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Case Report

Diagnosis of torture after 32 years: Assessment of three alleged torture victims during the 1980 military coup in Turkey

Umit Unuvar [a,1,*], Halis Ulas [b], Sebnem Korur Fincanci [a,c]

[a] Human Rights Foundation of Turkey, Istanbul, Turkey
[b] Dokuz Eylul University Medical Faculty, Department of Psychiatry, Izmir, Turkey
[c] Istanbul University, Istanbul Faculty of Medicine, Department of Forensic Medicine, Istanbul, Turkey

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ABSTRACT

Torture is a crime against humanity and it is frequently encountered in countries that have a history of military intervention such as Turkey. Torture still exists despite absolute prohibition by human rights and humanitarian law. More than 1 million people were tortured in Turkey since 1980 coup d'état. Documentation of medical evidence is a prominent step for prevention of torture. *Manual on the Effective Investigation and Documentation of Torture* and Other Cruel, Inhuman or Degrading Treatment or Punishment (Istanbul Protocol) provides international standards for medical documentation of torture. A holistic approach to trauma stories together with physical and psychological findings has been the main frame of the Protocol. The aim of this study is to discuss physicians' responsibility for prevention of torture, and to emphasize the importance of holistic approach to the assessment of particularly chronic patients.

A team of two forensic medicine experts and a psychiatrist examined three male patients, who allegedly had been tortured severely during the 1980 military coup. The team arranged necessary referrals and diagnostic examinations. After conducting a comprehensive medical examination, some physical and psychological findings of trauma were observed and documented even after 32 years.

The medico-legal evaluation and documentation of these cases many years after torture under the guidance of Istanbul Protocol were presented and significance of psychological assessment was especially emphasized. Furthermore, possible evidence of torture after a long period and physicians' responsibility for prevention of torture is discussed.

1. Introduction

Torture is one of the most common forms of human rights abuse in countries with a history of military coups such as Turkey. 1980 coup d'état in Turkey is one of the cruelest examples. Nearly one million people were tortured in ten years term following the military intervention [1].

One of the main reasons for persistence of torture is ineffective investigation, examination and documentation despite absolute prohibition of torture by human rights and humanitarian law all over the world. Istanbul Protocol, which has been endorsed by the United Nations, defines effective procedures of investigation as well as the evaluation and documentation of medical evidence of torture [2]. The Protocol provides not only a standard and holistic approach to assessment of torture survivors, but also can be used as solid evidence and serve justice. World Medical Association defines the role of a physician in effectively combating torture in Declarations of Tokyo [3] and Hamburg [4], and refers to Istanbul Protocol as the standard guideline of a comprehensive documentation in the Helsinki Resolution [5].

In this study, three patients who allegedly have been subjected to severe physical and psychological torture methods during 1980 military coup are presented. Two forensic medical experts and one psychiatrist, who are experienced in trauma evaluation, examined the torture survivors. After preliminary examination, referrals to various specialties and diagnostic tests were conducted depending on the requirements of the patients. The importance of a holistic approach under the guidance of Istanbul Protocol and particularly that of psychological assessment while examining torture survivors even after a long period of time like 32 years is emphasized. The possible evidence of torture years after the event and the role of physicians in prevention of torture are discussed.

* Corresponding author at: Human Rights Foundation of Turkey, Bozkurt mah. Turkbeyi sok., No 113/6, Sisli, Istanbul, Turkey. Tel.: +90 212 2493092; fax: +90 212 2927996.
E-mail address: uunuvar@gmail.com (U. Unuvar).
[1] Permanent address: Riza Bey sok., No 1/7, 34437 Gumussuyu, Istanbul, Turkey.

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2. Case presentations

Informed consent was granted at each stage of interview, examination and documentation while all findings of external examination were photographed. Referrals to Otorhinolaryngology, Neurology, Orthopedic surgery, Urology, Ophthalmology, Thoracic Medicine were arranged depending on the findings of physical examination and whole-body bone scintigraphy of three patients were performed. Referrals and diagnostic imaging revealed no findings that can be associated with trauma.

2.1. Case 1

A 72 years old male who was 40 years old at the time of torture and had suffered torture for 4 months. Time since torture is 32 years.

2.1.1. Torture methods stated

Blindfolding, beating, phalanga to the feet and hips, electrical torture, cross suspension, butcher suspension, reverse butcher suspension, Palestinian suspension, other types of positional torture (*putting and turning in a wheel, forced standing while the body is leaning on the wall with index fingers stretched above the body, binding to the hot radiator while the hands tied from behind*), bear suffocation (*holding from underarms and clasping the hands on the back of the neck pushing the neck forward*), spraying pressurized cold water, forced witnessing of torture to others, threat, humiliation, deprivation of food and water, preventing urination and defecation, sleep deprivation, immersion (*immersing head into water*), forcing to lie on concrete and cold ground after spraying water, threats against himself, fake execution, cigarette burns.

