in correctional settings. *Frontiers in Psychiatry*, 11. <https://doi.org/10.3389/fpsy.2020.00840>
- Maercker, A. (2023). How to deal with the past? How collective and historical trauma psychologically reverberates in Eastern Europe. *Frontiers in Psychiatry*, 14, 1228785. <https://doi.org/10.3389/fpsy.2023.1228785>
- Maercker, A., Beauducel, A., & Schützwohl, M. (2000). Trauma severity and initial reactions as precipitating factors for posttraumatic stress symptoms and chronic dissociation in former political prisoners. *Journal of Traumatic Stress*, 13(4), 651–660. <https://doi.org/10.1023/A:1007862217298>
- Maercker, A., Gäbler, I., O’Neil, J., Schützwohl, M., & Müller, M. (2013). Long-term trajectories of PTSD or resilience in former East German political prisoners. *Torture*, 23(1), 15–27.

- Maercker, A., & Schützwohl, M. (1997). Long-term effects of political imprisonment: A group comparison study. *Social Psychiatry and Psychiatric Epidemiology*, 32(8), 435–442. <https://doi.org/10.1007/BF00789137>
- Milewski, A., Weinstein, E., Lurie, J., Lee, A., Taki, F., Pilato, T., Jedlicka, C., & Kaur, G. (2023). Reported methods, distributions, and frequencies of torture globally: A systematic review and meta-analysis. *JAMA Network Open*, 6(10), e2336629. <https://doi.org/10.1001/jamanetworkopen.2023.36629>
- Open Society Justice Initiative. (2011). *Pretrial detention and torture: Why pretrial detainees face the greatest risk*. Open Society Foundations. <https://www.justiceinitiative.org/publications/pretrial-detention-and-torture-why-pretrial-detainees-face-greatest-risk>
- Pérez-Sales, P. (2016). *Psychological torture: Definition, evaluation and measurement*. Routledge. <https://doi.org/10.4324/9781315616940>
- Porter, M., & Haslam, N. (2005). Predisplacement and postdisplacement factors associated with mental health of refugees and internally displaced persons: A meta-analysis. *JAMA*, 294(5), 602–612. <https://doi.org/10.1001/jama.294.5.602>
- Solberg, Ø., Nissen, A., & Saboonchi, F. (2023). Post-migration stressors, mental health and well-being in resettled refugees from Syria: Do individuals' coping strategies matter? *Conflict and Health*, 17(1), 60. <https://doi.org/10.1186/s13031-023-00556-3>
- Steel, Z., Chey, T., Silove, D., Marnane, C., Bryant, R. A., & van Ommeren, M. (2009). Association of torture and other potentially traumatic events with mental health outcomes among populations exposed to mass conflict and displacement: A systematic review and meta-analysis. *JAMA*, 302(5), 537–549. <https://doi.org/10.1001/jama.2009.1132>
- United Nations. (1984). *Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment* (General Assembly resolution 39/46). United Nations.
- United Nations. (2015). *United Nations Standard Minimum Rules for the Treatment of Prisoners (the Nelson Mandela Rules): Resolution adopted by the General Assembly (A/RES/70/175)*. United Nations.
- United Nations. (2022). *Istanbul Protocol: Manual on the effective investigation and documentation of torture and other cruel, inhuman or degrading treatment or punishment* (Rev. 2). United Nations.
- United Nations Human Rights Council. (2025). *Report of the Group of Independent Experts on the Situation of Human Rights in Belarus (A/HRC/58/68)*. United Nations.
- Vorbrüggen, M., & Baer, H. U. (2007). Humiliation: The lasting effect of torture. *Military Medicine*, 172(suppl_2), 29–33. https://doi.org/10.7205/MILMED.173.Supplement_2.29
- Willis, S., Chou, S., & Hunt, N. C. (2015). A systematic review on the effect of political imprisonment on mental health. *Aggression and Violent Behavior*, 25, 173–183. <https://doi.org/10.1016/j.avb.2015.08.001>

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Ethics approval

The study protocol and participant-safety procedures received a positive ethics and safety opinion from the Centre for Migration Studies at Adam Mickiewicz University in Poznań on 11 May 2025.

Informed consent

Survey participants provided informed consent before accessing the questionnaire. Interview participants provided verbal informed consent, including consent to audio recording, at the start of the interview.

Data availability

The data are not publicly available because of the sensitivity of the study topic, the small and potentially identifiable population, and the continuing security risks for participants and their relatives. De-identified data may be made available from the corresponding author upon reasonable request and subject to ethical and security considerations.

