Physical Evidence of Torture

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ARTIP: Awareness Raising and Training Measures for the Istanbul Protocol in Europe

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Education and Culture DG
Lifelong Learning Programme

Physical evidence of torture

A. INTERVIEW STRUCTURE

A. Interview Structure

General strategy: objective, not (re)traumatising, respectful, obtain informed consent, confidentiality issues need to be adressed

Give
- clear information
- enough time, especially if the client is distressed,
- breaks if requested or necessary

(see also general interview and psychological evidence chapters, module on stress in interviews !)

Physical evidence of torture

B. MEDICAL HISTORY

B. Medical History

- Prior history

Disorders and injuries before torture or from earlier torture

- Torture

Torture – forms , duration, instruments

- Acute symptoms
- Chronic/ long term symptoms

Intensity, frequency, duration, complaints, treatment received, impairment

Physical evidence of torture

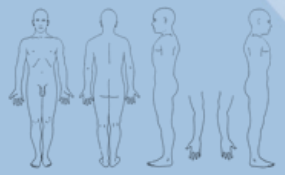
C. THE PHYSICAL EXAMINATION

C. The physical examination

- Will usually be performed after taking the medical history.

- Refer to earlier chapters for preparing examination setting and sensitive interaction with the client.

- In prisons, best possible use should be made of available resources, including the body diagrams (see IP annex) and cameras, if permissible.



C. The physical examination

Skin

Pictures are of special importance – see separate chapters and modules

C. The physical examination

Skin

- In many countries, efforts are taken to avoid obvious injuries by using „low trace“ torture techniques.
- Still, the skin as outer layer“ of the body reflects most of the injuries caused by torture.
- All possible traces must be documented and correlated with reported (or possibly not yet reported) torture.

C. The physical examination

Skin

- An „as good as possible“ photo documentation is a key element in the documentation of injuries, especially as traces such as haematomas (blunt injury based discolorations) vanish quickly with time.
- If no proper equipment is available, a simple photograph or even a drawing is better then no documentation.

C. The physical examination

Skin

- An „as good as possible“ photo documentation is a key element in the documentation of injuries, especially as traces such as haematomas (blunt injury based discolorations) vanish quickly with time.
- If no proper equipment is available, a simple photograph or even a drwaing is better then no documentation.
- A special ARTIP module therefore deals with strategies to achieve better pictures.

C. The physical examination

Skin

- Common **scars** result from burning- frequently with cigarettes, - from beatings if the skin is damaged, and from cutting with knifes, glas shards or similar instruments.

Circular scar from torture with cigarettes, not recent.

C. The physical examination

Skin:

Describe:

1) Localisation (use IP body diagram) symmetrical, asymmetrical
2) Shape: round, oval, linear, etc.
3) Size: use ruler
4) Colour
5) Surface: scaly, crusty, ulcerative, bullous, necrotic
6) Periphery: regular or irregular, zone in the periphery
7) Demarcation: sharply, poorly
8) Level in relation to surrounding skin: atrophic, hypertrophic, plane

C. The physical examination

Skin

"Falanga", (beatings to the soles of the feet) may leave contusions in the arch of the feet and swelling of the feet extending from the arch to the medial aspects of the feet and ankles [1].

Additional injuries such as scars can result if victims are forced to walk on stones or glass sherds after falanga.

See also advanced module „Falanga"

C. The physical examination

Face I

Eyes

Use expert referal if required. CT, MRI and high-resolution ultrasound (sonography) might be required.

Ears

Example: „telephono“ (slaps to the ear) leading to tympanic membrane rupture. Laboratory tests, CT, MRI might be required.

Nose

Fractures common. X-ray or CT (especially when rhinorhea is observed), MRI might be required

