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EDITORIAL

Eldan MUJANOVIĆ

Dear reader,

In this English edition of the *Criminal Justice Issues – the Journal of Criminal justice and Security* we are introducing you three new scientific papers that discuss actual problems in the field of criminal investigation science, criminology, criminal law and psychiatry, as well as one conference review. The first of the mentioned papers is original scientific paper titled *Prevalence of Recreational Drug Use Among Students of the University of Sarajevo* whose intention is to report the characteristics and main consumption patterns of recreational drug use among students of the University of Sarajevo, and this issue is observed through the prism of the “normalization thesis” of drug consumption. On the other side, the author of the review paper titled *Assessment of Compliance of the Criminal Codes in Bosnia and Herzegovina with the Council of Europe Cybercrime Convention* tends to evaluate (in)directly applicable legislation in Bosnia and Herzegovina regarding cybercrime as one of the most dangerous and the fastest growing criminal activities in the contemporary world. The next review paper titled *Assessment and Treatment of War Trauma* considers the issue of establishing methodology for estimating the presence of War trauma in post-conflict societies, such as in Bosnia and Herzegovina, Croatia, Serbia, Kosovo or Macedonia. Finally, in accordance with established practice in recent years, the last part of this edition is reserved for professional papers and reviews of students of postgraduate and doctoral studies, so this time we introduce you review of the 15th European Society of Criminology (ESC) conference in perspective of ESC fellowship recipient.

At the end, I want to emphasise that preparation and publishing of this edition of the *Criminal Justice Issues* would not be possible without the support of Mr Andy Aydin-Aitchison, PhD. Also, I would like to express my gratitude to Editorial Board members and peer reviewers who have significantly contributed to the quality of this edition.

Editor in Chief
Eldan Mujanovic, PhD

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PREVALENCE OF RECREATIONAL DRUG USE AMONG STUDENTS OF THE UNIVERSITY OF SARAJEVO

Original Scientific Paper

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Darko DATZER
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Abstract

Reason(s) for writing and research problem(s): The paper addresses poorly investigated issue of recreational drug use among university students in Sarajevo.

Aims of the paper (scientific and/or social): The general objective of this paper is to report the characteristics and main consumption patterns of recreational drug use among students of the University of Sarajevo. This way the “normalization thesis” (move from being deviant to being normal) of drug consumption could be put on test.

Methodology/Design: Self report questionnaires were used to collect data from the student population. Two-stage cluster sample was utilized, gathering data from 410 participants from all of the faculties that are members of the University of Sarajevo. For the analysis of the collected data descriptive and inferential statistics were used.

Research/paper limitations: The study is cross-sectional, meaning it only depicts state of play in recreational drug use among student population at one point in time. Asking sensitive questions in surveys usually bears concerns about accuracy of results. It usually implies respondents` concerns about the possible consequences of giving a truthful answer as well as tendency to give socially desirable answers, which may cause underreporting of undesirable behavior such as illicit drug consumption.

Results/Findings: The recreational drug use was found to be present among a student population of the University of Sarajevo to a small degree, where close to six percent of students reported using drugs in frequencies which qualifies as occasional consumption. The study also revealed that drug users of illicit drugs are inclined to consume cigarettes and alcohol drinks, and that they usually combine alcohol drinks and marijuana. Most of the five criteria of nor-malization framework of drug use could not be met.

General conclusion: Drug use could not be seen as normalized among university students. Only one normalization criterion (access to drugs) was to a degree met, while the remaining four (drug trying and recent use rates, social and cultural accommodation) were not. More research is needed to identify drug consumption trends.

Research/paper validity: Strategies were used to reduce misreporting where anonymity assurance as well as administration of the questionnaires by a student researcher whom

respondents may find more sympathetic than university staff. Internal consistency of findings measured by interlocked items showed high level of data validity. Relying on previous research instruments and a set of actions taken to ensure validity and reliability of data suggest findings are sound.

Keywords

recreational drug use, normalization, students, Bosnia and Herzegovina

INTRODUCTION

The concept of recreational drug use implies occasional consumption of drugs (at irregular intervals), and it is considered that this form of consuming drugs does not create addiction (Parker, Williams, & Aldridge, 2002; Riley, James, Gregory, Dingle & Cadger, 2001). In this regard, recreational drugs are consumed with the intent to create and increase recreational experience, entertainment, or to enhance already existing positive experiences (Järvinen and Ravn, 2011). Recreational drug use is considered to be widespread today, with participation of people of different sex, age, property status, nationality and education (Pedersen and Skrondal, 1999). However, recreational drug use seems to be most important for young people, especially students, who most often enjoy the so-called "lightweight" drugs such as cannabis and ecstasy (Fletcher, Calafat, Pirona, & Olszewski, 2010). According to Measham, Aldridge and Parker (2001), the key factor related to drug use is the leisure time students have. Therefore, Murray (2008, p. 39) considers that it would not be surprising that consuming drugs among students becomes a normal occurrence in the community. In that sense, many existing research highlights the concept of normalization among recreational drug users, arguing that the use of certain illicit substances has "become a relatively normal feature of many young people's life experience" (Duff, 2005, p. 161; Parker et al., 2002; Woodrow, 2012), while findings of Murray's study suggest that recreational drug use is highly normalized among student population (Murray, 2008, p. 68). Furthermore, authors such as Dekleva (1999) and Parker (2005) share the view that recreational drug use includes controlled use. Accordingly, it is fairly certain that controlled recreational consumption of drugs is becoming increasingly present in the social life of young adults (Parker et al., 2002, p. 942). Considering that this kind of drug use implies occasional use, thousands of reasonable and respectable young people are using drugs recreationally (Manning, 2007).

The issue of recreational drug use among the general population, as well as the student population has not been explored in-depth in Bosnia and Herzegovina. These difficulties were further broadened by the fact that the concept of recreational drug use is still not recognized and discussed within the field of drug policy in Bosnia and Herzegovina. This paper presents findings from a self-report survey that was conducted among students of University of Sarajevo on the matter of recreational drug use. The paper addresses several aims: to describe the extent to which recreational drugs are available and tried among students; to explore patterns of recreational drug use and students' attitudes on recreational use of drugs, including connection between drinking alcohol, smoking cigarettes and using drugs. It is concept Parker and colleagues (Measham, Newcombe, and Parker, 1994; Parker, Aldridge, and Measham, 1998,

cited in Wilson, Bryant, Holt, & Treloar, 2010; Parker et al., 2002) have developed and labelled as “normalization framework”. Although the normalization framework has been criticized for its failure to consider the dynamic nature of drug use among young people (Shiner & Newburn, 1997), the framework can still be a useful way to systematically assess the accommodation of illicit drugs among particular populations (Wilson et al., 2010).

Normalization refers to phenomenon of deviant behavior, such as drug use, being considered common, “from life’s rhythms and routines to economic and environmental standards of life” (Parker et al., 2002, p. 942). When positive attitudes towards illicit drugs, characterized for the nineties era and forward, coincide with easier access to drugs, use of drugs may become so prevalent it is considered normal. This is especially valid for university youth, who increasingly experience the period of financial and other dependency and lack of responsibility (Murray, 2008). Normalization framework consists of five dimensions: access and availability of drugs, drug trying rates, rates of recent drug use, social and cultural accommodation of recreational drug use. The first, logical premise of the normalization thesis is that the more **available** drugs become, the more common in social reality they tend to become. Furthermore, if the possession and dealing of recreational drugs is not aggressively persecuted, the weak external control may do little in terms of refraining of youth from drug scene. The more individuals become **initiated** into drug consumption, the more normalized drug use is perceived to be among general (youth) population. Drug trying rates cannot provide the whole picture on drug use, so **recent prevalence rates** need to be examined as well: drug use can be seen as normalized only if those who became more deeply involved with the drugs make great portion of the population. **Social accommodation** of drug use refers “to the extent to which recreational drug use is personally and socially accommodated by abstainers and ‘ex’ triers” (Parker et al., 2002, p. 947). Finally, **cultural accommodation** deals with the extent to which the recreational drug use is being accommodated in cultural understandings of normality, for example through neutral rather than condemnatory terms of drug taking behavior of celebrities, or viewing recreational, controlled drug use as not harmful by majority of population. “Blurring” of licit (alcohol and cigarettes) and illicit substances consumption differences is also seen as sign of cultural accommodation of drug use into mainstream.

Our findings shall be discussed in regard to the existing body of research evidence on recreational drug use, where the research results presented in this paper can contribute to knowledge and better understanding of recreational drug use in general and among student population in Bosnia and Herzegovina. Finally, our findings may provide a foundation for future research related to the recreational drug use.

DRUG USE IN BOSNIA AND HERZEGOVINA

Bosnia and Herzegovina is facing challenges regarding drugs as many other countries. Through the years, Bosnia and Herzegovina remained a country of drugs transit and storage, while the production of drugs continues to be on small-scale and mostly limited to marijuana cultivation. However, domestic demand for drugs increased slightly, especially for polydrugs (European Commission, 2016, s. 69). There is no reliable data about the prevalence of drug use in Bosnia and Herzegovina, due to the fact that this data is not comprehensively collected by government institutions, and research in this area is very poor. Available data on the prevalence of drug use in Bosnia and Herzegovina mostly derive from European Survey Project on Alcohol and

Other Drugs (ESPAD) and health surveys that were conducted in both her entities, that is, in Federation of Bosnia and Herzegovina and Republic of Srpska. However, the overall data for Bosnia and Herzegovina is not available. Apart from the ESPAD surveys, the conducted research in both entities included mostly household surveys of the general population, aimed at identifying a broad set of risk-taking behaviors (drug use, smoking, alcohol, population health status, etc.) among the population of different age categories (Ministry of Security of Bosnia and Herzegovina, 2011).

Based on the data from the Health Behaviour of School Children (HBSC) survey that was conducted among school children aged 12-15 years in the Republic of Srpska in 2002, the drug use prevalence rates were found to be very low. Although the same study was undertaken in the Federation of Bosnia and Herzegovina, questions on drug use were not included. Furthermore, a survey conducted in the Republic of Srpska in 2003, revealed that among a sample of 1,422 respondents aged 15 to 25, about 16 % of males and 7 % of females aged 15–25 had used cannabis in past (Savić et al., 2003; cit. in EMCDDA, 2018, ¶11), where 5.6% of them were 15-19 years old and 10.3% were 20-24 years old (Ministry of Security of Bosnia and Herzegovina, 2011). In 2008, UNICEF study in Bosnia and Herzegovina on the drug use among children without parental care, reported some 5 % of respondents using cannabis in their lifetime, while 0.5 % had used amphetamines.¹ Study also showed that prevalence rates were higher for males and children living in institutions as compared with those living with foster parents (UNICEF, 2008; cit. Ministry of Security of Bosnia and Herzegovina, 2011, p.12). According to data from the two household surveys in 2011, lifetime prevalence of the use of any illicit substance in the Federation of Bosnia and Herzegovina² was reported at 3.8 % among all respondents, while males reported higher lifetime prevalence of illicit substance use than females, 6.8 % and 0.9 % respectively. A total of 9.4 % of the respondents aged 25–29 reported ever having used any illicit substance, followed by 7.7 % of the respondents aged 20–24, while the lowest substance use prevalence was recorded among respondents aged 40–49. Cannabis was by far the most commonly reported substance used, reported by 3 % of respondents, while all other illicit substances showed lifetime prevalence rates of below 1 % (EMCCDA, 2018). The prevalence of the use of any psychoactive substance in the past in the Republic of Srpska³ was reported at 4.8 % among respondents, while the lifetime use of psychoactive substances (inhalants, cannabis and heroin) was reported by 1.7 % of the total sample. Tablets/pills (benzedrine, trodon or amphetamines) were reported as most commonly used (2.8 %), followed by cannabis (0.8 %), inhalants (0.7 %), heroin (0.2 %) and hashish (0.2 %) (Matović-Miljanović et al., 2011; cit. in EMCDDA, 2018, ¶15). Finally, the Federation of Bosnia and Herzegovina conducted in 2012 another survey on population health among the adult population, where consumption of drugs or psychoactive substances was reported 0.6% of

¹ The study included 392 children and adolescents (209 boys and 183 girls) aged between 12 and 20 years (most frequently 15–17 year olds) living in institutions or with foster parents.

² This survey was part of the United Nations Children's Fund (UNICEF) 'Multiple indicator cluster survey' (UNICEF MICS) targeting a sample of 6 177 individuals aged 15–49 in 4 107 households (EMCCDA, 2018).

³ Survey 'Health status, health needs and use of health services' was carried by the Ministry of Health and Social Welfare and the Public Health Institute. The target group were individuals aged 18 and over who had lived in the Entity for one year or more. In total, 1 866 households and 4 178 individuals were sampled using a two-stage stratified sampling method (EMCCDA, 2018).

adult respondents in Federation of Bosnia and Herzegovina, without distinction in urban and rural areas (EMCDDA, 2014).

First ESPAD surveys have been conducted in 2008 in the Federation of Bosnia and Herzegovina and in the Republic of Srpska with the aim to obtain a detailed data on substance use among youth population, and the last ESPAD surveys have been carried in 2011⁴ in these entities. The results of the 2011 ESPAD surveys indicated that the lifetime prevalence for almost all substances in the Federation of Bosnia and Herzegovina was double that of the Republic of Srpska, where cannabis was the most frequently reported illicit substance used by 15-16 year olds in both entities, followed by sedatives in the Federation of Bosnia and Herzegovina and inhalants in the Republic of Srpska. Furthermore, in comparison to 2008 survey data, the results of the 2011 ESPAD study showed that lifetime prevalence of all substances had halved in the Federation of Bosnia and Herzegovina, while lifetime prevalence rates of cannabis, sedatives and ecstasy in the Republic of Srpska remained similar to 2008. However, the combined use of pharmaceuticals and alcohol, and amphetamines have decreased in this Entity, while lifetime prevalence of inhalant use doubled between 2008 and 2011 (Šiljak et al., 2008; cit. in EMCDDA, 2018, ¶19).