Author contributions

Uladzimir Pikirenja: conceptualization (equal), formal analysis (lead), investigation, methodology (lead), writing - original draft preparation. **Maryna Kasinerava:** conceptualization (equal), data curation, funding acquisition, investigation, project administration, writing - review & editing (equal). **Yulia Lahvinenka:** conceptualization, investigation, formal analysis (support), writing - review & editing (equal). **Andreas Maerck-**

er: conceptualization (equal), methodology (support), supervision, writing - review & editing (equal).

Declaration on the use of artificial intelligence-assisted tools

The authors used ChatGPT (OpenAI) to assist with English-language editing, wording, and structural refinement of

the manuscript. The tool was not used for data collection, statistical analysis, qualitative coding, or interpretation of the study data. All content was reviewed and edited by the authors, who take full responsibility for the final manuscript.

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Supplementary File S1

Checklist for reporting results of internet E-surveys (CHERRIES)

Category	Checklist item	How addressed in this study
Design	Describe survey design	Cross-sectional online survey. Closed, invitation-only survey, not open to the public. Non-probability sampling of former Belarusian political prisoners who had been criminally prosecuted on political grounds, detained or imprisoned, and had emigrated after release. Recruitment through civil society, diaspora, and personal networks.
IRB approval and informed consent	IRB approval	The study is observational and non-medical. A positive ethics and safety opinion was issued by the Centre for Migration Studies, Adam Mickiewicz University (Poznań) on 11 May 2025, following prior consultation and review of study materials (December 2024 to January 2025). See Methods, Ethical Considerations.
	Informed consent	Yes. Before accessing the questionnaire, participants were informed of the study aims, the voluntary nature of participation, the right to skip any question or withdraw without consequences, and the availability of psychological support. Consent was recorded before the first survey item.
	Data protection	The questionnaire ran on a self-hosted platform on infrastructure controlled by the research team; responses were not transmitted to or stored by third-party survey providers. Access was by individualised links, and administrative access was restricted. Interview recordings and transcripts were stored separately from identifying information.
Development and pre-testing	Development and testing	Survey content covered detention history, physical and psychological torture and ill-treatment, suicidality in custody, subjective stressors, and perceived purposes of violence. The physical and psychological torture and ill-treatment categories were not taken from a single validated instrument; they were compiled as a project-specific checklist drawing on the revised Istanbul Protocol framework and on prior research on the long-term effects of political imprisonment (Maercker & Schützwohl, 1997), with additional context-specific items reflecting the Belarusian penal setting, such as forced labour in dangerous conditions and forms associated with disciplinary isolation. The categories were developed with input from psychiatrists, psychologists, and former political prisoners. Study materials, including the final questionnaire, were reviewed during the ethics consultation (final questionnaire submitted 20 January 2025). The questionnaire was pilot-tested with a focus group of four participants prior to launch to assess usability and technical functionality.
Recruitment process	Open versus closed survey	Closed. Participation was by individualised invitation only.

Category	Checklist item	How addressed in this study
	Contact mode	Initial contact was made online through private communication and community channels (civil society initiatives, diaspora communities, and personal contacts).
	Advertising the survey	The survey was not advertised to the general public; recruitment was network-based. Invitation links were primarily distributed through human rights organisations, community Telegram channels, personal networks, and peer-support groups.
Survey administration	Web or e-mail	Web-based, self-hosted questionnaire accessed through individualised links delivered via private channels.
	Context (where hosted or sent)	Individual invitation links were sent to each respondent via direct messages.
	Mandatory or voluntary	Voluntary. Participants could skip any question.
	Incentives	None offered.
	Time and date	Data were collected between 17 February and 31 May 2025.
	Randomisation of items	Items were presented in a fixed order, with no randomisation.
	Adaptive questioning	Branching logic was used: if respondents indicated that they had not experienced criminal or administrative prosecution, the entire section related to the corresponding type of prosecution was skipped.
	Number of items	The questionnaire comprised 176 items in total, of which 70 were used in the present analysis.
	Number of screens (pages)	The number of questionnaire screens equals the number of questions, taking into account the branching logic, plus one additional introductory screen for each logical block.
	Completeness check	No forced-response completeness check. Participants could leave items blank, and partially completed questionnaires were retained.
	Review step	Yes, before completing the questionnaire, participants could review and edit all previous answers.
Response rates	Unique site visitors	Not determinable. Because invitations were distributed through private networks, the number of people who received an invitation could not be established.
	View rate	Could not be calculated.
	Participation rate	Could not be calculated.
	Completion rate	Partially completed questionnaires were retained and analysed on an available-case basis; variable-specific denominators are reported throughout the Results. In the broader survey, 245 records were initiated, and 214 were fully completed. For the present analysis, 77 respondents met the inclusion criteria for former political prisoners and were retained; partially completed records within this subgroup were analysed using available-case denominators.

