

Methods and sequelae of torture: a study in Sri Lanka

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Abstract

A retrospective study was performed to document the physical and psychological methods of torture and their sequelae on 90 victims of torture who attended the Family Rehabilitation Centres in Vavuniya, Trincomalee and Anuradhapura, using a standard assessment format.

The study showed that the methods of torture practised in Sri Lanka are similar to that of other countries. The methods are physical and psychological. Being a victim of a traumatic event would be physically and psychologically stressful.

Key words: torture, human rights, Sri Lanka

Introduction

Considering the wide range of situations which involve human induced physical and psychological suffering, a clear and acceptable definition of torture is problematic.¹ In this paper, torture as defined by The World Medical Association in its Tokyo Declaration,² is used.

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As a confession was considered the most important proof of guilt in past times, torture was perceived as a legitimate means of obtaining such a confession. At present however, changes in law and forensic sciences have reduced the importance of torture-extracted confessions in legal proceedings. Yet, torture is taking place in the world today. Peters³ has asserted that the use of torture in these present times is a result of the changed “face” of political crime in modern times.

In ancient Sri Lanka, 32 types of torture were described. Though inflicted by the King’s men, and “lawful”, they were inhuman, cruel and degrading. These torture methods included being trampled by an elephant and being impaled on a pointed iron pole. After the British captured Kandy, the capital of Sri Lanka (then referred to as Ceylon) in 1815, the Convention signed by the British Governor and the Principal Chiefs of the Kandyan Provinces expressly prohibited the practice of torture.⁴ Thus, Section Six of the Kandyan Convention stated, “Every species of bodily torture and mutilation of limb, member or organ are prohibited and abolished”.

Article 11 of the 1978 constitution of the Democratic Socialist Republic of Sri Lanka has expressly prohibited torture.⁵ In 1994, the Government of Sri Lanka, by an act of Parliament, gave effect to the UN Conven-

tion against Torture.⁶⁻⁷ The current Penal Code and Criminal Procedure Code of Sri Lanka have also provided several clauses to protect the survivors of torture and to punish the perpetrators. For instance, survivors of assault could claim compensation from the perpetrators under the civil law of the country. Despite these legal advancements however, only a few cases have been filed by the State against perpetrators of torture. And of these, only a few have been convicted.

The objectives of the present study, therefore, are an exploration of the methods of torture practised in Sri Lanka today and the sequelae on torture survivors. Such an understanding of torture and its effects is deemed to be beneficial in designing rehabilitation services for survivors.

Materials and methods

This study was conducted at three of the 14 branches of the Family Rehabilitation Centre (FRC), situated in the districts of Vavuniya, Trincomalee and Anuradhapura. FRC is a non-governmental organisation providing holistic care for torture survivors in Sri Lanka. The study was completed within a period of 36 months. A standard assessment format developed by the International Rehabilitation Centre for Torture Survivors (IRCT) was utilized to document data from the survivors of torture who came to seek medical, legal and/or psychological help from the FRC. The information collected was that of basic demographic information and methods and sequelae of torture. The identity of the alleged perpetrator was not studied.

Results

The sample size of the study was 90 (83 males and 7 females). The age range was 19 to 58 years with 34 years as the mean age. The physical methods of torture reported

by the survivors are presented in Table 1. In addition, each of the following methods was reported by 2% of the sample: the removal of nails, application of electricity and application of heat to the body. Further, methods such as having had to walk on knees, being forced to drink petrol, hands being pressed on machines, and an eye being removed, were each reported by 1% of the sample.

Psychological methods of torture reported in the present study are shown in Table 2. In addition to those listed, 2% men-

Table 1. *Physical methods of torture.*

Method	Frequency
Beating of the body	99%
Falanga	32%
Suspension by hands	30%
Dry Submarino (covering the head with a bag)	19%
Wet Submarino (covering the head with a bag and putting water into the bag)	17%
Suspension by feet	11%
Beating the genitals	11%
Burning the body	8%
Cutting the body	8%
Beating the ears	8%
Putting chilli powder in eyes	7%
Parrot perch	7%
Binding with ropes	7%
Applying petrol on body	4%
Cramped confinement	3%
Palestinian hanging	3%

Table 2. *Psychological methods of torture.*

Method	Frequency
Blindfolded	42%
Deprived of food	24%
Death threats	22%
Solitary confinement	21%
Others tortured in survivor's presence	12%
Consumption of faeces/flesh	9%
No toilet facilities	8%
Forced nakedness	8%
Threat to survivor's family	7%
Verbal humiliation	4%
Sexual assault	4%
Deprivation of medicine	4%

tioned having to lie with dead bodies while 1% mentioned receiving sexual threats, others being killed in the survivor's presence and receiving sexual threat regarding the survivor's spouse.

