

ANALYSIS OF POLICE TORTURE CASES AT BAHAWALPUR

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ABSTRACT

Background: Torture by police is quite common in developing countries.

Objective: To study the pattern and demographic profile of medicolegal cases with history of alleged police torture.

Methodology: Study Design: Cross Sectional Study. Setting and Duration of Study: This study was carried out at the office of Chairman District Standing Medical Board at B.V Hospital Bahawalpur, from 1st July 2016 to 30th June 2018. A total of 101 cases were included in this study having orders of court to conduct medicolegal examination, due to history of alleged police torture. Variables included were age, sex, nature, site and cause of injury. Data was analyzed by using SPSS version 20.

Results: Out of 101 cases, 93 (92%) were male and 8 (8%) were females. 21 – 30 years of age group was most commonly affected age. In this study, 23% of the cases were under police custody while 74% of the cases suffered injuries. Tramline bruises were most common pattern of injury suffered, while fractures were most frequent infirmity observed (36%).

Conclusion: In conclusion, our study showed that tramline bruises due to wooden stick remained most common pattern of police torture leading to fractures, with most of the victims of injuries were in 3rd decade of life.

Key Words: Police torture, Injuries, Falanga, Telephono, Tramline, Infirmity

INTRODUCTION

Torture due to law enforcement agencies is widely reported by various non-governmental organizations every year.¹ This reflects an increased level of awareness and social mobilization among masses at large. But on the other hand no comprehensive data is available regarding patterns and causative agents used in police torture to inflict injuries.² It denotes to under-reporting of such cases to courts of law and infrequent opportunity to access these cases by medicolegal boards for examination.¹ Another plausible explanation to this under-reporting is attributed to the fact that the victims as well as NGOs insists on the priority of treatment of the misery through which the victim was passing at that given moment of time.³ Medical ethics also demands the same imperative by the examining physician, this in turn creates lull in the diagnosis of what had actually happened, which led to those particular sufferings.² According to a survey conducted by Amnesty International, 75% of countries practice torture through state actors, security forces and police. This exhibits clear violation of international law and treaties signed by those countries under the resolutions of United Nations.³

In USA, 55400 people were either injured or killed

by police in 2012.⁴ Centers for Disease Control (CDC) USA reported that law enforcement related injuries counted for total of 715,118 non-fatal injuries from 2003-2011, while 3,156 people succumbed to fatal injuries during the same period.⁵ A study conducted at Paris revealed that 23% cases of medical examinations confirmed injuries caused by police during detention of suspects.⁶ Korean police officers believed that use of force against the suspects is justified and appropriate tool. They consider the restrictions to practice physical torture as un-necessary.⁷

In the developing countries, the factual situation is worsened by the paucity of reliable data on police related torture cases. In Nepal, the draconian and archaic criminal investigation system provides a freedom to torture suspects in pretrial detention to extract confessions. The recently amended by laws in Nepal still lag way behind to compete international standards in this regard.⁸ In India, cases of sexual assault by police and extrajudicial killings are constantly being reported while NHRC India, documented that scores of custodial deaths raised from 2001 to 2006.⁹ In Pakistan, a study conducted at Faisalabad depicted that 300 cases of alleged police torture were reported during 2009.¹⁰ Similarly, office of Surgeon Medicolegal Punjab conducted 1820 cases of police torture examination during a span of

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five years.¹¹ In 2015, 8 persons succumbed to death due to police torture at Rawalpindi.¹² Police torture does not frequently culminate in to immediate death, but scores can result in permanent infirmity and other fatal outcomes.¹³ Present study was conducted in a bid to analyse various patterns of police torture considering the demographic profile at Bahawalpur. It also threw light upon consequences as a result of those injuries in terms of infirmity suffered and referred specialty. This will not only help clinicians to treat such cases but will also provide a reliable data source for future studies. This study was conducted to assess the pattern and demographic profile of medicolegal cases with history of alleged police torture.