C. The physical examination

Face II

Jaw, oropharynx and neck

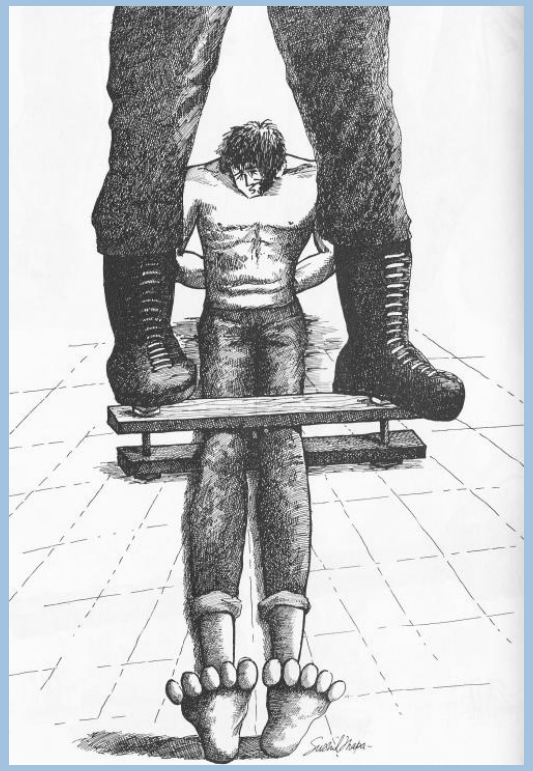
Mandibular fractures/ dislocation, temporomandibular joint syndrom common. Crepitation of hyoid bone, laryngeal cartriledge. Electricity traces/burns.

Oral cavity and teeth

General status, Broken/extracted/loosened teeth, possible injuries from eletricity (burns, bitten tongue or lips). X-ray, CT, MRI might be required

C. The physical examination

Musculosceletal system



Photographic documentation

Physical examination including neurological examination

X-ray
Ultrasound (sonography)

CT/MRI joints

Bone scintigraphy

C. The physical examination

Chest and abdomen

General condition, haematomas, lacerations and internal damage (kidney !).

X-ray, CCT, MRI ultrasound or radioscintigraphy might be required.

Musculosceletal system

Include pain in rest and movement, distention. X-ray, CCT, MRI, radioscintigraphy might be required. Consider osteomyelitis, denervated muscles, chronic compartment syndrome – MRI.

Genito-urinary system

Cave: sexual trauma. Ultrasound (sonogpahy) might be required.

C. The physical examination

Central and peripheral nervous system

- **Special issues:**

  Brachial Plexopathy
  (asymetrical hand strength, wrist drop, arm weakness). Check for Radiculopathy.

- CT, MRI, EEG and Nerve Conduction Velocity (NCV) tests might be required.

C. The physical examination

Central and peripheral nervous system

- Blunt brain injury (due to beatings or fall) and intracerebral bleeding are common and frequently overlooked problems that can challenge assessment.
- Especially intracerebral bleeding is life threatening, must be recognised and treated immediately. Impaired consciousness, dizziness and vomiting can be first signs and might require fast action.

C. The physical examination

Central and peripheral nervous system

- Traumatic brain injury – even as mild traumatic brain injury (TBI) - can lead to a number of long term and chronic problems such as impaired sleep, memory problems and irritability (postconcussional syndrome (PCS)).
- Symptoms can overlap with, but also „mimick“ posttraumatic stress disorder as the most common psychological reaction to torture.

C. The physical examination

Central and peripheral nervous system

- Diagnosis can be difficult and can require neuropsychological testing and a special form of MRI imaging in „blunt“ injury without obvious intracerebral bleeding.
- A negative finding in this procedures cannot exclude postconcussional syndrome (PCS).

D. Examination and Evaluation following specific forms of torture

In the report, the following qualifications are commonly used:

Not consistent with … (could not have been caused by..)

Consistent with …(unspecific, could be caused by ..or other factors)

Highly consistent with … (few other possibilities)

Typical for …(usually found after …,other causes possible)

Diagnostic of .. (only can be caused by…).

D. Examination and Evaluation following specific forms of torture

Note:

qualifications or required phrasing might differ depending on on forensic country standards and legislation. The Istanbul Protocol offers an example, not a binding standard.

D. Examination and Evaluation following specific forms of torture

Overall consistency (not consistency between specific torture technique or trauma and specific injuries) is, (if at all depending on forensic country standards) considered in the final report.

For details: see a) advanced modules, b) Atlas of Torture and c) the IP.

Physical evidence of torture

E. SPECIALIZED DIAGNOSTIC TESTS

E. Specialized diagnostic tests

- Special tests might be required based on the setting (availability, probable injuries, aim and use of results (legal proceedings, diagnostical consideration, therapy). Need should be balanced with stress to the client and side effects.
- They should be mentioned in the report as to be advisable but not performed if indicated and not immediately available.
- A negative finding must not exclude torture.

See IP Annex and module pitfalls