

**Contemporary methods of torture and sexual violence  
Medical record analysis**Nasir Warfa<sup>1</sup>, Kate Izycki<sup>2</sup>, Edgar Jones<sup>2</sup>, Kamaldeep Bhui<sup>1</sup>

**Abstract.** *This paper presents a crude analysis of the types of torture techniques found among a contemporary cohort of asylum seekers and foreign nationals detained in the UK. They include physical punishment and forms of sexual violation the exact nature of which is not well known to the public or health professionals. The findings have implications for the treatment for psychological and physical disorders that are a consequence of torture, and also provide a mandate for political and human rights interventions to reduce the use of torture.*

**Keywords:** Torture, inhuman treatment, human rights abuses, sexual violence.

**WCPRR December 2011: 112-118. © 2011 WACP  
ISSN: 1932-6270**

**INTRODUCTION** The UN Convention, Article 27 (1), defines torture as an act that (a) has caused severe pain or suffering, (b) was inflicted by, or on behalf of, or at the consent of a public official (such as the police, gendarmerie or security forces) and is committed for a specific purpose such as to elicit a confession or to instil fear. Under the Convention, pain and suffering resulting from the lawful punishments of a nation cannot be classed as torture. Despite the UN definition, torture and human rights abuses are still common in many parts of the World. In Europe and North America, no consensus has emerged leading to heated debates about whether some punishment techniques (water immersion, for example) can be classed as torture.

There is also an ongoing international concern about the exposure to torture and sexual violence reported by uprooted civilians, particularly in conflict regions in Africa, Asia and the Middle East. Even though the right to be free from torture is firmly embedded in international law, systematic and sophisticated techniques of torture continue to be practiced throughout the world. Article 1 of the UN Convention against Torture defines torture as:

«any act by which severe pain or suffering, whether physical or mental, is intentionally inflicted on a person for such purposes as obtaining from him or a third person information or a confession, punishing him for an act he or a third person has committed or is suspected of having committed, or intimidating or coercing him or a third person, or for any reason based on discrimination of any kind, when such pain or suffering is inflicted by or at the instigation of or with the acquiescence of a public official or other person acting in an

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Received October 19, 2011. Accepted December 1, 2011.

official capacity. It does not include pain or suffering arising from, inherent in or incidental to lawful sanctions». (OHCHR, 2004)

More simply put, for an act to be considered as torture it must have caused severe pain or suffering, physically or mentally. It must also have been inflicted by or on behalf of, or at the consent of, a public official (such as the police, gendarmerie or security forces). In addition, the act must have been committed for a specific purpose, such as to elicit a confession or to instil fear. In the Convention, pain and suffering caused within lawful sanctions or the lawful punishments of a country cannot be classed as torture.

Almost three decades since the adoption of the Convention against Torture (and Other Cruel, Inhuman or Degrading Treatment or Punishment) thousands of people worldwide have been tortured or exposed to inhumane abuses (Amnesty International, 2008; International Rehabilitation Council for Torture Victims, 2007; Human Rights Watch, 2008). This is often due to tribal conflict and war or political and religious motives (Wilson & Drozdek, 2004; Warfa & Bhui, 2003). Whether it meets the official UN definition or not, torture is known to be strongly associated with mental disorders, including post-traumatic stress disorder, depression, anxiety and suicide ideation (Bhui *et al*, 2003; Warfa & Bhui, 2007; Somasundaram, 1998; Mollica *et al*, 1998; Steel *et al*, 2002; Holtz, 1998), as well as leading to disabilities associated with physical injuries sustained during the torture process (Burnett & Peel, 2001; Correa-Velez *et al*, 2005; Goldfeld *et al*, 1988). Mollica and colleagues (1998) found a significant dose-effect relationship between cumulative torture experiences and psychiatric symptoms, namely PTSD and depressive disorders. People who had experienced three to five torture events were 2.4 times more likely to develop a psychiatric disability compared with those who had experienced two or fewer traumatic events (Mollica *et al*, 1999).

