Many people associate torture with scars. But torturers have perfected ways of inflicting grave pain without ever leaving a mark on the flesh: forced nakedness and sexual humiliation, stress positions, sleep deprivation, sensory overload, sensory deprivation and mock executions. From a medical and psychological perspective, these abuses constitute torture and cruel, inhuman and degrading treatment.

The following is a summary of torture techniques that individuals intent on using torture sometimes minimize and deny as constituting torture or cruel and ill-treatment. It is important to understand that while physical wounds will heal in time, the mental trauma and internal damage induced by torture, including these techniques, are much more difficult to treat. Some traumas never fully heal. Memories live on as nightmares and flashbacks. To minimize and deny is to distort the cruelty of these techniques, diminish the mental and emotional havoc they wreak on the survivor and ultimately cause moral erosion in society.

This information is based on the expertise of the Center for Victims of Torture™ (CVT) and other torture survivor rehabilitation professionals who are familiar with the physical and psychological trauma caused by methods commonly used worldwide by repressive regimes.

THE HIDDEN HARM

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WHEN TORTURE HIDES BEHIND A NAME

Torture by any other name is still torture. One of its names is “Enhanced Interrogation Techniques“ or EIT.

EIT is a euphemism to mask what was occurring between 2002 and approximately 2006 at Guantanamo Bay, Iraq, Afghanistan and CIA “black sites“ across the globe. A massive investigation into the practice of EIT was launched by Congress, and in 2015 when the McCain-Feinstein anti-torture Amendment was passed with strong bipartisan support, the question of whether the US should ever use those techniques was decisively settled.

Without hiding behind any euphemisms, proponents or supporters of these techniques call for reinstating “EIT” methods when they say "Torture absolutely works" or threaten to overturn the laws that had put this dark chapter of our country in the past.

We must resist the return to torture no matter what name it goes by.
“The term ‘cruel, inhuman or degrading treatment or punishment’ should be interpreted so as to extend the widest possible protection against abuses, whether physical or mental, including the holding of a detained or imprisoned person in conditions which deprive him, temporarily or permanently, of the use of any of his natural senses, such as sight or hearing, or of his awareness of place and the passing of time.”

From Principle #6 in the UN Body of Principles for the Protection of All Persons under any form of Detention or Imprisonment, 76th plenary meeting, 9 December 1988

**Forced Nakedness and Sexual Humiliation**

Forced nakedness creates a power differential, stripping the victims of their identity, inducing immediate shame and creating an environment where the threat of sexual and physical assault is always present. The effects of sexual humiliation, including forced nakedness, include posttraumatic stress disorder and major depression. Victims often suffer flashbacks or nightmares about their experiences. The shame, grief and fear felt by male and female survivors are very difficult feelings to overcome.

“I mean, in my eyes, [forced nakedness is] definitely that, [to] humiliate, intimidate, hurt and show you that what's coming is actually worse than what you're just going through.”

Bishir Al-Rawi on being stripped of his clothes. Al-Rawi was held at Guantanamo for four years before his release in March 2007 without charge.

**Forced Stress Positions**

Stress positions are commonly used by repressive regimes. These positions force a prisoner into a painful physical position, such as forced standing, awkward sitting positions or suspension of the body for prolonged periods of time. Stress positions can lead to long term or even permanent damage, including nerve, joint and circulatory damage, and muscle and joint pain.

“All I can remember is the constant pain I was going through. Just pain, because we were sitting in one position, and hands are tied together, and the handcuffs that they put on, they put them on really tight so you'd lose feeling in your hand, and if you tried to move your wrist, they'd start digging into your wrist as well.”

Shafiq Rasul, held in Afghanistan and Guantanamo, before his transfer to England. British authorities released Rasul without charge within 36 hours of his transfer.
“Many patients have told me that the fastest way to make someone crazy is to deprive him of sleep; it is far more effective than physical assault,” said Andrea Northwood, Ph.D., director of client services at CVT. “Without sleep, all of the normal perceptual, emotional and cognitive processes that make up our experience of ‘mind’ slip from our grasp within a matter of days.”

