

# Alternative report to the 5<sup>th</sup> Periodic Report of Israel



For the Consideration of the United Nations Committee against Torture  
57<sup>th</sup> Session

This alternative report is authored by the Treatment and Rehabilitation Center for Victims of Torture (TRC), based in Ramallah, Occupied Palestinian Territories. The report provides general data on the experiences of torture and ill-treatment by TRC clients drawn from TRC's clinical record database. It further focuses on torture and ill-treatment of children in the Occupied Palestinian Territories by detailing the experience of 7 children who were arrested and tortured by Israeli Occupation Forces.

The Treatment and Rehabilitation Center for Victims of Torture (TRC) was founded in 1997 and is an independent Palestinian non-governmental, non-partisan and non-profit human rights organization. TRC seeks to prevent torture and to reduce the devastating psychological consequences of human rights abuses, including torture, violence and other ill-treatment as part of the victims' right to rehabilitation.

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## Introduction

Despite decades of criticism and domestic legal action, torture and ill-treatment of Palestinians by the Israeli Government continues with impunity. Women, men and children are subjected to torture and ill-treatment and the physical and psychological traumatisations they experience has a severe negative impact on the individuals, their families and the broader Palestinian society.

Through data collected from 73 victims receiving rehabilitation services from TRC, this report highlights key characteristics of torture and ill-treatment by the Government of Israel including perpetrator profiles, the methodologies used and their effect on the victims. It further illustrates the specific problems relating to torture and ill-treatment of children by the Israeli Government.

The numbers indicate that torture and ill-treatment frequently happens in multiple events and through a combination of different physical and psychological methods. People are detained in substandard conditions and subjected to practices such as beatings, hooding and other sensory manipulation, positional torture and threats to themselves and family members. Behind these headings lie practices such as falanga, serving contaminated food and water, exposure to extreme temperatures and light, deprivation of medical care, threats of death and mock executions.

Most violations take place in prisons and at military camps and the perpetrators are primarily occupying forces, intelligence services and the police. It is notable that a very high number of incidents take place outside of official places of detention, which renders existing safeguards ineffective.

The impact to the individual, their families and the broader community is devastating. In addition to the physical injuries, many of the victims suffer from severe psychological traumatisations manifesting itself as PTSD, depression, anxiety, acute stress and psychotic disorders. This in turn appears to negatively affect their socio-economic situation due to inability to find gainful employment and other related problems.

Among the individuals supported by TRC are a significant number of children who have been tortured or ill-treated. Their experiences of torture and ill-treatment are very similar to those of adult victims but the impact on their lives is significantly worse.

Children in detention are repeatedly verbally abused, threatened with rape and torture, forced to sign confessions in Hebrew, incriminate friends and family members and humiliated by interrogators<sup>1</sup>. They are also threatened with more torture and pain if they decide to pursue complaints against the Occupation Forces. Detention periods are also habitually extended due to the lack of evidence against them by military prosecutors or the Israeli Security Agency (the Shabak).

The ages between 14 and 18 is a crucial developmental period in the life of the child, helping them shape their personalities. Arresting, detaining, torturing and ill-treating children in this age group is detrimental to their future as it can have long-lasting consequences on the development of the child. Torture ruptures the process of psychosocial maturing and integration into society<sup>2</sup> and can lead to, among other sequelae, profound personality changes, including post-traumatic stress syndrome (PTSD), suicidal ideation, anxiety

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<sup>1</sup> See also Addameer, *Imprisonment of Children*. February 2016. Available at: [http://www.addameer.org/the\\_prisoners/children](http://www.addameer.org/the_prisoners/children)

<sup>2</sup> Dan O'Donnell and Norberto Liwski, Innocenti Working Papers – UNICEF, *Child Victims of Torture and Cruel, Inhuman or Degrading Treatment*. June 2010. Available at: [http://www.unicef-irc.org/publications/pdf/iwp\\_2010\\_11.pdf](http://www.unicef-irc.org/publications/pdf/iwp_2010_11.pdf)

disorders and anti-social behaviour<sup>3</sup>. Torture can therefore have a far greater negative impact on a child due to the fact that they are in a period of active development<sup>4</sup>.

