

Forensic Expertise of the Prisoners of War - Torture Victims *

Dusan Dunjic MD, PhD, Branimir Aleksandric MD, PhD, Djordje Alempijevic MD*, Dragan Jecmenica MD, Institute of Forensic Medicine, 31a Deligradska St., 11000 Belgrade, Yugoslavia; Aleksandar Jovanovic MD, PhD, Institute of Psychiatry, Clinical Centre of Serbia, 11000 Belgrade, Yugoslavia.

LEARNING OBJECTIVES: Upon attending this presentation, the participant will be aware that (1) expertise of the consequences of the torture should be conducted by means of team work (2) regarding our study consequences of torture may be documented even years after the committed torture.

There is a global consensus, without exceptions, that torture and cruel, inhuman and degrading treatment and punishment are intolerable and should be forbidden. Prohibition of torture is regulated by many UN and regional treaties. However, torture and other forms of cruel, inhuman and degrading treatment still remains as a problem in many parts of the world. There are alarming records on human rights violation, including torture, coming from different parts of the world. The frequency of human rights violation and torture is extremely high especially in the regions of armed clashes.

Forensic experts play a key role for documentation of torture signs in survivors of torture, as well as in the casualties associated with torture. It is of extreme importance for forensic experts dealing with the subject to know which signs to look after, which pitfalls and dilemmas exist. Also, appropriate documentation and evidence preservation in torture survivors is essential for further litigation. However, there can be large difference between the complaints and the visible damage based largely upon the used method for torture, as well as in the function of elapsed time since the ending of torture treatment. Aside of signs of major trauma (e.g. bone fractures, scars, mutilations, etc.) there might be a plenty of discrete signs, revealed particularly upon neurological examination.

In the cases of long run natural psychological mechanisms may form a certain balance in torture victims. Thus, the careful examination and interviewing must be conveyed especially in the case of expertise, since there is no previous confidence and therapeutic relationship between torture victims and examiner/expert.

Due to psychical consequences of torture, either isolated or in the presence of different physical consequences, expertise in the cases of torture survivors must be multidisciplinary, i.e. there must be a team of experts. The team must include a specialist in forensic pathology and/or clinical forensic medicine, and at least a specialist in forensic psychiatry. Participation of other medical specialists (neurologists, ophthalmologists, etc.) may be sometimes indispensable, mostly due to the particular cases.

Our team performed an examination of 185 torture victims during the five-year period (1994-1998), on different sites. Examinations were performed in Belgrade, as well as throughout different places in the Republika Srpska - a part of Bosnia and Herzegovina. All of the reviewed cases, except 4, were of Serbian origin, and were released on different occasions from detention camps in Bosnia and Herzegovina held by Muslims and Croats. In all the cases we have the same approach based on standard examination protocol. In some cases medical records were available, too. Evidence of torture were documented by means of medical records, photography, and in few cases by video recording of entire examination process. There were 91% of male victims and 9% of female, age ranging from 18 to 80 years (mean 44 year). All victims were captured in the different detention camps and/or prisons for variable period of time - from one day (7%) up to more than 2 years (2%) with the prevalence of imprisonment from 3 to 6 months (29%). During the interview victims described in details different methods of sustained torture including physical and psychical ways, or both. Degrading, severe beating, forcing to be present during the torturing of other detained persons, lack of food and/or water supply, cutting and/or stubbing were among the most applied methods, as reported by 94% to 31% of victims. The other methods of torture, including gun shooting, sleep deprivation, repeated sexual abuse, burning, and applying of electricity were reported, too. It should be stressed that 6 victims (3%) reported on the participation of medical professionals (physicians) in torture.

Performed examination failed in proving of the physical consequences in 14% of victims. Documented signs of sustained torture were in the form of scars (76%), healed fractures (52%), lack of tooth (26%) and different deformities of upper and lower limbs or severe mutilation (36%). Torture effects were localised on head (51%), upper limbs (46%), lower limbs (42%), chest (41%), abdomen (17%), neck (9%) and over genital region (1%). Noticeable neurological signs as a consequence of torture were proved in 43% of examined victims. There were different forms of sensory disturbances, paralysis, paresis and other sort of neurological signs. Psychiatric evaluation failed to prove psychical consequences in 36%, while in the remainder 64% cases PTSD, psychosomatic syndrome, depression, psychosomatic disturbances, personality changes, and other forms of disturbances were documented.

Key terms: Forensic Expertise, Torture, Physical Consequences, Psychical Consequences

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