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Prisoner abuse

Prisoner abuse is the mistreatment of persons while they are under arrest or incarcerated. Prisoner abuse can include physical abuse, psychological abuse, sexual abuse, torture, or other acts such as refusal of essential medication.



Physical abuse

Physical abuse of prisoners includes illicit beating and hitting of prisoners, unlawful corporal punishment, stress positions, and excessive or prolonged physical restraining.

According to the New York Times, along with physical abuse, prisoners are being thrown into jail for mental illnesses that they obtain and not being treated for them. This causes their issues to get worse and in some cases never get better. Also, relating to physical abuse the mentally ill can be thrown into restrained areas for a long amount of time because of their mental condition, this means that these mentally ill people do not have the resources to get better in the jail.

This is also caused by overpopulation in jails. Penal Reform International claims, that overcrowding in the main source of poor jail conditions globally. This caused overcrowding and understaffing: one of the reasons why there can sometimes be 2-3 people in the same jail cell for a long period of time. This causes a lack of privacy and because the jails are so overcrowded some minor cases are cut from the justice system altogether.

According to the Marshall Plan, there are also many gangs that are formed in different prisons which cause chaos and force the jail to go through many lockdowns which are a vulnerable time for the prison guards especially when they are understaffed. It also says that the prisoners and the prison guards have to be safe, which caused the guards to be defensive and sometimes abusive.

Psychological abuse

Psychological abuse of prisoners can include verbal abuse, sleep deprivation, white noise, pointless/absurd or humiliating instructions, recurrent exhaustive inspections and shakedowns, arbitrary strip searches, and denuding actions.

According to Reflexions, prison can alter people's bodily dimensions, their emotional wellbeing, and possibly change their perception for an extended amount of time. It also claims that not only does the prison environment make mental disorders worse, but it also may cause them. The type of prison environment can be cruel and if the prisoner does not have the mental, emotional, and physical willpower they will struggle very greatly.

White noise

The endless playing of random static (similar to that of unused TV frequencies) with no pattern; this can cause extreme discomfort and disorientation.

Verbal abuse

Prisoners may be subject to taunting, heckling, profanity, and malicious lies by prison authorities. Guards and other authorities may use verbal abuse as a means of frightening or demoralizing prisoners to make them more compliant, or simply out of sadism.

Enablement of sexual violence

Prisoners are sometimes intentionally housed with inmates known to have raped other prisoners, or protection from known rapists may be purposely withheld from the prisoners. These practices create a very high incidence of rape in US prisons, which was the topic of the 2001 report No Escape from Human Rights Watch.

Sexual abuse

Sexual abuse is known to occur in facilities for both genders, however it is especially predominant with female prisoners. Common acts can include arbitrary and extensive strip searches as well as other forms of forced denudation beyond general necessity, excessive vaginal or rectal contraband searches or other internal checks including the oral cavity of a prisoner. In extreme cases even forced insertion of objects into the inmate's vagina or rectum and also forced sexual intercourse is known to occur mostly on female detainees.

Strip searches

The experience of forced strip searches can be experienced as a traumatic event similarly to that of rape especially by female prisoners, especially when combined with habitual body cavity searches. The prevalence of CCTV in modern correctional facilities and the generally indiscreet nature of strip searches, often with a number of prison guards observing, usually adds to the experienced humiliation. Strip searches are often arbitrarily used under various pretences, when the actual ambition is to assert control and predominance as well as to intimidate the subjected prison inmates.

Enemas

Forced enemas are commonly acknowledged as being uncomfortable and also degrading for the receiving person, especially when practiced in a prison environment designated by a stark imbalance in power. Such a treatment can also be registered as a form of physical abuse as well as sexual abuse, when practiced without consent or forcibly carried out against the will of the subjected prisoner. Physically invasive measures of this kind are often purposefully taken in order to demonstrate predominance and to assert "total control" over an incarcerated individual. By the application of a forced enema in a situation of incarceration one of the last remaining spheres of privacy as well as personal autonomy is stripped away from the prison inmate. As the prisoner's generally autonomous instances of bowel movement are hereby unnaturally taken out of his or her own decision-making and forcibly placed under the arbitration of prison authorities, "total control" over the inmate is implemented in a near finalizing manner. Therefore such a procedure can lead to experiences of emotional distress and psychological trauma for the defenceless detainee, which is typically desired by the authorities to undermine the prisoner's mental resilience. As a physical consequence of this practice, anal fissures, chronic hemorrhoids and rectal prolapse can occur when administered excessively and without medical care. Forced enemas have evidentially been used for example at the Guantanamo Bay detention camp by the United States. In certain cases it was administered under the pretence to counter a

prisoner's dehydration. Forms of medical justification were employed whenever enemas were in fact used as a coercive tool. Despite the pretext of medical need, it was later admitted in certain cases, that this was in fact untrue. The CIA administered enemas to Khalid Sheik Mohammed, Mustafa al-Hawsawi and Mohammed al-Qahtani among others.