Category	Checklist item	How addressed in this study
Preventing multiple entries	Cookies, IP check, log-file analysis	No, each participant had an individual access link containing a token directly in the URL.
	Registration or unique identifier	Individualised access links served as a per-participant key, which prevented duplicate submissions from the same invitation.
Analysis	Handling of incomplete questionnaires	Partially completed questionnaires were retained. Analyses were performed on an available-case basis with no imputation; variable-specific denominators are reported.
	Atypical timestamps	No, we did not impose any time limits on participants for completing the questionnaire. Participants were able to complete it in multiple sessions at any time convenient for them.
	Statistical correction	No weighting or post-stratification was applied (non-probability sample). For multiple comparisons across stressor items, the Benjamini-Hochberg procedure was used to control the false discovery rate; item-level sex comparisons were exploratory and unadjusted.

Reference

Eysenbach, G. (2004). Improving the quality of web surveys: The Checklist for Reporting Results of Internet E-Surveys (CHERRIES). *Journal of Medical Internet Research*, 6(3), e34. <https://doi.org/10.2196/jmir.6.3.e34>

Supplementary File S2

Study questionnaire: Items analysed in the present study

The survey was administered online, in Russian, to former Belarusian political prisoners. This file reproduces, in English translation by the authors, the consent text and the project-specific items analysed in the present manuscript: demographic details, persecution history, detention and custody, solitary confinement, physical and psychological torture and ill-treatment, conditions of detention, suicidality and self-harm, subjective stressors, and perceived purposes of violence.

The broader instrument, developed for a separate case-control study, also contained validated psychometric measures (SLESQ-R, ITQ, PHQ-9, GAD-7, PSS, PHQ-15, and WHO-QOL-BREF) and modules on pre-detention and post-migration health and adaptation, together with an optional in-person forensic medical examination. These were not analysed in the present manuscript; the copyrighted scales are not reproduced here and are available from their original sources.

Items were presented with branching (skip) logic; display conditions are shown in italics. Unless stated otherwise, multiple-response items included an exclusive “No” option and an optional free-text field for each selection.

A. Informed consent and participation

A.1 Informed consent to participate

Confirmation: a single checkbox, “I agree”.

Informed consent: what it is and why it is needed. Participation in the study requires your informed consent. This document confirms that you understand the aim, process, and possible consequences of participation, and that you consent to the use of your information and, where required, a medical examination.

1. Competence and capacity. To give consent, you must be able to understand the information related to the study and make an informed decision. If you are a minor or have been declared legally incapable, the right to give consent passes to your parent or legal guardian.

2. Full information. Before participating, you will receive a full explanation of the aims and significance of the study; the research process, including possible methods and stages; possible risks and discomfort; how your confidential information is protected; the conditions under which information may be shared with third parties (for example, scientific organisations

or investigative authorities); and the possibility of a medical examination if required.

3. Voluntary participation. Your participation is entirely voluntary. You may withdraw at any stage without negative consequences, and you may decline a medical examination or the transfer of information.

4. Additional consents. The study may involve additional procedures requiring separate consent: a medical examination; photography or video recording where needed; and transfer of anonymised information to third parties (for example, for scientific publication). You may consent to or decline these.

Your rights. You may ask any questions about the study or the medical examination and receive full explanations; you may withdraw from the study or from individual procedures at any time; your information will be protected and will not be shared with third parties without your permission.

Potential risks and discomfort. Psychological assessment may touch on painful memories or traumatic events and may temporarily increase anxiety or distress. (Clauses on physical discomfort and unforeseen reactions relate to the optional in-person medical examination of the broader project.)

By clicking “I agree”, you confirm that you have read the conditions of participation, understand your rights and possible risks, and voluntarily consent to participate.

A.2 Consent to participation and data storage

Confirmation: a single checkbox, “I agree”.

Aim of the study. The aim of the study “Long-term effects of political repression and migration: a case-control study of Belarusian refugees and migrants” is to compare mental health (for example, PTSD, depression, anxiety) and physical health between political refugees and non-political migrants from Belarus, and to assess social, occupational, and family adaptation and overall quality of life. (This comparative case-control aim pertains to the broader project; the present manuscript analyses the survivor survey only.)

Process. The study involves completing a questionnaire, psychological testing, and statistical and qualitative analysis.