The physical and psychological sequelae of torture are shown in Tables 3 and 4, respectively.

Discussion

Most types of physical and psychological torture methods reported in this study are self-explanatory. Some of these torture methods, such as "falanga", require further explanation. Falanga is the severe beating on

the soles of the feet resulting in extreme pain and possibly causing fractures of bones, swelling of feet or the development of blisters. Late sequels may be difficulty in walking or standing for prolonged periods of time and pain in the ankles and feet. Another method, suspension, could take many forms. Some examples are wrists tied together and then lowered in front of the legs which are in maximum flexion at the knees and hips, or a wooden or iron bar pushed behind the knees and in front of the elbows and then lifted and suspended, or the person left hanging with the head downwards.

Physical and psychological torture tends to occur simultaneously. It is often difficult to separate them. For instance, some torture survivors in the present study reported that while being beaten they also received death threats. In some instances however, the persons were subjected to only psychological torture, such as being blindfolded or being deprived of food. Physical and psychological torture is documented by Rasmussen.⁸

Research has shown that survivors of torture have significantly greater mental and physical health implications than those who have not experienced torture.⁹ The literature on the psychological sequelae of torture has included symptoms of depression, anxiety, sleep disturbances, nightmares and concentration difficulties.¹⁰ The present study findings on the sequelae of torture are in accordance with those reported in such previous studies.

The present research is one of the few documented studies on torture methods and sequelae in Sri Lanka. Therefore, it better informs our understanding of this particular variety of violence within the Sri Lankan cultural context. This study informs that torture is prevalent in Sri Lanka, even in these modern times. The results also corroborate the findings of previous studies on

Table 3. *Physical sequelae.*

Sequelae	Frequency
Body aches	32%
Chest pain	26%
Abdominal discomfort	26%
Headache	22%
Impaired vision	19%
Back ache	14%
Painful soles	13%
Skin infections	7%
Pain in the genitals	6%
Dizziness	6%
Impaired hearing	6%
Difficulty in breathing	3%
Numbness	3%
Tremors	2%
Body wounds	2%

Table 4. *Psychological sequelae.*

Sequelae	Frequency
Anxiety	32%
Fear (of being tortured in the future)	27%
Sleep disturbances	26%
Depression	13%
Nightmares	11%
Decreased energy	6%
Difficulty in concentrating	4%
Uncontrollable anger	4%
Loss of memory	3%
Sexual difficulties	2%
Loss of appetite	2%
Social withdrawal	1%

the sequelae of torture and are useful when designing rehabilitation services within the unique cultural context of Sri Lanka.

A limitation of the present study however is that there may have been a loss of information because of the subjective meaning of an episode of torture.¹¹ For instance, certain forms of verbal or physical violence, such as swearing or slapping, although classified as torture in this study, might have been perceived as “mistreatment” by some torture survivors, and thus not reported. Further, verification of the reported torture experience was difficult, and thus had to be taken at “face-value” of its accuracy. Even if witnesses were present, locating them and obtaining evidence would have been difficult and perpetrators would be unlikely to confirm the experience of torture.

Another limitation of the study was that factors such as the person’s cultural, religious and political ideology, age, individual coping strategies and pre-morbid personality may have affected the individual’s response to torture and thus the subsequent psychopathology reported at the time of the study.¹² Therefore, some of the psychological as well as the physical sequelae of torture reported here may have resulted from a combination of these factors rather than only from the simplistic conclusion that it resulted as a direct consequence of the torture experience. In addition, the pre-morbid personality may not be recognised on survivors of torture.¹²

As the present study shows, physical and psychological torture is taking place in Sri Lanka and torture survivors experience physical and psychological after-effects associated with the torture experience. A multidisciplinary treatment approach within the unique cultural and social milieu of Sri Lanka would need to be considered when designing intervention programmes for

torture survivors. This is especially relevant in the field of psychological interventions, as the concept of psychotherapy is relatively new in Sri Lanka though firmly established in most Western countries.¹³

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