

Workshop: Analysis and Reporting of the Presented Case of Torture

Training for Medical Doctors

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Resource Materials that are used as a basis for this Workshop

- ***Istanbul Protocol, Manual on the Effective Investigation and Documentation of Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment, Office of the United Nations High Commissioner on Human Rights, Geneva 2001.***
- ***International Classification of Diseases (ICD – 10)***

Overall Goal of the Workshop:

- ***To train the medical doctors working in Prison on international standards of preparation of Medical Records regarding Torture Cases.***
- ***To identify differences or similarities of international and national standards for Medical Documentation of Torture***

Expected Results:

- ***Prison Doctors will be trained on international standards on holding the first medical interview and preparation of the preliminary reports;***
- ***Prison Doctors will be trained on preparation and medical documentation of the Medical and psychological Reports in Cases of Torture in accordance with Istanbul Protocol.***
- ***The importance of the Reporting of the Mental/Psychological outcomes of torture become more clear and understandable, especially in the cases of torture without any visible physical signs.***

Methodology of the Workshop:

Group Work (Role Play method will be used)

35 persons will be divided on 8 groups (3 -4 persons in each group);

The Part # 1 of the Presented Case of Torture – Interview with Victim’s of Torture – will be given to the Groups # 1,2, 3,4. One person in each mentioned group will be identified as a Torture Victim, others will be the Duty Doctor, Nurse and other medical personal; The interview will be held in the Reception Ward of the Prison Hospital, where the victim of torture was transferred from Pre – Trial Prison # X. Representatives of these groups will prepare the Preliminary Medical/Psychological Report and recommendations based on the Interview and first medical investigation.

The Part #2 of the Presented Case of Torture – Summarized Medical and Psychological Findings _ will be given to the Groups # 5,6,7,8. Based on these evidences and medical materials they will prepare the Medical Records with recommendations (The Report will be prepared at the Psycho – Neurological Department of the Prison Hospital).

After this the mixed groups: 1 – 5; 2- 6; 3 – 7; 4- 8 – will prepare the Joint Final Medical Mental/Psychological Report with recommendations.

Finally each mixed group (totally 4) will present their Final Reports and filings during General Group Discussion.

Case N3

N.B. Part I of Role Play. The case is realistic. It is taken from practical work of the Center "EMPATHY" but all the dates, names and places are changed.

Name and surname of the investigated: XY, age: 29 years old, sex- male; currently is in the waiting room of prison hospital, where he was conveyed from Pre-trial Prison N X. Permanent address: X Street, X town.

Part One

(For primary interview and preparation of a report of a primary medical examination)

Description of Case

"I was arrested on the 30th of May 2004 at about 9:00 a.m. not far from my house (I was going on my business). Suddenly, I literally was lifted up in the air and though I showed no resistance, they hit me hard on the head and I lost consciousness. I think there were about 30 of them. I came to myself in some room; they were dousing me with cold water and I was stripped waist-high. When I asked them where I was, they said I was at police department. I think I was on the 11th floor. At first I was blamed for illegal possession of arms, which I allegedly found in the bushes. Then they stated that I bought the arms from unknown person, though I had no arms. I had no idea what arms they were talking about. Later the accusation was changed and I was accused of the attempt of calculated murder. I was not allowed to call either to my wife, my lawyer or any relatives or friends. All day long they were unmercifully beating and torturing me. I lost consciousness several times. That's why I can not recall the details, but I clearly remember that investigator XY was writing testimony instead of me and he demanded that I signed it. I remember this investigator and two others take part in the process of torture. I clearly remember their faces even now. They were hitting me on the head with rectangular steel lock" (he is pointing at the head - the connection area of parietal and occipital bones). "Then I was connected to the electricity. At first the electrodes were put on my feet, particularly ankle-joints, and then on hands (wrist joints). As a result I had convulsions, after which I lost consciousness. When I came to myself I saw a doctor saying: "give him relanium so as not to let him die". The doctor started talking to me, but he was kicked out as "it was not his business". They threatened me several times to arrest my wife and to take my one-and-a-half-year-old baby to the orphan children's home. At night I was taken by stealth to the cell in basement, where I was left alone lying on the concrete floor in the dark. The door was ajar and from time to time I was being watched. I could hear some people talking to each other that I was watched by the warders in order not to let me commit suicide. Over three night I was turned out the cell and beaten, generally on the head. I felt terrible pain throughout the body, though the first day of torture I was in such condition, that I did not feel anything. Next day they brought *their* lawyer, who also was participating in torture. He was shouting at me demanding that I signed a confession, which allegedly was written by me. He was beating me with icy coca-cola bottle in the face, especially the right zygomatic bone" (he is pointing at right cheek-bone); "I was feeling a terrible pain in this area for a long time and it still hurts even now. By the end of the third day I signed what they wrote, as I was