Steel and colleagues (2002) showed similar findings; compared with those experiencing no traumatic events, torture victims who had experienced one or more traumatic events had a two-fold greater risk for an ICD-10 diagnosis of mental disorder; three or more trauma events led to a four to six-fold greater risk of mental disorder. Basoglu *et al* (1994) also provided valuable insight into the pathogenesis of torture related PTSD. The results of their study showed that 33% of the tortured group had lifetime post traumatic stress disorders, compared with 11% of the non-tortured group. More recent studies by Bhui and colleagues (2003, 2006) support this growing body of evidence that pre-migration trauma is a risk factor for anxiety, depressive disorders, PTSD and suicidal ideation. The results of their study showed that suicidal ideation was more common amongst those who (a) experienced a pre-migration food shortage, (b) those who suffered serious pre-migration injuries and (c) those who had nearly experienced death in traumatic situation.

Despite torture being a strong predictor for both psychiatric and physical disability, and being outlawed in international laws, torture and abuses of human rights are still common. This paper explores the types and range of experiences that constitute torture on the basis of reports provided by tortured asylum seekers. The data and discussion presented in this paper are particularly useful for healthcare and social professionals and policy makers working with survivors of torture and organized violence. Professionals who work with victims of torture, asylum seekers and refugees also need to remain updated on the wide range techniques and methods of torture that are still practiced around the World.

**METHOD** The data for this paper are derived from the statistics collated on the Allegation of Torture Forms completed by detainees at the UK's Oakington Immigration Detention Centre. Asylum seekers may leave their country of origin for many different reasons; for example, due to political and religious conflict and persecution due to race or ethnic identity. Others may seek refuge in a second or third country because of lack of human rights protection or simply due to civil war and inhuman treatment. However, only asylum seekers who meet the official criteria of the 1951 UN Convention are granted a full refugee status. In the Convention, a refugee is defined as:

«a person who owing to well founded fear of being persecuted for reasons of race, religion, nationality, membership of a particular social group or political opinion, is outside the country of his nationality and is unable, or owing to such fear, is unwilling to avail himself of the protection of that country; or who, not

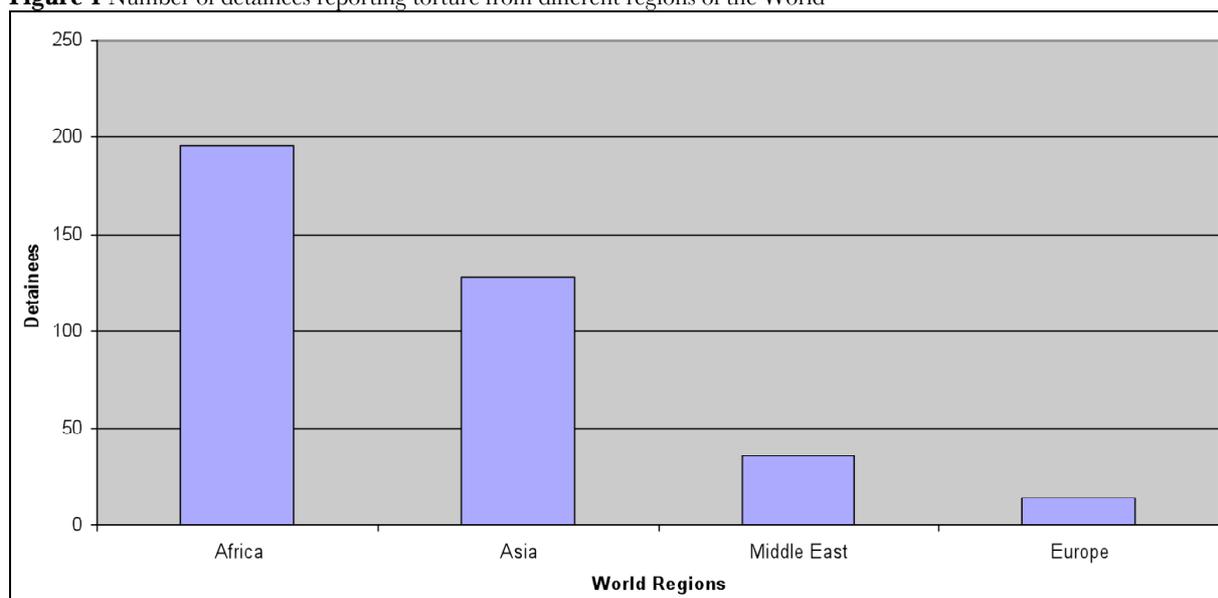
having a nationality and being outside the country of his former habitual residence....is unable, or owing to such fear, is unwilling to return to It...» (UNHCR, 2010).