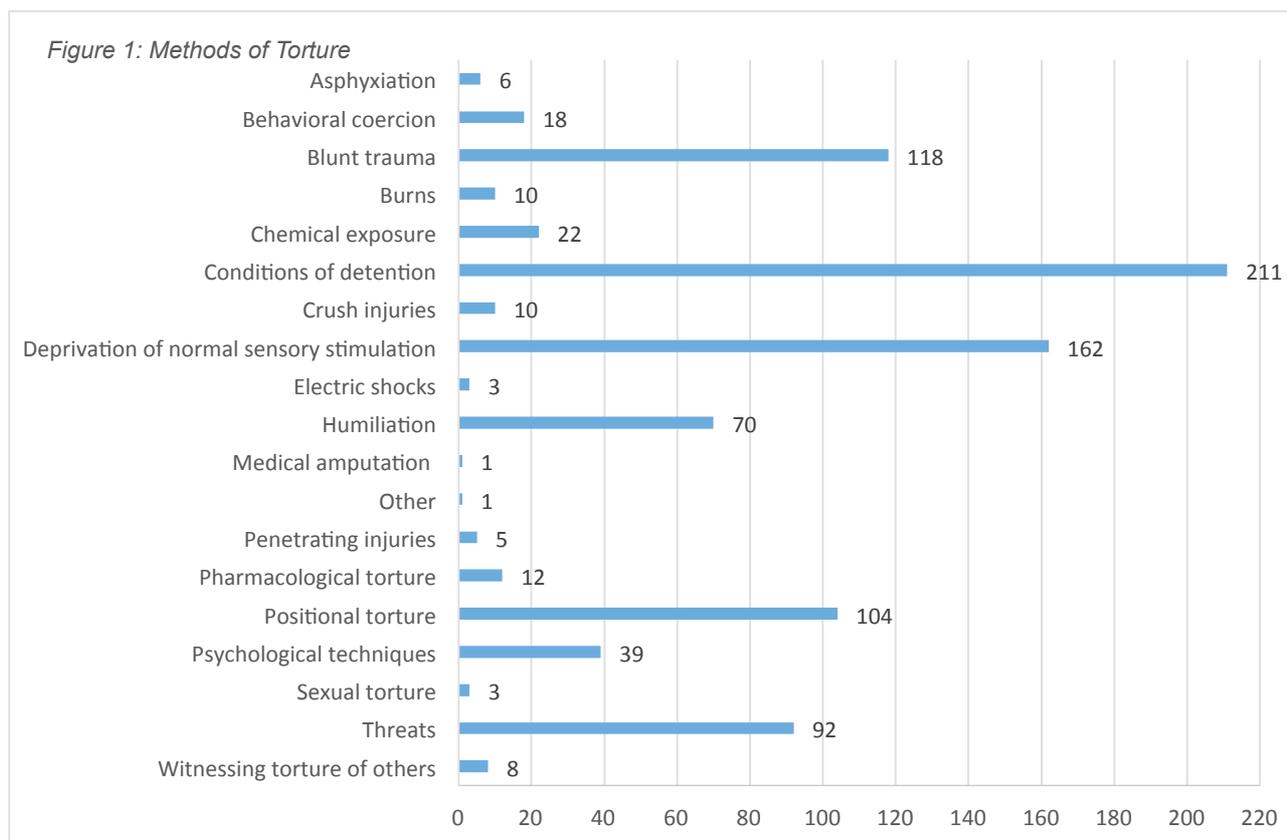
Furthermore, adolescence is also a critical stage in the education of the child. Arresting and torturing them thwarts their academic prospects and hampers their psychosocial well-being and their active participation in society. Indeed, 77% of detained children show a decline in their academic achievements due to psychological trauma and suffering from learning and concentration difficulties.

The individuals supported by TRC receive specialised rehabilitation care to help them build a life after torture. It is necessary to ensure that the availability and accessibility of such specialised services reach a scale where all victims can get support to rebuild their lives. For many victims, this process cannot be completed as long as impunity prevails and nothing is done to avoid reoccurrence.

### Data on Torture and Ill-Treatment

The tables presented below were extracted from the experiences of 73 clients in the TRC’s clinical database. The data is captured by securely entering clinical data into the database. TRC is then able to produce anonymised and aggregated statistics based on the collective experiences of the 73 clients. The lists are non-exhaustive and are intended to show the most prevalent experiences of torture and ill-treatment as detailed by the TRC clients.

#### Methods



<sup>3</sup> V. Grappe, *La guerre en ex-Yougoslavie: un regard sur les enfants réfugiés*, Psychiatrie humanitaire en ex-Yougoslavie et en Arménie. Face au traumatisme, M. R. Moro and S. Lebovici, eds.(Paris, Presses universitaires de France, 1995).

<sup>4</sup> Center for the Study of Traumatic Stress. *The Impact of Kidnapping, Shooting and Torture on Children*.

Figure 1 above highlights the most prevalent forms of torture and ill-treatment experienced by TRC’s clients. Conditions of detention, deprivation of normal sensory stimulation and blunt trauma are the most common forms of torture and ill-treatment employed on TRC clients. Threats, positional torture (including prolonged constraint) and humiliation are also frequently reported by TRC clients.