Although most studies on drugs in Bosnia and Herzegovina were carried out among primary and secondary school students, few studies included university students as well. According to available data, results of the two studies conducted in Bosnia and Herzegovina in 2001 and 2006 among university students (aged 18–25), revealed a lifetime prevalence of the use of any illicit drug (cannabis, ecstasy, inhalants, LSD, cocaine) of 22.5 % in 2001, and 31 % in 2006. However, more detailed information is available from two drug studies that were conducted among student population of University of Sarajevo and University of Mostar. The former study included 985 students from 12 faculties of the University of Sarajevo, where most of the surveyed students were from the group of health care faculties. According to student responses, the reasons for using drugs were: curiosity (37, 5%), proving among friends (24, 8%), boredom (8.0%), while other reasons offered in the responses are accepted at a very small percentage. Furthermore, 75.4% of surveyed students reported that they have never tried drugs, 22.5% tried and 1.8% of respondents did not answer. Among those who tried drugs, 63.1% used marijuana and 35.1% more drugs. The findings also reported that 17, 1%, of respondents have tried drugs only once, 23, 0% of them 2-5 times, while others have repeatedly or regularly consumed drugs. Regarding the age of respondents when the drugs were used for the first time, 0.5% of respondents were at age of 10 years, 9.0% of respondents were aged 11-15 years, 60.3% of respondents were aged 16-18 years, 11.3% of respondents were aged 19-20 years, and 4.0% were aged 20-25 years. According to the same study, 70.5% of the surveyed reported consuming drugs with friends and peers, and the same percentage of them received drugs from friends from school or university (Cerić, Mehić- Basara, Oruč, & Salihović, 2007). With the aim to examine the prevalence of substance use among students and to determine differences with regard to their socio-demographic characteristics, the second study included 420 participants who were the first year students from six faculties at the University of Mostar. Study reported alcohol to be the most frequently used substance, cigarettes were on the second place, and marijuana on the third place. Namely, study reported that 92,38 % of students have consumed alcohol at least once in their life, 75,7 % of them have

⁴ ESPAD surveys sample included secondary school students aged 15-16 years.

tried cigarettes during their lives, and 18,8 % of respondents have tried marijuana at least once in their lifetime (Nižić, Penava, & Perić, 2013).

PRESENT STUDY

Sample

This study included undergraduate students of the University of Sarajevo, from 23 faculties and 2 academies. Within the research population, which at the time of the survey counted little over 30,000 (Institute for statistics of Federation of Bosnia and Herzegovina, 2017), a sample of 410 students (260 female and 150 male students) has been randomly selected, in order to ensure that each student had an equal probability of being chosen as the sample. Confidence level utilized in the study was 95%. It is the value criminologists often choose and means the level of confidence we have in making inferences about the data (Bachman & Paternoster, 1997). That basically means that the data represent true values of the population in 95 % of cases and create the space for the error in only 5 percent of the time. The sample was carefully designed in order to have a representative selection of population elements. It was a two-stage cluster sample, with randomly choosing a department and a year in each faculty from where the data were collected, and a random selection of individual respondents. The former are considered primary sampling units, and the latter secondary sampling units. Each faculty contributed equally in terms of primary sampling units (clusters), i.e. the data were collected from one group of students from each faculty. Since the selected students were undergraduates of University of Sarajevo, attending all four years of study, for each faculty a table with years of study and all the courses at the particular faculty was made. Using a random number table, year of the study and the study course were selected for each faculty. Another cluster has been selected too, as an option B in case if there were not enough students in the originally selected cluster to participate in the study. The day when collection of data was organized was not chosen randomly, but it was decided to be the first week day of lecturing for particular unit selected in first stage of sampling procedure. Therefore, the day when the questionnaires were distributed was not selected randomly, increasing the sampling error. However, since there is no reason to assume that the attendance at lectures varies considerably during the week, non-random selection of the very day of the week when data were collected is expected to have little or no influence on results. Students completing the questionnaire were selected by using systematic sampling. The researcher first counted the present students and then randomly selected a student from the cluster, which would represent the 'starting point' and would fill out the questionnaire first, and behind him every n th student. Sampling interval was calculated on spot. The research was conducted in early 2014, during the course of lectures.

Questionnaire

Research instrument used in this study is based on previous survey instruments utilized by ESPAD (2011), Murray (2008), and a review of list of questions usually used in drug surveys (Johnston, 2000). In the questionnaire, emphasis was placed on the recreational use of illicit drugs among the students of the University of Sarajevo. It consisted of four parts and a total of 53 questions. The first introductory part was comprised of certain sociodemographic questions, the second part included questions of socio-psychological nature, the third part of the questionnaire included

questions on illicit drugs, consumption of tobacco and alcohol products, as well as on attitudes and opinions that students have about them, and the fourth part questioned the presence of illicit drugs in the student environment itself. Part of the questionnaire relating to the use of tobacco products by young people gives a general measure of the degree of use of cigarettes and the frequency of their use in the last month. Alcohol-related issues primarily examine the frequency of alcohol use by students through different patterns (during the last 12 months and the last 30 days), places and consequences of consumption. Questions related to narcotic drugs provide answers to the knowledge of narcotic drugs, frequency, consequences and places of consumption. The self-completion questionnaire was anonymous, and the respondents understood the instructions well and there was no interference when collecting data.

It was stated earlier that normalization thesis (Parker et al., 1998; 2002) shall serve as framework for analyses. Normalization is measured through five dimensions. The first, the access and availability of drugs, was measured through questions dealing with the ease of the purchase of different types of drugs, as well as mode of acquisition and impression of drug dealing presence. Drug trying rates was measured by asking respondents questions usually utilized in drug surveys: have they ever tried drugs in general, and particular drug listed in the questionnaire. Rates of recent drug use were examined by past year and past month consumption of different types of drugs. Social accommodation of recreational drug use was measured by question on prevalence of drug consumption among students. Additional measure referred to the degree respondents consider recreational drug use acceptable, as long as it does not turn into an addiction. Finally, cultural accommodation of drugs is measured by question dealing with the attitude on recreational drugs consumption in relation to alcohol consumption.

Findings

Sample characteristics

Out of the total sample which included 410 students, females (260) were much more involved in the research than male (150). Gender structure of the sample reflects rather good gender structure of student population: while in the sample 63 % of respondents were female, according to the Institute for statistics of Federation of Bosnia and Herzegovina data (2017), proportion of women in the student population was 59 %. Age range was between 18 and 37, with the mean value of 21 and only ten percent of the sample older than 23. Respondents who participated in the research were students of all four years of the undergraduate studies, where the largest number of respondents included students of the first and second year of study at their faculties. 153 students attended the second year of study, 138 students the first year of study, 84 of respondents were third year students and 35 students were attending the fourth year of study. When asked with whom they live while studying, the largest number of respondents answered that they live with their parents ($n = 233$), then with a roommate ($n = 135$) while others live alone ($n = 38$). Four respondents did not answer this question.

When it comes to the subjective attitudes of the respondents with regard to their material status, results show that the majority of respondents considers to have an average material status ($n = 370$), while a smaller number of respondents consider it to be above the average ($n = 26$), and 14 of them under-average material status ($n=14$). Regarding the environments from which respondents come, the most respondents answered that they came from urban

areas (n = 222), some smaller number of students reported coming from suburban areas (n = 145), while the smallest number of students said they came from rural areas (n = 41), and two respondents did not answer this question.

Access and availability of drugs

Normalization of drug consumption includes access and availability of drugs, without which normalization cannot take place. A key measure of access and availability, developed in previous instruments, is rather straightforward and asks respondents to assess how accessible particular drugs are. The results are shown in table 1.

Table 1. Perceived availability of drugs

	Easy (%)	Difficult (%)	Impossible (%)	Don't know (%)
<i>Cannabis</i>	263 (64,1)	15 (3,7)	2 (0,5)	130 (31,7)
<i>Amphetamines</i>	172 (42)	40 (9,8)	4 (1)	194 (47,3)
<i>Cocaine</i>	116 (28,3)	96 (23,4)	5 (1,2)	192 (46,8)
<i>Ecstasy</i>	130 (31,7)	69 (16,8)	8 (2)	202 (49,3)
<i>Heroin</i>	104 (25,4)	100 (24,4)	6 (1,5)	198 (48,3)
<i>LSD</i>	96 (23,4)	85 (20,7)	9 (2,2)	218 (53,4)
<i>Magic mushrooms</i>	64 (15,6)	72 (17,6)	17 (4,1)	255 (62,2)
<i>Inhalants</i>	215 (52,4)	18 (4,4)	5 (1,2)	171 (41,7)
<i>Sedatives</i>	266 (64,9)	11 (2,7)	1 (0,2)	131 (32)

Most accessible substances perceived to be sedatives. Almost two in three students reported it would be easy for them to get sedatives, closely followed by cannabis. Heroin, cocaine and hallucinogens are considered to be particularly difficult to get by respondents, probably because of the high prices and the fact that these are considered heavy drugs, supply of which is controlled and suppressed with special vigor. Excitants, such as amphetamines and ecstasy, were considered moderately difficult to get. Overall, majority of respondents felt they could access some kind of drug.

When asked whether they acquire drugs themselves, only eight respondents reported that they acquire drugs on their own. The rest were allegedly not purchasing drugs. As to mode of acquiring drugs, 13 (3,2 % of the sample) said they were purchasing it and 26 (6,3 % of the sample) reported getting it "as a gift".

When asked if they have noticed that their colleagues are selling drugs at faculties, 69 (16 %) students reported they did, although the dominant perception (of 47 respondents) is it happens very rarely. Large majority (over 83 %) reported not noticing drug dealing within faculty parameters.

Drug trying rates and patterns of recent consumption

The more drugs are being tried by large portion of society, the more their usage can be seen as normalized. Fifty respondents (12,1 % of the sample) reported using drugs on at least one occasion in their lives. 21 (5,1 % of the sample) respondents reported consuming drugs in their life in one to two occasions, 23 (5,6 % of the sample) more than two, but less than forty, and six respondents have consumed drugs very frequently (more than 40 times in their lives). Overall, large majority of respondents reported not using drugs, and one in eight reported using it. Of those who reported they did, it was rather rarely. Only 4 % reported they used drugs more than twenty times during lifetime.

It is widely held that person can try drugs and not persist on consumption. These are called experimenters or tasters. Persons on the other side on the continuum- those who have used drugs very often (more than forty times in their lives), are considered heavy users. Finally, those in the middle of two extremes, that is, users who consume drugs occasionally, ranging from three times to few dozen times (but less than forty), shall for the purpose of the study be considered occasional users.⁵ Using the frequency criterion, almost half (21 out of 50) of reported users in the sample are considered as experimenters. Another half of reported users (23 respondents, or close to 6 % of the sample) are occasional users. The remainder are considered heavy users ("ever used" drugs more than forty times).

Since there is roughly 2:1 ratio of male to female drug users for most drugs (Measham, Williams, & Aldridge, 2011), it is interesting to inspect the gender- consumption relationship in the current survey. Table 2. indicates there is no significant difference between men and women in lifetime prevalence of illicit drug use. Most of male users are experimenters, and most women consumers are occasional users. Smallest portion in both categories are high-intensity users.

Table 2. Lifetime prevalence of drug use by gender

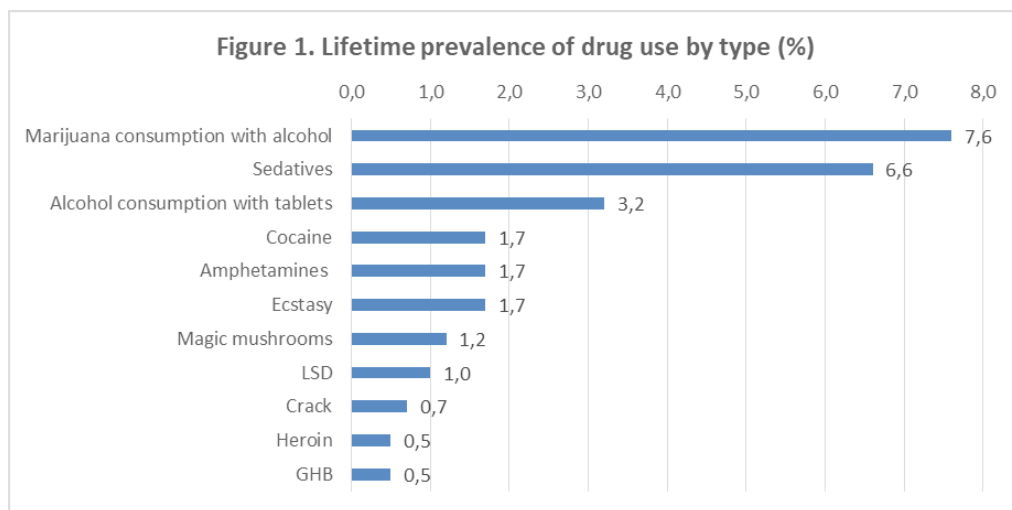
	Gender	
	Men (%)	Women (%)
Abstainer	126 (84,6)	232 (89,6)
Taster	12 (8,1)	9 (3,5)
Occasional	7 (4,7)	16 (6,2)
Heavy	4 (2,7)	2 (0,8)
Total	149 (100,0)	259 (100,0)

Note: $\chi^2=6,6$, $p>0,05$ by Fisher's exact test

⁵ National Institute on Drug Abuse (1975) has published very useful review of operational definitions in socio-behavioral drug use research. It lists more than twenty studies and classifications of drug use based on frequency of use. Some of studies consider recreational users who use drugs every week, some, on the other hand, consider them if they have used drugs rather rarely (lifetime prevalence of drug consumption of three to nine times).

Of the 408 students who provided the data on drug consumption during lifetime, drugs were commonly consumed by students aged 19 ($n = 14$) and 20 ($n = 10$) years. After this group, there is a group of students at the age of 21 ($n = 7$) and 22 ($n = 7$) years. Mean age for the lifetime drug users is 21 years. Based on these results, it can be concluded that consumption of illicit drugs was most common among younger students aged between 19 and 22 ($n = 38$).

Figure 1. displays lifetime usage of individual drugs. It is evident that combination of alcohol and other psychoactive substances (marijuana and tablets, usually sedatives) prevails the lifetime consumption landscape. Sedatives are also among most frequent drugs to use. Highest number of students reporting to use drugs was close to thirty (27 for sedatives, and 31 for combination of alcohol and marijuana), and lowest two (for heroin and GHB). Use of combination of alcohol and other psychoactive substances and sedatives probably reflects, at least to an extent, easier access to these types of substances. Other drugs were used very rarely. The difference between men and women is significant only for amphetamines ($\chi^2=5,4$, $df=1$, $p<0,05$) and cocaine ($\chi^2=5,4$, $df=1$, $p<0,05$) use, with men more likely to try them.



Recent drug consumption reveals even more conservative picture when compared to drug trying rates. Analyses show that during one month preceding the survey (see table 3), drugs were not consumed by large portion of the sample. Only fourteen respondents reported any drug use, although very rarely (typically one or two times). Cannabis was not offered as a pre-coded category in questionnaire, but based on data from EMCDDA (2014; 2018), ESPAD (2011), Cerić et al. (2007) and Nižić et. al. (2013) it is reasonable to assume it is drug of choice for very recent consumers. Findings further suggest that combination of cannabis and alcohol, and sedatives are preferred psychoactive substances by students in the year preceding the survey. Any drug consumption (probably cannabis) during last year was reported by 6,8 percent of the sample. Heavier drugs, such as cocaine, crack, heroine, hallucinogens were reported to be used

extremely rarely. There is significant difference between men and women in past year drug use of amphetamines ($\chi^2=4,6$, $df=1$, $p<0,05$), with men more likely to use them.