In the UK, asylum claimants often have to demonstrate that they have “a well-founded fear of being persecuted” or even killed if they are returned to their native country because of a Convention reason. The policy is to offer limited benefits, and to deny employment rights until an asylum decision is reached. As in many other countries, a person who does not meet the Convention criteria for the Status of Refugees is not recognised as a refugee. Failed asylum seekers are either offered a limited protection on humanitarian grounds (Exceptional Leave) or are detained and then deported. In accordance with the UK Government Detention Centre Rules (2001), Section 35, Special Illnesses and Conditions including Torture Claims, there is an obligation for healthcare professionals to inform senior staff if any individual wishes to make a statement that he or she has been tortured in their country of origin. Detained asylum seekers and foreign nationals arriving at Oakington Immigration Centre completed a health questionnaire on arrival. An Allegation of Torture Form was then given to any asylum seeker who reported torture experience.

**DATA ANALYSIS** The Allegation of Torture is a semi-structured questionnaire which has only basic information such as name, ethnic background, and country of origin, gender and date of interview. Senior mental health practitioners with an experience of working with asylum seekers would then use the Form to carry out further interviews with tortured detainees. Experiences and history of torture, as well as specific techniques and methods of torture, are also recorded in the form. Participants’ demographic information and all reported categories of torture and torture techniques were entered onto an Microsoft® Excel database and subjected to aggregate descriptive analysis.

**RESULTS** During a six month period (January and June 2006) there were a total of 2,225 asylum seekers and foreign persons detained at Oakington Immigration Centre. Of this number, 374 (17%) detainees reported that they were tortured in their country of origin, and prior to arrival in the United Kingdom. Of those tortured (n=374), two hundred and ninety four (78%) were male. As the following bar-chart (**Figure 1**) shows, tortured detainees were mainly from Africa, Asia, Middle-East and Europe.

**Figure 1** Number of detainees reporting torture from different regions of the World



More specifically, tortured detainees were nationals of Albania, Angola, Bangladesh, Cameroon, China, Congo, Eritrea, Ethiopia, Gambia, Ghana, India, Iraq, Ivory Cost, Kenya, Kosovo, Nigeria, Pakistan, Russia, Sri-Lanka, Somalia, Senegal, Turkey and Zaire. The excess of men reflects the UK asylum system that detained more men than women at Oakington at the time; women were no longer detained at Oakington. All subjects were aged between 18 and 65. Of those asylum seekers alleging torture, 272, or 73%, were granted temporary admission into the United Kingdom pending appeal against their negative decision; 45, or 12%, were granted full Refugee Status. The remaining applicants were either transferred to long term detention (LTD) for further investigation or removed from Oakington Centre for deportation purposes.

**Sexual and non-sexual beating and mutilation**

Beating with fists, hands, sticks and belts were most commonly recorded during the study period. Stabbings with blades, razors, glasses, nails and burning and numerous other methods of torture (including acid burns, finger and toenail extractions) were also described.

**Table 1** Beating and other physical methods of torture

Beating methods of torture	Other physical methods of torture
Beaten with barbed wire	Stabbed with blade
Beaten with belt	Stabbed with metal
Beaten with cables	Stabbed with razor
Beaten with cricket bat	Stabbed with glass
Beaten with fish tail	Stabbed with nails
Beaten with hammer	Burned with fire
Beaten with rod	Burned with cigarette
Beaten with strap	Acid burns
Beaten with fire	Branded with heated implement
Beaten with firearm	Detained in hot metal container
Beaten with plastic pipe	Prolonged exposure to sun
Beaten with rubber baton	Covered in sugar water then exposed to insects
Beaten with books	Finger nail extraction
Beaten with cactus plant	Toenail extraction
Beaten with fists/hands	Forced to walk over nails
Beaten with metal stave	Foreign objects inserted under nails
Beaten with sticks	Hair pulled out
Beaten with water hose	
Beaten with sand filled pipe	
Beating by kicking	
Pressure or crush injuries	

**Tables 1** and 2 summarise the wide range of torture experiences described by the tortured detainees. Some of these methods of torture are fear invoking, mutilating and violent but diverse and less easily detected than in the past. **Table 2** also shows sexual and other methods of torture.