Torture

Torture of prisoners includes any act, whether physical or psychological, which is deliberately done to inflict excruciating and agonizing pain upon a person under the actor's custody or physical control for any reason such as extracting information or punishment.

Enhanced interrogation

"Enhanced interrogation" is a euphemism for U.S. torture methods implemented in the War on Terror purportedly needed to extract information from detainees. Examples include use of stress positions, sleep deprivation, starvation, thirst, and sexual humiliation.

Collective punishment

After a September 2020 incident inside the Scorpion Prison in the Tora Prison complex of Egypt, where four inmates and four officers died, the authorities opted to collectively punish all the 800-900 prisoners. They reconstructed all the cells into rooms of psychological torture, leaving no source of ventilation and electricity. The inmates were also strictly kept from communicating to the others.

Rehabilitation

The concept of rehabilitation rests on the assumption that criminal behavior is caused by some factor. This perspective does not deny that people make choices to break the law, but it does assert that these choices are not a matter of pure "free will." Instead, the decision to commit a crime is held to be determined, or at least heavily influenced, by a person's social surroundings, psychological development, or biological makeup. People are not all the same—and thus free to express their will—but rather are different. These "individual differences" shape how people behave, including whether they are likely to break the law. When people are characterized by various "criminogenic risk factors"—such as a lack of parental love and supervision, exposure to delinquent peers, the internalization of antisocial values, or an impulsive temperament—they are more likely to become involved in crime than people not having these experiences and traits.

The rehabilitation model "makes sense" only if criminal behavior is caused and not merely a freely willed, rational choice. If crime were a matter of free choices, then there would be nothing within particular individuals to be "fixed" or changed. But if involvement in crime is caused by various factors, then logically re-offending can be reduced if correctional interventions are able to alter these factors and how they have influenced offenders. For example, if associations with delinquent peers cause youths to internalize crime-causing beliefs (e.g., "it is okay to steal"), then diverting youths to other peer groups and changing these beliefs can inhibit their return to criminal behavior.

Sometimes rehabilitation is said to embrace a "medical model." When people are physically ill, the causes of their illness are diagnosed and then "treated." Each person's medical problems may be different and the treatment will differ accordingly; that is, the medical intervention is individualized. Thus, people with the same illness may, depending on their personal conditions (e.g., age, prior health), receive different medicines and stay in the hospital different lengths of time. Correctional rehabilitation shares the same logic: Causes are to be uncovered and treatments are to be individualized. This is why rehabilitation is also referred to as "treatment."

Correctional and medical treatment are alike in one other way: they assume that experts, scientifically trained in the relevant knowledge on how to treat their "clients," will guide the individualized treatment that would take place. In medicine, this commitment to training physicians in scientific expertise has been institutionalized, with doctors required to attend medical school. In corrections, however, such professionalization generally is absent or only partially accomplished.

The distinctiveness of rehabilitation can also be seen by contrasting it with three other correctional perspectives that, along with rehabilitation, are generally seen as the major goals of corrections. The first goal, *retribution* or *just deserts*, is distinctive in its own right because it is nonutilitarian; that is, it is not a means to achieving some end—in this case, the reduction of crime—but rather is seen as an end in and of itself. The purpose of correctional sanctions is thus to inflict a punishment on the offender so that the harm the offender has caused will be "paid back" and the scales of justice balanced. In this case, punishment—inflicting pain on the offender—is seen as justified because the individual used his or her free will to choose to break the law. The second goal, *deterrence*, is utilitarian and asserts that punishing offenders will cause them not to return to crime because they will have been taught that "crime does not pay." Note that deterrence assumes that offenders are rational, in that increasing the cost of crime—usually through more certain and severe penalties—will cause offenders to choose to "go straight" out of fear that future criminality will prove too painful. This is called *specific deterrence*. When other people in society refrain from crime because they witness offenders' punishment and fear suffering a similar fate, this is called *general deterrence*. Finally, the third goal, *incapacitation*, makes no assumption about offenders and why they committed crimes. Instead, it seeks to achieve the utilitarian goal of reducing crime by "caging" or incarcerating offenders. If behind bars and thus "incapacitated," crime will be impossible because the offender is not free in society where innocent citizens can be criminally victimized.

In comparison, rehabilitation differs from retribution, but is similar to deterrence and incapacitation, in that it is a utilitarian goal, with the utility or benefit for society being the reduction of crime. It fundamentally differs from the other three perspectives, however, because these other goals make no attempt to change or otherwise improve offenders. Instead, they inflict pain or punishment on offenders either for a reason (retribution in order to "get even" or deterrence in order to "scare people straight") or as a consequence of the penalty (incapacitation involves placing offenders in an unpleasant living situation, the prison). In contrast, rehabilitation seeks to assist both offenders and society. By treating offenders, they hope to give them the attitudes and skills to avoid crime and live a productive life. At times, this attempt to

help offenders exposes rehabilitation to the charge that it "coddles criminals." This view is shortsighted, however, because correctional rehabilitation's focus is not simply on lawbreakers but also on protecting society: by making offenders less criminal, fewer people will be victimized and society will, as a result, be safer.