unable to resist them any longer. In the evening there were court proceedings to determine preventive punishment for me. I was more dead than alive, but the judge did not sentencing Forensic Medical Physical examination and I feared to state that I was unmercifully beaten and tortured. The court sentenced me three months of imprisonment before trial. At about 3 in the morning I was led in the Pre-trial Prison N X. The policemen almost carried me because I could not walk. I feared greatly that everything might start over again: they would torture me again. I did not understand what they were asking me about and what was going on around me. I took everyone as my enemy including prison doctor, who wanted to talk to me. He asked me whether they beat me in the police office, though it was already evident. I did not want to answer. All I wanted was to get to my cell as soon as possible. At last I answered that nobody beat me and that I was forced to sign some document. Along with a doctor there were policemen and some representatives of prison administration in the room. In such circumstances it was dangerous to me to tell the truth. I stayed in jail for about a month and I filed an application to the prosecutor's office and handed it to the warden. The application involved a detailed description of what I experienced. I also requested to appoint new investigator. My request was not complied as well as the request of my lawyer (who was hired by my wife) concerning physical examination. Over that month I often had Convulsions, which kept me awake. If I slept, I had terrible nightmares. I was waking up in death-damp. It seemed to me as if I was at the police office and they were torturing me. These painful recollections tormented me continuously. Irrational fear gripped me. I had been in permanent tension and anxiety state. I became irritable and vigilant. I quivered at the sound of steps behind the door and even when they were bringing me food. I was filling a horror every time when the door was opening – my legs and hands grew numb with fear; I sweated. The visits of investigator, who was involved in torture and was still carrying on my case, were especially unbearable to me. He was threatening me every time saying that I would never be released from prison. He did not allow my wife and a baby to visit me. That investigator looked like Voland from "Master and Margarita" (translator's note: character from Bulgakov's novel). He persecuted me everywhere, even in my mind. It seemed to me that he was deciding my fate and I would never get rid of him. I felt helplessness, weakness, uncertainty and despair. I had been thinking about suicide. At those moments I often had Convulsions and I was falling down unconscious. When came to consciousness I did not remember anything and later my cellmate was telling me what had happened. As I learned from him, a doctor was giving me injections to regain consciousness. I still have terrible unceasing headaches. The doctor was giving me some pills – Tranquilizers, but I did not know either diagnosis or what was going on to me. My wife and a lawyer appealed to the Members of Independent Council of Prisons' Monitoring and to the Rehabilitation Center for Victims of Torture. As a result of the measures taken by the doctors of the center and the council representatives, I was taken to the prison hospital, in the waiting room of which I am now".

Additional medical information necessary for primary examination

Name and surname of the investigated: XY, age: 29 years old, sex- male; currently is in the waiting room of prison hospital, where he was conveyed from Pre-trial Prison NX. Permanent address: X Street, X town.

Height: 180 cm. weight: 68 kg., blood pressure: 130/80 mm. Hg; pulse: 78; skin and visible mucous membranes – pale, no visible injuries; entrails palpate and auscultator normal. During palpation a tumor is felt on the right cheek bone. Neurological

examination: double side adjusting nystagmus; Coordinative tests: tremor, Romberg's test – positive.

On the basis of the above interview and additional medical information we ask you to prepare conclusion of primary medical examination and recommendations.

Part Two

(Data Summary for conduction Medical and Expert Report)

Application data: Name of the patient: - XY,

Age - 29 years old,

Sex-Masculine,

Currently he is at the reception desk of the Prison hospital, where he came from the Pre-trial Prison Isolator N X.