Table 3. Recent consumption by type of drug

	No	In the last 30 days	In the last 12 months
Sedatives	383 (93,4%)	5 (1, 2%)	13 (3,2%)
Amphetamines	403 (98,3%)		4 (1, 0)
LSD	406 (99,0%)		2 (0,5)
Crack	407 (99,3%)		2 (0,5%)
Cocaine	403 (98,3 %)		2 (0,5%)
Heroin	408 (99,5 %)		2 (0,5%)
Ecstasy	403 (98,3 %)		4 (1, 0 %)
Magic mushrooms	405 (98,8 %)		4 (1, 0 %)
GHB	408 (99,5%)		2 (0,5%)
Alcohol consumption with tablets	397 (96, 8 %)	1 (0, 2%)	4 (1,0%)
Marijuana consumption with alcohol	379 (92, 4%)	8 (2, 0%)	16 (3, 9%)
Any drug		14 (3,4)	28 (6,8)

In sum, it is safe to say that drug use among university students is indeed of low intensity, limited to cannabis use, solely or in mix with alcohol. Drug trying rates are very low, with half of drug users only tasting drugs in couple of occasions, and with the remainder being almost exclusively low-intensity consumers of mainly cannabis and sedatives and very rare users of heavier drugs.

Social and cultural accommodation of recreational drug use

To the extent drug use becomes personally and socially accepted by both users and non-users, it can be said drug use is considered common. Table 4. list results concerning respondents' perception on presence of drug consumption.

Table 4. Perception of drug consumption among fellow students

	Abstainers (%)	Lifetime drug users (%)
Very often	40 (11,2)	10 (20)
Sometimes	47 (13,2)	18 (36)
Very rarely	71 (19,9)	9(18)
Did not notice	199 (55,7)	13 (26)
Total	357 (100,0)	50 (100,0)

Note: $\chi^2=24,6$, $df= 3$, $p<0,001$

Large majority of abstainer subsample reported no presence of drug consumption in their social environment. Unlike them, lifetime drug users, probably because of the knowledge of the drug scene, are aware of the consumption to a larger extent. The difference between recreational drug users and abstainers about awareness of drug consumption is statistically significant.

Findings in the table 5. suggest that majority of drug users consider drug use, as long it does not turn into an addiction, acceptable, and the opposite for the non-users. Half of drug users, namely, see recreational drug use as acceptable, and almost three quarters of abstainers as exactly the opposite. The difference between recreational drug users and abstainers about drug use accommodation is statistically significant.

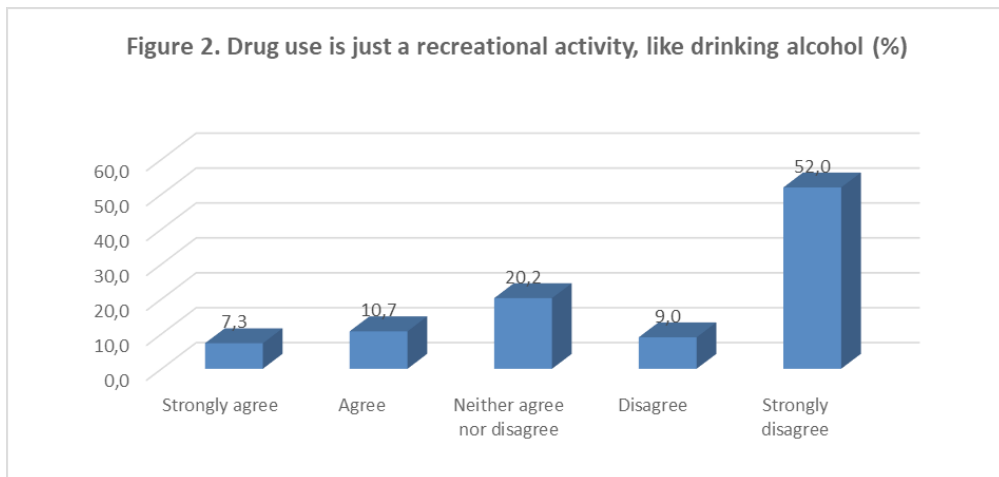
Table 5. Attitudes on drug use accommodation

	Abstainers (%)	Lifetime drug users (%)
Agree	46 (13)	25 (50)
No opinion	43 (12,1)	12 (24)
Disagree	265 (74, 9)	13 (26)
Total	354 (100,0)	50 (100,0)

Note: $\chi^2=53,9$, $df= 2$, $p<0,001$

Based on findings in tables 4 and 5, it can be implied that non-users of drugs seem uncomfortable with any drug use and do not see it as socially accommodated into their lives.

Last dimension of normalization thesis refers to cultural accommodation of recreational drug use. As argued by Parker et al. (2002), there are multiple indicators of drug use being accepted as "liveable with" by wider society. One is "blurring" of licit (alcohol and cigarettes) and illicit substances consumption differences. At the question regarding consumption of drugs being as recreational activity just as consumption of alcohol, majority in current survey responded by disagreeing. Slightly over half of respondents strongly disagreed the equivalence of alcohol and drugs. Only one in six respondents agreed with the statement, whereby only little over seven percent strongly agreed.



Previous results (see figure 1 and table 3) suggest alcohol goes hand in hand with marijuana consumption. To further explore this pattern, correlation analysis of illicit and licit drug consumption shall be conducted. Table 6. specifies the Spearman ρ correlation coefficients for the three measures of cigarettes, alcohol and drugs consumption for the overall sample.⁶ The variables measuring cigarettes and alcohol use were for the sake of easier interpretation reverse coded.

Table 6. Correlation between cigarettes, alcohol and drugs consumption

	Consumption of (illicit) drugs	Consumption of cigarettes	Consumption of alcohol
Consumption of (illicit) drugs	-	,307*	,337*
Consumption of cigarettes		-	,433*
Consumption of alcohol			-

* $p < 0.001$.

As seen on the table 6, there is moderate to strong correlation between all three variables. All correlations are significant at $p < 0.001$ level. The findings can be interpreted in the manner that as the likelihood of cigarettes and alcohol consumption increases, the frequency of consumption of drugs (i.e. higher numbers of drug consumption during the life) also increases. Those who reported to smoke cigarettes were much more likely to report using alcohol than non-smokers. Both cigarette smokers and alcohol users were more likely to use drugs than tobacco and alcohol abstainers. In other words, cigarette smoking and alcohol consumption are moderately associated with the drug consumption, but strongly among their selves.

⁶ Respondents were asked in how many occasions they have used drugs (0- never, 7- 40 or higher), as well as whether they use alcohol and cigarettes (1- completely agree, 5- completely disagree).

DISCUSSION

As stated previously, the normalization framework can be a useful way to systematically assess the accommodation of illicit drugs among populations. It consists of five components: access and availability of drugs, drug trying rates, rates of recent drug use, social and cultural accommodation of recreational drug use.

In relation to the access and availability of drugs, current research suggests it would be fairly easy to access some soft drugs (cannabis and sedatives), but not the “hard” ones (heroin, cocaine, hallucinogens, etc.). While the substance hierarchy in ease of access reflects that in research elsewhere (e.g. Parker et al., 2002), the percentages do not. Our study, namely, found lower accessibility of cannabis, but higher of heroine compared to research abroad. This comes as no big surprise, however, because lower availability of cannabis was also found in ESPAD survey (2011), where Bosnia and Herzegovina scored lower (19 %) than European average (29 %) on the question dealing with ease of access to particular drugs. As for heroin availability, it is well known that Bosnia and Herzegovina has as a strategic location on the Balkan Route (EMCDDA, 2009), which probably creates situation of greater heroin retail offer than in other countries. Furthermore, according to literature, social context of recreational drug use suggests that recreational consumption of illicit drugs is very often initiated by the persecution of another person, an on that matter, Shewan, Delgarno and Reith (2000) state that drug users most often get drugs from friends or trusted dealers. Nevertheless, our research findings support the claim made by Järvinen and Ravn (2011) that recreational drugs are “received as a gift”.

Regarding another focus of our study, which was to determine to what extent recreational drugs are tried and consumed among students of the University of Sarajevo, our study identified that drug trying rates, compared against findings of Parker et al. (2002), are rather low. Only one in eight respondents reported lifetime use of any drug. Research of Cerić et al. (2007) indicated a bit higher drug trying rate among university youth in Bosnia and Herzegovina at portion of one fifth of respondents. Although examination of interlocking items, such as questions concerning lifetime consumption of drugs and consumption of specific listed substances, shows high internal consistency of data, it is still possible that socially undesirable behavior (such as illicit drugs consumption) may be underreported (Tourangeau & Yan, 2007). However, such low lifetime prevalence of recreational drug use is consistent with previous research of drug use among youth in Bosnia and Herzegovina, for ESPAD survey (2011) indicated below average (compared to other European countries) illicit drugs lifetime prevalence.

There was no significant difference between men and women in recreational drugs lifetime prevalence, or (for the majority of drugs) in recent drug use. The results from previous research on gender differences in drug consumption are mixed. 2010 survey from the Republic of Srpska in Bosnia and Herzegovina, which included 4178 individuals (respondents aged 18 to 24 years, and 35 to 44 years), reported that experimentation with illicit drugs in the Republic of Srpska was generally on the side of the female gender, 5.4% in comparison with men 4.2% (EMCDDA, 2014). Other research is suggesting that there are no significant differences by gender when it comes to trying drugs (ESPAD, 2011; Webb et al. 1996; cit. in Murray, 2008, s. 54), while Measham et al. (2001) point out that users of recreational drugs can be equally male and female. In this context, in a research conducted on recreational drug use in Australia among visitors to dance and nightclubs (n=379), Duff (2005) came to the record that men participated

in drug use with 57% compared to women, 52%. It should be noted that 13% of these respondents reported a mix of part time study and part time work, whilst a 12,7% reported enrolment in university studies on a full time or part time basis. Also, Woodrow (2012) within his drug study among student population, reported that 65.6% of males and 63.9% of females had tried an illegal drug.

When it comes to the age of drug trying respondents, results show that drug use was most present among 19 years old, that is, among students of the second year of undergraduate studies. However, empirical support for this result is found in research studies suggesting that drug use rises with age from 15 to the early 20's (Murray, 2008, p. 57). Other studies, such as one conducted by Riley et al. (2001), have found that 80% of recreational drug users with an age range of 16-47, were between 18 and 23 years. Similarly, Parker and his colleagues (1998, 2002) found that some 25% of research participants in their study were regular recreational drug users by the age of 21 (Duff, 2005, p. 162).

Patterns of illicit drug use among the students of the University of Sarajevo show that illicit drugs are not equally represented among recreational drug users, and that "lighter" drugs are generally consumed for this purpose. As expected, our research results show that combining alcohol with marijuana is rather preferred, which is further substantiated by the fact that 64% of students stated that they could easily obtain marijuana. This finding corresponds with many research findings which indicate that recreational drug use is dominated by cannabis taking and that accessibility is highest for cannabis (Parker et al., 2002; Murray, 2008). Availability is probably one of the reasons for mixture of cannabis with alcohol. Although amphetamine has become popular as a recreational drug during the past decades (Rassool, 2009), our findings show that only four respondents reported consuming amphetamines in the past 12 months, and seven (1,7 % of the sample) during lifetime. This seems to be the low prevalence of amphetamine use if compared to other studies on recreational drug users, where rates of amphetamine use were at much higher percentage such as 81.1% (Riley et al., 2001), and 60-70 % (Measham et al., 2001). However, Parker et. al. (2002) indicate that 10% of young people between 18 and 25 years of age use recreationally amphetamines. Regarding the LSD as the most common drug used by recreational users along with alcohol, caffeine, nicotine, cannabis, and ecstasy (Rassool, 2009, p. 51), our results shows that two students consumed LSD in the course of last year, and four in their lifetime. And while some studies report that prevalence of this drug was at 30.3% among young recreational drug users (Riley et al., 2001), in his study on recreational drug use among the student population, Murray (2008) reported significant reduction in the use of LSD. Ecstasy was reported to be consumed by seven recreational users of drugs during the lifetime, and in the last 12 months prior to our research, ecstasy was consumed by four of students who were recreational drug users. Contrary to our finding, prevalence of ecstasy use was reported high (82%) among recreational users at dance events in Edinburgh (Riley et al., 2001), while in other study that can also relate to the student population, Measham et al. (2001) found rates for amphetamines, LSD and ecstasy in the 60-90% range (cit. in Murray, 2008, p. 42). As for the cocaine, which is reported to be the most commonly used illicit stimulant drug in Europe (EMCCDA, 2017), our findings show that a very small number of students had consumed cocaine. Our results are not in line with studies where prevalence of cocaine use was found to be much higher, for example, 38.5% (Riley et al., 2001), and 41% (Murray, 2008), while Measham et al. (2001) with bearing in mind the well known

link between student lifestyles and clubbing, found that over 70% clubbers had tried cocaine. Nevertheless, Murray's study (2008) reported a major increase in the availability and trying rates of cocaine. Further, our study found low prevalence of crack use, with only two students reporting its past year use, and approximate results were obtained by Riley et al. (2001) who reported six respondents using this drug. Regarding the recreational use of heroin and GHB among our respondents, both lifetime and past year prevalence rates were for heroin and GHB two respondents each. Low prevalence for heroin use has been found in other studies as well (i.e. Murray, 2008), while in a study conducted in Edinburgh by Riley et al. (2001), none of the participants reported using heroin. However, Patton (2005) found heroin to be least validly reported (along with cocaine), due to the stigma associated with this drug (cit. in Murray, p.58). As for the use of GHB and hallucinogenic mushrooms, it should be noted that low and stable rates of their use have been reported in Europe (EMCDDA, 2017).

It seems that attitudes of non-users are not favorable to drug consumption. Large portion (three in four) of abstainer respondents in current study does not approve any drug use. Earlier research suggests different picture, for majority of abstainer respondents in study of Parker et al. (2002) held approving attitudes on drug consumption. Moreover, only 74 students of the University of Sarajevo agrees with the statement that consumption of illicit drugs is recreational activity just as alcohol consumption. In contrast to our findings, Murray (2008) found much higher percentage of respondents who agree with the latter statement.