Materials. The survey questionnaire was developed by the human-rights initiative for political prisoners Dissidentby. Statistical and qualitative results will be presented without confidential information to donor organisations and the public. The

online survey did not collect names, contact details, addresses, or other direct identifiers.

Confidentiality. All primary data are stored in strict confidence by Dissidentby; personal data are protected to international standards.

Research ethics. All staff and volunteers follow international standards of medical and psychological ethics and of data protection and confidentiality.

Confirmation: “I confirm that I have read the informed consent form and agree to take part in this study.”

Separate consents for a medical examination, photography, video recording, and disclosure of medical information (instrument sections 1.2–1.5) relate to the optional in-person forensic medical examination of the broader project and were not part of the survey analysed here.

B. Demographic details

- **Your age** *number, required*
- **Your gender** *required: Male / Female / Non-binary / Other (+ text)*
- **Education** *required: Home schooling / Primary / Lower secondary (9 years) / Secondary / Higher*

C. Persecution

- **Have your close relatives been subjected to political persecution?** *Yes / No, required*
- **Have you been subjected to administrative political persecution?** *Yes / No, required*
- **Have you been subjected to criminal political persecution?** *Yes / No, required*

A response of “Yes” to criminal political persecution opened the detailed detention block (Sections D–J). This item defined the study population (n = 77).

D. Detention and pre-trial custody

Displayed if criminal political persecution = Yes.

- **When were you detained?** *date, required*
- **Your age at the time of detention** *number, required*
- **Did you have children at the time of detention?** *Yes / No, required*
- **Were you pregnant, or was a pregnancy planned in your family, at the time of detention?** *Yes / No, required*
- **Did you have diagnosed chronic illnesses at the time of detention? If so, which?** *checkboxes, required*

- **Did you experience physical or psychological violence during arrest? If so, describe the circumstances.** *Yes / No (“Yes” + text), required*
- **If you were held before trial, indicate all places of custody.** *checkboxes, required:*
 - Temporary detention facility (IVS)
 - Pre-trial detention centre (SIZO)
 - Offender isolation centre (TsIP)
 - House arrest
 - Other (+ text)

E. Custody, sentence, and institutions

- **In total, how long were you held in custody? (number of months)** *number, required; shown if pre-trial custody included IVS, SIZO, TsIP, or Other*
- **Were you released after SIZO with a non-custodial sentence?** *Yes / No; shown if SIZO selected*
- **Date of release from SIZO; date the verdict took effect** *date; conditional*
- **What sentence were you given?** *years / months / days, required (fractional years allowed)*
- **Where were you held?** *multiple selection from a list of institutions, required*

The system classified each selected institution by type: SIZO/TsIP/IVS → pre-trial; correctional colony → colony; prison → prison; open-type correctional institution (IUOT) → open-type. Institution type controlled the solitary-confinement questions in Section F.

- **Date of release** *date, required*
- **After release, did you leave Belarus immediately?** *Yes / No, required*
- **Was your detention completely unexpected, or did you anticipate it? Please describe your feelings and the circumstances.** *free text, required*

F. Solitary confinement

Displayed for each institution type the respondent had passed through (pre-trial facility, colony, prison, open-type institution). The same three questions were asked for each setting.

- **Were you held in a solitary cell (punishment cell, ShIZO) during this period?** *Yes / No*
- **In total, how many days did you spend in a solitary cell (ShIZO)?** *number, if Yes*
- **What was your longest continuous period in a solitary cell (ShIZO)?** *number, if Yes*

For colony and prison settings, the same three questions were also asked for a cell-type room (PKT).

G. Physical violence and torture during imprisonment

Displayed if criminal political persecution = Yes.

– **Were you subjected to physical violence or torture?** *checkboxes, required; exclusive “No”; each selection opened an optional free-text field*

“If you are willing, please describe the forms of physical violence you experienced and the circumstances in which they occurred.”

- No
- Single beating — with hands, feet, or objects, including the “telephone”¹
- Systematic beatings — with hands, feet, or objects, including the “telephone”
- Beatings by one person — with hands, feet, or objects
- Beatings by a group — with hands, feet, or objects
- Infliction of wounds — with sharp or piercing objects or a firearm
- Strangulation — with hands, feet, a plastic bag, “submarino”², etc.
- Torture with electrical devices — for example, stun guns
- Burns — with hot objects or chemicals (e.g., bleach in a punishment cell)
- Extraction of hair; mutilation — including amputation of body parts
- Sexual violence — including rape, use of objects, coercion
- Forced stripping naked — coercion to humiliating acts
- Forced painful or unnatural positions — e.g., the “swallow”; prolonged standing against a wall
- Suspension — e.g., the “Palestinian method”³
- Cell without heating in winter
- Torture using animals — e.g., service dogs
- Pharmacological abuse — administration of drugs or substances
- Medical or dental torture — e.g., extraction of teeth
- Forced labour — in dangerous conditions, causing injury
- Other — free text

H. Psychological violence and ill-treatment during imprisonment

– **Were you subjected to psychological violence during imprisonment?** *checkboxes, required; exclusive “No”; each selection opened an optional free-text field*

“If you are willing, please describe the forms of psychological violence you experienced and the circumstances in which they occurred.”