Permanent address - X city, X- Street.

Short description: As the detainee speaks, he was arrested in the morning around 9 o'clock on May 30, 2004, near the metro station close to his home. During his arrest, he was hit on his head and lost the conscience. Later he was taken to Police Department, where he was undergone through physical and mental pressure during three days. He was hit by the robber streak, with four angle iron lock and also he got hits in his face from frozen bottle of coca-cola. He also treated through electric shock - his feet and hands were tide by electric wires. Tree days he has spent in dark cell with concrete floor where he was not given food and only water was delivered in small amount, he was also not able to satisfy the human needs (like urination). He was not given a chance to talk to his lawyer or even to inform his wife and family members concerning his detention. During these tree days he number of times lost his conscience, which even developed after eclectic shock using. The doctor was asked to treat his failure through Relaniumium and no-shpa injection. Number of times he was "treated" by cold water for gaining the conscience. He was threatened by arresting his wife and sending his infant daughter (of age 1 and a half) to orphanage. As the detainee speaks, number of people participated in his torture - investigator, lawyer and other two men He was forced to singe the acknowledgment admission of guilt in intended murdering. After three unbearable days he signed the acknowledgement wrote by the investigator. Despite the fact that his physical condition was entirely destroyed, no medical expertise was asked during the hearing of pre-detention time case. He was afraid to make allegation regarding torture facts in the court. After the court hearing he was taken to Pre-trial Prison where his physical and mental condition was assessed and acknowledged despite that he was carried by hands - he was not able to walk. He signed the document stating that no signs of physical torture was noticed. He was afraid to mention something as he took all for enemy, even the doctor. He did not understand the course of the situation. Later he wrote the protest letter to the prosecutor's office and asked for changing the case investigator who participated in his torture. His lawyer (hired by his wife) number of times asked for conduction medical expertise, where he received refusal. During the month, the case investigator was threatening him and stating that he will entail him for the rest of his life.

Short Anemnestical Data: observed person -XY was mentally developing stably in childhood, he has two mentally healthy brothers. His father has chronicle mental disorder and he undertakes treatment in Psychiatric clinic. His mother is physiologically stable. He studded well at school, after finishing the secondary school he studied at the Technical University after which graduation he was not able to find suitable job. He is married and has one child of age one and a half. Previously he had no any kind of psychological disorder and any brain trauma. He first fainted when detained at police unit (after torturing with eclectic shock machine) and when hited by sharp iron objects. The fainting series were treated by injections of Relanium and No-spha, (data from court case documents). He has traces of mental disorder, getting deaf and increase suspicion range. During his presence at jail isolator loosing the conscience was regularly repeating and he was also loosing the memory. No medical records of medicine treatment are available. During one month the person had constant insomnia, head ache, coordination lost, memory lost, irritation and nightmares of repetition of the happening. He was hopeless and the intention for suicide was present. The patient had no undergone proper medical treatment and medical inspection also no medical conclusion was driven. His wife and the lawyer addressed Independent Council For Monitoring Prisons and Rehabilitation Centre of Victims Tortured in the Jail, asking them for help and later on June 30, 2004 he was taken to the Jail Hospital, where after the primary medical inspection following **preliminary diagnoses was stated: Post Traumatic Tress Syndrome, Post-Commotion Syndrome.** The additional neurological and physiological medical investigation was recommended; also traumatologist consultation was also requested. For additional inspection the patient was send to Phsyco-Neurological Department of the Hospital.

Physical complaints of the patient:

He has physical malaise, weakness. Ache in entire body and especially in the right part of the head.

Psycho-neurological Complaints of the patient:

The patient has constant insomnia, coordination lost, feeling giddy, head ache, constant failure that frequents during the emotional tension and during the situation associated with the torture (visit to the case investigator), the patient also complains about memory deficit, about the weakening of the concentration ability, also about nightmare and constant remembering the torturing facts. The patient feels hopeless, depression, which is connected to stressing situation. The patient suffers from investigators threats-concerning his family, he has no hope for his torture justification, he sees no future for him and has high level of mankind suspicion, hypochondria, irritation and increased excitability and aggression.