Finally, examining the "blurring" of licit and illicit drug consumption was also one of the intentions of this research. Although not testing it *per se*, the results provide support for the Gateway Theory (Kandel, 1975; Kandel & Faust, 1975), based on which a sequential pattern of consumption of licit and illicit substances has been repeatedly observed (e.g. Fergusson, Boden, & Horwood, 2006; Huizink, et al., 2010; Kandel, Yamaguchi, & Chen, 1992). The Gateway Theory suggests drug consumption starts with "gateway" legal drugs (tobacco, cigarettes), followed by marijuana, and may progress to use of harder drugs (tranquilizers, cocaine, heroin). No direct progression from nonuse to illegal drug use practically occurs (Kandel & Faust, 1975). This research did not test propositions of the Gateway Theory, which specifically demands that: relationship between two substances in which the use of one substance consistently precedes the use of another substance (sequencing), increased risk of initiating the use of a second drug once having initiated a first one, and the existence of association when controlling confounding factors. The research merely dealt with the association without considering causation chain, but the logic behind the Gateway Theory seems applicable, especially having in mind that drug users found in this study were almost exclusively tasters and occasional users. The latter suggest the consumers have not yet progressed to heavier drugs, such as cocaine and heroin, but are at first stage of illegal drug consumption, usually limited to cannabis and pills. Later developmental stages may or may not occur, which depends on plethora of factors (personality traits, drug availability, peer influence, etc.). The Gateway model is cumulative, meaning that lower-ranking drugs leading to next level of consumption tend to be used simultaneously. It is possible that users sometimes manifest error type behavior, meaning stopping the consumption of lower-ranking drugs once higher-ranking usage is achieved, but that is usually characteristic of heavy drugs use (cocaine, heroin, psychedelics). In sum, it is plausible to infer that respondents in the research were at lower levels of sequential pattern of drug usage, whose main features are

cumulative usage of legal drugs (alcohol and cigarettes) and “lightweight” drugs (cannabis, pills) and almost non-existent usage of heavier drugs.

Normalization thesis (Parker et al., 1998; 2002) suggests recreational drug use is accommodated into the lifestyles of otherwise conformist, ordinary young adults and becomes “new normal”. Conceptual framework of normalization, utilized in this study, suggests drug use among students of University of Sarajevo is not normalized. Of the five dimensions of the framework, only access and availability of drugs seems to provide some ground for statement that normalization of drug use took place. Others- drug trying rates, rates of recent drug use, social and cultural accommodation of recreational drug use- seem to provide different picture, suggesting drug use, even recreational, is still considered as deviant and rather uncommon. In other words, it is safe to say that drugs are to an extent accessible to young people, but their use seems not to be accommodated into social and cultural fabric and routines of everyday life. Having in mind that the idea of normalization refers to cultural as well as economic circumstances rather than simply to behaviour (Newburn, 2017), a plethora of economic, social, legal and cultural reasons might be contributing to this. As for the economic circumstances, post-war situation in Bosnia and Herzegovina brought tougher economic conditions, especially for many young people. Statistical data for the research period show that the unemployment rate in Bosnia and Herzegovina was 27,5% (such as in the same period of 2013), where the unemployment rate was the highest among young persons aged 15 to 24 years, it was 62,7% (Agency for Statistics of Bosnia and Herzegovina, 2014). Therefore, although certain criminological theories (e.g. Strain Theory) report that poor economic conditions generate crime and antisocial behaviour, our opinion goes in the opposite direction, implying that student unemployment as well as changing economic nature of their families and households in terms of employment, influences their financial reach for the drugs. Furthermore, we considered the lifestyle of students within the theoretical and empirical construct of recreational drug use. In terms of findings that implicate that recreational drug use is inherent to settings such as nightclubs and dance events (e.g. Riley et al., 2001; Duff, 2005), which can relate to a student population that has plenty of leisure time and is well known for its reputation of clubbing, we could say that Bosnia and Herzegovina didn't face the emergence of dance-based movements in great extent as seen in many European countries and worldwide. Therefore, we think that the lifestyles of students in Bosnia and Herzegovina in regard to their leisure time and clubbing differ much from the countries in which studies on recreational drug use took place. Also, our reasons are partly grounded on findings from ESPAD studies in Bosnia and Herzegovina (2011) on substance use among youth population (high school students), that report lower levels of substance use on the key variables, compared with the ESPAD average (ESPAD, 2011). Drug related criminal policy in Sarajevo, where the research took place, influences student behaviour towards drug non-use, since the possession and use of any drugs (even for personal use) is a criminal offence in Canton Sarajevo. Criminal law is used aggressively against drug users in Canton Sarajevo as a part of Federation of Bosnia and Herzegovina, where police officers are focused on arresting persons for consuming and possessing drugs for personal use, even in cases involving use of small amounts of cannabis (Deljić, 2013). Therefore, such situation could affect students to refrain from using drugs since the existence of criminal record would have implications on their future employment. Finally, any drug use seems not to be culturally acceptable into mainstream Bosnian-Herzegovinian society. Findings from the European Values Survey (EVS, 2016) suggest that vast majority (over 87 %) of respondents do not justify taking even soft drugs. Overall,

Bosnia and Herzegovina seems to take different path compared to other European countries when it comes to drug use, even recreational: nor recreational drug use can be qualified as widespread, nor it is widely accepted as normal by relevant audience.

CONCLUSION

It is evident that recreational drug use is primarily found among young people, and according to some authors, the rapid spread of drug use for recreational purposes has led to the normalization of drug use in youth culture. Overall, current study found that recreational drug use is present among students of University of Sarajevo, but not to a large extent. One in eight respondents reported to ever try drugs, and only 6 % reported frequencies which qualified them to be labelled as occasional, low-intensity users. Drug of choice was cannabis, solely or in combination with alcohol. Majority of respondents felt they could access some kind of drug, though very rarely by purchasing it. It seems that dominant manner of getting drugs ("gift") underpins occasional nature of drug use among students. Drug use also seems not to be socially and culturally accommodated into Bosnian-Herzegovinian mainstream society, with the majority of abstainer respondents not approving any drug consumption. Correlation analysis showed there is greater likelihood for illicit drug users to use licit drugs, which only reflects drug-benevolent attitudes among drug users, but not among general student population.

Our research evidence does not appear to substantiate a conclusion that drug use among students of University of Sarajevo has become the norm. As we previously discussed, analysis of our findings through the five dimensions of the normalization concept, showed only little evidence for the one dimension, that is, access and availability of drugs. Our findings indicate that the use of drugs is not socially and culturally accepted by many members of the non-drug using population as suggested by the proponents of the normalization thesis, since abstainers in our sample reported being uncomfortable with any drug use, and further reported no presence of drug consumption in their social environment. Therefore, we conclude that beside behavioral and attitudinal aspects in seeking to understand and explain recreational drug use in Bosnia and Herzegovina greater importance needs to be given to socioeconomic, cultural and policy factors in shaping individual decisions and actions to use drugs recreationally.

Although more research is needed on the matter of recreational drug use in Bosnia and Herzegovina, still, we find our research evidence to be a good start in understanding this type of drug use. The current study utilized cross-sectional approach, which provides only a snapshot of recreational drug use among university students. Parker et al. (2002) argue that normalization thesis in respect of sensible recreational drug use can only be comprehensively assessed using long term data. Information on how drug use is changing, what types of drugs are becoming popular and what are correlates of the use can be obtained through longitudinal research designs. Only that way can be argued whether recreational drug use becomes accommodated and what policy options need to be developed to address it.

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ASSESSMENT OF COMPLIANCE OF THE CRIMINAL CODES IN BOSNIA AND HERZEGOVINA WITH THE COUNCIL OF EUROPE CYBERCRIME CONVENTION

Review Paper

Arben MURTEZIĆ

Abstract

Inspiration for the Paper and Issue(s) Addressed: The inspiration for this work is to evaluate directly and indirectly applicable legislation in Bosnia and Herzegovina regarding one of the most serious and the fastest growing threats in the modern world.

Aims of the Paper (scientific and/or social): The aim of the Paper is to provide analysis of compliance with the Convention.

Methodology/Design: This research is descriptive and partly comparative. Basic information about the Convention are provided prior to undertaking a detailed analysis of relevant legislation in Bosnia and Herzegovina.

Research Limitations/Paper: There are no particular limitations.

Results/Findings: The influence of the CoE Cyber Convention and considerable efforts to follow its standards are obvious. However, discrepancies and gaps are identified as well as differences between the laws in two entities.

General Conclusion: A specific problem of Bosnia and Herzegovina is the fact that there are various superfluous legislative inconsistencies in the different parts of the country due to its complex constitutional structure.

Research/Paper Justification: This assessment might be of particular importance since the Council of Europe, surprisingly, has made very limited efforts to critically evaluate legislation of the parties to the Convention, especially of the substantive criminal law provisions.

Keywords

Convention on Cybercrime, Substantive Law, Computer Crime, Criminal Code

INTRODUCTION

A country in transition with a sudden explosion in the use of information technology and tight constraints on the funding of law enforcement is rife for the modern day threat of cybercrime which can have a debilitating effect on a country's ability to attract investment. Bosnia and Herzegovina surely can not be an exemption. Moreover, the burden of recent history, complex legal system and struggling economy make the framework conditions for the fight against sophisticated forms of crime rather cumbersome. On the other hand, such circumstances are also making the need to establish the rule of law even greater.

Also, in the international context, the position of BiH, a member state of the Council of Europe (CoE) and striving to become an EU member state, is a sensitive one. The overall situation concerning organized crime is of utmost importance for achieving this goal. Also, Bosnia and Herzegovina is under scrutiny regarding the compliance of its domestic legislation with relevant international documents. The Council of Europe Cybercrime Convention is surely among those.

This paper might be of particular importance since the Council of Europe, surprisingly, has made very limited efforts to critically evaluate legislation of the parties to the Convention, especially of the substantive criminal law provisions. Namely, the "*Cybercrime legislation - Country Profiles*", provided within the framework of the Council of Europe's capacity building projects on Cybercrime (CoE, 2012), contains just plain extracts from the national laws, supposedly corresponding to relevant provisions of the Convention. This is presented in tabular format, without a visible effort to assess given provisions, neither comparatively or in the national legal context. Since in the theory of legal interpretation it is notorious that words have different meanings even in dictionaries, not to mention different legal systems (Holmes, 1899), information provided by the CoE is rather ineffectual. Additionally, the complex constitutional and legal system of Bosnia and Herzegovina requires an even more thorough approach.

COUNCIL OF EUROPE CYBERCRIME CONVENTION

After four years and twenty-seven drafts, the forty-one nation Council of Europe (CoE) aided by the United States, Canada, Japan and South Africa, as newly joined observers of the Council of Europe, drafted the Cybercrime Convention, (Piazza 2001, Keyser 2003). It was adopted by the Committee of Ministers on 8 November 2001, opened for signature in Budapest, on 23 November 2001 and entered into force in July 2004.

Its main aim, as set forth in the *Explanatory Note* is:

"1) harmonizing the domestic criminal substantive law elements of offences and connected provisions in the area of cyber-crime (2) providing for domestic criminal procedural law powers necessary for the investigation and prosecution of such offences as well as other offences committed by means of a computer system or evidence in relation to which is in electronic form (3) setting up a fast and effective regime of international co-operation".

Accordingly, the Convention is broken up into four chapters: (I) Use of terms; (II) Measures to be taken at domestic level – substantive law and procedural law; (III) International co-operation; (IV) Final clauses.

The first chapter defines just four terms vital to the treaty i.e. computer system; computer data; service provider and traffic data. It seems that with such an unusually limited number

of definitions, the authors of the Convention wanted to avoid controversies and discussion in the areas which had been characterized by debates on terminology. Namely, the area of Information and Communications Technology and subsequently, the topic of cybercrime, contains a number of specific terms central to understanding the main issues. Nevertheless, while the first three definitions (computer system; computer data; service provider) did not give rise to any dilemmas, the term “traffic data” created some controversy. To be precise, the term “traffic data” is defined as any computer data relating to a communication by means of a computer system, generated by a computer system that formed a part in the chain of communication, indicating the communication’s origin, destination, route, time, date, size, duration, or type of underlying service” [Article 1 (d)]. This means that “Traffic data” lasts for only a short period of time and thus Article 16 of the Convention makes the Internet Service Providers responsible for the preservation of such data, which significantly increases the costs. Interestingly, despite numerous written analyses and overviews of the Convention, there has been certain oversight in that some of its procedural provisions are not limited to cybercrimes: rather they extend to any crimes for which evidence must be collected “in electronic form.” Therefore, the title: “Convention on Cybercrime” is a “misnomer or is at least a misleadingly narrow description of the Convention’s substance” (Vatis, 2010, p. 208).

Section 1 of Chapter II (substantive law issues) firstly defines 9 offences grouped in 4 different categories:

1. Offences against the confidentiality, integrity and availability of computer data and systems. This group includes the following offences: Illegal access (Art 2), Illegal interception (Art. 3), Data interference (Art. 4), System interference (Art. 5), Misuse of devices (Art 6).
2. Computer-related offences. This group includes Computer-related forgery (Art. 7) and Computer-related fraud (Art. 8).
3. Content-related offences. This group includes offences related to child pornography (Art. 9).
4. Copyright-related offences. This group includes Offences related to infringements of copyright and related rights (Art. 10).

This typology is not entirely consistent, as it is not based on a sole criterion to differentiate between categories. Therefore, three categories (1, 2 and 3) focus on the object of legal protection whereas the fourth category titled “computer-related offences” does not focus on the object of legal protection rather it looks at the method used to commit the crime. This inconsistency leads to a certain overlap between categories. As a consequence, some criminal acts mentioned in the Convention, such as “cyberterrorism” (2.9.1.) or “phishing” (2.9.3) fall within several categories (Gercke, 2011, p. 30).

However, the following examples of the significant contemporary forms and types of crimes might contribute to better understanding of this categorization.

For the first category, absolutely the most important is the notorious “ransomware”. This word is even added to The Oxford Dictionary and defined as: “A type of malicious software designed to block access to a computer system until a sum of money is paid”. Surely, this definition is too general and describes different kinds of extortion, including the situations when the illegal or compromising materials are installed in the computer belonging to the victim and ransom is

demanded for not reporting to the officials or public (Jouhal, 2017). Still, the modern meaning of this term denotes “more subtle kind of malware, originally called cryptovirus...where the malware typically encrypts and then deletes your original data files, and asks for a ransom to hand them back to you” (Hernandez-Castro, Cartwright & Stepanova, 2017, p 1). Ransom is asked in bitcoins, and “success” of this type of the crime is perhaps the best illustrated by the fact that large businesses in the west are buying and holding significant amounts of the bitcoins in case they need to pay a ransom (Parker, 2016).

Regarding the second category, the forgery by computer is perhaps the oldest and the most known type of crime that is mentioned in the Convention. However, with new generations of computers and increased reliance on the internet systems it appears in different and more dangerous forms. This includes the creation of the phantom users with unauthorized bank accounts and direct involvement in the computer operations to change the normal process for illegal profit. Closely connected is the computer fraud, the term that describes both identity theft and financial fraud. Surely, the most frequent form, that is sometimes taken as synonymous for the computer fraud is the credit card fraud (Arief, Adzmi & Gross, 2015).

Regarding the third category, i.e. the content related offences, the Convention limits it on raising problem of child pornography, which is today dominantly spread through internet (IWF, 2017). This complex problem is outlined below in the following sub-chapter. However, it has to be mentioned that this is the category which obviously should be amended and expanded, at least to the content that supports illegal, mostly violent behavior. The latest phenomena, the “Blue Whale” game is the most obvious example, of the danger that can be caused through this type of content.