2.1.2. Complaints

In 1980, after the Palestinian suspension; pain that lasted for 2–3 months, unable to hold a spoon and feed himself, disability to wash his hair for being unable to raise his hands and now difficulties still exist. After phalanga; pain that lasted for 10–15 days, unable to walk, swelling and bruises of the feet, infected wounds on ankles. After immersion torture; difficulty in breathing, respiratory problems, high fever at nights. After tire spinning and bear suffocation; pain in ribs. After beating of the face and head; pain, inability to move chin, difficulty in eating, hearing loss in left ear. After blows, kicks and/or beating with an instrument (truncheon, shovel, stick, etc.); pain, bruises, wounds, and scars which still existing. After electrical torture; difficulty in urinating, urinary incontinence and sexual dysfunction. After cigarette burns; burn marks, which still exist.

2.1.3. Physical examination findings

- A hyperpigmented and indented, 1.5 cm × 1.2 cm scar tissue located on 1/3 above on frontal part of right tibia (Fig. 1). He states that he was beaten by a shovel, and it was an infected wound which took 2 months to recover.
- A hyperpigmented and indented, 0.5 cm diameter round shaped scar tissue located on the inside of right wrist. He describes it as cigarette burn mark.

2.1.4. Psychiatric assessment

2.1.4.1. Psychiatric history. He had no psychiatric complaints and history before. He said that his complaints started after his detention in 1980. He described loss of consciousness from time to time during torture (electric shock, immersion, phalanga) and deterioration in perception of time and space during torture. He stated that he experienced constant anxiety, despair and fear of death since he was detained. Almost every night he had nightmares such as his friends being tortured and listens to their screams in the first days of detention. The frequency has lessened while he has had similar nightmares once or twice a month in the last 4–5 years.

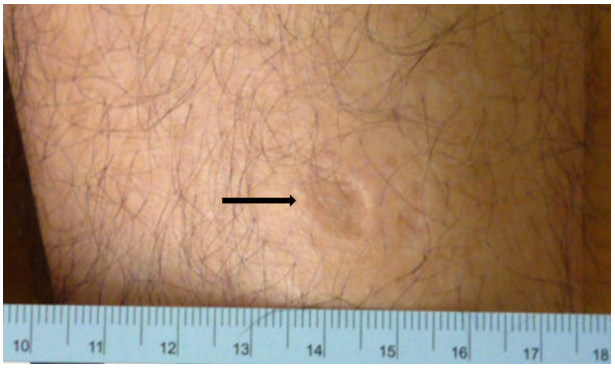


Fig. 1. Wound scar on tibia.

He still recalls the screams under torture and feels as if he is re-experiencing that time whenever he hears a baby crying or screaming. This comes along with symptoms such as anxiety, tachycardia and trembling. He describes complaints such as having intensive trouble with any stimuli that reminds him of torture. For example; he turns off TV or changes the TV channel when watching news and programs on torture, or he leaves the room when torture is discussed. There were also symptoms such as loss of interest, not enjoying things that he used to enjoy, feeling inept and significant decline in attention. He declared that he has a sleep disturbance while he was in custody such as difficulty in falling and staying asleep. Despite relative decline in the frequency and intensity of the complaints, they still remain.

2.1.4.2. Psychiatric complaints. Sleep disturbances, having nightmares, having intrusions about the torture he experienced, anxiety, feeling depressed, intolerance to noise, intolerance to speech and places that reminds him of the torture he experienced.

2.1.4.3. Psychiatric examination. He was conscious, cooperative and oriented to the place, time and person. His speech was spontaneous. He had eye contact. His mood and affect was irritable and depressive. Cognitive skills are preserved. Intelligence and perception are normal. Flashbacks about memories of the torture experience were present. There were intrusions about traumatic events and repeated unwilling recalling. His thought flow was normal; in thought content there were intrusive thoughts about his traumatic experience. He has no expectations from life. He also describes having difficulties in falling and staying asleep and he suffers anger bursts.