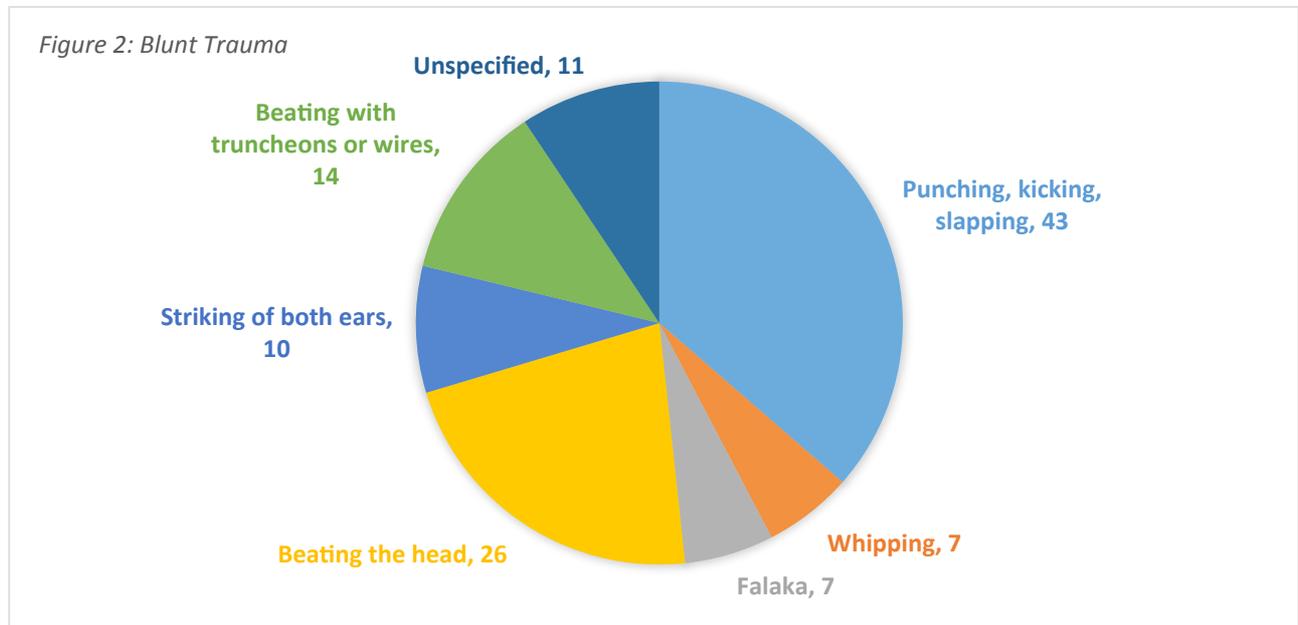


Figure 2 shows the most frequently used types of blunt trauma faced by TRC clients in the DFI database. Punching, kicking, slapping and blows to the head are the most widely used forms of blunt trauma.

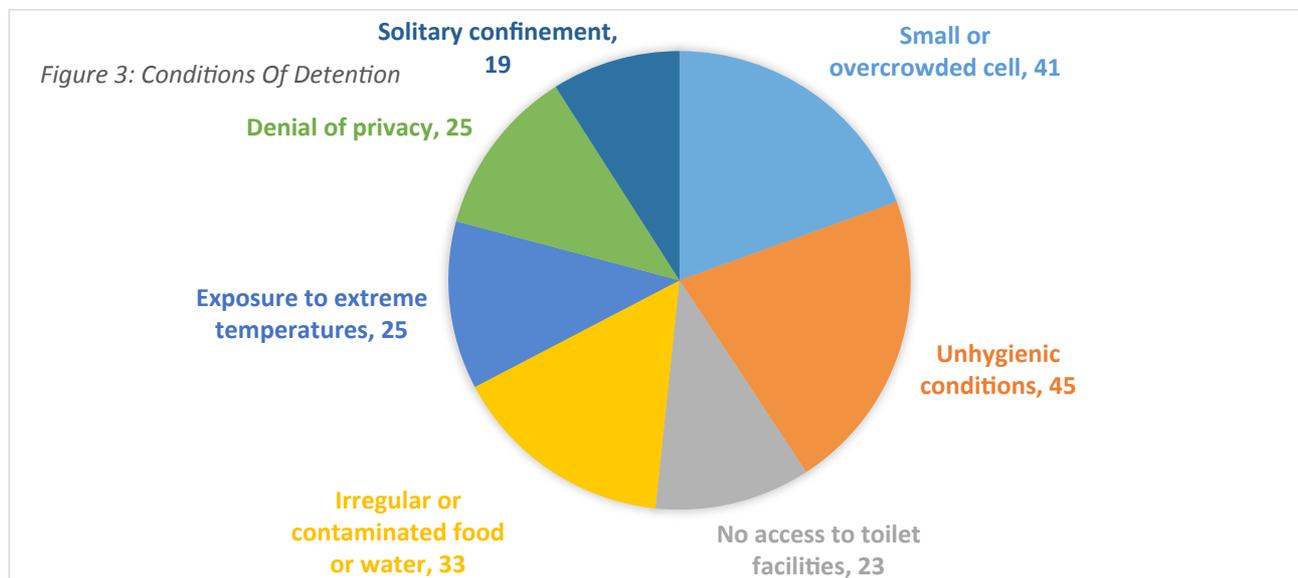


Figure 3 demonstrates the distribution of inadequate detention conditions.