Digital piracy presents the threat that is often neglected in developing countries, but has huge overall importance since it is estimated that creative industries generate \$ 2,250 billion and nearly 30 million jobs globally and surely represents important part of the international economy (Fact, 2017). Protection of these businesses and people working for them is surely equally important as the protection of everyone. However, it is reported that top pirate sites earned \$ 227 million through the advertising, i.e. nearly 10% of the of the complete profit of the creative industry (Digital Citizens Alliance, 2014).

The rest of the Section on substantive law issues deals with ancillary liability and sanctions. In this part the Convention follows the trend of many legal systems which limit the offences for which their attempt is punished. Namely, the Convention prescribes criminalization of any attempts of the following: illegal interception, data interference, system interference, computer-related forgery and computer-related fraud. Regarding child pornography, any attempts at producing child pornography for the purpose of its distribution through a computer system are punishable.

The ever-present issue of jurisdiction is solved in the Convention by using traditional principles, meaning that criteria for jurisdiction are based on the principle of territoriality (Article 22). Arguably, this option as chosen by the CoE Convention is not adequate in the fight against cybercrime since the cross-border character of cybercrime makes it easy for criminals to move their activities from one state to another at short notice and so it is very difficult to determinate the *locus committi delicti* (Foggetti, 2008, p. 35). To counter this, the Article under subsection d) establishes the application of the alternative principle of criminal citizenship, typical for many States that apply the traditions of civil law. This means that a Member State can establish

jurisdiction if the offence is committed by one of its nationals and if the offence is punishable under the criminal law of the location where it was committed.

In Section 3 (International Cooperation), the Convention contains a series of provisions relating to the mutual legal assistance that Member States must afford each other. The principle that co-operation is to be provided “to the widest extent possible” is dominant and emphasized (Article 23 and Article 25).

The Additional Protocol to the Convention, concerning the criminalisation of acts of a racist and xenophobic nature committed through computer systems was adopted on November 7, 2002.

APPLICABLE LEGISLATION IN BOSNIA AND HERZEGOVINA: COMPLIANCE WITH THE COE CONVENTION

Bosnia and Herzegovina signed the Convention on 9/2/2005, ratified it on 19/5/2006, and it entered into force on 1/9/2006.

The assessment in this chapter will be more detailed regarding the substantive criminal law section, since some of the provisions from the procedural law section are assessed in a separate Cybercrime Convention Committee Report (T-CY, 2012, 10 REV) which will be presented briefly. Also, the provisions on international co-operation are rather self-explanatory and universal, and as such, probably do not require a comprehensive evaluation.

Brief background information on the legislative framework of Bosnia and Herzegovina

Bosnia and Herzegovina (BiH) is composed of the Federation of Bosnia and Herzegovina (FBiH) and Republika Srpska (RS), which are self-governing entities each with its own Criminal Code (hereinafter the “CC”) and the Criminal Procedural Code (hereinafter the “CPC”). Also, at the state level (BiH), there is the Criminal Code of BiH which defines specific criminal offences, mostly the most serious. These include crimes against humanity; organized crime; crimes against the integrity of Bosnia and Herzegovina and others. In the context of this study, it is interesting to note that the BiH CC also covers the infringement of a copyright as a criminal offence.

Definitions and substantive criminal law

Regarding definitions, in the BiH legislation, the definitions of the “computer system” and “computer data” are, interestingly, provided only in the BiH CPC. The definitions match almost verbatim with those provided in the Convention. Still, the purpose of providing these definitions in the CPC is not primarily related to cybercrime, they are given in the procedural context explaining the possibilities for search and seizure in any criminal investigation. Meanwhile, other definitions contained in the Convention such as: “service provider” and “traffic data” are not provided in the criminal legislation in Bosnia and Herzegovina. However, many terms, such as “computer”, “program” or “data”, probably do not have to be specifically defined in academic and legal texts, because the word should be given its ordinary meaning (UK Law Commission, 1988) In the most cases, there is no need to depart from this approach (Walden, 2004). Still, having in mind the relative novelty of these terms for most judges and prosecutors in BiH, it might be useful to provide these definitions in the applicable Criminal Codes.

Regarding the offences against the confidentiality, integrity and availability of computer data and systems, the criminal legislation in BiH, partially comply with the Convention. Firstly, illegal access (Article 2) is criminalised in compliance with the Convention, including the qualifying element: "infringing security measures". Still, Ikanovic thinks that proving the existence of "security measures", without broad definition being provided of what these measures actually involve, can cause practical problems in the prosecution and trials (2012, p. 17). Moreover, while the German Criminal Code (Strafgesetzbuch) understandably insists only on legal protection of data "especially protected against unauthorized access", it is questionable whether that is suitable for BiH and its neighbours, who also adopted the same solution. This is because of limited affordability of the computer security for average user in the Balkan region, which can lead to unpunished access to hundreds of thousands of computers in the region. Secondly, illegal interception is also criminalised under the criminal legislation in Bosnia and Herzegovina, in the same way as illegal access. Moreover, Article 3 (Illegal Interception) of the Convention does not require the breach of security measures as a condition for criminalization of illegal interception. Still, illegal interception is criminalised under the criminal legislation in Bosnia and Herzegovina and all its neighbouring states, in the same way as illegal access.

Article 6 (Misuse of devices) of the Convention was debatable among drafters regarding whether the devices whose production, sale, procurement for use, import, distribution is punishable, should be restricted to those which are designed exclusively or specifically for committing offences, thereby excluding dual-use devices. Resultantly, this Article provides the possibility for the reservation concerning the limitation of this offence on the sale and distribution of a computer password, access code, or similar data by which the whole or any part of a computer system is capable of being accessed (Article 6, Paragraph 1 a.ii). As mentioned before, Bosnia and Herzegovina signed the Convention without reservation. Yet, the relevant provisions of FBiH and RS Criminal Codes are formulated in that narrower sense meaning that providing items that are to be used for accessing a computer system is criminalised. However, a request arising from full acceptance of Article 6 (misuse of devices for "the purpose of committing any of the offences established in accordance with Articles 2 through 5") is covered by the general Criminal Codes provisions on manufacturing and purchasing weapons and items for the purpose of committing a criminal offence.

Definitely, one of the major inconsistencies between the two Criminal Codes is related to computer-related forgery (Article 7) and computer-related fraud (Article 8). Namely, the FBiH CC contains separate provisions for these offences, which are essentially compliant with the Convention, just with small difference in terms, where computer-related forgery is titled "Electronic Forgery". On the other hand, the RS CC recognizes only computer-related fraud. In the mentioned CoE BiH Country Profile, the Criminal Code provision on Computer fraud is confusingly presented as the one complying with Article 7 (Computer-related forgery) of the Convention. The same situation may be noted in the Country Profiles of Montenegro and Serbia, while the Croatian legislation makes the distinction between these two crimes. Nevertheless, if there is no separate provision, it might be more appropriate to claim that computer-related forgery is covered by the provisions on ordinary crime of forgery, since "If existing offences already cover such conduct, there is no requirement to amend existing offences or enact new ones" (Explanatory note, Title 2). All the same, because of "possible gaps in criminal law

related to traditional forgery, which requires visual readability of statements, or declarations embodied in a document and which does not apply to electronically stored data”, it may be recommended to introduce the provisions on forgery that are computer-related.

Content-related offences

Naturally, the production, distribution and other activities related to child pornography are criminalised under relevant legislation in Bosnia and Herzegovina. The legislation recognizes two categories of minors: juvenile - a person who has not reached eighteen years of age and child - person who has not reached sixteen years of age. However, the exploitation of both categories is punishable, with the difference in severity of sanctions, which means that legislation in BiH complies with the Convention (Article 9.3.). Still, the legislation in FBiH does not in any way connect this offence with computers or internet. On the other hand, the RS CC stipulates more severe sanctions for those who commit this crime through internet. Having in mind increased danger and potential harm for the victim and to the society as a whole, which the use of the mass media or internet brings along, this seems not only justifiable but needed. Definitely, this solution should be introduced in the FBiH, too. Respective legislation of Croatia and Serbia contains separate provisions on the use of computer network or communication for committing child pornography-related crimes and provides for more severe sanctions, without substantive differentiation from ordinary crime. The lack of substantive criminal law on child pornography on the internet is not only typical of the region, which is kind of surprising. This because today the absolute majority of the child pornography crime is computer related and the use of the Internet as the primary instrument for trading such material is ever-increasing (Explanatory note, Article 9). In this connection, the Convention provides a rather comprehensive and precise overview of the forms of child pornography offences. In this respect, apart from the “minor engaged in sexually explicit conduct” and/or “person appearing to be a minor engaged in sexually explicit conduct”; particularly interesting is the following definition of child pornography that is provided in the Convention: “realistic images representing a minor engaged in sexually explicit conduct”. Obviously, the creation and distribution of the described images do not harm a particular minor, but it does stimulate the demand for such material. Moreover, the development of ICT technologies is enabling tremendous possibilities for production and dissemination of such material which makes this activity particularly socially harmful. Still, BiH criminal legislation does not criminalise these acts, and it is certainly an aspect that should be considered.

The complex structure of Bosnia and Herzegovina is reflected in the way offences related to infringements of copyright and related rights (Article 10 of the Convention) are regulated. Namely, unlike most other offences defined in the Convention, the “Impermissible Use of Copyrights” is an offence covered by the BiH (State-level) Criminal Code. Most probably, this is due to the intention of the international community in BiH to provide the highest possible protection of copyright and related rights and the obligations arising from the relevant international documents (Paris Act of 24 July 1971 of the Bern Convention for the Protection of Literary and Artistic Works, the Agreement on Trade-Related Aspects of Intellectual Property Rights (TRIPS), and the World Intellectual Property Organization (WIPO) (Rajić, 2005, p. 500). Nevertheless, the BiH CC does not make any reference to IT technologies, but it covers a general problem of copyright infringement. This might be sufficient, since the Explanatory Note on the

Convention indicates that internet primarily influences the frequency of this offence, and it is not insisting on specifics. Further, the amendments of the BiH CC from 2013 also underlined importance of the intangible property, through the definition of the term “property”, specifying that it can be tangible as well as intangible. Also, the same amendments prescribed that proof of the ownership can be in digital form. According to the official reasoning from Ministry of Justice these amendments are not adopted because of the compliance with the Convention, but because of the Moneyval recommendations and compliance with the other CoE Convention, i.e. the Convention on Laundering, Search, Seizure and Confiscation of the Proceeds from Crime (ETS No.141, 1990). Even though, this precise defining can be helpful in case of different procedures regarding the cybercrime, having in mind the formalistic approach prevailing among the BiH Judiciary.

The Convention (Article 11 thereof) requires its signatories to criminalise aiding or abetting the commission of any of the offences established in accordance with Articles 2 through 10 of the Convention. Regarding the attempt, the Convention prescribes criminalisation of the attempt to commit any of the offences established in accordance with Articles 3 through 5, 7, 8, and 9.1.a and c. of this Convention.

The Criminal Codes in Bosnia and Herzegovina provide uniform regulations for aiding and abetting an attempted crime. This means that whoever intentionally commences execution of a criminal offence, but does not complete such offence, shall be punished for the attempted criminal offence when, for the criminal offence in question, the punishment of imprisonment for a term of three years or a more severe punishment may be imposed, and for the attempt of another criminal offences when the law expressly prescribes punishment of the attempt alone. Regarding the aiding of a crime, it is prescribed that whoever intentionally helps another to perpetrate a criminal offence shall be punished as if he/she personally perpetrated such offence, but the punishment may be reduced. Whoever intentionally incites another to perpetrate a criminal offence shall be punished as if he/she has perpetrated such offence. Therefore, it is obvious that aiding and abetting are criminalised in accordance with the Convention. Still, as the criminalisation of the attempt is regulated as presented above, an analysis of the prescribed sanctions is needed. Furthermore, it is known that criminal penalties and other kinds of legal sanctions reflect the public attitude and state attitude (Allen, 1959, p. 228).

Firstly, under the FBiH CC illegal interception is punishable by a term of imprisonment of more than three years only in the case of it being committed by an official person while carrying out their duty. Otherwise, the sanction is imprisonment for a term not exceeding six months, which is the same as the sanction for unauthorized opening of a letter, telegram or any other sealed written material. The RS Criminal Code prescribes that if the illegal interception has resulted in electronic processing and transfer of data or of the network, or other grave consequences, the offender shall be punished by imprisonment up to three years. It can therefore be concluded that attempted illegal interception is not punishable in BiH and this clearly is not in accordance with the Convention. The situation is different when it comes to *system interference*. As noted, this offence is regulated separately from *illegal access*, and it is punishable by imprisonment up to five years. On the other hand, *system interference* in the RS Criminal Code is regulated by the same provision as *illegal access* and the same punishment – up to three years is foreseen. This practically means that an attempt at *system interference* is punishable in one part of the country and not in the other. Namely, the differences regarding the regulation of computer

forgery between the FBiH and RS Criminal Codes are naturally reflected in the sanctions prescribed for this kind of offence.

In the FBiH, when computer forgery is perpetrated in regards to computer data or programs of governmental bodies, public services, public institutions or business enterprises of special public interest, or if a considerable damage is caused, the perpetrator shall be punished by imprisonment for a term between three months and five years. In the absence of such circumstances, computer forgery is punishable with imprisonment for a term not exceeding three years. Interestingly, the sanctions for “ordinary” forgery are the same and similarly divided into two groups. The RS Criminal Code does not recognize computer forgery as a separate offence, but, the same as the FBiH Criminal Code it foresees an imprisonment term not exceeding one year for falsification of credit cards. An imprisonment term between one and eight years is foreseen for perpetrator who acquired property gain the value of which exceeds 10,000 KM.

The Criminal Codes in Bosnia and Herzegovina are following the current legal trend of recognising corporate liability (Horrigan, 2008), which is also promoted by the Convention (Article 12). The provision on sanctions (Article 13) just repeats a general rule that sanctions have to be “effective, proportionate and dissuasive”, which is the catchphrase that can be noted in many EU documents and decisions of the European Court of Justice (Harding, 1997).

Procedural law

The introductory, common provisions (Article 14 & 15) of the Convention prescribe the conditions and safeguards for the adequate protection of human rights and liberties. In this regard the Convention calls for respect of standards provided by the Council of Europe Convention for the Protection of Human Rights and Fundamental Freedoms and the 1966 United Nations International Covenant on Civil and Political Rights. As these documents are incorporated in the BiH Constitution, the compliance with this requirement is ensured on the highest level.

The section on procedural law of the Convention relates mostly to traditional procedural measures and actions, such as search and seizure (Article 19) and interception of content data (Article 21). In this respect the Convention requires adjustments to the new technological environment. The Criminal Procedure Codes in Bosnia and Herzegovina fully comply with this requirement since all provisions on actions to obtain evidence, seizure of objects and special investigative measures explicitly include computers and computer systems. Furthermore, the principles and rules on jurisdiction proclaimed by the Convention (Article 22 thereof) fully comply with the territoriality principle that is traditionally incorporated in the Criminal Justice System of Bosnia and Herzegovina. This also applies to variants of the territoriality principle concerning ships, aircrafts etc., as well as subsidiary application of the nationality principle.

