

WHAT IS WHAT IS POSITIONAL TORTURE?

Positional torture refers to a type of torture where the victim is forced to remain in a fixed position for an extended period of time varying from minutes to hours or even days (1). The positions may consist of standing on the toes, standing with arms stretched out or they can be unnatural or contorted positions. Victims of positional torture hold the positions out of fear of the consequences of disobedience, or are physically bound into the position with ropes, straps or handcuffs (1,2). Positional torture leaves little, if any, visible evidence of injury despite subsequent chronic pain and potential disability (3,4). Positional torture is sometimes called 'stress positions' (5).

The UN Committee Against Torture broadly views stress positions as being contrary to the Convention Against Torture (6). The UN Special Rapporteur on Torture lists "positional abuse when handcuffed or bound" as a method of torture (7,8). Further, the Nelson Mandela Rules stipulate that restraints (sometimes used in positional torture) are not to be used for disciplinary purposes (Rule 43-2) and specify strict conditions to be fulfilled if restraints are to be used for non-disciplinary purposes (Rule 47(2)) (9).

IN PRACTICE

Positional torture was documented since 1900 as used by the British in the Middle East, the British Isles and Northern Ireland up to 1975 (1). In modern times, positional torture was documented worldwide including in Latin America such as in Chile (4), in the Middle East such as in Saudi Arabia and Israel (1,10,11) and in Southern Europe such as in Spain where a study from 2016 examining 45 ex-detainees found that 80% had been victims of positional torture (12).

Common positions include placing individuals in constrained spaces such as cages or bags where the victim cannot stand up or lay down straight. A positional torture technique allegedly used in Israel is the Shabah, where the victim is handcuffed to a small chair with short front legs. The lower part of the body will then consequently always slide downwards, preventing the body and mind

from sleep and rest (1). A well-publicized example of positional torture took place in Abu Ghraib prison in Iraq by US forces where prisoners were blindfolded and ordered to stand while balancing on boxes. The victims were threatened with electric torture if they lost balance (1,13).

HEALTH CONSEQUENCES

All positional torture is directed towards tendons, joints and muscles (3). Prevention of movement and continuous muscle activity may lead to discomfort and severe pain in the muscles. Pooling of blood in the lower parts of the body may lead to tissue swelling, numbness and the formation of blood clots in the acute stage (14).

Depending on the specific position, long-term complaints often consist of pain, most commonly in the back, hands and cervical area, limitation of joint movement, and swelling of the lower legs (3). A study examining 18 torture victims from the Middle East showed that of the 5 who had been subjected to positional torture by placement into very small cells or boxes, 4 experienced back pain and nerve damage leading to segmentary loss of normal sensibility and neuropathic pain (disruption to normal sensory function and pain in area covered by damaged nerve). Two had intervertebral disc herniation (slipped disc) (15).

CONCLUSION

Positional torture can encompass a broad array of positions each leading to different sequelae all of which can lead to serious physical and psychological consequences. There is a need for capacity building of medical professionals to improve identification and treatment of victims of positional torture especially given the fact that it may not leave visible marks on the body. More research with data across geographical areas is needed to better understand the effects, variations and prevalence of positional torture.

REFERENCES

1. Rejali DM. Torture and democracy. Princeton: Princeton University Press; 2007. 849 p.
2. Modvig J. Torture and Refugees. In: Segal UA, Elliott D, editors. Refugees worldwide. Santa Barbara, Calif: Praeger; 2012. p. 33–48.
3. 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).
4. Vogel H. Allegations of maltreatment in custody. *J Forensic Leg Med*. 2017;45(C):8–16.
5. Rejali D. A Painful History. *Chron High Educ*. 2008;54(20):B.7–B9.
6. UNCAT. UNCAT, Concluding Observations on the Fifth Periodic Report of Israel [Internet]. 2016 Jun [cited 2019 Feb 12]. Report No.: CAT/C/ISR/CO/5. Available from: <http://docstore.ohchr.org/SelfServices/FilesHandler.ashx?enc=6QkG1d%2fPPRiCAqhKb7yhsmEKqNhdzbr4kqou1ZPE-79BvBJe97SSM1KP2v4ng3Dhx74ohsby7x4AIEgvGhwtvav7rPvZmtwpwObldkyK%2bM-9cNY7svWLIYmp6PB4chW80>
7. UN Special Rapporteur on Torture. Report of the UNSRT, Sri Lanka, [Internet]. 2008 Feb [cited 2019 Feb 11]. Report No.: A/HRC/7/3/Add.6-E. Available from: <https://undocs.org/A/HRC/7/3/Add.6>
8. ECHR. CASE OF AKSOY v. TURKEY (Application no. 21987/93) – European Court of Human Rights | Derecho Internacional Público - www.dipublico.org [Internet]. 1996 Dec [cited 2019 Feb 12]. Available from: <https://www.dipublico.org/1563/case-of-aksoy-v-turkey-application-no-2198793-european-court-of-human-rights/>
9. 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>
10. Busch J, Hansen SH, Hougen HP. Geographical distribution of torture: An epidemiological study of torture reported by asylum applicants examined at the Department of Forensic Medicine, University of Copenhagen. *Torture Q J Rehabil Torture Vict Prev Torture*. 2015;25(2):12–21.
11. Amris K, Danneskiold-Samsøe S, Torp-Pedersen S, Genefke I, Danneskiold-Samsøe B. Producing medico-legal evidence: documentation of torture versus the Saudi Arabian state of denial. *Torture Q J Rehabil Torture Vict Prev Torture*. 2007;17(3):181–95.
12. Pérez-Sales P, Navarro-Lashayas MA, Plaza A, Morentin B, Barrios Salinas O. Incommunicado detention and torture in Spain, Part III: ‘Five days is enough’: the concept of torturing environments. *Torture Q J Rehabil Torture Vict Prev Torture*. 2016;26(3):21–33.
13. Henderson SW. Disregarding the Suffering of Others: Narrative, Comedy, and Torture. *Lit Med*. 2005;24(2):181–208.
14. Leach J. Psychological factors in exceptional, extreme and torturous environments. *Extreme Physiol Med*. 2016 Jun 1;5(1):7.
15. Thomsen AB, Eriksen J, Smidt-Nielsen K. Chronic pain in torture survivors. *Forensic Sci Int*. 2000;108(3):155–63.

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