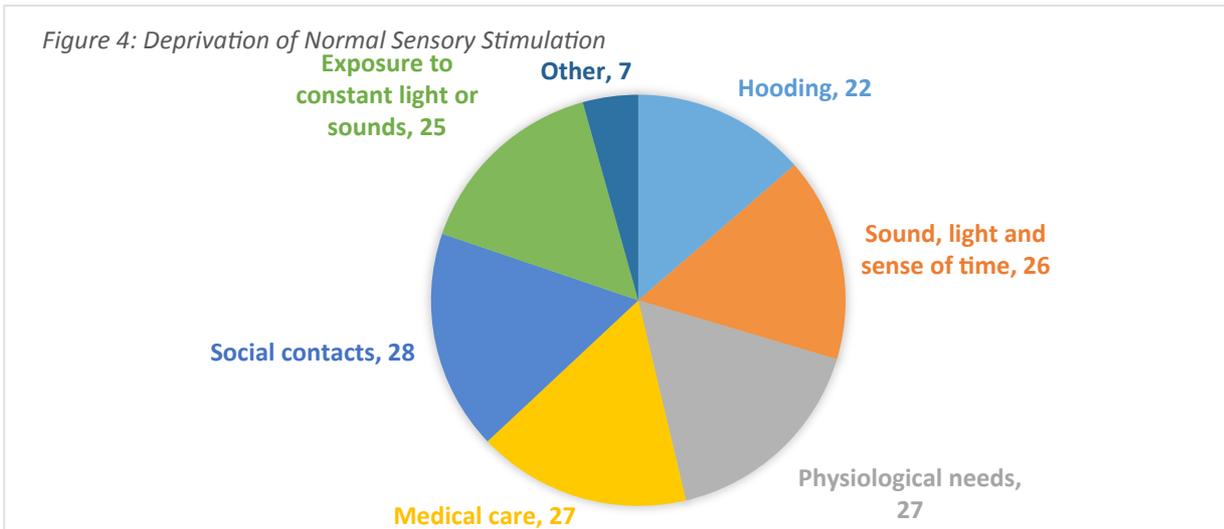


Figure 4 highlights the different methods of deprivation of normal sensory stimulation.

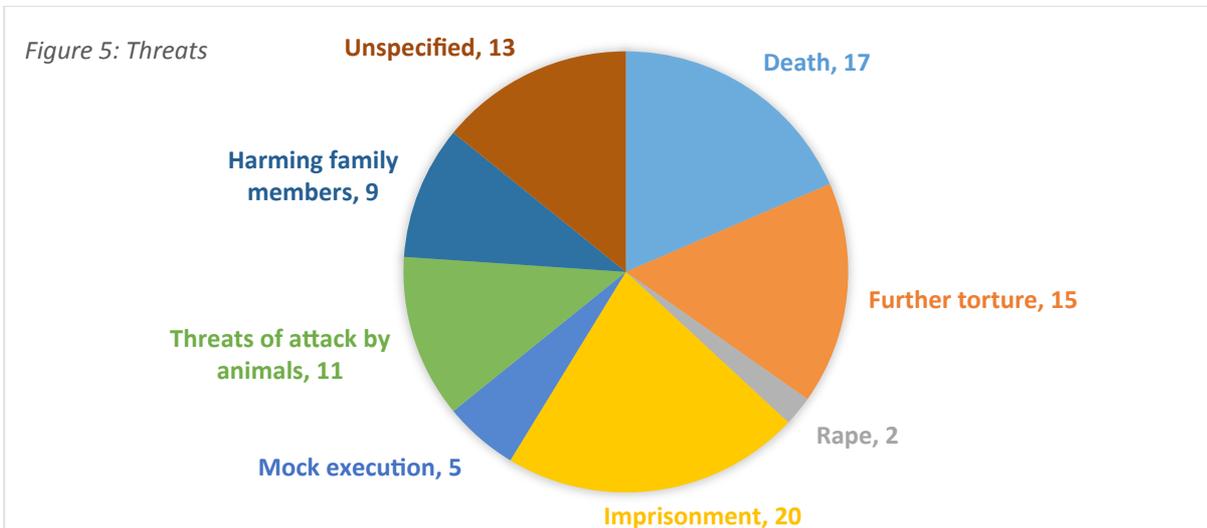


Figure 5 highlights the most frequent types of threats experienced by all TRC clients recorded in the DFI Database.