Nevertheless, the most interesting and significant provisions contained in the procedural law section are related to the expedited preservation. This is because the “data preservation is for most countries an entirely new legal power or procedure in domestic law” (CoE, 2001). Furthermore, data preservation is seen as extremely relevant to a particular criminal investigation and even as a “key to improving the counter-terrorist capabilities of law enforcement officials worldwide” (Archick, 2002, p. 3). Probably, these are the reasons why

the data preservation provisions are the only specific provisions of the Convention that are reviewed by the competent Council of Europe body in the terms of their implementation.

Specifically, in January 2013 the Cybercrime Convention Committee (T-CY) adopted the Assessment Report: *Implementation of the preservation provisions of the Budapest Convention on Cybercrime* (T-CY 10 REV). The Report concludes that Bosnia and Herzegovina is partially in line with Articles 16 & 29 of the Budapest Convention which are related to expedited preservation on the domestic (Article 16) and international level (Article 29).

In the absence of a specific legal provision on expedited preservation, the possibility of expedited production orders may allow the authorities to secure traffic data held by service providers in an expedited manner (Cybercrime Convention Committee, 2013, p. 20).

Furthermore, regarding international requests for traffic data, it has been noted that legislation in Bosnia and Herzegovina enables mutual legal assistance in criminal matters; a 24/7 Point of Contact has been established and some requests have been sent and received. The findings of the assessment of the provisions concerning disclosure of traffic data on domestic (Article 17) and on international level are similar. Namely, following the analysis of the applicable Criminal Procedure Codes and Law on Mutual Legal Assistance in Criminal Matters (BiH Official Gazette, No. 53/09) the TCY concludes that Bosnia and Herzegovina is partially in line with the CoE Convention (p. 55). Still, as it was the case with some provisions on substantive law, it is advised that Bosnia and Herzegovina adopt specific provisions in line with the Budapest Convention (TCY, 2013, p. 56).

Conclusion

Regarding the legislation in place in Bosnia and Herzegovina it can generally be said that the cybercrime threat is not ignored. Moreover, the influence of the CoE Cyber Convention and considerable efforts to follow its standards are obvious. A similar conclusion can be drawn for most countries of the region. However, the opinion coming from the CoE that the Convention is currently partially applied in the legislation in the countries of the region, including Bosnia and Herzegovina, seems to be a fair conclusion as some discrepancies and gaps are noticeable. Still, such shortcomings are understandable given the relative novelty of the crime itself and the Convention on one side and conservativeness as the common characteristic of the criminal justice systems on the other. As a result, the comparative analyses provided by this study, shows that there are a number of differences between the laws in the two entities in spite of the fact that legislators in both entities have incorporated, at least partially, principles of the CoE Convention in the relevant laws.

However, the comparative analyses provided by this study, shows that there are a number of differences between the laws in the two entities in spite of the fact that legislators in both entities have incorporated, at least partially, principles of the CoE Convention in the relevant laws. It is ironic that these differences are present in such a small country in an area of law which for various reasons requires global harmonisation. It is hard to imagine how harmonisation in this area could jeopardize the interests of one of the ethnic groups, which is often claimed as a reason for rejecting legislative changes. Therefore, there is simply no justification for the inconsistencies noted and described in this study. However, any legislative initiative should avoid uncritical copying of solutions from developed countries, because of the characteristics and particularities of BiH.

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ASSESSMENT AND TREATMENT OF WAR TRAUMA

Review paper

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ABSTRACT

Reason(s) for writing and research problem(s): The Yugoslavian break-up wars beginning in the early 1990s resulted in many common unresolved war-trauma issues. Common to these conflicts, whether it be Bosnia-Herzegovina, Croatia, Serbia, Kosovo, or Macedonia is the unmet need of both military veterans and civilian casualties suffering with either physical or psychological injuries, or both.

Aims of the paper (scientific and/or social): The scientific and social aim is to offer valuable methodology for estimate of the presence of War trauma in respective societies and propose the best possible approach in assessing the scope of the problems.

Methodology/Design: The authors developing assessment protocols with a number of them translated into the Bosnian and Serbian language so that they could be used within those nations most closely involved in the Balkan Wars of 1991-2002. Validity will be established by administering the predictor (like the MMPI) to all applicants/candidates and then later assessing the scores/profiles with those who are successful or who failed the program.

Research/paper limitations: The proposed methodological approach as explained in this paper is a profile based research and it is constructed for and limited to assessment of War trauma and using it for other purposes could give one false data and interpretations.

Results/Findings: The paper analyze the best fit methodology for respective societies and results. In other countries where similar research was administered, results were the blueprint for state policy development in the fields of Societal security, radicalization, social deviations and victimization.

General conclusion: The idea behind this paper is to explain sophisticated scientific approach to analysis of societal trends and to develop the best procedures for neutralizing the effects of detected negative societal trends in local communities.

Research/paper validity: Validity is established by administering the predictor (like the MMPI) to all applicants/candidates and then later assessing the scores/profiles with those who are successful or who failed the program.

Keywords

War trauma, PTSD, MMPI, MSE, screening, assessment

INTRODUCTION

The process involved in evaluating a mental health problem through to its effective treatment involves a number of steps from the initial intake interview to providing individualized treatment protocol. A distinction is made between an initial, brief screening and that of more reliable assessment protocols. The initial screening can be done by just about any mental health professional or paraprofessional while the administration of an assessment protocol requires specialized training usually by a certified/licensed professional such as a psychiatrist or psychologist. The assessment tools used in determining a definitive diagnosis varies with their effectiveness based on their test construction reliability and validity.

Reliability refers to the accuracy of the instrument in measuring what it purports to assess. Accuracy refers to the consistency of score obtained by people taking the same test. Score consistency is usually measured by a correlation coefficient which is the expression of the degree of correspondence, or relationship, between two sets of scores. Here a +1 reflects a perfect correlation. The most common way of computing the correlation coefficient is using the Pearson Product-Movement Correlation Coefficient. Types of reliability are "Test-Retest Reliability" (repeating the same test to the same subjects on a second occasion), "Alternate-Form Reliability" (two different versions of the same test are administered to the same subjects – e.g., Forms L and M), "Split-Half Reliability" (a single test, consisting of equivalent halves, is administered once and the scores determined by comparing the corresponding responses) and "Kuder-Richardson Reliability and Coefficient Alpha" (a single administration of a test is administered to the subjects with the correlation coefficient determined by inter-item consistency). The coefficient of stability is the measure linked with test-retest reliability while the coefficient of equivalence is the measure associated with alternate forms reliability and the coefficient of internal consistency is used with split-half reliability. The reliability of a test is usually expressed in terms of the "Standard Error of Measurement" (SEM). It is calculated by dividing the standard deviation for the test into the reliability coefficient. Using IQ test results, if a person has a SEM of 5 and an IQ result of 100 then we would state that the person's IQ is most likely 100 + or – 5; that is between 95 and 105 (Anastasi & Urbina, 1997a).

Validity, on the other hand, addresses the instruments utility – how useful is it in the assessment process. That is, does the test measure what it purports to measure (its content) and if so, how well does it measure it? Content validity is not the same as "Face Validity." Face validity is the extent to which test items appear to measure what it purports to measure but is not substantiated by a more rigorous procedure. Actually the more direct the questions in an assessment, the less valid its outcome. There are three basic ways to ascertain content validity: (1) Criterion-Related Validity; (2) Content Validity; and (3) Construct Validity.

Criterion-Related Validity is determined by correlating predictor and criterion scores. This form of validity depends on a mathematical correlational analysis (Pearson's r) termed the "coefficient of determination." There are two types of criterion-related validity – predictive and concurrent. Predictive validity is established by administering the predictor (like the MMPI) to all applicants/candidates and then later assessing the scores/profiles with those who are successful or who failed the program. Concurrent validity is when you administer the predictor to current applicants/candidates based on the data derived from the predictive validity process. Criterion-related concurrent validity often uses cutting scores to determine if

someone is accepted into a program.

Content Validity refers to the extent to which an instrument adequately measures the content domain that it was designed to measure (IQ, personality, aptitude, attitude...). This is generally determined by a blind review of experts in the field, a process known as *judgment of experts*.

Construct Validity refers to the extent to which an instrument measures the theoretical construct it was designed to measure. Here the test scores are compared to similar instruments whose reliability and validity has been determined to be accurate. Often the *multitrait-multimethod matrix* is used in this process measuring the convergent and discriminant validity of the instrument in relation to other similar instruments (Anastasi & Urbina, 1997b).

Obviously the strength of an assessment tool is contingent upon its reliability and validity. Sometimes a number of instruments are used in a battery of tests. The collective result comes to constitute the client's "baseline" data. Certain assessments can then be used during the treatment process in order to measure the effectiveness of the intervention protocol (s). Hence, these assessments provide "outcome" measures. Within this process the screening/assessment procedure should help determine a definitive diagnosis or diagnoses which, in turn, drive the treatment protocol. Treatment can include individual or group therapies, psychotherapies, cognitive-behavioral therapies, medical procedures (acupuncture...) and psychopharmacological interventions, or a combination of these clinical approaches.

SCREENING & ASSESSMENTS

Assessment of mental illness, including traumatic stress, includes initial screening instruments as well as more detailed clinical protocols. The most common screening instrument used by the medical profession is the Mental Status Exam (MSE). If mental pathology is suspected, then the next major reference resource is the DSM (Diagnostic and Statistical Manual of Mental Disorders) and the SCID (Structured Clinical Interview for the DSM). The DSM series follows a multi-axel format with the first three axis being the most relevant to the diagnosis of mental disorders. Axis I includes Major Mental Disorders as well as conditions that may result in a mental disorder if left unattended or untreated while Axis II addresses Personality Disorder and Mental Retardation. Axis III provides the etiology and associated medical conditions along with the appropriate ICD codes.

Numerous assessment instruments have been developed over the years for PTSD, Depression, Anxiety and Personality Disorders. Most have been influenced by either the MSE and DSM, or both. A stand alone clinical protocol, however, is the MMPI (Minnesota Multiphasic Personality Inventory). Indeed, the MSE and MMPI are perhaps the most widely used mental health assessment tools used throughout the world. The administration and interpretation of these assessment require professionally trained individuals, mainly those with doctoral degrees (MD, Ph.D, PsyD...), and are not to be used by lay personnel, including those within the military. Other brief assessment protocols lend themselves to lesser qualified technicians and clinical assistants.

MENTAL STATUS EXAM

The MSE covers six categories of mental status that is generally observed during the initial clinical consultation. There are various methods of conducting the MSE with most trained clinicians using the casual conversational approach so as to not startle the interviewee and further elevating their stress level.

Appearance, Attitude, and Activity: Appearance is the assessment of the physical characteristics of the client including physical disabilities or abnormalities as well as the client's dress, hygiene, grooming. This observation needs to be in concert with the client's cultural norms and social class and not necessarily that of the clinician. Attitude is how the client reacts to the questions during the intake process – the factors here are cooperativeness, hostility, or overly dependency.... Activity looks at the client's physical demeanor during the interview. What is their activity level especially that which seems abnormal for the situation – sitting rigidly, involuntary tics or tremors, fidgeting, unique mannerisms....

Mood and Affect: Mood and affect are sometimes difficult to distinguish from each other. Mood is how the person describes his/her feelings while affect is the external manifestation of these feelings. The continuum for mood and affect runs from depression to mania. Generally speaking mood and affect fall into six categories: euthymic (calm, friendly, pleasant...); angry (belligerent, confrontational, hostile, irritable, oppositional, out raged...); euphoric (cheerful, elated, ecstatic...); apathetic (flat affect, dull, bland...); dysphoric (despondent, grieving, hopeless, distraught, sad, overwhelmed...); and apprehensive (anxious, fearful, nervous, tense, panicked, terrified...).

Speech and Language: Speech looks at fluency of the language spoken. Also note if this is the client's original language or a second language. This category of the MSE looks at the following language functions: fluency of speech, repetition, comprehension, naming, writing, reading, prosody (variations in rate, rhythm and stress in speech), and quality of speech. Portions of standardized intelligence tests such as the Weschler batteries and the Stanford-Binet test can be used to determine many of these features. Disorders to look out for during this phase of the MSE include cluttering, dysgraphia, dyslexia, echolalia, mutism, palialilia, pressured speech, stuttering, and word salad, among others.

Thought Process, Thought Content, and Perception: Thought process involves evaluating the organization, flow and production of thought looking for abnormalities such as flight of ideas, loose associations, tangentiality, clang associations, echolalia, perseveration, thought blocking and word salad. Thought content and perception looks for delusions, homicidal or suicidal ideations, magical thinking, overvalued ideas, obsessions, paranoia, phobias, preoccupation, rumination, suspiciousness, depersonalization, derealization, hallucinations and illusions.

Cognition: Cognition is the ability to think using one's intellect, logic, reasoning and memory. The cognitive testing sequence involves: (1) orientation X 4 – person, place, time and situation; (2) attention and concentration; (3) registration and short-term memory; (4) long-term memory (verbal and non-verbal); (5) constructional and visuospatial ability; and (6) abstraction and conceptualization. Standardized tests used for attention and concentration include the Trail-making Tests, Symbol Digit Test, and the Stroop Color-Word Test while the Digit Span (forward and backwards) sub-test of the Weschler IQ batteries are used for attention. Short-term memory is usually tested by giving the client 3 common words (cat, blue, bike...) at the

beginning of the session and then having them repeat these words back to you at least 15 minutes into the session. Visual memory and construction and visuospatial ability can be tested with the Bender-Gestalt, Draw-A-Clock, Rey-Osterrieth Complex Figure Test or Trail-making Tests.

Insight and Judgment: Insightfulness includes the capacity for abstraction and the ability to communicate effectively with appropriate cognitive functioning while having a stable mood and affect and not manifesting any thought disorder. Insight and judgment are seen as being interrelated in that the ability to make sound judgments or decisions is dependent upon an adequate level of insight. Insight is the ability to be self-aware - being conscious of one's feelings, ideas, and motives. Intrusive defense mechanisms such as repression, displacement, dissociation, reaction formation and intellectualization often arise during this portion of the MSE as well as acting out, externalization, idealization, projection and denial and distortions. These are features that impair one's insight and judgment (Trzepacz & Baker, 1993).