METHODOLOGY

A total number of 101 cases were studied over a span of two years i.e 1st July 2016 to 30th June 2018. Non-probability consecutive sampling for all the medicolegal cases reported to the office of Chairman, District Standing Medical Board B.V Hospital, Bahawalpur was done. Cases with a history of alleged police torture and accompanied by court orders were included in the study. All those cases in which death occurred before the conduction of medicolegal examination were excluded. A performa was designed and pattern of police torture along with demographic profile was noted.

Data was analysed on SPSS v 20. Frequency and percentage was calculated for gender, physical injuries, arrested cases and site of injury. Effect modifiers like age, gender, pattern of torture and infirmity were controlled through stratification. Ethical approval was sought from ethical committee of hospital.

RESULTS

A total of 101 cases were analysed during the study period. Table I depicted that most common age group was 21-30 years (50%), and 93 (92%) of males were involved in police torture cases, whereas 75 (74%) of the cases physically exhibited injuries while 26 (26%) were without any physical signs. It was noted that 23 (23%) of the cases were under police custody while 78 (77%) cases of police torture were not arrested. Injuries due to blunt weapon comprised 69 (92%) of the cases.

Table I: Descriptive Statistics of victims of police torture

Variable	Number	Percentage
Age (in years)		
11 -20	9	9
21 -30	51	50
31 -40	25	25
41 -50	12	12
Gender		
Male	93	92
Female	08	8
Arrested Cases		
Yes	23	23
No	78	77
Physical Injuries		
Positive	75	74
Negative	26	26
Causative weapon /agent (in positive cases)		
Blunt weapon	69	92
Sharp weapon	3	4
Hot object	2	2.7
Firearm weapon	1	1.3
Total	75	100
Site of Injury (in positive cases)		
Head & Face	13	13
Neck	2	2
Chest	7	7
Abdomen	3	3
Back	10	10
Upper Extremity	12	12
Lower Extremity	28	27
Total	75	100
Referred specialty (In positive cases)		
Radiology	66	88
Orthopedics	8	11
Ohthalmology	5	6.7
Otto -Rhino - Laryngology	4	5.3
Dentistry	3	4
Surgery	3	4
Medicine	2	2.7
Neurosurgery	1	1.3

Lower limbs 28 (27%) were most routinely observed site of injury. Most of the cases 66 (88%) was referred

to radiology department. It was noted that 21 – 30 years of age was the largest age group for both males and females, with prevalence of 52% in males and 38% in females. A male predominance of 93 (92%) was noted. Figure I shows that tramline bruises was the most frequently observed pattern of police torture 26 (34.4%). This study shows that 22 (22%) of victims has some sort of infirmity, with fracture most common among 8 (36%) out of 22 victims, having infirmity. (Figure II)

Figure I: Patterns of Police Torture

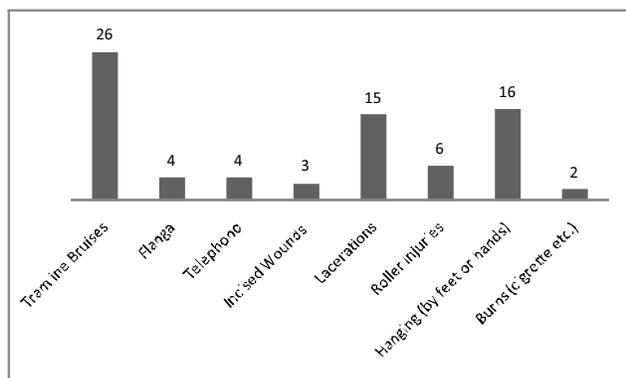
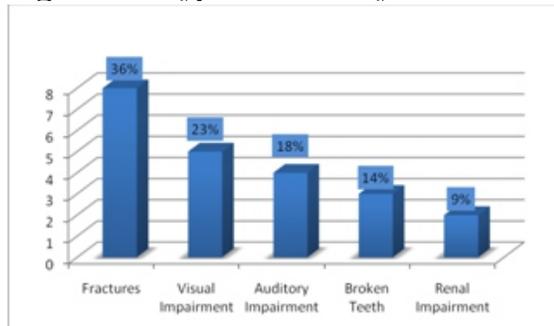