Data of clinical and par clinical investigation:

Traumatologist consultation: palpation shows excess bone – tissue formation (+ defect) in the lower part of the eye-socket in the transition to zygomatic region. Conduction of body-section radiography is recommended.

Consultation of the Neurologist: The clinical investigation shows that the patients consciousness is clear, the speech is understandable, signs of amnesia after failure, cranial nerves – round pupils, pupils reflex is weak, reaction to accommodation and convergence is deteriorated two sided, the nystagmus is seen while conduction coordinating test – intensive, Romberg Test – positive, bone and tendon reflex is weak and asymmetrical. Finger and cheek tremor and vasomotor liability is seen, dermatographism – constant red, no meningism symptoms shown. Pelvic organ function is controllable. Instrumental investigation is recommended - electroencephalography, CT.

Psychiatrist Consultation: Mental Status:

The conscience is clear, time, place and space perception is clear. He contacting properly. He was rather depressed during the meeting; he was answering the questions quietly and sometimes slowly. He was seating arcuated, was tensed and did not trust anybody. He was explaining that his condition was connected to torture and biting, which develops concise failure and different spasms. He mentioned that he became more irritated and easily excited. He admitted that his talking to somebody is very helpful for him after he says that his head aches and he needs to put head under the cold water. He has tremor of the fingers, which is worsening when answering the questions and filling the physiological tests. The patient has loud comments and affect reaction expressed into reddening when remembering the torture facts and biting.

Pathology in thinking and perception is not expressed, only entire distrustfulness is seen. He has frequently noise (tinnitus) in the ears. He suffers from surroundings attitude and his being hopeless and helplessness. He has failure in his memory (details related with Traumatic Event are vanishing from his memory), he tries to avoid those associates that remind him his torture. He suffers from constant insomnia but if he fall asleep he has nightmares connected to the police unit. Torture, threatening, biting and the investigator who is associated with the horrible days. The patient suffers from remembering those days and thoughts about those days come unintended. He has ideas and thoughts and later he has failure and does not know what he was doing. Later he falls and faints. He once got up at night and walked away, after he stumbled and only then woke up. He feels guilty towards his wife and mother, "his mother is old – she suffers because of him". He suffers from not seeing his child and he ahs also lost weight for 10 kg.

His mood worsened, motorica is weakened, and thinking ability as well. He talks and thinks about suicide.

Results of medical clinical – psychological investigation:

Test results:

Harvard Trauma Questionnaire - In the first part physical and mental torture facts are recorded, the detention fact is also rather bitterly indicated. In the second part the torture is described in details especially torture with electrodes and declaring him murdered in mass media. Second trauma for the detainee is heavy financial burden and his parent's condition. In third part (brain trauma) indicated multiple conscious failure. Fourth Part (Psycho trauma) – index 2,57- indicates post traumatic disorder (indicator over 2,5 shows post trauma stress disorder).

Shikan Anxiety Scale – indicator 115 (Norma till 30 bullet) – describes clear panic condition.

BECK Depression Inventory – 29 bullets (Norma 9) shows upper level indicator (from 19 to 29) expressed depression.

Tests:

PTSD (Watson et al) – indicator 110 shows clear post trauma stressing disorder (over 90 – high indicator). According to the indicator's nature – it is pure disorder. Which is confirms the cause from stressing circumstance not in far future.(maximum 6 month ago).

Depression Rate Scale of Hamilton – indicator 36- shows burden of the depression (> 17 shows strong depression) suicide ideas have been revealed.

For stating the diagnosis conduction of electroencephalogram, EEG and Computer-aided tomography investigation have been recommended.

Conclusions of Instrumental Investigation:

Electroencephalogram, EEG conclusion:

The diffusive of dystrophies is clear, also alimentation of pathological waves mixed with focal changes in the parts of right temporal - occipital and front temporal edges (traumatic epilepsy).

Computer-aided tomography conclusion: during the investigation dilatation of sub - arachnoids spaces are showed which may be the result of craniocerebral trauma. Moderate hypertension and bone callosity.