

Statement on Hooding

International Forensic Expert Group*

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Background

Hooding is the practice of fully covering the head of a person. Hooding has been used in a number of countries with increasing frequency during the past 50 years.

The practice of hooding has been recognized as a form of torture and/or cruel, inhuman and degrading treatment or punishment (CIDT) by a number of international and regional human rights bodies.

The U.N. Committee Against Torture has determined that “hooding under special conditions” constitutes both torture and cruel, inhuman or degrading treatment or punishment.¹ It noted that this finding would be “particularly evident” when hood-

ing is used in combination with other coercive interrogation methods.¹ The Committee Against Torture has subsequently reaffirmed that blindfolding constitutes torture.² The U.N. Special Rapporteur on Torture has determined that “blindfolding and hooding should be forbidden”.³

The European Committee for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment has noted that blindfolding “will frequently amount to psychological ill-treatment”, and that the practice should be abolished.⁴

The European Court of Human Rights has determined that blindfolding a prisoner constitutes cruel or inhuman treatment when it is used in combination with other interrogation or detention methods⁵ and can constitute torture when used with other techniques.⁶

The Inter-American Court of Human Rights found that playing the radio at full volume while hooding a detainee or otherwise subjecting her to light manipulation constitutes “mental torture”, as these techniques formed part of an overall effort to “obliterate the victim’s personality and demoralize her”.⁷

The U.N. Manual on the Effective Investigation and Documentation of Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment (The Istanbul Protocol) also recognizes the deprivation of

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normal sensory stimulation, such as sound, light, sense of time, isolation, manipulation of brightness of the cell, abuse of physiological needs, restriction of sleep, food, water, toilet facilities, etc. as methods of torture.⁸

In addition, the U.S. Department of State has described blindfolding as a form of torture⁹ and the new U.S. Army field manual on human intelligence collection also prohibits the use of sensory deprivation and techniques such as placing of hoods or sacks over the heads of detainees or using duct tape over the eyes.¹⁰

Despite international recognition of hooding as a form of torture and/or ill treatment, there have been a number of recent legal cases in which the use of hooding has been examined. The purpose of this statement is to provide legal experts and adjudicators with an understanding of the physical and psychological effects of hooding and other equivalent forms of sensory deprivation and whether hooding and other equivalent practices may constitute torture and/or CIDT.

The International Forensic Expert Group consists of 33 medical experts from 18 countries with more than 500 years of collective experience in the evaluation and documentation of physical and psychological evidence of torture and ill treatment. The opinions expressed in this statement on hooding are based on the collective experience of documenting the physical and psychological effects of hooding and other similar forms of sensory deprivation among thousands of detainees that they have examined.

Hooding Practices

The practice of hooding typically involves covering the head of a detainee in some manner. Hooding practices may vary and the effects of hooding may depend on a number of factors related to the application

and context of its use including: the material composition of the hood (i.e. the effectiveness of sensory deprivation and interference with air exchange), duration and frequency of its use, tightness of the hood around the head, the presence of contaminants (i.e. urine, feces and blood) in the hood, and the use of additional methods of torture and/or CIDT. Mock executions, beatings and other methods of torture are often practiced in conjunction with hooding to maximize the infliction of physical and psychological pain.

Hooding in this statement also refers to other equivalent forms of sensory deprivation such as the use of goggles or blindfolds and earmuffs. In contrast, covering a detainee's head with plastic bags or other impermeable barriers to respiration (effective exchange of oxygen & carbon dioxide) and the use of hoods with noxious substances such as petrol, chilli pepper, talc and other respiratory irritants represent primary methods of asphyxiation and are not considered as forms of hooding in this statement. It is important to recognize, however, that hooding may impede normal respiratory function and that this may have serious consequences in some individuals. Hoods with eye slits also have been used to coerce the identification of "suspected terrorists". In the absence of detainee's consent, such practices would be considered "hooding" as defined in this statement.

While policy makers and legal experts may consider the effects of hooding independently from other methods of torture and/or CIDT, the practice of hooding is virtually always used in combination with other methods of torture and/or CIDT. Among the thousands of detainees we have examined during the past 36 years from virtually every country in the world, we are unaware of any case in which the only method of alleged abuse was hooding.

Physical and Psychological Effects of Hooding

Hooding is a form of sensory deprivation that is associated with a number of physical and psychological effects, and also may have significant adverse legal consequences.

Hooding deprives individuals of normal vision and also may impair hearing, respiration, and the sense of smell. Deprivation of normal vision also may impair balance and coordination. Impaired respiration (oxygen & carbon dioxide exchange) may be exacerbated by pre-existing medical conditions (cardiovascular, respiratory, hematologic, neurologic, and others) and psychological disorders such as anxiety and claustrophobia. Interrogation personnel are rarely aware of such conditions and cannot reasonably be expected to be able to make an assessment of whether the use of a hood would pose a risk to health. Other factors that may promote hooding-related respiratory distress include: inadequate ventilation of ambient air, heat and humidity, and the detainee's physical and psychological responses to hooding (e.g. struggling against restraints, pain, and fear). Hooding may prevent the observation of the detainee's physical condition and further contribute to respiratory distress and ultimately result in loss of consciousness, anoxic brain injury, and even death.

Hooding increases the likelihood of severe physical pain, injury and subsequent disability as it increases an individual's vulnerability to other methods torture by preventing the anticipation of harm such as kicks and punches and subsequent defensive response.

Although hooding is virtually never practiced in isolation of other physical and/or psychological methods of torture, we have observed significant psychological effects that are directly related to hooding practices. Hooding and other equivalent forms of sen-

sory deprivation typically cause fear, anxiety, high levels of stress, disorientation, especially with respect to time and location, and a sense of loss of control and powerlessness. The adverse cognitive and emotional effects of hooding may impair individual psychological coping mechanisms. Hooding may serve as a means of moral disengagement for perpetrators of torture. Hooding may have a dehumanizing effect on the detainee in the eyes of the perpetrators which may subsequently facilitate and intensify additional acts of torture.

In addition to its physical and psychological effects, hooding may have adverse legal consequences for individuals who allege torture and/or CIDT. Hooding frequently prevents detainees from being able to identify their alleged perpetrators. Hooding also may affect an individual's ability to accurately recount the details of the alleged torture and/or CIDT and, consequently, adversely affect judicial credibility determinations.

Conclusion

Hooding and other equivalent practices are intentional forms of sensory deprivation which constitute cruel, inhuman and degrading treatment or punishment and should be prohibited in interrogations and detention. When hooding is practiced in conjunction with other acts that may be considered cruel, inhuman and degrading treatment or punishment, it may constitute torture. In our experience, hooding is very often practiced in combination with other methods of abuse and typically, under such circumstances, constitutes torture.

It is important to bear in mind that in each assessment of alleged torture and/or CIDT, forensic experts base their opinions on the extent to which the sum total of physical and/or psychological evidence corroborates an individual's allegations of abuse

and on evidence of physical and mental pain and disabilities associated with the alleged abuse. In our opinion, consideration of hooding as torture and/or CIDT should be based on a clear understanding of actual and torture practices and on individual forensic medical evidence.

About the International Forensic Expert Group

The International Forensic Experts on Torture was established in 2009 by the International Rehabilitation Council for Torture Victims (IRCT) in partnership with Copenhagen University Department of Forensic Medicine. It consists of prominent international forensic experts with extensive experience in the evaluation and documentation of torture and ill treatment. These independent experts participate in investigations of alleged torture and ill treatment and provide impartial forensic reports and legal testimony on their findings. They also provide consultative and technical advice on medical legal issues related to torture and ill treatment.

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