Figure III: Type of infirmity



DISCUSSION

This study identifies that 3rd decade of life was the most common age group 51 (50%) observed in our study. It was true both for males and females (52% & 38%) victims of police torture. This age group being the most active age group of life regarding economic and social interactions, thus can result in conflicts not only within social setup but at times also with the law enforcing agencies due to a number of factors, including criminal activities.¹⁴ Raja and Chaudhry et al^{10,11} also noted maximum number of cases of police torture in this age group. Persons brought under police custody counted for 23 (23%) while non-arrested group was most

routinely examined by District Standing Medical Board. This reflects that policemen are more conscious to impart physical torture once they declare arrest of a person but before arrest of a suspect, they are not wary of such ill treatment. Similar findings were also noted by Chariot et al⁶ where 23% of arrested persons were actually injured by police in Paris. It was further noted that 75 cases (74%) of alleged police torture had suffered physical injuries on their body parts. This is consistent with the finding of Ghaleb et al³ who observed injuries positive in 65% of the cases. Our study documented that blunt weapons were the most commonly used causative agent 69 (92%). Raja et al¹⁰ were of the similar view, apprising that they found injuries due to blunt weapon in 78.88%. Moreover, our study also depicted that 2.6% of the cases suffered injuries as a result of hot object, Perera¹⁴ also noted 55 cases of torture due to hot object in their study, conducted at Sri Lanka. Our study gleaned that lower extremities were the favorite site of torture by police (27%) this is contrary to the results of Subba et al¹⁵ who recognized head and neck was the most common site of police torture in Nepal (57.04%). The results in present study indicate that the overwhelming majority of the victims (88%) were referred to radiology department, while Chaudhry et al¹¹ documented referral to radiology department as 59.31%.

This study also discussed patterns of police torture observed at Bahawalpur. Linear, parallel (tramline) bruises due to baton (police stick) was the most regularly encountered finding in cases of police torture (34.4%), followed by abrasions on wrists/feet due to hanging by hands/feet (21%) and lacerations (20%). These findings are consistent with those documented by Ghaleb et al³ narrating that bruises were found in 70.3% of the cases, followed by abrasions (54.2%) and lacerations (23.4%). Our study also revealed 5% of the cases suffered swelling with bruises on sole of feet (falanga). Such type of injuries on feet are routinely observed in police torture cases of rural areas. Skin at sole of feet is having thickened layer of keratinized epidermis therefore signs of torture are very difficult to be observed, making it one of the favorite sites of police torture. Telephono (injuries of tympanic membrane

and internal ear due to slapping of both ears simultaneously) also difficult to be recognized adds to the favorite site of torture as well, causing injuries in 5% of cases in present study.

This study recognized that amongst the police torture cases, 22% culminated in to infirmity (morbidity). Fractures (35%) were the major infirmity beard by the victims followed by visual and auditory impairments (23% & 18%), broken teeth counted for 14% of the cases while renal disease was noted in 9% of the cases. Ghaleb et al³ observed infirmity in 24% of the cases and noted fractures in 10% of the cases of police torture

CONCLUSION

The study elucidated that 3rd decade was the most important age group to suffer police torture. Tramline bruises due to wooden stick were recognised as a major pattern of injury causing permanent infirmity by fracture of bones. This evolves urgent need to arrange regular sessions of police officers with psychologists and psychiatrists. Furthermore, development of fully functional orthopedic units at rural areas to cater such cases at local level is imperative.

Authors Contribution: TNC: Article writeup and supervision of study. **AA & HA:** Data Collection and Data analysis. **ARK:** Data analysis and interpretation. **TA & MMC:** Literature Review and discussion writing. All authors critically revised and approved its final version.

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