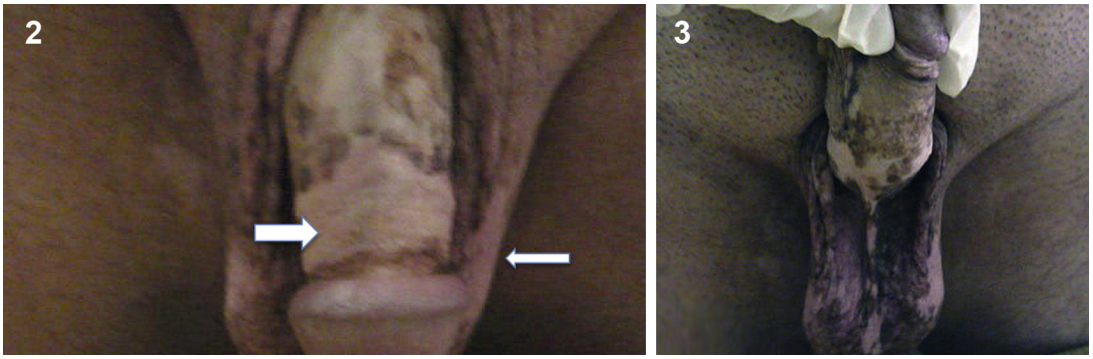
He was diagnosed with Chronic Post-Traumatic Stress Disorder and Major Depression after psychiatric examination.

2.2. Case 2

A 63 years old male who was 31 years old at the time of torture and had been subjected to torture for 4 months. Time since torture is 32 years.

2.2.1. Torture methods stated

In addition to torture methods in Case 1, he was kept in a cell full of water, all of his toenails were removed by a pliers, had suffered repetitive anal rape with a truncheon for 7–8 times.



Figs. 2–3. Vitiligo like discoloration on penis and scrotum after electric shock.

2.2.2. Complaints

He stated similar complaints after similar types of torture as in Case 1. In addition, he experienced sexual dysfunction and discoloration on scrotum and penis skin after electric shock. He suffered external hemorrhoids packs, occasional bleeding and slight stool incontinence of which he considers to be related with anal rape. He had not been able to wear shoes, had pain and suppuration for 6 months after nail removal. His toenails are thickened and irregular since then.

2.2.3. Physical examination findings

- Thickening, hyperkeratosis and deformation of toenails. He states that these developed after his toenails were removed by a pliers.
- "Vitilligo" like lesions with macular hypopigmented areas on the penis and scrotum skin (Figs. 2 and 3). He noted that they occurred after electric shock. He describes the hypopigmented area with 2 cm width that surrounds penis shaft where the electrical cable had been wound around the penis (big arrow on photo), at the same level linear hypopigmented area on scrotum (small arrow on photo). No similar lesion on any other parts of the body was detected.
- Perianal examination reveals external hemorrhoid packs. He states that they developed after rape with a truncheon.

2.2.4. Psychiatric assessment

He described similar complaints as the Case 1. In addition, he states that he did not have any psychiatric complaints or history before his detention in 1980. They all started after his detention. He was diagnosed with Chronic Post-Traumatic Stress Disorder and Major Depression after psychiatric examination.

2.3. Case 3

A 51 years old male who was 19 years old at the time of torture and had suffered torture for 132 days. Time since torture is 31 years.

2.3.1. Torture methods

In addition to torture methods that Case 1 was subjected to, he was beaten with punch bags and was forced to repeat the same movement continuously. His toenails were removed by a pliers.

2.3.2. Complaints

He described similar complaints after similar types of torture as in Case 1. Due to electric shock he reported to experience sexual dysfunction, difficulty in urinating, blood in urine and electric burn mark on glans penis. He did not describe current sexual dysfunction. He suffered pain on the side of the body, blood in urine, and nephrectomy operation after his release due to blunt trauma with punch bags (blunt trauma caused loss of one kidney according to his opinion). He had not been able to wear shoes, he had pain, suppuration for 6 months, and now splitting and deformation of nails which he considers to be due to nail removal.

2.3.3. Physical examination findings

- Splitting and deformation of toenails (Fig. 4). He describes that this developed after his toenails removal by a pliers.
- Two hyperpigmented and slightly indented scar formations on glans penis, with a diameter of 0.3 cm (Fig. 5). He describes their location to be where clamps had been connected for electric shock torture.
- A brown-pigmented 7 cm × 2 cm macular type scar tissue, which is located on 1/3 above part of the right arm, and surrounds the arm horizontally (Fig. 6). He states that the bindings used during suspension were on this area.

2.3.4. Psychiatric assessment

The patient describes similar complaints as that of the Case 1 and states that his complaints started after his detention in 1980. He had no psychiatric complaints or treatment before. He is diagnosed with Chronic Post-Traumatic Stress Disorder.