*Perpetrators and location of incidents*

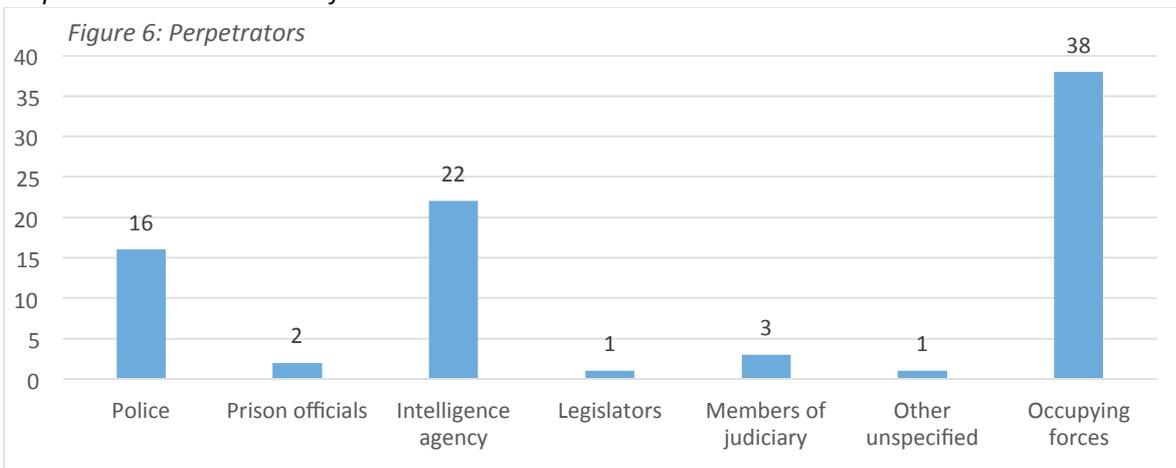


Figure 6 illustrates the affiliation of the perpetrators from the experience of the clinical data of the 73 clients.

TRC's data shows that multiple perpetrators are involved in torture and ill-treatment. It begins at the moment of arrest, when large numbers of soldiers will burst into a house during a late-night raid. TRC's clients report that soldiers will break down the doors to homes, destroy property, beat family members, and threatened others.

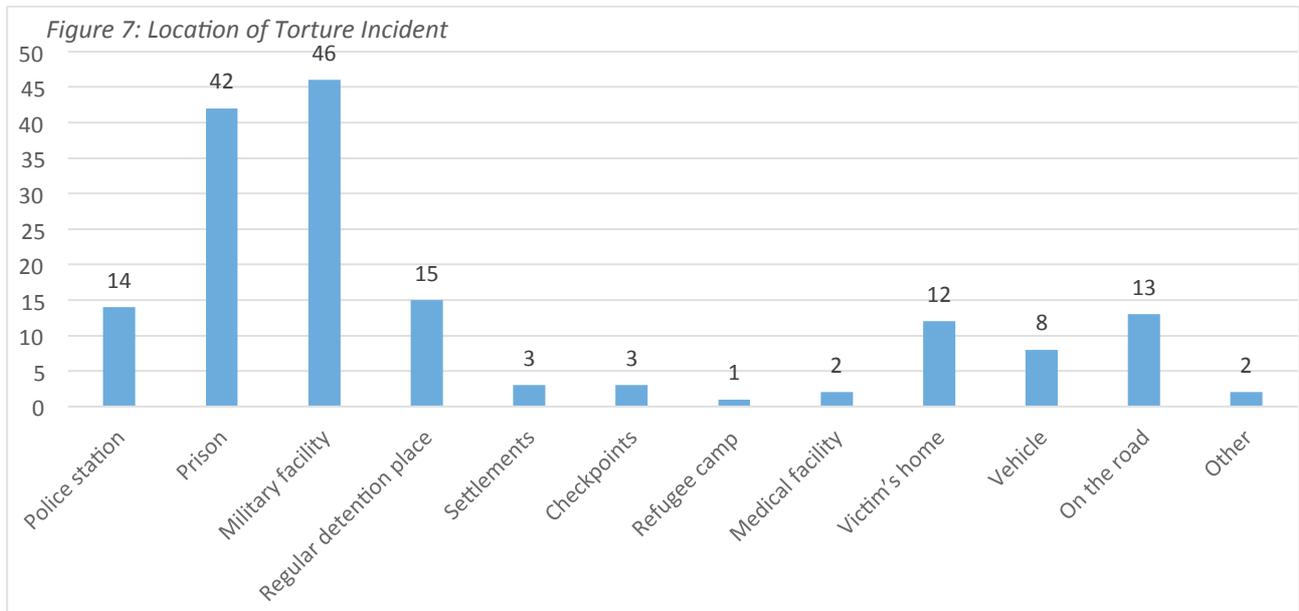


Figure 7 above demonstrates the distribution of locations for incidents of torture. As is shown, prisons and military facilities are the most common places reported for torture and ill-treatment.

#### Employment situation of TRC clients

TRC is very concerned about the long term impact of torture and ill-treatment on the individual victims, their families and Palestinian society as it leaves large parts of the population with untreated physical and psychological trauma. This in turn can have a severe negative effect on the socio-economic situation of the victim and their families. One indicator of this is the employment situation of the victims. Here we can see that the unemployment among TRC clients is 47%, which is significantly higher than the West Bank average of 22,5%.