**Table 2** Sexual and non sexual experiences of tortures

<b>Experiences of sexual tortures</b>	<b>Other techniques of torture</b>
Anal penetration with foreign objects	Enforced unsanitary conditions
Anal rape	Teargas sprayed into eyes
Attempted amputation of penis	Forced postures for prolonged periods
Cigarette burns to genitals	Prolong suspension
Electrocution to genitals	Forced to drink own urine
Electrocution – sexual	Forced to ingest own faeces
Forced to engage in sexual acts	Forced to drink other prisoners' urine
Forced to engage in bestiality acts	Forced to swim in sewerage
Forced to witness rape of relatives	Forced to witness atrocities
Forced abortion	Forced to witness combat atrocities
Female genital mutilation	Forced to witness murders
Foreign objects inserted into penis	Forced to witness beheadings
Kicking of male genitals	Suffocation
Multiple rape	Scalding
Repeated rape	Threats to kill/ harm/ maim
Rape	Water immersion
Squeezing of male genitals	Verbal abused
Sexual JuJu	Sensory/ Sleep deprivation
	Shot/Stoned

### **Torture techniques are just getting smarter**

The reports include rape, anal penetration with foreign objects, amputations of male/female genitals, deprivation of sensory and sleep, the application of electroshocks to the most sensitive parts of the human body. Sexual torture included repeated rape anal penetration with or without foreign object, and being forced to engage in bestiality acts and sexual violence against family members. Despite the ratification and accession of the UN Convention Against Torture and Other Cruel and Degrading Treatments in 1984, the findings of our study reveal that diverse methods of torture and abuses of human rights are still practiced in many countries.

These include physical punishment and forms of sexual violation. Beatings (either with fists or objects, pipes, belts or batons), finger and toenail extractions, acid burns, electroshocks and stabbings with blades and razors being among the numerous methods of torture reported by the study participants.

Sexual torture also occurred in a context of so-called ethnic cleansing, war, to control and intimidate civilians, as punishment for male family members' participation in political or religious activities. These nasty accounts of torture and sexual violence many of the participants reported here are also supported by reports of a number of International human Rights organizations (Amnesty International, 2008; International Rehabilitation Council for Torture Victims, 2007; Human Rights Watch, 2008). This may suggest a trend that inhumane acts of torture and sexual violence is becoming more common. Of particular concern are the extremely inhumane acts of violence against participants who came from all over the World. The wide dissemination of this comprehensive information and discussions about the methods of torture that are still evidently practiced is necessary to prevent the use of torture and violence for political, religion or other motives. Although torture or trauma is a *sine qua non* for post traumatic stress disorder, other diverse factors, independent from the trauma, determine the expression and severity of these symptoms, supporting previous conclusions that the ongoing stressors of post-migration difficulties exacerbate the distress of exile (Blight, 2009; Warfa *et al*, 2006).

Highly also important is the process of asylum and detention which can be loaded with difficulties for even the most psychologically robust individuals, let alone survivors of torture and brutal violence (Silove *et al*, 2007; Steel *et al*, 2002). For example, greater levels of mental disorders were found among detained asylum seekers with past experiences of torture and sexual violence, compared with non-detained asylum seekers with a similar history of traumatic life events. The socioeconomic plights, isolation and stigmatization, denial of the right to work, communication problems are just several

***World Cultural Psychiatry Research Review, 6 (2): 112-118***

examples of the dilemmas faced by asylum seekers and detainees in what is realistically a process which can take many years, and during which the threat of refouler, or deportation is an ever-present possibility. In potentially vulnerable survivors of torture, such detention experiences may increase the risk for higher levels of anxiety and depression or depressive symptoms (Steel *et al*, 2002).

**ACKNOWLEDGEMENTS** KI undertook data collection; NW supervised the study. NW & KI drafted the first version of the paper. KB & EJ contributed to consecutive drafts. All authors have read and approved the final paper.

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