3. Discussion

In the medical assessment and documentation of trauma, especially when the documentation takes place after a long time following the trauma; comprehensive evaluation and holistic

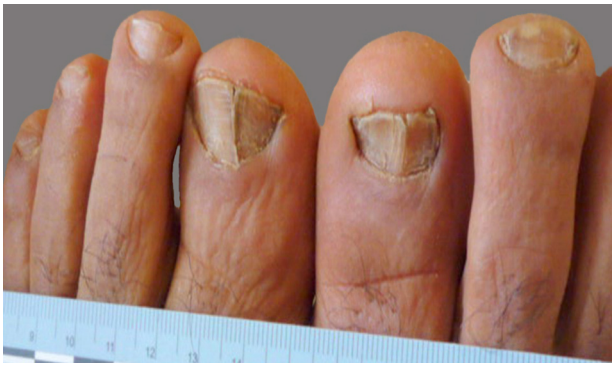


Fig. 4. Nail deformation after removal.

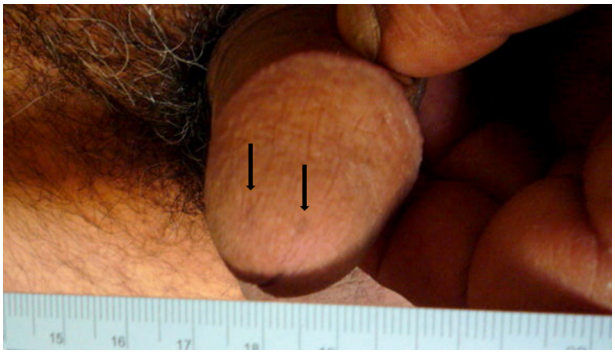


Fig. 5. Scar formations on glans penis after electric shock.

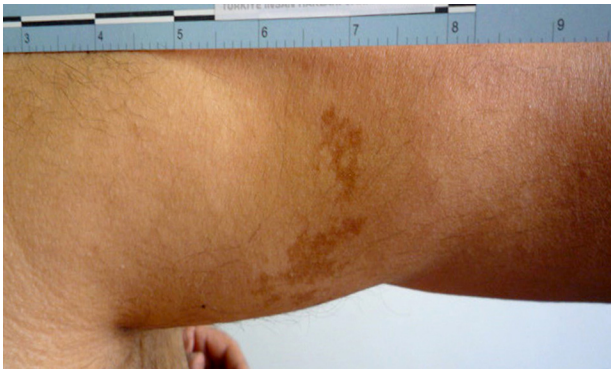


Fig. 6. Hyperpigmented scar on the arm after cross suspension.

approach to consider factors such as type, frequency and duration of exposure with a detailed trauma history, as well as physical and psychological evidence are all necessary for a differential diagnosis [2,6–11].

Despite the fact that the reported torture methods are likely to leave sequels at the time of torture and during recovery period, the common assumption is that referrals and diagnostic methods cannot reveal any findings after a long period. However, some scars and dermatological findings that are consistent with the applied methods of torture were identified in all three patients.

It is noted that beating is frequently applied all over the world as a torture method and leads to blunt trauma scars that recover with or without leaving scars (or trace) [6–17]. Previous studies on scars caused by torture have commented upon the consistency between trauma history and the scars [7–9,12–14]. In all three cases, the histories describe frequent beatings for a long period of time (4 months in average). The history of scar tissue displayed in Fig. 1 conveys that wounds developed by being hit with a shovel at the same part of the body, which got infected, and it took two months to recover without any treatment. Considering that infected blunt trauma wound might leave irregular marks of healing if there is no medical intervention or treatment during the healing process, the identified scar tissue is considered to be consistent with the story. Similarly, the scar tissues, which were described as cigarette burns in the stories, might have the same healing process. It is reported that cigarette burns are used as a common torture method in many countries like Turkey. The knowledge of background and common torture methods of a country is considered as an important diagnostic criterion in medical assessment of torture survivors to build consistency of regional practices with medical evidence of torture [6,13–17].

Two of the cases described their toenails to be removed by a pliers, and their toenail deformation developed after the traumatic experience (Fig. 4). Di Napoli et al. [18] reports that 6% of 354 torture survivors reported nail removal. Several papers describe nail deformations caused by traumatic nail injuries [19–21] and only 2 out of 6 cases that received treatment completely recovered [20].