The *Mini-Mental Exam* is an abbreviated form that is often used in hospital intakes. It consists of five categories: Orientation; Registration; Attention and Calculation; Recall; and Language. Under orientation the client is asked what is the year, month, season, day and month as well as where he/she is at that time. Under registration the client is asked to name 3 objects that you present them and ask them to repeat them back to you. In attention and calculation have the client count back from 100 by 7s. Stop after 5 answers. Under recall, ask for the 3 objects repeated earlier. With language, have the client name a pencil, and watch; have them repeat "No ifs, ands, or buts"; and then have them follow a 3-stage command (take a paper in your right hand and fold it in half and put it on the floor). Then have them read a sentence and then write it followed with having the client copy a geometric design. These are usually scored and are used primarily with people suspected of brain damage including those with TBIs (Robinson, 2000; Strub & Black, 2000).

THE DSM-V PROPOSED PTSD DRAFT REVISIONS

The following conditions regarding the duration of the PTSD disorder along with the fact that these disturbances cause clinically significant distress or impairment in social, occupational, or other important areas of functioning, remains the same as stated in the original 1980 DSM-III PTSD diagnosis.

- A. Exposure to one or more of the following event(s): death or threatened death, actual or threatened serious injury, or actual or threatened sexual violation, in one or more of the following ways:
 1. Experiencing the event(s) him/herself.
 2. Witnessing, in person, the event(s) as they occurred to others.
 3. Learning that the event(s) occurred to a close relative or close friend; in such cases, the actual or threatened death must have been violent or accidental.
 4. Experiencing repeated or extreme exposure to aversive details of the event(s) (e.g., first responders collecting body parts; police officers repeatedly exposed to details of child abuse); this does not apply to exposure through electronic media, television, movies, or pictures, unless this exposure is work related.

- B. Intrusion symptoms that are associated with the traumatic event(s) (that began after the traumatic event(s)), as evidenced by 1 or more of the following:
1. Spontaneous or cued recurrent, involuntary, and intrusive distressing memories of the traumatic event(s) – in children, repetitive play may occur in which themes or aspects of the traumatic event(s) are expressed.
 2. Recurrent distressing dreams in which the content and/or affect of the dream is related to the event(s) – in children these may be frightening dreams without recognizable content.
 3. Dissociative reactions (e.g., flashbacks) in which the individual feels or acts as if the traumatic event(s) were recurring – in children, trauma-specific reenactment may occur in play.
 4. Intense or prolonged psychological distress at exposure to internal cues that symbolize or resemble an aspect of the traumatic event(s).
 5. Marked physiological reactions to reminders of the traumatic event(s).
- C. Persistent avoidance of stimuli associated with the traumatic event(s) (that began after the traumatic event(s)), as evidenced by efforts to avoid 1 or more of the following:
1. Avoids internal reminders (thoughts, feelings, or physical sensations) that arouse recollections of the traumatic event(s).
 2. Avoids external reminders (people, places, conversations, activities, objects, situations) that arouse recollections of the traumatic event(s).
- D. Negative alterations in cognitions and mood that are associated with the traumatic event(s) (that began or worsened after the traumatic event(s)), as evidenced by 3 or more of the following – in children, as evidenced by 2 or more:
1. Inability to remember an important aspect of the traumatic event(s) (typically dissociative amnesia, not due to head injury, alcohol or drugs).
 2. Persistent and exaggerated negative expectations about one's self, others, or the world.
 3. Persistent distorted blame of self or others about the cause or consequences of the traumatic event(s).
 4. Pervasive negative emotional state – fear, horror, anger, guilt, or shame.
 5. Markedly diminished interest or participation in significant activities.
 6. Feeling of detachment or estrangement from others.
 7. Persistent inability to experience positive emotions (e.g., unable to have loving feelings, psychic numbing).
- E. Alterations in arousal and reactivity that are associated with the traumatic event(s) (that began or worsened after the traumatic event(s)), as evidenced by 3 or more of the following – in children, as evidenced by 2 or more:
1. Irritable or aggressive behavior.
 2. Reckless or self-destructive behavior.
 3. Hypervigilance.
 4. Exaggerated startle response.
 5. Problems with concentration.

6. Sleep disturbance...difficulty falling or staying asleep, or restless sleep (American Psychiatric Association, 2017).

Accompanying the DSM, beginning with the 1987 DSM-III-R version, is the SCID, or Structured Clinical Interview for the DSM, a semi-structured interview schedule, like the MSE. The SCID-I is a diagnostic tool used to determine Axis I disorders – major mental disorders including mood disorders, psychotic disorders, anxiety disorders and the substance-use disorders. The SCID-II, on the other hand, is a diagnostic tool for assessing personality disorders. The current edition is the DSM-RV edition of SCID-I and SCID-II which was modified in 2010. In 2007, revisions in SCID-I were made to better discern between Acute Stress Disorder and PTSD (Rogers, 2001; Babor & First, 2009).

THE MMPI'S

The Minnesota Multiphasic Personality Inventory (MMPI) is one of the most widely used tools, along with the MSE, for screening for mental illness and is the leading assessment for predicting occupational success, including mental health professionals, and law enforcement and legal professionals. The MMPI was first standardized in 1943 and readied for use. Its reliability and validity is not so much due to its original construction validation sample, which was poor by current standards, but to the numerous sets of predictive data generated by the MMPI during its nearly 70 years of retrospective research relevant to both concurrent and predictive studies. Its predictive strength comes from the instrument being administered to all individuals entering academic and/or professional studies at the time of their entry into these programs. This represented the concurrent study data whereby aggregate profiles were later developed reflecting those who were successful or unsuccessful in these professions – hence leading to the MMPI's predictive strength. These retrospective studies have led to a wealth of data in the areas of professional aptitude and mental health status. Clearly, this is one of the most studied assessment tools with thousands of published reports including samples worldwide. All versions of the MMPI (MMPI-2; MMPI-A; MMPI-2 RF) provide a graphic profile on the basis clinical and validity scales using a bell-distribution based T-score analysis where 50 is the mean and the standard deviation is 10 and where two standard deviations above the mean generally indicates statistical significance relevant to pathology.

THE VALIDITY SCALES

The original MMPI consists of three validity scales (Lie, Validity, and Corrections). The Lie score (L) is based on a group of items that place the respondent in a favorable light but are unlikely to be truthfully answered as being true. The Validity Scale (F) consisted of unfavorable items unlikely for any respondent to answer all as relevant to his/her life. Accordingly, high F scores reflect a number of responding errors: carelessness in responding, gross eccentricity or deliberate malingering (faking bad). The Correction Scale (K) again use specifically chosen items that measure test-taking attitudes. A high K score most likely indicates defensiveness or an attempt to fake good. A low K score, on the other hand, may reflect frankness and self-analysis or yet another attempt to fake bad. Besides, the K score provides a computed correction factor that is added to certain of the clinical scales in order to provide a weighted adjusted scale: scale 1 (Hs) = +.5 K; scale 4 (Pd) = +.4K; scale 7 (Pt) = +1K; scale 8 (Sc) = +1K; and scale 9 (Ma) = +.2K.

These weighted factors are provided on the MMPI *Profile and Case Summary* sheet which presents a graphic representation of the MMPI scores based on a T-score distribution.

THE CLINICAL SCALES

The body of the original MMPI consists of 10 clinical scales that correspond to the major clinical syndromes posited by the DSMs.

1. Hypochondriasis Scale (Hs). This scale measures the level of preoccupation with illnesses and health as well as long-term fears and worries about one's health.
2. Depressive Scale (D). This scale measures self-worth ranging from hopelessness (high T-score), to effortless optimism (low T-score). High scores, with suicidal ideations, represent a red flag for suicide potential.
3. Hysteria Scale (Hy). This scale measures one's preoccupation with body pain including conversion disorders (psychosomatic illnesses with no biological basis). At the other end of the continuum, low T-scores indicate levels of trustfulness and a lack of hostility.
4. Psychopathic Deviant Scale (Pd). This scale is designed to measure amoral, asocial behavior and levels of empathy. Also measured are family conflicts, feelings of alienation and problems with authority. This is a critical item when assessing law enforcement or military personnel. It is important to discern if a high score is indicative of a transitory event in the past or if the score reflects a pervasive characterological feature of one's personality.
5. Masculine-Feminine Interests Scales (Mf). This scale measures sexual identification and sexual occupational/professional identification. It focuses on contrasts of action versus feeling and expressions of aggression (verbal versus physical). This scale does not identify homosexuality or lesbianism. Instead it tends to identify certain personality traits including competitiveness and aggressiveness, as well as being outgoing, uninhibited and self-confidence.
6. Paranoia Scale (Pa). This scale measures ideas of mistreatment and persecution (higher T-scores) versus heightened interpersonal sensitivity and moral righteousness (lower T-scores). It combines with other scales to indicate critical personality disorders, including Paranoid PD, and certain dangerous clinical disorders such as Paranoid Schizophrenia and Paranoid Delusional Disorder.
7. Psychasthenia Scale (Pt). In contemporary terms, this scale measures obsessive and compulsive tendencies including Obsessive Compulsive Personality Disorder and Obsessive Compulsive Anxiety Disorder. It also indicates excessive fears and other forms of rumination secondary to anxiety. It a good index of psychological turmoil, discomfort and agitation.
8. Schizophrenia Scale (Sc). This scale measures the degree of personal confusion, including serious thought disorders such as alienation from one's own feelings and from others, impaired concentration and attention, uncontrolled impulses, excitability, peculiar body experiences, delusions, depersonalization and hallucinations. A number of personality disorders are indicted by elevated T-scores on this item (schizoid, Schizotypal, Borderline, Antisocial...) as well as Schizophrenia. Extremely

high T-scores, however, are more likely to reflect transitory psychosis secondary to Substance-Use Disorders.

9. Hypomania Scale (Ma). This scale measures a person's activity from intense autonomic over-activity (high T-scores) to a markedly slow personal temperament (low T-scores). Autonomic endocrine/limbic dysregulation can result in an override of the executive functioning of the frontal lobe, thereby falsely presenting hypermania as a thought disorder or psychosis. The manias are associated with a number of disorders including bipolar affective disorders, paraphilias, and impulse control disorders. They can also emerge as secondary features of Substance-Use Disorders, and organic brain damage including dementia and TBIs.
10. Social Introversion-Extroversion Scale (Si). This scale indicates one's level of introversion versus extroversion. In western societies where 75 percent of the people are extroverted and only about 25 percent introverted, extremes of the latter reflect pathology. However, extremely low T-scores can be problematic in that these individuals can be overly dependent on others for their social motivation and interaction. Indeed, being slightly socially introverted may prove to be a virtue for clinicians assessing and/or treating victims of traumatic stress.

SUPPLEMENTAL SCALES

A number of additional scales, many outside the clinical criteria outlined in the DSM are part of the more recent MMPI-2. Even with about 20 years of data available, most of these additional scales are not yet considered to have the reliability and validity of the original 13 scales. However, four supplementary scales are common to both the MMPI and the MMPI-2. These scales appeared as a modification to the original MMPI and many practitioners used to the expanded MMPI continue to draw on these items when using the MMPI-2.

A Scale. High T-score on this item reflects miserable and unhappy individuals.

R Scale. On the other hand, high scores on this scale reflect individuals who are careful and cautious.

Combined A/R Scales. U.S. Veterans Administration data profiled the A/R combinations among its patients. Depressive diagnoses were associated with the high A-high R profile while personality disorders were mostly associated with the low A-low R profile.

Es Scale. High scores on this item are indicative of stability and good mental health.

MAC-R scale. This scale does not measure if a person is a problem drinker as much as it indicates his/her potential to exhibit problems if he/she drinks. High T-scores on this item indicate individuals who present themselves as being socially extroverted, self-confident, and assertive but are also likely to be exhibitionistic and risk takers (Graham, 2000; Green, 2000).

POLITICAL CORRECTIVENESS AND MMPI REVISIONS

The genesis of the current review of the predictive effectiveness of psychological testing was rooted in the U.S. Civil Rights Act of 1964, Section H of Title VII which specifically makes reference to the use of nondiscriminatory tests for employment decisions. This, and other civil

rights cases, led to the restructuring of the original MMPI. A major decision was the *Soroka v. Dayton-Hudson* case, better known as the Target case, which was filed as a class action on September 7th, 1989. The case involved the use of a pre-employment psychological screening device for security officers working for Target Stores. The significance of the Soroka case was that it coincided with passage of the *Americans with Disabilities Act of 1990* which underscored the importance of keeping the invasiveness of psychological inquiries in pre-employment testing to a minimum. At that time the Target Stores used the Rodgers Condensed CPI-MMPI which was developed in 1966. The California Psychological Inventory (CPI) augmented the MMPI by looking at attributes on one's personality using a 20 scale format compared to the MMPI's traditional 10 clinical scales. However, the CPI also used 194 MMPI items in its 462-item measure. Security officer applicants screened out by Rodgers CPI-MMPI claimed that the inventory was not job related and was offensive and intrusive. Part of the problem with the Rodgers assessment tool was that no empirical data was available related to its administration, norming, standardization, use interpretation even though such standards existed independently for the CPI and the MMPI. Hence, in August 1989, the MMPI-2 was introduced. This version came 46 years following the original MMPI. The reason for a change in the MMPI was not that it needed renorming (subsequent normings of the original has greatly increased its reliability and validity) but was to replace outdated items. Toward this end, the MMPI-2 omitted the 16 repeat items, religious and sexual preference items and what was felt to be outdated items. In all 107 items were eliminated due to these reasons, but 108 items were added. Some of these new items pertain to revisions in the validity scales while others pertain to new scales and measures such as family dynamics, Type A behavior, eating disorders, substance abuse, and suicide.

The MMPI-2 is even longer (567 items) than the original MMPI (566 items). The norming sample for the MMPI-2 consisted of respondents who had higher educational levels than that of the general public, thereby contributing to a T-score distribution flaw where now T=65 (a standard deviation and a half) indicates statistical significance instead of the traditional two-standard deviations (T=70 or more). In order to use the decades of reliability and validity associated with the original MMPI, the first 370 items of the revised MMPI-2 are said to correspond to the 3 validity and initial 10 clinical scales of the MMPI, without of course the items measuring religiosity and sexuality. Given the significant changes reflected in the MMPI-2, many clinicians question the transferability of the original MMPI's predictive validity, especially when measuring mental pathology and critical occupational suitability to the new versions. For one, hyper-religiosity and hyper-sexuality are common features of manic episodes. A protocol used by forensic psychologists who prefer the greater reliability, validity and predictability of the original MMPI is to alert those being tested as to archaic terms and the flexibility of tense (past or present). The authors found that 10 of the 566 items raised the most questions among those taking the MMPI:

- Item 48: When I am with people I am bothered by hearing very *queer* things.
- Item 57: I am a good *mixer*.
- Item 70: I used to like *drop-the-handkerchief*.
- Item 105: Sometimes when I am not feeling well I am *cross*.
- Item 118: In school I was sometimes sent to the principal for *cutting up*.

- Item 129: Often I can't understand why I have been so *cross* and *grouchy*.
- Item 236: I *brood* a great deal.
- Item 381: I am often said to be *hotheaded*.
- Item 471: In school my marks in *deportment* were quite regularly bad.
- Item 506: I am a *high-strung* person.

