

### WHAT IS DEPRIVATION OF WATER?

Water deprivation is total or partial restriction of water supplied to an individual. This can be a deliberate action intended as torture, or undeliberate due to poor conditions (1). The UN Mandela Rules require that drinking water be made available to detainees “whenever he or she needs it.” (Rule 22); and that “the reduction of a prisoner’s diet or drinking water” shall be prohibited (Rule 43) (2). Further, the European Court of Human Rights has established that, in combination with other methods, the deprivation of drinking water violates article 3 of the European Convention on Human Rights (3,4). The CPT has also required that all persons in detention have ready, unrestricted access to drinking water at all times (5,6).

### IN PRACTICE

Deprivation of water is used as a method of torture during interrogation and detention. Intentional water deprivation has been documented in British-controlled detention facilities in southeast Iraq (2003-2008), in Michigan (USA), in Tanzanian prisons, and among Lebanese prisoners during the Israeli occupation (1981-1999) (7–10). Furthermore, studies among survivors of torture report that the following groups have been subjected to water deprivation as a form of torture: 85% of 416 Yazidi women during the civil war in Syria and northern Iraq (2014), 18% of 325 refugees from various countries now living in the United States, 63% of 144 refugees from various countries now living in New Zealand (11–13).

Restriction of water can also occur as a consequence of poor conditions in some places of detention. Inadequate access to water has for example been documented in prisons across Zimbabwe, in a prison for children in Burundi, and in prisons in Belgium, Moldova and Russia (14–16).

Deprivation of water likely occurs in many more countries throughout the world, either as a form of torture or due to poor conditions of places of detention.

### HEALTH CONSEQUENCES

Inadequate provision of drinking water may have fatal consequences. Consistent restriction of water causes dehydration that may lead to a hypovolemic state (i.e. decreased blood volume) and subsequent organ dysfunction including acute kidney failure. These

changes may eventually result in death or non-reversible organ damage (17,18). A total restriction of water intake will cause death in four to ten days, depending on temperature, humidity, and the person’s levels of stress and physical activity (18,19). Symptoms and signs of dehydration include thirst or inability to drink, lethargy (fatigue), restlessness, sunken eyes, cool and moist extremities, and eventually unconsciousness and death (20). The health consequences of water deprivation may be particularly severe among vulnerable populations such as elderly and people with poor health. Among vulnerable populations, a low habitual fluid intake has been shown to be associated with chronic diseases, including cardiovascular diseases and some cancers as well as increased mortality (19).

Additionally, forced dehydration during other forms of physical torture may exacerbate the health consequences of the physical torture. For instance, one study found that forced dehydration was a contributing cause of acute kidney failure induced by muscles being physically crushed (21).

An often unrecognized consequence of water restriction in places of detention is the serious neurological complications that rehydration may cause subsequent to dehydration: Rapid rehydration may result in damage of the brain and nerve cells (central pontine myelinolysis) which may cause neurological symptoms such as paralysis or difficulties with swallowing and speaking. Therefore treatment of dehydration must be carefully administered (17).

Scarcity of water contributes to a high transmission of infectious diseases in prisons (18). For instance, scarcity of water causes the spread of skin infections such as scabies due to the inability to maintain personal hygiene (17,22).

Deprivation of water is experienced as a direct threat to a person’s life since water is a basic need. Thus, regardless of whether deprivation of water causes physical consequences, it may cause severe mental suffering. Water deprivation entails anxiety, fear, and helplessness which can cause traumatic stress and long-term traumatic effects (23).

### CONCLUSION

States are obliged to ensure that sufficient and adequate water is available to all detainees. Yet, deprivation of water occurs during interrogation and detention throughout the world. Regardless of whether water deprivation occurs intentionally as a form of torture or unintentionally due to poor conditions in places of detention, it may have serious lasting health consequences, both physically and mentally.

