Prevention and Control of Custodial Torture - A New Health Problem

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ABSTRACT

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This article describes the methods of torture, the psychology of the tortured and the torturer. The different mental states of the tortured are analysed. The methods to be adopted for prevention of torture are described.

Keywords: Torture, Custodial torture, Prevention

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Torture may be defined as the systematic and deliberate use of acute pain in any form – physical or psychological- by one person on another in order to accomplish the will of the former against the will of latter, to repress social and political dissent, to obtain confessions, to ensure unscrupulous discipline and for sexual abuse.

Persons under custody include inmates in police lock ups, jails, cell wards of hospitals, mental hospitals and assylums, rescue shelters, orphanages, convents, schools, hostels, asramams, oldage homes, assylums and schools for physically handicapped and mentally retarded, and houses were paying guests are accommodated.

The methods used are:

1. Prolonged solitary confinement
2. Solitary confinement coupled with coerceive and harsh treatment.
3. Physical assault with or without marks of violence.
4. Overcrowding of an outrageous nature in rooms reaching to the extend of intermingling persons under custody with mentally ill persons or with sexual offenders or with opposite sex or with sadistic senior students.
5. Outraging the modesty of women under custody.
6. Torture of children in front of parents and vice versa
7. Lack of sanitation.

Detained persons are made to urinate or defecate into a bucket kept in the confined area used for living. This is degrading both to the bucket user and to those who are obliged to hear or smell. Some times their inmates are made to spend hours with the excreta filled bucket.

The effects of torture varies from person to person and on the methods adopted. As torture continues a perverted intimate relationship develops between the victim and the torturer leading to a feeling of dependence, helplessness, fear and finally to the breakdown of any vestige of resistance on the part of the victim. This process is aptly named as "DEMOLITION". The victim plunges into a chaotic premitive world in which even threats of physical or psychological torture are all too real. Confessions are made at this stage. Some prefer death and find some way to it before this stage. Few are killed accidently or deliberately and afterwards disposed off. Very few escape custody only to commit suicide for fear of recapture. Those who survive the torture are converted to cheap editions both physically and psychologically of what they were before.

Torture results not only in physical injuries but also in psychological reactions. Physical injurious include.

1. Contusions
2. Abrasions
3. Sprain and dislocation of joints
4. Fracture of bones.
5. Extensive soft issue injuries
6. Perforated ear drums
7. Injury to internal organs

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Depending upon the methods used external marks of violence may be absent in comparison to internal injuries. "Falaka" a torture technique in which the soles of the feet are beaten with a light cane or whip will produce a chronic debilittating pain full feet syndrome without external scars. In "Uruttal " another torture technique, in which a heavy wooden or iron rod is rolled with force up and down the thighs compressing the thigh muscles of the victim tied to a bench the thigh muscles gets damaged without any external marks of violence. The victim experiences severe pain during the process and days after. If it exceeds the limit death may result due to crush syndrome and kidney damage. External marks of violence will be absent

Post traumatic psychological reactions include. Post traumatic stress disorder and major depression. Features of post traumatic stress disorder are:

1. Un pleasant thoughts, dreams or vivid flash backs in which the previous trauma is re experienced.
2. Emotional numbing
3. Attempts to avoid contact with people which provoke the painful thoughts and memories

Major depression is characterised by low-mood, loses of interest, loses of enjoyment, sleep disturbances and tendency to commit suicide.

Custodial crimes can be controlled to some extend by the formation of "committee for the prevention of torture and in human and degrading treatment (CPT) under custody "in each district with The District Collector as Chairman and elected peoples representatives, journalists, lady representatives and specialist doctors as members, The services of Health workers – public health nurses and health inspectors – of the Kerala Health services, and Local Bodies Department can be utilised to report the incidence of custodial crimes. For this they should visit all places where people are kept under custody and submit a confidential personal enquiry report to the District medical officer of Health in sealed cover who in turn should submit a confidential report to the District collector after a personnel enquiry within 48 hrs. This should not be given to the news media. The District collector should take appropriate action and send a report to the State Government Report of actions taken will be given to the news media only by the State Government. This will reduce the incidence of custodial torture.

If custodial torture is not controlled democracy will slowly get converted to "A FUNCTIONING ANARCHY"

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END NOTE

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