**Sleep Deprivation**

Depriving a detainee of normal sleep for prolonged periods is often done by using stress positions and sensory overload (bright lights or strobe lights, loud noises or music). The effects of sleep deprivation include taking longer to respond to stimuli, attention deficits, decreases in short-term memory, speech impairments, uncontrolled repetition of words or actions, and inflexible thinking. These symptoms may appear after one night of total sleep deprivation or after only a few nights of sleep restriction (five hours of sleep per night). Sleep deprivation also can result in hypertension and other cardiovascular disease.

“A Muslim patient of mine who was bombarded with loud noises day and night told me that this method drove him to the brink of suicide but that his faith saved him: he kept telling himself, ‘Let them take my mind, but I won’t take my life,’” said Dr. Northwood.

**Sensory Overload**

Bombarding the senses with powerful lights (including bright lights, strobe or flashing lights) and loud noises (loud music, screams and constant noise) are used to inflict extreme physical and mental pain. This causes physiological distress, often resulting in withdrawal from reality. Loud music or noise can cause hearing loss or chronic ringing in the ears. Strobe lights can induce stress responses, effecting heart rate and blood pressure. Sensory overload is also used to deprive a prisoner of sleep.
**Sensory Deprivation, including Isolation (Solitary Confinement)**

Sensory deprivation includes removing stimuli from one or more of the senses for long periods of time. Isolation denies a detainee contact with other human beings, including other prisoners and prison guards. All forms of sensory deprivation can have profound and long-lasting psychological consequences, including severe anxiety and hallucinations. Effects of isolation (or solitary confinement) include depression, anxiety, difficulty with concentration and memory, hypersensitivity to external stimuli, hallucinations, perception distortions, paranoia and problems with impulse control.

“I finished my 25th consecutive year in solitary confinement, where at the time of this writing I remain. Though it is true that I’ve never died and so don’t know exactly what the experience would entail, for the life of me I cannot fathom how dying any death could be harder or more terrible than living through all that I have been forced to endure for the last quarter-century.”

*William Blake*, on being held in solitary confinement for nearly 26 years.

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**Mock Execution (including Waterboarding)**

Survivors say mock executions left them feeling they were already dead. Many relive these near-death experiences in their nightmares or flashbacks. Waterboarding is a form of slow, controlled drowning. When detainees are waterboarded, they are strapped down and water is poured over their face to create the sensation of asphyxiation or drowning. Survivors tell CVT they pleaded with their torturers to kill them, preferring real death over the constant threat and intolerable pain caused by mock executions.

“One survivor who was subjected to waterboarding [not by the U.S.] relives the memory of this torture whenever he is cold. He experiences the physical sensations of suffocation and uncontrollable fear, and has been hospitalized for being suicidal. As is the case with most torture survivors, his torture included other methods in addition to the simulated drowning,” said Dr. Northwood.
FOR FURTHER READING

**Educing Information: Interrogation: Science and Art, National Defense University**
This report commissioned by the Intelligence Science Board concludes that painful and coercive interrogation techniques hinder the ability to get solid, factual information.


**Leave No Marks: Enhanced Interrogation Techniques and the Risk of Criminality**
This excellent report by Physicians for Human Rights and Human Rights First details the medical literature demonstrating the serious physical and mental harm caused by abusive interrogation under the guise of “enhanced interrogation techniques,” as well as the risk of criminal liability under U.S. law.


**International Committee of the Red Cross Report on the Treatment of Fourteen “High Value Detainees” in CIA Custody**
A detailed examination of the treatment of 14 detainees at Guantanamo Bay prison.


**Statement to the Senate Select Committee on Intelligence Hearing on U.S. Interrogation Policy and Executive Order 13440, September 25, 2007 by Allen S. Keller, M.D., Director, Bellevue/NYU Program for Survivors of Torture**
Dr. Keller’s testimony is based on his 15 years of experience caring for men, women and children from all over the world who experienced torture and mistreatment, and his study of the health consequences.