- No
- Mock execution
- Sensory deprivation (e.g., complete absence of sound or light)
- Sounds of torture or the screams of others nearby
- Use of constant sound (e.g., noise, loud music)
- Being held in a cell without access to daylight
- Being held in a cell with constant artificial light
- Loneliness, lack of contact with others, or lack of access to information
- Prohibition on using the toilet or shower
- Absence of personal hygiene items (in particular, women’s items)
- Being held in a solitary cell
- Being held in an overcrowded cell
- Being held in a cell with rodents and/or insects
- Sleep deprivation
- Forced “sleeping in shifts”
- Extreme conditions of detention (severe heat, cold, or darkness)
- Hunger, thirst
- Refusal of medical care
- Threats (of killing, physical violence, sexual violence, an added sentence)
- Insults, humiliation, or threats against members of your family
- Witnessing others in custody being tortured or subjected to inhuman treatment
- Witnessing your loved ones being tortured or subjected to inhuman treatment
- Hearing others in custody being tortured or subjected to inhuman treatment
- Hearing your loved ones being tortured or subjected to inhuman treatment
- Other (+ text)

I. Conditions of detention, threat to life, and suicidality

Displayed if criminal political persecution = Yes and at least one place of detention was recorded. Place-specific items were answered as checkboxes across the relevant settings.

- **Were you ever held in a cell with constant artificial light?** *checkboxes by place of detention*
- **Did you witness the unnatural or violent death of others in custody, or serious injury inflicted on prisoners?** *checkboxes by place + text*

¹ “Telephone”: simultaneous blows to both ears with the palms.

² “Submarino”: near-drowning in water.

³ “Palestinian method”: suspension by the arms tied behind the back.

- Did you ever feel threatened by others in custody during imprisonment? *checkboxes by place + text*
- Were you threatened with a sentence involving the death penalty during pre-trial detention? *Yes / No, required*
- Did you ever think that you were in mortal danger? *checkboxes by place + text*
- Did you have suicidal thoughts? *checkboxes by place + text*
- Did you attempt acts of self-harm? *checkboxes by place + text*
- Did you attempt suicide? *checkboxes by place + text*

J. Health consequences, subjective stressors, and perceived purposes of violence

Displayed if criminal political persecution = Yes.

- Did chronic illnesses appear (were diagnosed) during imprisonment? *checkboxes, required*
- Did any diagnosed mental disorders appear during imprisonment? *checkboxes, required*
- What caused you the most stress during imprisonment? *each item rated 0–5, required:*
 - Conditions of detention (overcrowded cell, no access to personal hygiene, heat or cold)
 - Physical violence or threats
 - Psychological pressure (humiliation, isolation, threats against you or your family)
 - Lack of information about court proceedings or sentence length
 - Loneliness or separation from loved ones
 - Lack of food, water, sleep, or medical care
 - Other (+ text)

- For what purpose do you think physical or psychological violence/torture was applied to you? *checkboxes, required:*

- Obtaining information about another person or fact
- Admission of guilt
- Confession to a crime you did not commit
- Coercion to cooperate
- Extortion of money or property
- Plea bargain
- Humiliation of the person
- Submission or suppression of the person
- Sadistic inclinations of those who used violence
- Ideological views
- Political views
- Religious beliefs
- Sexual orientation
- The nature of the crime you were accused of
- Ethnic discrimination
- Discrimination by social status
- Other (+ text)

- If you have information that may help to identify those who took part in torture or violence, please describe it. *checkboxes with optional text (police officers; prison staff; IVS/TsIP staff; SIZO staff; prison staff; colony staff; SOBR or OMON; KGB; GUBOPiK; medical staff; others in custody; Other)*

Abbreviations

IVS — temporary detention facility; SIZO — pre-trial detention centre; TsIP — offender isolation centre; ShIZO — punishment (solitary) cell; PKT — cell-type room; IUOT — open-type correctional institution; SOBR/OMON — riot police units; KGB — state security committee; GUBOPiK — anti-organised-crime directorate.