Electrical torture is practiced on fingers or toes, tongue, earlobes, nipples, and genitalia [6,7,15,17,22–25]. The cases described electrical torture to their fingers, toes, and penis more than once. In the Case 2; vitiligo-like discoloration on his penis and scrotum skin are presented in Figs. 2 and 3. It was consulted with urology and dermatology specialists through photographs and they considered the discoloration as vitiligo but for a precise diagnosis, biopsy and microscopic evaluation are recommended. However, due to the needs of the patient and the risk of re-traumatization, it is decided against biopsy. Vitiligo might be a result of emotional stress, physical–chemical traumas and burning [26–29]. Since the lesion emerged after electrical torture, and there is no similar lesion on any part of the body the cable which was wound around penis during electric shock could also be considered to touch his scrotum and cause a burn mark and might be followed by loss of pigment cells. Hypo pigmented linear area above the glans, 2 cm width and surrounds penis where electric cable is wound around the penis and hypopigmented area at the same level on scrotum were highly consistent with electrical torture (arrows in Figs. 2 and 3). In Case 3, hyperpigmented two little marks on the glans penis are consistent with electric cable clamps as described in the torture story (arrows in Fig. 5). In Case 1, no findings of electrical torture could be identified.

In Case 2 alleged anal rape by truncheon with 7–8 times and related complaints such as bleeding, pain, difficulty of stool passage, external hemorrhoids that emerged after the penetration and still existing stool incontinence are all consistent with forcing an object through anus. Some papers describe a relation between trauma of anal area and/or prolonged time in standing position with hemorrhoid formation [30,31]. The history of the case also includes forced position of standing for a prolonged time.

Complaints of the cases after suspension methods were consistent with expected findings after suspension torture [6,15,17,18,22,32,33]. Suspension method can cause severe sequelae such as brachial plexus injury, severe pain for many years, tears of the ligaments of the shoulder joints, muscle injury in the shoulder region and dislocation of the scapula. Studies also describe scars after suspension torture [17]. Given its position and features, the pigmented scar tissue in Fig. 6 can be consistent with suspension torture.

Skin and soft tissue injuries like swelling and bruises can be recognized after phalanga in the early period. The complaints following phalanga were consistent with phalanga torture [6,15,17,22,32,34] and although there are no findings observed during medical examination, full recovery without any sequelae is possible after more than 30 years, and does not exclude phalanga torture.

Bone scintigraphy as a diagnostic method is recommended for trauma that took place a long time ago, which might have periost injuries or occult fractures that cannot be clinically or radiologically detected [6,35–38]. Repeated, severe and prolonged torture methods (such as phalanga, suspension, beating) might cause periost reaction and occult fractures [35,36]. Bone scintigraphy was performed for all three cases but no increase in osteoblastic activity indicative of continuing healing was detected. Previous studies show that bone scintigraphy detected traumatic hyperactivity on bone areas with trauma history of 2, 12, and even 25 years [35–38]. Nevertheless no traumatic hyperactivity in bone scintigraphy is considered normal given the long elapse of time.

Torture can cause deep psychological effects. Research shows that Post-Traumatic Stress Disorder (PTSD) and Major Depression are most common psychological diagnoses after torture [21,23,39–41]. Physical findings of torture might resolve without leaving any trace especially when a long period of time has passed since the time of torture. But even in these patients, it is possible to detect and document psychological findings of torture. In three patients, complaints started after and caused by the trauma and they continue even if they partly diminish in the following 32 years. Existing symptoms and findings can be diagnosed as "Chronic Post-Traumatic Stress Disorder" according to Diagnostic and Statistical Manual of Mental Disorders IV (DSM-IV-TR). Two cases were diagnosed with Major Depression in addition to PTSD. When the nature of trauma and existing findings are considered, it is seen that psychological conditions took a chronic form and they have not received any treatment. When the previous life history and the psychological state before the event are considered, existing psychological state is related with physical and psychological trauma history.

4. Conclusion

In this study three male torture survivors who have been subjected to prolonged and severe torture methods 32 years ago were presented. Scars and psychological findings that are consistent with the history were identified after too many years.

Istanbul Protocol as well as physicians' responsibility requires an effective documentation of torture in which torture history and all findings should be evaluated together with a holistic approach. The evidence of torture can be revealed even many years later with a detailed history and medical examination.

It would not be possible to express human right abuses and search for justice promptly because of military intervention and repression in Turkey and many other countries. Recognition of torture by other people thus to make torture findings visible will have a reparative effect through rehabilitation process of torture survivors. A timely effective documentation and investigation are highly valuable for an early rehabilitation of psychological trauma. In addition, using evidence-based medicine to make torture visible irrespective of time will help to enhance trust to justice not only for the individual but the whole society and will thus contribute to the reparation of social trauma.

Conflict of interest

The authors declare that they have no conflict of interest.

Acknowledgment

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