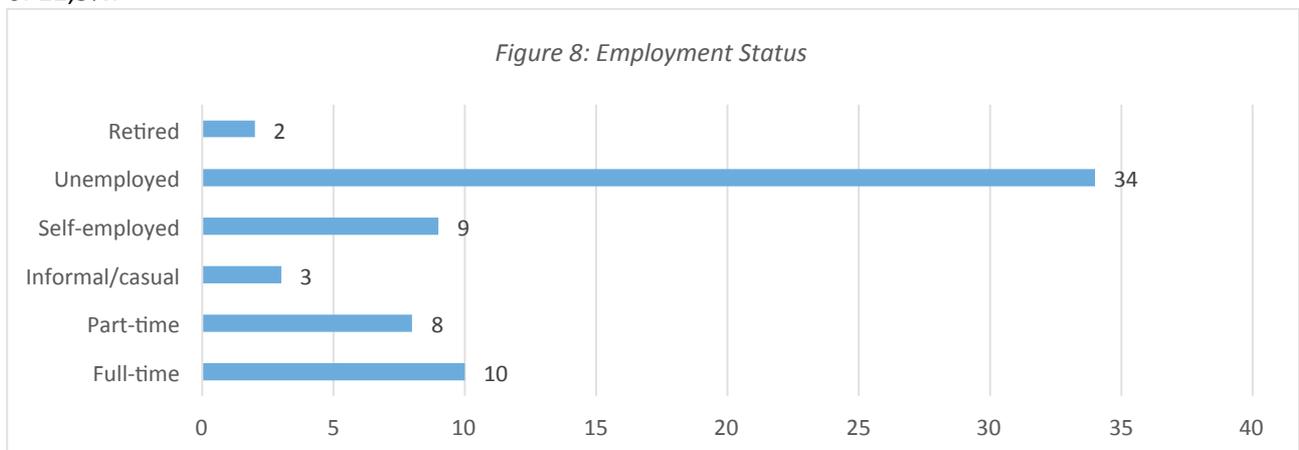


Figure 8 above demonstrates the employment status of the 73 TRC clients.

### *Physical Sequelae of Torture*

Below is a list of physical problems diagnosed for the 73 TRC clients as a consequence of torture and ill-treatment.

- Respiratory problems
- Pneumonia.
- Digestive problems with many suffering from ulcers.
- Dermatological problems as a result of extremely unhygienic detention conditions.
- Women suffering irregularity of their period.
- Extreme pain in the testicles for the males.
- Eating disorders after being released.
- Headaches and migraines.

### *Psychological Sequelae of Torture*

Below is a list of psychological problems diagnosed for the 73 TRC clients as a consequence of torture and ill-treatment.

- Interpersonal difficulties such as withdrawal and isolation from others or emotional indifference towards peers.
- Behavioural difficulties such as attacks of unjustified violence or anger, destroying the contents of the house, undesired and annoying thoughts and escaping to smoking and drinking alcohol.
- Knowledge related difficulties with the permanent difficult memories of torture in the form of thoughts, pictures, feelings, low concentration, academic deterioration of the children, learning difficulties, forgetting and memory problems.
- Sleeping difficulties including insomnia, nightmares and insufficient amount of sleep.
- Emotional difficulties such as anger, constant worry and alert and feelings of depression, fear and loneliness.
- Low self-esteem and feeling of shame, especially if he confessed against others and feeling of guilt and inferiority for the suffering he cause the others families.
- Social problems and withdrawal from society, family and friends.
- Sexual problems such as erectile dysfunction among males and inability to orgasm among females.
- The level of psychological impact on child victims is often much higher than on the adults.

- Around 35% of the freed prisoners are in need of psychotherapy services provided by specialized centres and this number increases to 60% for children and 50% for women.<sup>5</sup>
- 70% need a maximum one-year period of psychosocial therapy and rehabilitation, 20% need more than a year and 10% need psychiatric drugs and psychotherapy.

### **The experiences of seven child victims of torture and ill-treatment**

In the 5<sup>th</sup> Periodic Report of the State Party, Israel States that since the entry into force of the Youth Law (Trial, Punishment and Modes of Treatment) 5731-1971 in July 2009, Israel has “greatly improved the treatment of minors in detention and subsequent criminal proceedings<sup>6</sup>.”

However, the children supported by TRC tell a different story. Between March and December 2015,, TRC produced medico-legal examinations, following the standards of the Istanbul Protocol<sup>7</sup>, on allegations of torture and ill-treatment by seven Palestinian children. The examinations concluded that they had all been subjected to various forms of physical and psychological torture and ill-treatment during their arrest and detention. Their testimony provides a concrete example of the experiences behind the statistics in the preceding section and illustrates a need to ensure that more is done to protect children against torture and ill-treatment and to ensure those who are victimised can access redress and rehabilitation.

#### *The Istanbul Protocol*

The children all received expert forensic medico-legal examinations conducted in accordance with the standards and principles of the Manual on the Effective Investigation and Documentation of Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment (hereinafter, ‘the Istanbul Protocol’). The Istanbul Protocol provides a set of guidelines for the assessment and documentation of persons who allege torture and ill treatment by establishing a degree of consistency between the allegations of torture and the examined physical and psychological lesions and sequelae.