Being able to define these terms in contemporary terms is the only adjustment that is needed for the continued of the original MMPI and its 50 years of post facto predictive validity. The original MMPI assessment, at the time of job entry, should be conducted along with a Mental Status Exam, with the MMPI score constituting a baseline profile. Subsequent, the abbreviated MMPI assessment, consisting of the first 360 items covering the 3 validity scales and 10 clinical scales, can then be administered as needed with these profiles compared with the initial MMPI baseline profile. In 1992, the MMPI-A (adolescent version) was introduced based mainly on the item from the original MMPI. The MMPI-A comes in both a long form (478 items) and a short form consisting of 350 items. Most recently, the MMPI-2-RF (restructured form) is an attempt to give the MMPI-2 clinical scales the same validity of those in the original MMPI. Yet, many clinicians see these efforts as further complicating the assessment role of the MMPI, especially regarding major clinical syndromes and personality disorders. The added content scales of the MMPI-2, such as the Dominance Scale, Addiction Potential Scale, Addiction Acknowledgement Scale, Social Discomfort Scale, Type A scale, Over-Controlled Hostility Scale, Marital Distress Scale and Psy-5 scales all seem to add to the original problem as to why the MMPI was changed in the first place – claiming intrusive attributes of human behavior that may not stand up in a court-of-law when their reliability and validity is challenged, let alone what they purport to measure. Indeed, this controversy over the MMPI-2-RF prompted a special issue of the *Journal of Personality Assessment* (Vol. 87, Issue No. 2, October, 2006) [French, 2002; 2003; Rogers et al., 2006].

OTHER TESTS FOR DEPRESSION AND ANXIETY: THE PROJECTIVES

Many European clinicians are trained in psychoanalysis and rely more heavily on projective assessment techniques than do their American counterparts. The major projective techniques were developed in the early part of the 20th century and relied heavily on clinical training and clinical judgment while the instruments developed in the United States were based more quantified relying on standard scores and statistical significance. Both types of assessments are quite useful as long as they are administered and interpreted by qualified clinicians. Included in the category of projective assessment protocols is The Rorschach Test developed by the Swiss psychiatrist, Hermann Rorschach in 1921. He was the first to apply the inkblots projective technique and relating to dimensions of personality, including pathology. The Rorschach Inkblot Test consists of 10 cards or plates with each consisting of one inkblock. Five are black or gray and five are colored. Clients are asked to project what they see in each card. The American psychologist, Henry Murray developed a similar projective technique, one involving hazy pictures and a blank sheet, known as the Thematic Apperception Test (TAT) in 1938 by Murray and Christina Morgan. The TAT uses an interview approach using certain of the pool of 30 black-and-white picture cards and a blank white card. In 1938, Loretta Bender developed the Bender Visual Motor Gestalt Test, also know as the Bender-Gestalt Test. Initially the gestalt

(geometric figures) drawings were aggregated and used to determine a student's appropriate grade level. The Bender-Gestalt Test consists of nine cards showing geometric designs presented as dots, curves or lines. There is a copy and a recall component to the assessment with the recall done by memory. The Bender Gestalt Test is now a viable component of neurological test batteries. Florence Goodenough developed a Draw-A-Man test in 1926 which was revised in the 1960s by Dale Harris resulting in the popular "Draw-a-Person" techniques. Others soon followed suit with the House-Tree-Person and other variations of the Draw-a-Person tests. Another popular and widely used projective technique is the Sentence-Completion technique. Of these techniques, the Rotter Incomplete Sentence Bland (ISB) is perhaps the most widely used. It consists of 40 sentence stems that need to be completed (Anastasi & Urbina, 1997c; Walsh & Betz, 1995).

BRIEF ASSESSMENT TOOLS FOR ANXIETY AND DEPRESSION

Aaron Beck has developed a number of short self-or clinician- administered screening instruments that are widely used. These instruments include his Depression Inventory; Hopelessness Scale; Anxiety Inventory and the Scale for Suicide Ideation – all currently published by the Psychological Corporation. Other self-administered screening questionnaires used with traumatic stress include: the Impact of Events Scale (IES-R); General Health Questionnaire (GHQ 60); Symptom Checklist 90; Traumatic Symptom Inventory (TSI); and the Davidson Trauma Scale (DTS), to mention a few. Other screening instruments are designed to be administered by trained clinicians and are not designed for self-reporting. Included in this category is: the Mississippi Scale for PTSD (Military Version); the Historical, Clinical, Risk Management – 20 (HRC-20); the Detailed Assessment of Posttraumatic Stress (DAPS); the Clinician-Administered PTSD Scale (CAPS); and the PTSD Checklist – Military Version (PLC) [Walsh & Betz, 1995].

Other screening and assessment protocols attempt to measure either particular items associated with traumatic stress or are broader in their approach to the topic. The McCormick TBI Interview (Military Version) is a specialty screening instrument again administered only by trained clinicians. This instrument was designed to determine the presence of TBIs among military personnel including discerning the nature of the injury: blast (IED, landmine, grenade, RPG...); land-based vehicle accident; air-based vehicular crash (helicopter, airplane); fall; fragment; physical confrontation (fight, assault...); or other accident(s). The TBI Interview also looks at experiences following the injury: memory problems or lapses; balance problems or dizziness; sensitivity to bright light; sleep problems; change in work function; ringing in the ears; irritability; headaches or personality changes. More detailed assessments can be determined from this initial screening instrument in order to focus on the particular nature and extent of the TBI as well as secondary problems associated with the injury (McCormick, 2018).

Another instrument, this one a self-reporting questionnaire, the Global Assessment Tool (GAT) is designed to measure the psychological status of military personnel of all ranks and experience in four domains: emotional fitness; social fitness; family life; and spiritual fitness. It is part of the United States Army's "Comprehensive Soldier Fitness" (CSF) program. This inventory, the GAT, is administered to all U.S. Army personnel thereby attempting to minimize the negative status associated with any mental health inventory within the military. Here, emotional fitness attempts to ascertain the degree of life satisfaction, freedom from depression, optimism, character strengths, coping styles and resilience. Social fitness is conceptualized as how one

feels about the Army, the soldier's unit and his/her fellow soldiers. Family fitness looks at family and personal relationships while spiritual fitness attempts to see if the individual has a sense of meaning, purpose and goals that extend beyond the self. How this data is used is another matter (American Psychiatrist Association, 2011) .

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FIFTEENTH EUROPEAN SOCIETY OF CRIMINOLOGY CONFERENCE IN PERSPECTIVE OF ESC FELLOWSHIP RECIPIENT

Review

Srđan VUJOVIĆ

INTRODUCTION

The 15th European Society of Criminology (ESC) conference, “Criminology as *unitas multiplex*: Theoretical, epistemological and methodological developments”, was held in Porto (Portugal), on September 02 – 05, 2015. The conference was attended by more than 1200 participants – scientists, researchers, practitioners, students and other guests. Participants had an opportunity to hear and discuss more than 900 presentations within about 300 sessions.

Traditionally, ESC supports young criminologists to attend the annual conference. This year, ESC fellowship recipients were Ivona Shushak and Angelina Stanojska (FYRO Macedonia) and Srđan Vujovic (Bosnia and Herzegovina). In the pre-conference meeting professor Anna-Maria Getos welcomed the recipients of the ESC fellowship, provided all necessary technical information and clearly suggested useful activities during conference time. Bearing in mind my primary research interests, I planned to visit sessions dedicated to corruption and organized crime issues and sessions dedicated to juvenile offending and juvenile justice. Additionally, I planned to attend all plenary sessions and some sessions with especially interesting topics.

CONFERENCE SESSIONS ATTENDED

Plenary sessions

With the aim to emphasize a comprehensive approach to criminology, the first plenary session posed the question: Can Criminology become an *unitas multiplex*? Considering revolutions in science and the need for problem solving in society, Cândido da Agra made the general conclusion: “Yes, Criminology can and must become a *unitas multiplex*”. In the same light, the second session explained the link between biological and sociological sciences with the aim of showing the relevance of biosocial approaches in contemporary criminology. Richard Tremblay and John Paul Wright presented strong evidence to support these assumptions. In the third plenary session Jorge Quintas and Sveinung Sandberg discussed an applied criminology approach to consider drug policy. Finally, in the fourth session Katja Franko and Hans-Jörg Albrecht addressed global security challenges and called on the field of criminology to contribute an answer to the question of what a secure society should look like.

Sessions related to corruption, corporate crime and organized crime

I presented my research in the session “Tackling Corruption: Preventing and Sentencing”. The presentation described penal policy for corruption offences in Bosnia and Herzegovina. In the same light, Eva Inzelt reported on penal policy in Hungary. According to both research presentations, penal policy in both countries is ineffective and share similar issues. After these presentations, Olena Shostko indicated recommendations for better penal policy and discussed new anti-corruption legislative initiatives in Ukraine. Finally, the session closed with the chairman’s presentation, from Prof. Kai Bussmann, who demonstrated the influence of cultural dimensions on exporting well established corporate organizational cultures.

In the session “Corporate and organized crime: Preventing and sentencing”, Anne Alvesalo-Kuusi and Liisa Lähteenmäki presented the turns of the law-making process and to investigate the socio-historical struggle between various interest groups. Marieke Kluin showed her PhD study related to enforcement of regulation by field-level inspectors while Jelle Jaspers explained corporate business cartels in the Netherlands. At the end of the session Peter Szmodics summarized corporate crime prevention through efficient management.

“Corruption and corporate crime” was the name of the session moderated by Sigrid Hiller. The session offered an in-depth approach to corruption prevention for companies, local governments and justice through the recent project “Risk Management of Corruption” (RiKo). Namely, this was shown in two presentations by Carolin Schneider and Daniela Trunk, as well as Sigrid Hiller and Daniela Trunk. Then, in the context of proactive and reactive sources, Aleksandra Jordanoska presented perspectives in corporate crime detection and Algimantas Cepas announced a project related to the genealogy of corruption in modern society.

Sessions related to juvenile delinquency

Welfare systems play one of the most important roles in tackling juvenile delinquency in modern societies. The conference session “Child welfare and delinquency” contained recent research in this field. With a focus on disadvantaged families Tessa Verhallen, demonstrated how labelling processes take place in practice by using a critical discourse analytical approach to social work and child protection practices. Diana Willems presented the results of a study about multiple offenders and the youth welfare system in Germany and indicated main challenges. In the same session Claire Fitzpatrick explained how various strategies of denial, including denial of responsibility and denial of the victim, offer a valuable lens through which to make sense of the treatment of those who have been in care of state welfare systems who are later involved in the justice system as either victims or offenders. At the end of the session, Elke Roevens showed qualitative research into the needs of victims of historical abuse in youth and educational institutions in Belgium.

The session “Juvenile delinquency: Risk factors and contexts” offered empirical results about secondary prevention of juvenile offending. Yaacov Reuven and Limor Yehuda presented the effects of family structure and the quality of child-parent relationships on juvenile and child delinquency among neglecting families. Those negative effects usually put children in significant risk which should be managed. In that direction Peter Wetzels and Katrin Brettfeld presented a diagnostic tool to identify juveniles at risk of serious delinquency as target groups for secondary prevention programs. With the same purpose, Alice Morgado and Maria Da Luz

Vale Dias conducted research with juveniles convicted for serious crimes.

The topic “Experience with imprisonment of young persons” was highlighted by German criminologists Alexandra Schwan, Holger Schmidt Verena Boxberg and Julian Knop. The research presented reported that criminal offences are not rare incidents in youth prisons. Explaining the influence of empathy and relationships with outside family and friends in youth prisons, presenters put attention on recommendations for prison management.

With an idea to base my doctoral dissertation on the results of International Self-Report Delinquency Study in Bosnia and Herzegovina, I attended four related sessions: (1) International self-report delinquency study Part 1: Theoretical and methodological expansions based on the second round, (2) International self-report delinquency study: Update and information (3) International self-report delinquency study: Country based findings and insights from the third round, and (4) International self-report delinquency study: Comparative and theoretical finding from the third round. Through all seventeen presentations it was possible to hear and discuss ISRD methodology, data from the third sweep as well as comparison of the results and their explanation.

Other selected sessions

At the session “International comparative data on crime and criminal justice statistics”, Markku Heiskanen and Anni Lietonen showed crime distribution (suspects, convicted and imprisoned persons) by gender. Starting with the fact that efficient data collection on youth crime and criminal justice is the first step for effective juvenile crime prevention, Claudia Campistol and Marcelo Aebi in their presentation considered the availability of juvenile justice statistics across Europe. It seems that researchers have so many challenges in data collection. Stefan Harrendorf noted most of these challenges and indicated improvements for the data collection methods of future waves. To make a representable image of crime Jörg-Martin Jehle in his presentation advocated for the need for a multi-level statistical approach, based on all stages of the criminal justice system data on recorded crimes: suspected, convicted and sentenced persons.

The session named “Methodological issues in criminal justice research”, pointed out really important questions for researchers. Johanne Yttri Dahl and Heidi Fischer Bjelland discussed the importance of using police register data for scientific research. Referring to similar sources, Georges Steffgen explained the effects of question order on the assessment of police performance. In terms of policy-making impact, Quentin Liger examined existing sources of quantitative data used at the European level to compare Member States and their jurisdictions.

IN PLACE OF A CONCLUSION

No matter how experienced you are in criminological research, we should and we can learn more. ESC conference provided me with an opportunity to enhance my knowledge about my primary research interest areas: Corruption and organized crime, as well as juvenile delinquency and juvenile justice. It seems that corruption and organized crime have similar manifestations around Europe. Nevertheless, causes of these criminal behaviors are different as well as their frequency in different societies. On the other hand, frequency of juvenile offending is pretty close in every country in Europe, but causes and manifestations are not so similar.

The conference allowed me to update my knowledge in both fields, crime prevention and reactions to crime, along with the latest developments in criminological research through more than fifteen sessions. Speakers' conclusions indicate that criminal policy for corruption, organized crime and juvenile delinquency in Bosnia and Herzegovina is not adequate. The most significant issues lies in policy which is not based on evidence – on results and recommendations of scientific research. Efficient criminal policy must include requests of criminology as *unitas multiplex*.

Based on personal experience, I would strongly recommend that other criminologists participate in the ESC annual conference as a unique event in Europe. This opportunity offers so many important benefits such as making connections with other criminologists, acquiring new knowledge about the field, introducing the most recent research projects and results as well as ideas and trends, positioning yourself as an expert in your field, providing a great opportunity to network, improving your skills (e.g. language skills and presentation skills), exploring countries, etc. All of these describe my personal benefits from attending the 15th ESC conference. Earning benefits like these gets easier if you become member of ESC. In that way you will be more informed about ESC events, criminological networks as well as recent criminological ideas through Newsletters of ESC and European Journal of Criminology. Also, ESC membership may provide other benefits of financial natures such as lower registration free or ESC Fellowship. The last one provided me the chance to be part of the ESC's story in Porto.

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