## REFERENCES

1. United Nations, editor. Istanbul Protocol: manual on the effective investigation and documentation of torture and other cruel, inhuman, or degrading treatment or punishment. Rev. 1. New York: United Nations; 2004. 76 p. (Professional training series).
2. UN. United Nations Standard Minimum Rules for the Treatment of Prisoners (the Nelson Mandela Rules) [Internet]. Dec 17, 2015. Available from: <https://cdn.penalreform.org/wp-content/uploads/1957/06/ENG.pdf>
3. ECHR. CASE OF IRELAND v. THE UNITED KINGDOM. Application no. 5310/71 Jan 18, 1978.
4. ECHR. The Greek Case, Report of the Subcommission. 1969.
5. CPT. Report to the Ukrainian Government on the visit to Ukraine carried out by the (CPT) from 8 to 21 December 2017. 2018 Sep.
6. CPT. Report to the Polish Government on the visit to Poland carried out by the (CPT) from 11 to 22 May 2017. 2018 Jul.
7. Duffy A. Searching for Accountability: British-Controlled Detention in Southeast Iraq, 2003–2008. *International Journal of Transitional Justice*. 2016 Nov;10(3):410–31.
8. Alexander E, Streeter P. Isolated Confinement in Michigan: Mapping the Circles of Hell. *Michigan Journal of Race & Law*. 2013;18(2):251–74.
9. Aon M, Sungusia H, Brasholt M, Van Den Bergh B, Modvig J. Voices of torture survivors in Tanzania: A qualitative study. *Torture Journal*. 2018 Nov 28;28(3):92–103.
10. Ghaddar A, Elsouri G, Abboud Z. Torture and Long-Term Health Effects Among Lebanese Female Political Prisoners. *J Interpers Violence*. 2016 Feb;31(3):500–14.
11. Ibrahim H, Ertl V, Catani C, Ismail AA, Neuner F. Trauma and perceived social rejection among Yazidi women and girls who survived enslavement and genocide. *BMC Medicine* [Internet]. 2018 Dec [cited 2018 Nov 20];16(1). Available from: <https://bmcmmedicine.biomedcentral.com/articles/10.1186/s12916-018-1140-5>
12. Hooberman JB, Rosenfeld B, Lhewa D, Rasmussen A, Keller A. Classifying the Torture Experiences of Refugees Living in the United States. *Journal of Interpersonal Violence*. 2007 Jan;22(1):108–23.
13. Poole GE, Grant G. Prevalence of victims of torture in the health screening of quota refugees in New Zealand during 2007–2008 and implications for follow-up care. *NZMJ*. 2011 Jul;124(1338):18–24.
14. Alexander J. Death and disease in Zimbabwe's prisons. *The Lancet*. 2009 Mar;373(9668):995–6.
15. Hill G. Kids behind bars: A report by Defense for Children International. *Corrections Compendium*. 2005;30(4):8–10.
16. Factsheet – Detention conditions and treatment of prisoners [Internet]. European Court of Human Rights; 2018. Available from: [https://www.echr.coe.int/Documents/FS\\_Detention\\_conditions\\_ENG.pdf](https://www.echr.coe.int/Documents/FS_Detention_conditions_ENG.pdf)
17. Pollanen MS. The pathology of torture. *Forensic Science International*. 2018 Mar 1;284:85–96.
18. WHO. Prisons and health. Copenhagen: World Health Organization Regional Office for Europe; 2014.
19. Maughan RJ. Hydration, morbidity, and mortality in vulnerable populations. *Nutrition Reviews*. 2012 Nov;70:S152–5.
20. WHO. The treatment of diarrhoea: a manual for physicians and other senior health workers. Geneva: Department of Child and Adolescent Health and Development, World Health Organization; 2005.
21. Malik GH. Rhabdomyolysis and Myoglobin-induced Acute Renal Failure. *Saudi J Kidney Dis Transpl*. 1998 Sep;9(3):273–84.
22. WHO. Water-related Diseases. [https://www.who.int/water\\_sanitation\\_health/diseases-risks/diseases/scabies/en/](https://www.who.int/water_sanitation_health/diseases-risks/diseases/scabies/en/). 2001.
23. Başoğlu M, Livanou M, Crnobaric C. Torture vs Other Cruel, Inhuman, and Degrading Treatment: Is the Distinction Real or Apparent? *Archives of General Psychiatry*. 2007 Mar 1;64(3):277.

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