Medico-legal examinations conducted in compliance with the standards and principles of the Istanbul Protocol consequently present reliable findings on the question of whether or not torture has occurred. Indeed, regional and international courts have taken medico-legal examinations conducted following the Istanbul Protocol to be of high evidentiary value.

#### *Arrest and detention*

- All of the children were arrested and tortured by Israeli Occupation Forces and are now receiving treatment by TRC, including psychosocial support and rehabilitation therapy. Six are male and one is female.

<sup>5</sup> According to a TRC Study produced in 2011 – “The State of Torture in Israeli Detentions & Its Effects (Psychosocial Impact) on the Palestinian Ex-Detainees”.

<sup>6</sup> 5<sup>th</sup> Periodic Report of Israel to the United Nations Committee against Torture. Paragraph 284

<sup>7</sup> For the high evidentiary value of the Istanbul Protocol, see *Hugo Juarez Cruzatt and Others v. Peru* in the Inter-American Court for Human Rights; *Bati and Others v. Turkey* in the European Court of Human Rights; and *Gabriel Shumba v. Republic of Zimbabwe* in the African Commission on Human and People’s Rights.

- The children were all arrested outside their homes. Five of the children reported injuries during their arrest. Two of those injured sustained injuries through gunshots at close-range. In two instances, the children reported to have been attacked by police dogs. Two of them reported being beaten and threatened as they were dragged to the detention facilities.

*“MY COUSIN AND I WERE ATTACKED BY A GREY DOG. IT BIT ME IN THE ARM, LEAVING TEETH MARKS. THE SOLDIERS STILL SHOT ME. MY COUSIN WAS ALSO HURT. AS I FELL TO THE GROUND, A SOLDIER HELD ME WHILE ANOTHER ONE AGGRESSIVELY GRABBED MY LEG. I HEARD THE SOUND OF BONE BREAKING” ~ Omar*

*“I WAS NEAR MY HOME WHEN I FIRST SAW THE SOLDIERS. THEY WERE HOLDING TWO DOGS, AND WHEN THEY SAW ME, THEY UNLEASHED THE DOGS ON ME. ONE OF THE DOGS BIT ME IN MY LEFT ARM. I WAS VERY AFRAID. WHEN I LOOKED UP, I SAW THE SOLDIERS LAUGHING AT ME. THEY WERE RECORDING ME WITH THEIR PHONES.” ~ Ali, 16 years old*

- All of the children reported being transported to several locations before arriving at detention facilities, including military barracks. During their arrests, they were temporarily interrogated and moved on a continual basis through various investigation centres including Binyamin, Al Jalameh, Ofra, and Ma’ale Adumim. This is not an uncommon occurrence. According to a 2011 TRC study, out of 600 detainees, 37% declared that they were taken to unknown locations, and that they spent between a few hours to a full day. During this time, they were threatened with death and beaten regularly<sup>8</sup>.
- Five of the children received four month maximum sentences in Israeli Adult Prisons, including Ofer and were subsequently transferred to Al Hasharon Prison. One of the children spent a year and a half in prison. He was detained in the Russian Compound in Jerusalem and spent 3 months in solitary confinement.
- Five of the children were taken for medical treatment or checks at either the Hadassah Ein Kerem Medical Centre in Jerusalem or the Tchaar-Sadek Hospital. The hospitals did not notify the families that their children were kept at their facilities. Furthermore, family members were not allowed to visit the children at the Hadassah Ein Kerem Medical Centre in Jerusalem, where 4 of the children went. All of the children who went to hospitals reported having had their legs and arms chained to the hospital beds.
- Four children allege being taken to a Court House in a wheelchair against the recommendations of the doctors. They were subsequently not returned to the hospital after the Court hearings, despite their obvious medical needs. They were immediately transported to prisons where three of them developed infections in their wounds.
- One child alleges spending a full day in handcuffs, with a broken arm without receiving any food.
- All seven children reported seeing their families in Court. Others allege that their families were not permitted to visit them throughout their arrest and detention.

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<sup>8</sup> TRC – “The State of Torture in Israeli Detentions & Its Effects (Psychosocial Impact) on the Palestinian Ex-Detainees”. 2011

- In all of the cases, the families and lawyers were not allowed to attend the interrogation sessions with their children. The children report being frightened and forced to sign confessions and testimonies written in Hebrew.
- None of the seven children were kept in separate detention facilities, but are rather kept in prisons with convicted criminals.

#### *Allegation of torture and ill-treatment*

- All of the children reported being beaten by sometimes as many as three soldiers at the same time. Blunt trauma is normally at its worst during the moment of the initial arrest, when the child might resist being taken away. Beatings also frequently occur during demonstrations, protests or failure to cooperate with authorities in detention. Beating children has a more detrimental impact than beating adults. They are often not able to offer as much resistance and the physical impact of the beating is often exacerbated due to the underdeveloped physique.

*“A TALL SOLDIER BEAT ME ON MY HEAD AND AS I FELL TO THE GROUND, TWO OTHER SOLDIERS STARTED KICKING MY LEGS AND STOMACH UNTIL I LOST CONSCIOUSNESS” ~ Ahmed<sup>9</sup>, 14 years old*

*“WHEN THE SOLDIERS ARRESTED ME, THEY STRUCK ME WITH THE BACK OF THEIR WEAPONS. I BROKE SEVERAL BONES IN MY HAND.” ~ Waleed*

- The children reported that death threats often occurred at times when they were particularly vulnerable such as immediately after having been beaten. This feeling of extreme fear and vulnerability has a detrimental impact on the psychology of the child. Furthermore, all the children said they were transported to several locations, including settlements and barracks, before arriving at the detention facility and that throughout this period they were subjected to continuous threats from the soldiers. Four children also reported threats to their family members, including rape of female family members and physical harm.
- The children reported being prevented from sleeping in addition to being exposed to extremely cold and hot temperatures by being forced outside during the winter cold and summer heat. The children also reported irregular access to food.
- Blind folding and hooding were another common form of deprivation of sensory stimulation that the 7 children reported. Hooding is an intentional form of deprivation of normal sensory stimulation and constitutes torture or ill-treatment in and of itself<sup>10</sup>.
- Humiliation of the children was ubiquitous and occurred in almost all stages of arrest, detention and prison sentence. They reported insults to their family members. Sexual insults to female family members were particularly damaging as this had a profound psychological impact by undermining the culture and manhood of the child. Insults to religion, religious and cultural practices were also common place.

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<sup>9</sup> All individuals named in this report have been given aliases to protect their identities.

<sup>10</sup> Independent Forensic Expert Group, *Statement on Hooding*. Torture Journal, Volume 21, Number 3, 2011. Available at: [http://www.irc.org/Files/Filer/TortureJournal/21\\_03\\_2011/Statement-on-hooding-3-2011.pdf](http://www.irc.org/Files/Filer/TortureJournal/21_03_2011/Statement-on-hooding-3-2011.pdf)

- One of the most difficult forms of humiliation came in the form of forced stripping, which featured ridiculing the body and appearance of the individual with the aim of affronting his dignity and ridiculing his sense of manhood. Some of the male children were harassed by a female interrogator who would strip naked in front of them and sit on their laps while they were handcuffed.
- Poor detention conditions include extended periods in isolation, small cells, constant light, cold air from the air conditioner in the winter and hot air in the summer. Inadequate toilet facilities, amounting to a hole in a corner for defecating. The bed mattresses were reportedly inadequate, which left a number of the children very cold during the nights. The children reported being denied visits and left largely isolated. The food provided was often rotten or had a foul odour. Extended periods of isolation was often used in the build up to interrogations, so as to weaken the spirit of the detainee. There were also numerous reports of overcrowded cells with poor hygienic standards.
- The children also reported being disconcerted by the presence of large scale crackdowns by riot police known as “Nahshoun” in the detention facilities, which kept them in a high state of alert. They reported that these raids were very stressful and featured police dogs, destructions and confiscation of property and beating and threats.
- The children allege that during detention, psychological forms of harm were much more prevalent than physical forms of harm and ill-treatment. One of the children reported being visited by a person purporting to be from the Red Cross. This person was friendly and told him that his family was well, although his mother had passed away. The client later found out that his mother was still alive and that the person pretending to be from the Red Cross was just in fact another interrogator.
- Banning family visits and using isolation as a disciplinary measure was reported. The children often had very scant access to lawyers and family members leading to further psychological pressure and isolation.
- The expansion of the policy of moving the prisoners periodically as a punishment measure aimed at the detainee missing the trust he has with colleagues he knows compared to the new one whom he doubts and as a result the permanent feeling of lack of security. This makes it difficult and stands against the visits from family and regulators including lawyers and human rights organizations because of being informed of the prisoner’s transfer under short notice.
- TRC has also noted a significant increase in the use of psychological torture during interrogation, in which most of the detainees are held in isolation in harsh health conditions. This can consequently lead to issues such as hallucinations and confusion, which endangers the mental status of the detainee.
- All of the children reported spending extended periods of time handcuffed or forced to stand or sitting. For examples, many mentioned being transported by a vehicle known as “Albosta”, which collects detainees from all prisons to present them in court. The seats are made of metal with no back support and the detainee is handcuffed tightly. The journey back and forth can sometimes last more than 17 hours, leaving the detainee is extremely tired and exhausted. The detainees can be brought before a Court sometimes up to 30 times.

## **Recommendations**

1. To stop physically and psychologically torturing and ill-treating children, including through the excessive use of force during arrest, beatings, prolonged constraint and threats.
2. Ensure that no minors are imprisoned in adult facilities.
3. To inform the parents and legal guardians of the whereabouts of child detainees and allowing them full visiting rights.
4. To guarantee that children have access to legal representation and to ensure that lawyers are able to contact and visit their clients.
5. To end the use of solitary confinement against children
6. To guarantee that child detainees with medical needs are able to receive proper attention and care and that their parents or legal guardians are informed and given access to visit the child during treatment.